C

Run Date: 7/6/2006

Run Time: 12:06:28 PM

Cabinet for Health and Family Services
Department of Medicaid Services

User ID: fzjjmr

Delayed Surgery Detail Report

From Date of Service: 3/1/2001 - 3/31/2001

Number of days delayed: 1

Billing Provider Base ID	ICN	Claim Type	Claim Indicator	Surgical Procedure Date	Payment Date	Surgical Procedure Code	Paid Amount	Delayed Surgery Days
		I	F	09/15/2004	04/21/2005	7933	$10,137.71	1,275
	I	I	F	10/15/2004	04/26/2005	7933	$10,137.71	1,305

Report Notes

Report Description

This report will list all Inpatient claims containing a surgical code where the surgical date is greater than the from date of service. This report will rank the claims based on the number of days a surgery was delayed. The delayed surgery count is calculated by determining the days between the from date of service and the surgical procedure date.

The report contains 3 tabs.

The Delayed Surgery Provider List displays a list of providers and the delayed surgery claim count. The order is descending by delayed surgery claim count.

The Delayed Surgery Detail Report by Provider can be used to view a specific provider found in the Delayed Surgery Provider List. This gives a quick view(drill) into the claims for a specific provider. Also, to print the report, but not print all of the other providers, this tab can be used to get only the selected providers' information.

The Delayed Surgery Detail Report - All Providers displays the claims for all providers found in the Delayed Surgery Provider List tab. Use this report to look at all of the providers' claim information at the same time.

Search Criteria

Inpatient Claims Only
Paid Claims Only
From Date of Service Range prompt
Surgical Procedure Date from the Surgical From Dates of Service greater the number entered by the user at prompt.

2.15.88.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billing Provider Medicaid ID	ID which identifies the provider billing the claim.	15	Character	T_CA_PROV_KEY	ID_PROVIDER_MCAID
Billing Provider Name	The name associated with the organization or person.	50	Character	T_PR_SVC_LOC_DN	NAME
Billing Provider Service Location	Service Location	9	Character	T_CA_PROV_KEY	SAK_PROV_LOC
Claim Indicator	Indicates whether the claim is a Fee-for-Service (FFS) or an Encounter claim.	1	Character	T_CA_ICN	IND_CLAIM
Claim Type	A code to indicate the type of medical assistance invoice used by the provider to bill OMAP for the rendered service.	1	Character	T_CA_ICN	CDE_CLM_TYPE
Delayed Surgery Claim Count	A distinct count based on the ICN.	9	Number	T_CA_ICN	CNT_CLAIMS_PAID
Delayed Surgery Days	This object will determine the number of days between the Surgical Procedure Date and the From Date of Service on the Inpatient Claim.	9	Number	N/A	Calculated Field
ICN	Unique control number assigned to the invoice to allow tracking through the system. The format is RRYYJJJBBBSSS where RR is the region code, YYDDD is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	13	Character	T_CA_ICN	NUM_ICN

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid Amount	Amount sent to a provider for payment for services rendered to a member. This is the amount paid by Medicaid, after TPL, copay, and so on have been subtracted.	10	Number	T_CA_ICN	AMT_PAID
Surgical From Date of Service	The date the service was incurred.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC
Surgical Procedure Code	The first ICD-9-CM code for the service performed for the member.	5	Character	T_CA_ICD9_PROC	CDE_PROC_ICD9
Surgical Procedure Date	The date the first surgical procedure was performed.	10	Date (MM/DD/CCYY)	T_CA_ICD9_PROC	DTE_ICD_9_CM_PROC

2.15.88.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.88.6 Associated Requirements

ID
30.090.013.003.3
30.090.015.002.19

2.15.88.7 Change Orders

ID	Name	Description
1369	DSSProfiler Targeted Queries	Create the following Targeted Queries:

ID	Name	Description
		• Delayed Surgery Summary • Facility Visits Exception • Office Visits Exception • Physician Office Visits by Member • Physician Office Visits by TANF Families

2.15.89 ETG Details

The ETG Summary report breaks the Episode Treatment Groups (ETGs) down to the major category levels. It displays the average episode cost, the average amount per member, total episodes, total members, and total dollars.

This report will contain a prompt that will allow the report user to enter a specific warrant date or a range of warrant dates to extract the claim's data.

There are multiple tabs to this report. For workbook documentation only, the different tabs have been lettered A-H in the layout below. The field names have the corresponding letter in front, identifying the tab it can be found on. This is only to aid in verifying the report layouts. The letters will not be on the actual or printed reports. For the report layouts below, only the information inside of the blue box can be found on the actual report.

The eight tabs in this report are:

- (A) Details By ETG
- (B) Details By Member: Drill Down by ETG Subclass and Member ID
- (C) Details By Servicing Provider: Drill Down by ETG Subclass and Provider ID
- (D) Member Totals
- (E) Provider Totals
- (F) Procedure Totals
- (G) Diagnosis Totals
- (H) NDC Totals

2.15.89.1 Technical Name

ETG Details

2.15.89.2 Sort Order

A. ETG Subclass, Member ID

B. ETG Subclass, Member ID

C. ETG Subclass, Provider ID

D. ETG Subclass

E. ETG Subclass

F. ETG Subclass

G. ETG Subclass

H. ETG Subclass

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-G) listed above

2.15.89.3 ETG Details Layout

A

Run Date: 9/1/2006
Run Time: 3:55:43 PM

User ID: jz64gf

Cabinet for Health and Family Services
Department of Medicaid Services

ETG Details
Details By ETG
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member ID	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2005073100045	I - INPATIENT CLAIMS	8 - A record which was not grouped to an episode. This includes both orphan records and records with error ETGs	000001346	WATERS, ZELDA B	36	24 - Unknown	I	F	N - Medical Assistance, Categorically Needy, TANF	NPI ID: 1000000981 Medicaid ID: 100674459A Base ID: 100674459	NPI ID: Medicaid ID: Base ID:	95901 - HEAD INJURY, UNSPECIFIED	Y	#

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
0	P	03/02/2005	03/02/2005	########### -	###### - Unknown or Not Applicable	$1,645.00	$803.50	$803.50	NPI ID: Medicaid ID: Base ID:	I	0120 - Semi-Private Room

B

Run Date: 9/1/2006
Run Time: 3:55:43 PM

User ID: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Details

Details By Member

For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member ID	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code & Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2005073100045	I - INPATIENT CLAIMS	8 - A record which was not grouped to an episode. This includes both orphan records and records with error ETGs	000001346	WATERS, ZELDA B	36	24 - Unknown	I	F	N - Medical Assistance, Categorically Needy, TANF	NPI ID: 1000000981 Medicaid ID: 100674459A Base ID: 100674459	NPI ID: Medicaid ID: Base ID:	95901 - HEAD INJURY, UNSPECIFIED	Y	#

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
0	P	03/02/2005	03/02/2005	########### -	###### - Unknown or Not Applicable	$1,645.00	$803.50	$803.50	NPI ID: Medicaid ID: Base ID:	I	0120 - Semi-Private Room

ETG (Episode Treatement Groupter)

ETG Details .rep

Page 1 of 2

Run Date: 9/1/2006
Run Time: 3:55:43 PM

User ID: jz64gf

C

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Details

Details By Servicing Provider

For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member ID	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code & Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2005073100045	I - INPATIENT CLAIMS	8 - A record which was not grouped to an episode. This includes both orphan records and records with error ETGs	000001346	WATERS, ZELDA B	36	24 - Unknown	I	F	N - Medical Assistance, Categorically Needy, TANF	NPI ID: 1000000981 Medicaid ID: 100674459A Base ID: 100674459	NPI ID: Medicaid ID: Base ID:	95901 - HEAD INJURY, UNSPECIFIED	Y	#

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
0	P	03/02/2005	03/02/2005	########### -	###### - Unknown or Not Applicable	$1,645.00	$803.50	$803.50	NPI ID: Medicaid ID: Base ID:	I	0120 - Semi-Private Room

End of Report

ETG (Episode Treatement Groupter) ETG Details.rep Page 1 of 1

D

Run Date: 9/1/2006
Run Time: 3:55:43 PM

User ID: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Details
Member Totals
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Member ID	Member Full Name	Paid Amount
000001346	WATERS, ZELDA B	$803.50
Totals: 1		$803.50

End of Report

ETG (Episode Treatement Groupter) ETG Details .rep Page 1 of 1

E

Run Date: 9/1/2006
Run Time: 3:55:43 PM

Cabinet for Health and Family Services

User ID: jz64gf

Department of Medicaid Services

ETG Details

Provider Totals

For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Provider ID - Rendering	Paid Amount
NPI ID: 1000000981 Medicaid ID: 100674459A Base ID: 100674459	NPI ID: Medicaid ID: Base ID:	NPI ID: Medicaid ID: Base ID:	$803.50
Totals: 1	1	1	$803.50

End of Report

ETG (Episode Treatement Groupter) ETG Details.rep Page 1 of 1

F

Run Date: 9/1/2006
Run Time: 3:55:43 PM

Cabinet for Health and Family Services

User ID: jz64gf

Department of Medicaid Services

ETG Details
Procedure Totals
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Procedure Code & Description	Number of Providers	Percent of All Providers	Number of Members	Percent of All Members	Number of Claims	Percent of All Claims	Paid Amount
###### - Unknown or Not Applicable	1	100.00 %	1	100.00 %	1	100.00 %	$803.50
Totals: 1							$803.50

End of Report

ETG (Episode Treatement Groupter) ETG Details.rep Page 1 of 1

G

Run Date: 9/1/2006
Run Time: 3:55:43 PM

Cabinet for Health and Family Services

User ID: jz64gf

Department of Medicaid Services

ETG Details
Diagnosis Totals
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Primary Diagnosis & Description	Number of Providers	Percent of All Providers	Number of Members	Percent of All Members	Number of Claims	Percent of All Claims	Paid Amount
95901 - HEAD INJURY, UNSPECIFIED	1	100.00 %	1	100.00 %	1	100.00 %	$803.50
Totals: 1							$803.50

End of Report

ETG (Episode Treatement Groupter) ETG Details.rep Page 1 of 1

H

Run Date: 9/1/2006
Run Time: 3:55:43 PM

User ID: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Details
NDC Totals
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

NDC Code & Description	Number of Providers	Percent of All Providers	Number of Members	Percent of All Members	Number of Claims	Percent of All Claims	Paid Amount
########### -	1	100.00 %	1	100.00 %	1	100.00 %	$803.50
Totals: 1							$803.50

End of Report

ETG (Episode Treatement Groupter) ETG Details.rep Page 1 of 1

Report Notes

Report Description

The ETG Detail report breaks the Episode Treatment Groups (ETGs) down to the major category levels. It displays the average episode cost, the average amount per member, total episodes, total members, and total dollars.

Search Criteria

ETG Number - Episode Treatment Group (ETG) number specified in the user prompt.

2.15.89.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C) Allowed Amount	The allowed amount for the detail.	11	Number	T_CA_ICN	AMT_ALWD
(A,B,C) Billed Amount	The billed amount for the detail.	11	Number	T_CA_ICN	AMT_BILLED
(A,B,C) Claim Detail Status	The claim's status code.	1	Character	T_CA_ICN	CDE_DTL_STATUS
(A,B,C) Claim ICN	The claim's identification number.	13	Character	T_CA_ICN	NUM_ICN
(A,B,C) Claim Type & Description	Claim Type and Description.	51	Character	T_CA_ICN,T_CA_CLAIM_KEY	CDE_CLM_TYPE,DSC_CLM_TYPE
(A,B,C) Date First	The claim's first date of	10	Date (MM/DD/CC	T_CA_ICN	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
Service	service.		YY)		
(A,B,C) Date Last Service	The claim's last date of service.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC
(A,B,C) Detail Number	The claim's detail number.	2	Number	T_CA_ICN	NUM_DTL
(A,B,C) Episode Type & Description	ETG Episode Type and description	226	Number	T_ETG_DTL,T_ETG_EPISODE_DESC	EPISODE_TYPE,EPISODE_DESC
(A,B,C) FFS/Enc Indicator	FFS/Enc Indicator.	1	Character	T_CA_ICN	IND_CLAIM
(A,B,C) Kenpac Indicator	KenPAC Indicator.	1	Character	T_CA_ICN	IND_KENPAC
(A,B,C) Member Age	The member's age.	3	Number	T_CA_ICN	NUM_RECIP_AGE
(A,B,C) Program Code Description	The AID Category / program code and description.	52	Character	T_CA_RECIP_KEY	CDE_AID_CATEGORY,DSC_AID_CATEGORY
(A,B,C) Revenue Code 1 & Description	The revenue code 1 and description on a detail.	74	Character	T_CA_HDR_DTL_DN,T_CDE_REVENUE	CDE_REVENUE_1,DSC_REVENUE
(A,B,C) Revenue Code 2 & Description	The revenue code 2 & description.	74	Character	T_CA_HDR_DTL_DN,T_CDE_REVENUE	CDE_REVENUE_2,DSC_REVENUE
(A,B,C) Revenue Code 3 & Description	The revenue code 3 & description.	74	Character	T_CA_HDR_DTL_DN,T_CDE_REVENUE	CDE_REVENUE_3,DSC_REVENUE
(A,B,C) Revenue Code 4 & Description	The revenue code 4 & description.	74	Character	T_CA_HDR_DTL_DN,T_CDE_REVENUE	CDE_REVENUE_4,DSC_REVENUE
(A,B,C) Revenue Code 5 & Description (A,B,C)	The revenue code 5 & description.	74	Character	T_CA_HDR_DTL_DN,T_CDE_REVENUE	CDE_REVENUE_5,DSC_REVENUE

Field	Description	Length	Data Type	DB Table	DB Attributes
Revenue Code 5 & Description					
(A,B,C) TPL Indicator	TPL Indicator.	1	Character	T_CA_ICN	IND_TPL
(A,B,C,D) Member ID	The member's Medicaid ID.	12	Character	T_CA_ICN	ID_MEDICAID
(A,B,C,D,E,F,G,H) ETG Number & Description	ETG Number and Description.	229	Character	T_ETG_DESC,T_ETG_DESC	ETG_NUMBER,ETG_DESC
(A,B,C,D,E,F,G,H) ETG Subclass	ETG Subclass and Description.	227	Character	T_ETG_DESC, DSS.T_ETG_DTL	ETG_SUBCLASS, ETG_DESC
(A,B,C,D,E,F,G,H) For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(A,B,C,D,E,F,G,H) Paid Amount	The paid (warrant) amount including the State share amount.	11	Number	T_CA_ICN	AMT_PAID
(A,B,C,E) Provider ID - Billing	The billing provider's ID	45	Number	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MCAID, ID_PROVIDER_BASE
(A,B,C,E) Provider ID - Referring/Attending/Prescribing	The attending provider's ID	45	Number	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MCAID, ID_PROVIDER_BASE
(A,B,C,E) Provider ID - Rendering	The rendering provider's ID The prescribing provider's ID	45	Number	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MCAID, ID_PROVIDER_BASE

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,F) Procedure Code and Description	The procedure code and description on the detail if the detail contains a procedure code	46	Character	T_CA_ICN,T_CDE_PROC	CDE_PROC_PRIM,DSC_PROC
(A,B,C,G) Primary Diagnosis & Description	The diagnosis and description associated with the detail.	47	Character	T_CA_ICN,T_DIAGNOSIS	CDE_DIAG_PRIM,DSC_25
(A,B,C,H) NDC Code & Description	The NDC and description for a drug claim.	46	Character	T_CA_ICN,T_DRUG_DN	CDE_NDC,DSC_NDC
(F,G,H) Number of Claims	Unduplicated count of ICNs.	8	Number	N/A	Calculated Field
(F,G,H) Number of Members	Unduplicated count of member IDs.	8	Number	N/A	Calculated Field
(F,G,H) Number of Providers	Unduplicated count of billing provider IDs.	6	Number	N/A	Calculated Field
(F,G,H) Percent of all Claims	Count of claims/ all claims.	6	Number	N/A	Calculated Field
(F,G,H) Percent of all Members	Count of members/ all members.	6	Number	N/A	Calculated Field
(F,G,H) Percent of all Providers	Count of providers / all providers	6	Number	N/A	Calculated Field

2.15.89.5 Associated Programs

Program	Description
sqlplus	SQLPLUS - SQLDBA
etgmerger.c	ETGMERGER

Program	Description
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
otsortd	Sort - UNIX
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
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Program	Description
oraload.sh	Oracle Table Load-Unload Utility
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oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
oraload.sh	Oracle Table Load-Unload Utility
compress	File compression utility
otsortd	Sort - UNIX
oraload.sh	Oracle Table Load-Unload Utility
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otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX

Program	Description
ETG bgrouper	ETG bgrouper
oraload.sh	Oracle Table Load-Unload Utility
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compress	File compression utility
ETG bgrouper	ETG bgrouper
oraload.sh	Oracle Table Load-Unload Utility
compress	File compression utility
otsortd	Sort - UNIX

Program	Description
oraload.sh	Oracle Table Load-Unload Utility
compress	File compression utility
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
sqlplus	SQLPLUS - SQLDBA
oraload.sh	Oracle Table Load-Unload Utility
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otsortd	Sort - UNIX
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oraload.sh	Oracle Table Load-Unload Utility
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Program	Description
oraload.sh	Oracle Table Load-Unload Utility
oraload.sh	Oracle Table Load-Unload Utility
ETG bgrouper	ETG bgrouper
oraload.sh	Oracle Table Load-Unload Utility
compress	File compression utility
ETG bgrouper	ETG bgrouper
oraload.sh	Oracle Table Load-Unload Utility
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ETG bgrouper	ETG bgrouper
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otsortd	Sort - UNIX
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oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX

Program	Description
compress	File compression utility
oraload.sh	Oracle Table Load-Unload Utility
otsortd	Sort - UNIX
compress	File compression utility
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper

Program	Description
otsortd	Sort - UNIX
etgmerger.c	ETGMERGER
ETG bgrouper	ETG bgrouper
otsortd	Sort - UNIX

2.15.89.6 Associated Requirements

ID
30.090.013.003.3

2.15.89.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.90 ETG Distribution Analysis

The ETG Distribution Analysis Episode Type report provides totals and averages for ETG Episode Types. This includes allowed amount, number of unduplicated members, episodes, and the number of exceptions for episodes and members.

The Episode Type field of each record (also included in the summary record for the episode) will indicate the completeness of the record's episode; see Episode Types in the Appendix for more details.

Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care assessed on a series of clinical and statistical algorithms.

The reports combine routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for creating provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter.

The report contains three tabs:

- (A) By ETG
- (B) By Major Practicing Category (MPC)
- (C) By Episode Type

2.15.90.1 Technical Name

ETG Distribution Analysis Episode Type

2.15.90.2 Sort Order

A. ETG Number & Description

B. MPC & Description

C. Episode Type Description

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-C) listed above

For readability, the layout appears on the following pages.

2.15.90.3 ETG Distribution Analysis Episode Type Layout

A

Run Date: 8/30/2006
Run Time: 12:00:32 PM

User ID: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

ETG Distribution Analysis Episode Type

By ETG

For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number & Description: 0005 - Major infectious disease except HIV and septicemia, w/o comorbidity

Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
1 - Clean Start/Unknown Finish - Full Year	$36,000.00	$36,000.00	$36,000.00	$6.00	1	1	0	0
		Sum:	$36,000.00	$6.00	1	1	0	0

ETG Number & Description: 0007 - Infectious disease signs & symptoms

Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
1 - Clean Start/Unknown Finish - Full Year	$1,750,800.00	$1,750,800.00	$3,501,600.00	$457.00	2	2	0	0
		Sum:	$3,501,600.00	$457.00	2	2	0	0

ETG Number & Description: 0020 - Diseases of the thyroid gland, with surgery

Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
1 - Clean Start/Unknown Finish - Full Year	$5,000.00	$5,000.00	$5,000.00	$54.00	1	1	0	0
		Sum:	$5,000.00	$54.00	1	1	0	0

ETG Number & Description: 0021 - Hyper-functioning thyroid gland

ETG(Episode Treatment Grouper) ETG Distribution Analysis Episode Type.rep Page 1 of 2

Run Date: 8/30/2006
Run Time: 12:00:32 PM

Cabinet for Health and Family Services

Department for Medicaid Services

User ID: jz64gf

Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
1 - Clean Start/Unknown Finish - Full Year	$230.00	$230.00	$230.00	$278.00	1	1	0	0
		Sum:	$230.00	$278.00	1	1	0	0

ETG Number & Description: 0022 - Hypo-functioning thyroid gland

Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
1 - Clean Start/Unknown Finish - Full Year	$700,000.00	$700,000.00	$700,000.00	$128.00	1	1	0	0
		Sum:	$700,000.00	$128.00	1	1	0	0

End of Report

ETG(Episode Treatment Grouper) ETG Distribution Analysis Episode Type.rep Page 2 of 2

B

Run Date: 8/30/2006
Run Time: 12:00:32 PM

Cabinet for Health and Family Services

Department for Medicaid Services

User ID: jz64gf

ETG Distribution Analysis Episode Type

By Major Practicing Category (MPC)

For Dates of Service: 07/01/2001 - 06/30/2003

MPC & Description: 1 - INFECTIOUS DISEASES

ETG Number & Description	Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
0005 - Major infectious disease except HIV and septicemia, w/o comorbidity	1 - Clean Start/Unknown Finish - Full Year	$36,000.00	$36,000.00	$36,000.00	$6.00	1	1	0	0
0007 - Infectious disease signs & symptoms	1 - Clean Start/Unknown Finish - Full Year	$1,750,800.00	$1,750,800.00	$3,501,600.00	$457.00	2	2	0	0
			Sum:	$3,537,600.00	$3,537,600.00	3	3	0	0

MPC & Description: 2 - ENDOCRINOLOGY

ETG Number & Description	Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
0020 - Diseases of the thyroid gland, with surgery	1 - Clean Start/Unknown Finish - Full Year	$5,000.00	$5,000.00	$5,000.00	$54.00	1	1	0	0
0021 - Hyper-functioning thyroid gland	1 - Clean Start/Unknown Finish - Full Year	$230.00	$230.00	$230.00	$278.00	1	1	0	0

Episode Treatment Grouper (ETG) ETG Distribution Analysis Episode Type.rep Page 1 of 2

Run Date: 8/30/2006
Run Time: 12:00:32 PM

Cabinet for Health and Family Services
Department for Medicaid Services

User ID: jz64gf

ETG Number & Description	Episode Type & Description	Amount Per Member	Amount Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
0022 - Hypo-functioning thyroid gland	1 - Clean Start/Unknown Finish - Full Year	$700,000.00	$700,000.00	$700,000.00	$128.00	1	1	0	0
			Sum:	$705,230.00	$705,230.00	3	3	0	0

End of Report

Episode Treatment Grouper (ETG) ETG Distribution Analysis Episode Type.rep Page 2 of 2

C

Run Date: 8/30/2006
Run Time: 12:00:32 PM

Cabinet for Health and Family Services

Department for Medicaid Services

User ID: jz64gf

ETG Distribution Analysis Episode Type

By Episode Type

For Dates of Service: 07/01/2001 - 06/30/2003

Episode Type & Description: 1 - Clean Start/Unknown Finish - Full Year

ETG Number & Description	Amount Per Member	Amt Allowed Per Episode	Total Amount Paid	Total Detail Amount Paid	Total Episodes	Total Members	Exceptions based on cost per Episode	Exceptions based on cost per Member
0005 - Major infectious disease except HIV and septicemia, w/o comorbidity	$36,000.00	$36,000.00	$36,000.00	$6.00	1	1	0	0
0007 - Infectious disease signs & symptoms	$1,750,800.00	$1,750,800.00	$3,501,600.00	$457.00	2	2	0	0
0020 - Diseases of the thyroid gland, with surgery	$5,000.00	$5,000.00	$5,000.00	$54.00	1	1	0	0
0021 - Hyper-functioning thyroid gland	$230.00	$230.00	$230.00	$278.00	1	1	0	0
0022 - Hypo-functioning thyroid gland	$700,000.00	$700,000.00	$700,000.00	$128.00	1	1	0	0
		Sum:	$4,242,830.00	$4,242,830.00	6	6	0	0

End of Report

Report Notes

Report Description

The ETG Distribution Analysis Episode Type report provides totals and averages for ETG Episode Types. This includes allowed amount, number of unduplicated members, episodes, and the number of exceptions for episodes and members.

The Episode Type field of each record (also included in the summary record for the episode) will indicate the completeness of the record?s episode; see Episode Types in the Appendix for more details.

Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care assessed on a series of clinical and statistical algorithms.

The reports combine routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for creating provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter.

Search Criteria

None

2.15.90.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C) Amount Per Episode	Total Amount allowed divided by total number of episodes. Calculation: Tot Amt Allowed divided by Tot Members.	13	Number	T_ETG_COMPARISON_TOTS	AMT_PER_EPISODE
(A,B,C) Amount Per Member	Total Amount allowed divided by total number of members. Calculation: Tot Amt Allowed divided by Tot Members.	13	Number	T_ETG_COMPARISON_TOTS	AMT_PER_RECIP
(A,B,C) ETG Number & Description	Episode Treatment Group and description. (ETG)	229	Character	T_ETG_COMPARISON_TOTS, T_ETG_DESC	ETG_NUMBER, ETG_DESC
(A,B,C) Episode Type &	Episode Type and Description	226	Character	T_ETG_COMPARISON_TOTS,T_ETG_E	EPISODE_TYPE ,EPISODE_DESC

Field	Description	Length	Data Type	DB Table	DB Attributes
Description				PISODE_DESC	
(A,B,C) Exceptions based on cost per Episode	Number of episodes whose cost falls two or more standard deviations away from the norm. Calculation.	9	Number	T_ETG_COMPARISON_TOTS	EP_EXCP
(A,B,C) Exceptions based on cost per Member	Number of members whose cost falls two or more standard deviations away from the norm. Calculation.	9	Number	T_ETG_COMPARISON_TOTS	RE_EXCP
(A,B,C) For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(A,B,C) Total Amount Paid	Total amount allowed for the ETG.	13	Number	T_ETG_COMPARISON_TOTS	TOT_AMT_ALLOWED
(A,B,C) Total Detail Amount Paid	Total Detail Amount paid	9	Number	T_ETG_COMPARISON_TOTS	TOT_AMT_PAID
(A,B,C) Total Episodes	Total episodes for the ETG.	9	Number	T_ETG_COMPARISON_TOTS	TOT_EPISODES
(A,B,C) Total Members	Total members for the ETG	9	Number	T_ETG_COMPARISON_TOTS	TOT_RECIPIENTS
(B) MPC & Description	Major Practicing Category	102	Character	T_ETG_MPC_DESC	MPC_DESC, MPC

2.15.90.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.90.6 Associated Requirements

ID
30.090.013.003.3

2.15.90.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.91 ETG Episode Cross Reference -- ETG Episode Cross Reference

The ETG Episode Cross Reference report provides cross reference episode information to determine if one type of disease condition is related to other episode types. For example, do asthmatics have prevalence for diabetes? Combining episodes provides a comprehensive image of the health of members.

Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms. The reports combines routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories.

ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. This date range is displayed in the header of the report.

This report contains two tabs; the first tab contains an overview of the top ETGs by member count and the top ETGs by episode count. The second tab contains all ETGs with the counts and amounts for each.

The report contains two tabs:

- (A) Overview
- (B) All Episodes

2.15.91.1 Technical Name
ETG Episode Cross Reference

2.15.91.2 Sort Order
A. None

B. Episode Type & Description, Member Count

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-B) listed above.

For readability, the layout appears on the following pages.

2.15.91.3 ETG Episode Cross Reference Layout

A

Run Date: 08/30/2006
Run Time: 11:26:56 AM

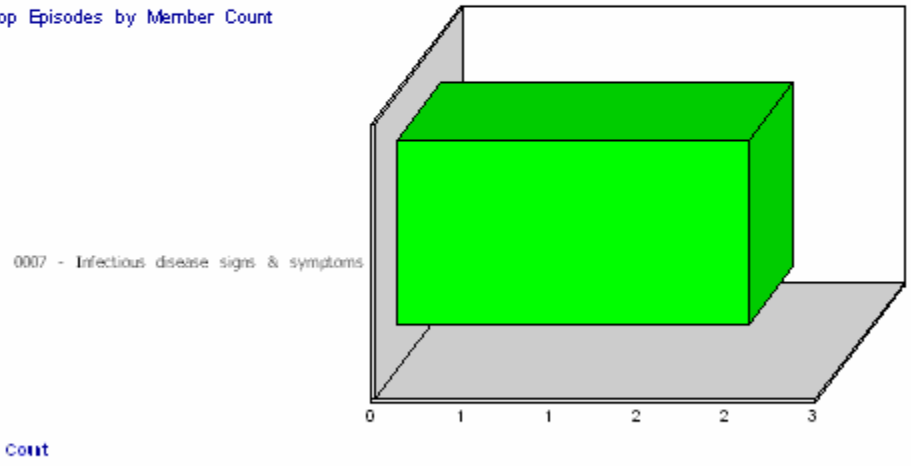
User: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

ETG Episode Cross Reference
Overview
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0007 - Infectious disease signs & symptoms

Top Episodes by Member Count



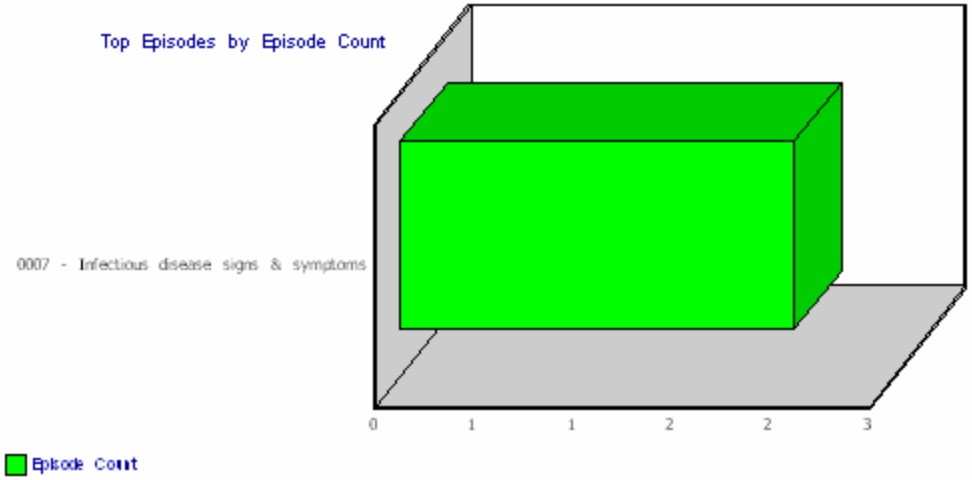
ETG (Episode Treatment Grouper) ETG Episode Cross Reference .rep Page 1 of 2

Run Date: 08/30/2006
Run Time: 11:26:56 AM

Cabinet for Health and Family Services
Department for Medicaid Services

User: jz64gf

Top Episodes by Episode Count



End of Report

ETG (Episode Treatment Grouper) ETG Episode Cross Reference .rep Page 2 of 2

B

Run Date: 08/30/2006
Run Time: 11:26:56 AM

User: jz64gf

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Episode Cross Reference
All Episodes
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0007 - Infectious disease signs & symptoms

Episode Type & Description: 1 - A full year episode which has at least one anchor record within the episode clean period from the end of the database.

Episode Count	Member Count	Percent of Members	Total Amount Paid
2	2	66.67 %	$3,501,600.00
Count: 2	Count: 2	Sum:	$3,501,600.00

End of Report

Report Notes

Report Description

The ETG Episode Cross Reference report provides cross reference episode information to determine if one type of disease condition is related to other episode types. For example, do asthmatics have prevalence for diabetes? Combining episodes provides a comprehensive image of the health of members.

Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms. The reports combines routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories.

ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. This date range is displayed in the header of the report.

Search Criteria

ETG Number as user enter in the prompt.

2.15.91.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Top Episodes by Episode Count: Episode Count	Total episode count for the Episode (highest to lowest). Calculation	7	Number	N/A	Calculated Field
(A) Top Episodes by Member Count: Member Count	Total member count for the Episode (highest to lowest). Calculation	8	Number	N/A	Calculated Field
(A,B) ETG Number & Description	ETG Number and Description.	229	Character	T_ETG_DESC	ETG_NUMBER,ETG_DESC

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B) For Dates of Services	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(B) Episode Count	Total episode count for the ETG.	7	Number	T_ETG_RECIP_TOTS	CNT_EPISODES
(B) Episode Type & Description	Episode Type and Description.	226	Character	T_ETG_EPISODE_DESC,T_ETG_RECIP_TOTS	EPISODE_TYPE,EPISODE_DESC
(B) Member Count	Total member count for the ETG. Calculation: The unduplicated Member Count.	8	Number	T_ETG_RECIP_TOTS	Count(distinct RECIP_BASE_ID)
(B) Percent of Members	Percentage of members who had an episode in this ETG. Calculation: The unduplicated Member Count divided by the total number of members.	8	Number	N/A	Calculated Field
(B) Total Amount Paid	Total amount paid for ETG.	11	Number	T_ETG_RECIP_TOTS	sum(to_number(AMOUNT_ALLOWED)

2.15.91.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.91.6 Associated Requirements

ID
30.090.013.003.3

2.15.91.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.92 ETG Member Comparison -- ETG Member Comparison

The ETG Member Comparison report flags members with total cost per episode or per member that is two or more standard deviations from the norm for a given episode type. The report provides a comparison of members' ETG information by episode type, for a selected ETG.

Episode Treatment Groups (ETGs) are basic illness classifications similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms. The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories.

ETGs provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. The ETG Member Comparison report flags members with total cost per episode of two or more standard deviations from the norm. The report allows comparing members' ETG information by episode type, for a selected ETG.

The report contains one tab:

- ETG Member Comparison

2.15.92.1 Technical Name
ETG Member Comparison

2.15.92.2 Sort Order
ETG Subclass, Episode Type & Description, Difference in Member Cost 2 std dev = $0

For readability, the layout appears on the following pages.

2.15.92.3 ETG Member Comparison Layout

Run Date: 09/01/2006
Run Time: 3:20:15 PM

User: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

ETG Member Comparison

For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0022 - Hypo-functioning thyroid gland

Subclass: None
Subclass Description: Hypo-functioning thyroid gland

Episode Type & Description: 1 - A full year episode which has at least one anchor record within the episode clean period from the end of the database.

Member ID	Member Full Name	Paid Amount Per Episode	Global Paid Amount Per Episode	Difference in Episode Cost 2 std dev = $0	Episode Count	Paid Amount Per Member	Global Paid Amount Per Member	Difference in Member Cost 2 std dev = $0
000001389	MITCHEL, OSCAR	$700,000.00	$700,000.00	$0.00	1	$700,000.00	$700,000.00	$0.00
Totals: 1			$700,000.00					

End of Report

Report Notes

Report Description

The ETG Member Comparison report flags members with total cost per episode or per member that is two or more standard deviations from the 'norm' for a given episode type. The report provides a comparison of members' ETG information by episode type, for a selected ETG.

Episode Treatment Groups (ETGs) are basic illness classifications similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms. The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories.

ETGs provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. The ETG Member Comparison report flags members with total cost per episode of two or more standard deviations from the 'norm'. The report allows comparing members' ETG information by episode type, for a selected ETG.

Search Criteria

ETG Number - Episode Treatment Group (ETG) number specified in the user prompt.

2.15.92.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Difference in Episode Cost 2 std dev = $0	Member Cost per Episode minus Global Amount per Episode. Calculation: Difference in Episode Cost value which is two standard deviations (2 std dev) from the norm.	11	Number	N/A	Total Amount Paid / Episode Count-Amount Per Episode
Difference in Member Cost 2 std dev = $0	Member Total Amount minus Global Amount per Episode. Calculation: Difference in Member Cost value which is two standard deviations from the norm. Calculation	11	Number	N/A	Total Amount Paid/Unduplicated Member Count-Amount PerMember
ETG Number & Description	The Episode Treatment Group (ETG) number and description.	229	Character	T_ETG_DESC,T_ETG_RECIP_TOTS	ETG_DESC,ETG_NUMBER

Field	Description	Length	Data Type	DB Table	DB Attributes
Episode Count	The episode count for the ETG.	6	Number	T_ETG_COMPARISON_TOTS	TOT_EPISODES
Episode Type & Description	The Episode type and Description	226	Character	T_ETG_RECIP_TOTS, T_ETG_EPISODE_DESC	EPISODE_TYPE, EPISODE_DESC
For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
Global Paid Amount Per Member	Global Paid Amount per Member for the ETG.	9	Number	T_ETG_COMPARISON_TOTS	AMT_PER_RECIP
Global Paid Amount per Episode	Total amount for all members divided by the number of episodes. Calculation: The six available dimensions from which a payment can be received. These six dimensions are static.	11	Number	N/A	Calculated Field
Member Full Name	The member's name.	43	Character	T_RE_BASE	LAST_NAME, FIRST_NAME, MIDDLE_INIT
Member ID	Member unique id.	9	Character	T_ETG_RECIP_TOTS	RECIP_BASE_ID
Paid Amount Per Episode	Paid Amount Per Episode for the ETG.	9	Number	N/A	Total Amount Paid/Episode Count
Paid Amount Per Member	The total amount paid for the ETG.	11	Number	T_ETG_COMPARISON_TOTS	AMT_PER_EPISODE
Subclass and	ETG Subclass and Description	227	Character	T_ETG_COMPARISON_TOTS,T_ETG_DES	ETG_SUBCLASS,ETG

Field	Description	Length	Data Type	DB Table	DB Attributes
Description				C	_DESC

2.15.92.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.92.6 Associated Requirements

ID
30.090.013.003.3

2.15.92.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.93 ETG Member Details

The ETG Member Details report shows selected member's detail claims information. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care, based on a series of clinical and statistical algorithms. The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories. ETGs provide a unit of analysis for the creation of provider profiling, demand analysis and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. The details are grouped into episode types, which provide a method of viewing specific billing patterns and practices of providers that helps to determine what steps may be required to improve the health of members or reduce the cost of the services.

The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting.

The report contains eight tabs:

- (A) Member Overview
- (B) Details By ETG: Drill Down by ETG Number & Description and ETG Subclass
- (C) Details By Servicing Provider: Drill Down By ETG Number & Description, ETG Subclass, and Provider ID
- (D) Provider Totals
- (E) ETG Totals
- (F) Procedure Totals
- (G) Diagnosis Totals
- (H) NDC Totals

2.15.93.1 Technical Name

ETG Member Details

2.15.93.2 Sort Order

A. None

B. ETG Number, ETG Subclass

C. Provider ID

D. ETG Number, ETG Subclass

E. None

F. ETG Number, ETG Subclass, Paid Amount

G. ETG Number, ETG Subclass

H. ETG Number, ETG Subclass

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-H) listed above.

For readability, the layout appears on the following pages.

2.15.93.3 ETG Member Details Layout

A

Run Date: 1/5/2007
Run Time: 11:53:30 AM

User ID: Administrator

Cabinet for Health and Family Services

Department for Medicaid Services

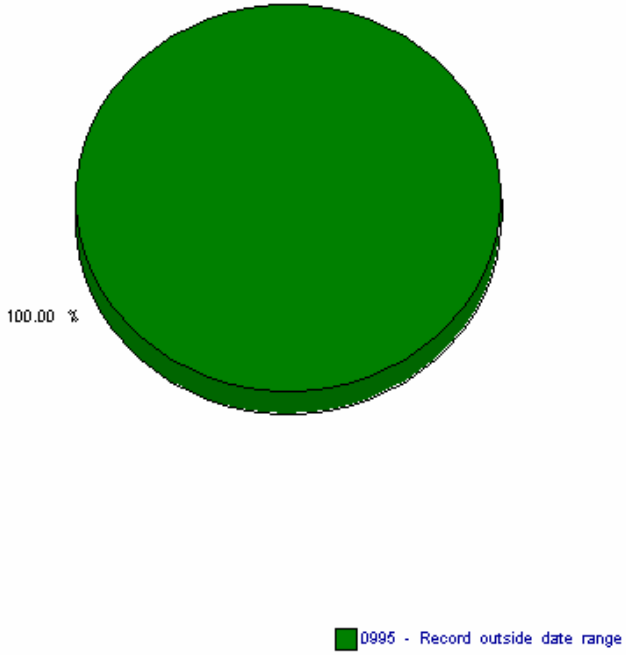
ETG Member Details

Member Overview

For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

Member Name: ANDERSON, MIKE J
Date of Birth: 1/12/1968
Member Current Age: 38
Sex: F



B

Run Date: 1/5/2007
Run Time: 11:53:30 AM

User ID: Administrator

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Member Details

Details By ETG

For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2205088600011	M - HCFA 1500 CLAIMS	8 - A record which was not grouped to an episode. This includes both orphan records and records with error ETGs	ANDERSON, MIKE J	37	14 - Unknown	M	F	N - Medical Assistance, Categorically Needy, TANF	NPI ID: 1000000394 Medicaid ID: 100216979A Base ID: 100216979	NPI ID: Medicaid ID: Base ID:	####### -	#	Y

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
2	P	02/26/2005	02/26/2005	########### -	A4421 - Not Otherwise Classified Ostomy Supplies	$100,000.00	$33,000.00	$33,000.00	NPI ID: Medicaid ID: Base ID:	M	-

C

Run Date: 1/5/2007
Run Time: 11:53:30 AM

User ID: Administrator

Cabinet for Health and Family Services
Department for Medicaid Services
ETG Member Details
Details By Servicing Provider
For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

Claim ICN	Claim Type & Description	Episode Type & Description	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2205088600011	M - HCFA 1500 CLAIMS	8 - A record which was not grouped to an episode. This includes both orphan records and records with error ETGs	ANDERSON, MIKE J	37	14 - Unknown	M	F	N - Medical Assistance, Categorically Needy, TANF	NPI ID: 1000000394 Medicaid ID: 100216979A Base ID: 100216979	NPI ID: Medicaid ID: Base ID:	####### -	#	Y

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
2	P	02/26/2005	02/26/2005	########## # -	A4421 - Not Otherwise Classified Ostomy Supplies	$100,000.00	$33,000.00	$33,000.00	NPI ID: Medicaid ID: Base ID:	M	-

D

Run Date: 1/5/2007
Run Time: 11:53:30 AM

Cabinet for Health and Family Services

User ID: Administrator

Department for Medicaid Services

ETG Member Details
Provider Totals
For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

ETG Number & Description: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Provider Name	Paid Amount
NPI ID: Medicaid ID: Base ID:	$33,000.00
Totals: 1	$33,000.00

End of Report

ETG (Episode Treatement Groupter) ETG Member Details.rep Page 1 of 1

E

Run Date: 1/5/2007
Run Time: 11:53:30 AM

Cabinet for Health and Family Services

User ID: Administrator

Department for Medicaid Services

ETG Member Details

ETG Totals

For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

ETG Number & Description	Paid Amount
0995 - Record outside date range	$33,000.00
Totals:	$33,000.00

End of Report

ETG (Episode Treatement Groupter) ETG Member Details .rep Page 1 of 1

F

Run Date: 1/5/2007
Run Time: 11:53:30 AM

Cabinet for Health and Family Services

User ID: Administrator

Department for Medicaid Services

ETG Member Details

Procedure Totals

For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

ETG Number & Description: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Procedure Code & Description	Provider Name	Member ID	Member Full Name	Paid Amount
A4421 - Not Otherwise Classified Ostomy Supplies	NPI ID: Medicaid ID: Base ID:	000001452	ANDERSON, MIKE J	$33,000.00
Totals:	1			$33,000.00

End of Report

ETG (Episode Treatement Groupter) ETG Member Details .rep Page 1 of 1

G

Run Date: 1/5/2007
Run Time: 11:53:30 AM

Cabinet for Health and Family Services

User ID: Administrator

Department for Medicaid Services

ETG Member Details

Diagnosis Totals

For Dates of Service: 01/01/2005 - 12/31/2006

ETG Number & Description: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

Primary Diagnosis & Description	Provider Name	Member ID	Member Full Name	Paid Amount
####### -	NPI ID: Medicaid ID: Base ID:	000001452	ANDERSON, MIKE J	$33,000.00
Totals:	1			$33,000.00

End of Report

ETG (Episode Treatement Groupter) ETG Member Details .rep Page 1 of 1

H

Run Date: 1/5/2007
Run Time: 11:53:30 AM

Cabinet for Health and Family Services

User ID: Administrator

Department for Medicaid Services

ETG Member Details
NDC Totals
For Dates of Service: 01/01/2005 - 12/31/2006

Member ID: 000001452

ETG Number & Description: 0995 - Record outside date range

Subclass: None
Subclass Description: Record outside date range

NDC Code & Description	Provider Name	Member ID	Member Full Name	Paid Amount
########### -	NPI ID: Medicaid ID: Base ID:	000001452	ANDERSON, MIKE J	$33,000.00
Totals:	1			$33,000.00

ETG (Episode Treatement Groupter) ETG Member Details .rep Page 1 of 1

Report Notes

Report Description

The ETG Member Details report shows selected member's detail claims information. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care, based on a series of clinical and statistical algorithms. The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories. ETGs provide a unit of analysis for the creation of provider profiling, demand analysis and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter. The details are grouped into episode types, which provide a method of viewing specific billing patterns and practices of providers that helps to determine what steps may be required to improve the health of members or reduce the cost of the services.

Report Tabs

A. Member Overview
B. Details By ETG
C. Details By Servicing Provider
D. Provider Totals
E. ETG Totals
F. Procedure Totals
G. Diagnosis Totals
H. NDC totals

Search Criteria

Member ID - Episode Treatment Group (ETG) member ID specified in the user prompt.

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\ETG (Episode Treatment Grouper)Reports' category.

2.15.93.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Date of Birth	The member's birth date.	10	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
(A) Member Current Age	The member's age. Calculation: It is the number of years between the member birth date and first date of service. If the month and day of DTE_BIRTH is greater than the ones of DTE_FIRST_SVC, adding one to the age. For a new born baby, it is zero.	3	Number	T_CA_ICN	NUM_RECIP_AGE
(A) Member Name	The member's full name.	45	Character	T_RE_BASE_DN	NAM_LAST,NAM_FIRST,NAM_MID_INIT
(A) Sex	The member's gender.	1	Character	T_CA_ICN	CDE_SEX
(A,B,C,D,E,F,G,H) For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(A,B,C,D,E,F,G,H) Member ID	The member's Medicaid ID	9	Character	T_CA_ICN	ID_MEDICAID
(B,C) Allowed Amount	The allowed amount for the detail.	10	Number	T_CA_ICN	AMT_ALWD
(B,C) Billed Amount	The billed amount for the detail.	10	Number	T_CA_ICN	AMT_BILLED
(B,C) Buyin Medicare A	Buy-In Medicare A.	1	Character	T_CA_ICN	IND_MEDICARE_A
(B,C) Buyin Medicare B	Buy-In Medicare B.	1	Character	T_CA_ICN	IND_MEDICARE_B

Field	Description	Length	Data Type	DB Table	DB Attributes
(B,C) Claim Detail Status	The claim's status code.	1	Character	T_CA_ICN	CDE_DTL_STATUS
(B,C) Claim ICN	The claim's internal control number (ICN).	13	Character	T_CA_ICN	NUM_ICN
(B,C) Claim Type & Description	Claim Type and Description	51	Character	T_CA_ICN,T_CA_CLAIM_KEY	CDE_CLM_TYPE,DSC_CLM_TYPE
(B,C) Date First Service	The claim's first date of service.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC
(B,C) Date Last Service	The claim's termination (last) date of service (TDOS)	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC
(B,C) Detail Number	The claim's detail line number (DTL).	2	Character	T_CA_ICN	NUM_DTL
(B,C) Episode Type & Description	Episode Type and Description.	226	Character	T_ETG_DTL,T_ETG_EPISODE_DESC	EPISODE_TYPE,EPISODE_DESC
(B,C) FFS/Enc Indicator	FFS/Enc Indicator	1	Character	T_CA_ICN	IND_CLAIM
(B,C) Kenpac Indicator	KenPAC Indicator	1	Character	T_CA_ICN	IND_KENPAC
(B,C) Member Age	Calculation: Age is the age of the member at the time of service. It is the number of years between the member birth date and first date of service. If the month and day of DTE_BIRTH is greater than the ones of DTE_FIRST_SVC, adding one to the age. For a	3	Number	T_CA_ICN	NUM_RECIP_AGE

Field	Description	Length	Data Type	DB Table	DB Attributes
	new born baby, it is zero.				
(B,C) Member County Description	Member County and Description.	35	Character	T_CA_RECIP_KEY	CDE_RECIP_COUNTY,DSC_RECIP_COUNTY
(B,C) Program Code Description	AID Category / Program Code and Description.	52	Character	T_CA_RECIP_KEY	CDE_AID_CATEGORY,DSC_AID_CATEGORY
(B,C) Provider ID - Billing	Billing Provider ID (s).	45	Character	T_CA_PROV_KEY	ID__PROVIDER_NPI,ID_PROVIDER_MCAID,ID_PROVIDER_BASE
(B,C) Provider ID - Referring/Attending/Prescribing	Referring Provider ID (s).	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI,ID_PROVIDER_MCAID,ID_PROVIDER_BASE
(B,C) Provider ID - Rendering	Rendering Provider ID (s).	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI,ID_PROVIDER_MCAID,ID_PROVIDER_BASE
(B,C) Revenue Code 1 & Description	The revenue code on a detail.	74	Character	T_CA_HDR_DTL_DN, T_CDE_REVENUE	CDE_REVENUE_1,DSC_REVENUE
(B,C) Revenue Code 2 & Description	The Revenue Code 2 and Description.	74	Character	T_CA_HDR_DTL_DN, T_CDE_REVENUE	CDE_REVENUE_2,DSC_REVENUE
(B,C) Revenue Code 3 & Description	The Revenue Code 3 and Description.	74	Character	T_CA_HDR_DTL_DN, T_CDE_REVENUE	CDE_REVENUE_3,DSC_REVENUE
(B,C) Revenue Code 4 & Description	The Revenue Code 4 and Description.	74	Character	T_CA_HDR_DTL_DN, T_CDE_REVENUE	CDE_REVENUE_4,DSC_REVENUE
(B,C) Revenue Code 5 & Description	The Revenue Code 5 and Description.	74	Character	T_CA_HDR_DTL_DN, T_CDE_REVENUE	CDE_REVENUE_5,DSC_REVENUE

Field	Description	Length	Data Type	DB Table	DB Attributes
(B,C) TPL Indicator	TPL indicator	1	Character	T_CA_ICN	IND_TPL
(B,C,D,E,F,G,H) ETG Number & Description	Calculation: The ETG code and description. ETG number plus the corresponding description.	229	Character	T_ETG_DTL,T_ETG_DESC	ETG_NUMBER, ETG_DESC
(B,C,D,E,F,G,H) Paid Amount	The paid amount for the detail.	10	Number	T_CA_ICN	AMT_PAID
(B,C,F) Procedure Code & Description	The procedure code on the detail if the detail contains a procedure code	46	Character	T_CA_ICN,T_CDE_PROC	CDE_PROC_PRIM,DSC_PROC
(B,C,G) Primary Diagnosis & Description	The diagnosis and description associated with the detail.	47	Character	T_CA_ICN,T_DIAGNOSIS	CDE_DIAG_PRIM,DSC_25
(B,C,H) NDC Code & Description	The National Drug Code (NDC) and description for a drug claim.	46	Character	T_CA_ICN,T_DRUG_DN	CDE_NDC,DSC_NDC
(C) Servicing Provider ID	Servicing Provider ID	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI,ID_PROVIDER_MCAID,ID_PROVIDER_BASE
(D,E,F,G,H) Subclass and Description	ETG Subclass and Description	227	Character	T_ETG_DTL,T_ETG_DESC	ETG_SUBCLASS,ETG_DESC
(D,F,G,H) Provider Name	The provider's ID and name.	59	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI

2.15.93.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.93.6 Associated Requirements

ID
30.090.013.003.3

2.15.93.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.94 ETG Member Summary

The ETG Member Summary report rapidly displays all of the selected member's episodes in graphical and numeric format to assist in the identification of anomalies in service or practice. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). Based on a series of clinical and statistical algorithms, ETGs provide a medically meaningful statistical unit representing a complete episode of care. ETGs combine all routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The Episode Treatment Grouper (or ETGProfiler) allows for reporting on ETGs. The reports run quarterly for 18 months of data.

There are multiple tabs to this report. For workbook documentation only, the different tabs have been lettered A-D in the layout below. The field names have the corresponding letter in front, identifying the tab it can be found on. This is only to aid in verifying the report layouts. The letters will not be on the actual or printed reports. For the report layouts below, only the information inside of the blue box can be found on the actual report.

The four tabs in this report are:

- (A) Episodes and Costs for Member
- (B) Member Summary Global Comparison
- (C) Summary By ETG: Drill Down by MPC & Description, ETG Number & Description
- (D) Summary ETG Details by Major Practicing Category (MPC)

2.15.94.1 Technical Name

ETG Member Summary

2.15.94.2 Sort Order

A. None

B. None

C. None

D. MPC & Description, Episode Count

For readability, the layout appears on the following pages.

2.15.94.3 ETG Member Summary Layout

A

Run Time: 09/01/2006
Run Date: 3:32:06 PM

User: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

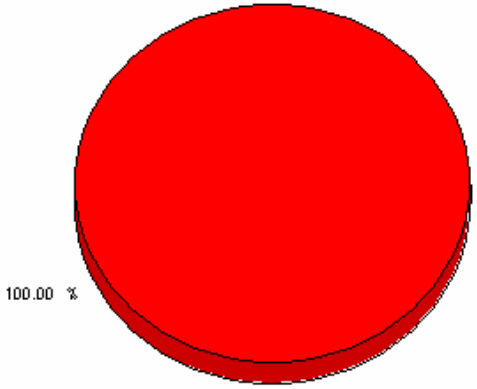
ETG Member Summary
Episodes and Costs for Member
For Dates of Service: 07/01/2001 - 06/30/2003

Member ID: 000001452

Member Information: 000001452 - ANDERSON, MIKE J
1115 NE 2ND ST
PORTLAND, OR 97501-2921

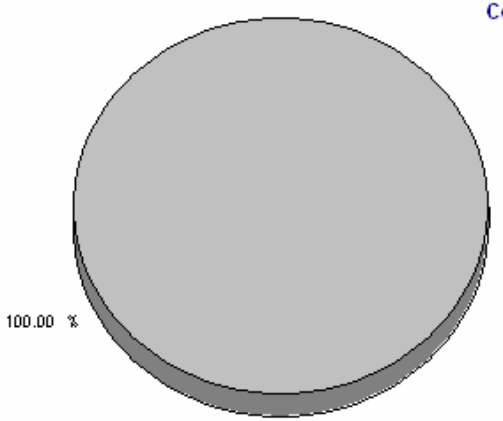
Date of Birth: 1/12/1968
Member Current Age: 38
Gender: F

Episodes



0020 - Diseases of the thyroid gland, with surgery

Costs



0020 - Diseases of the thyroid gland, with surgery

ETG (Episode Treatment Grouper) ETG Member Summary .rep Page 1 of 2

B

Run Time: 09/01/2006
Run Date: 3:32:06 PM

User: jz64gf

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Member Summary

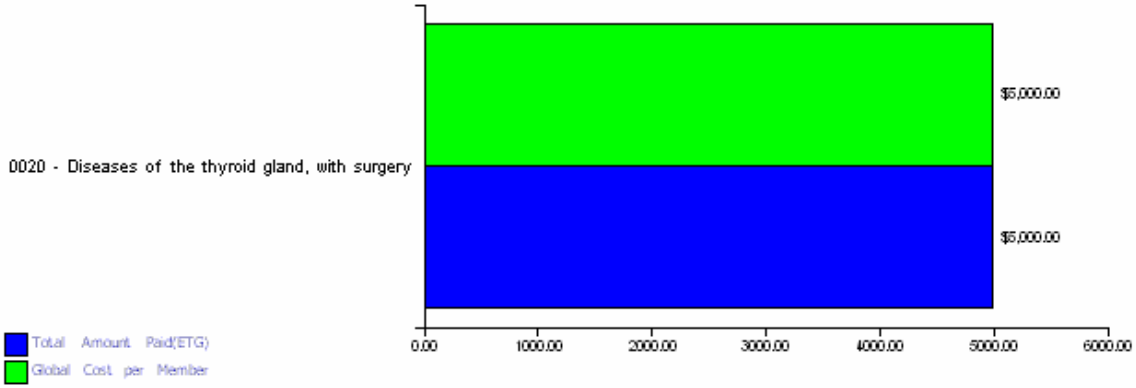
Member Summary Global Comparison

For Dates of Service: 07/01/2001 - 06/30/2003

Member ID: 000001452

Member Information

000001452 - ANDERSON, MIKE J
1115 NE 2ND ST
PORTLAND, OR 97501-2921



End of Report

ETG (Episode Treatment Grouper) ETG Member Summary .rep Page 1 of 1

C

Run Date: 09/01/2006
Run Time: 3:32:06 PM

User: jz64gf

Cabinet for Health and Family Services

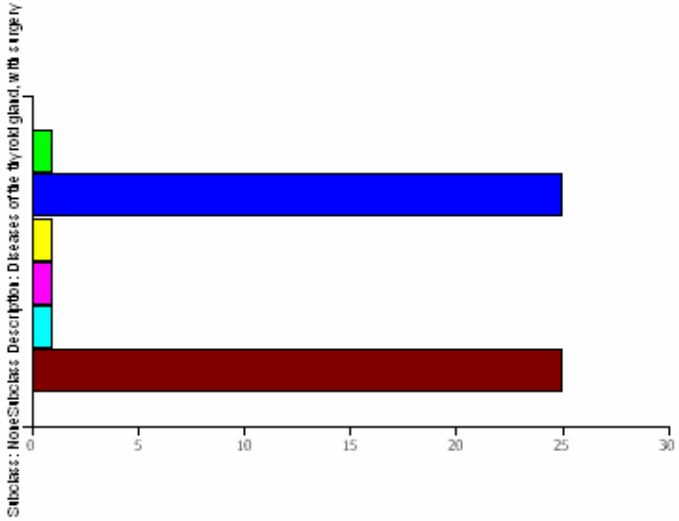
Department for Medicaid Services

ETG Member Summary

Summary By ETG

For Dates of Service: 07/01/2001 - 06/30/2003

Member ID: 000001452



Average Episode Cost:	$5,000.00
Average Amount per Member:	$5,000.00
Total Episodes:	1
Total Members:	1
Total Dollars:	$5,000.00

ETG Number	0020	Percentage
Ancillary Inpatient Paid	$1.00	1.85 %
Ancillary Outpatient Paid	$25.00	46.30 %
Facility Paid	$1.00	1.85 %
Medical Services Paid	$25.00	46.30 %
Rx Paid	$1.00	1.85 %
Surgery Paid	$1.00	1.85 %

Medical Services Paid
Surgery Paid
Facility Paid
Rx Paid
Ancillary Outpatient Paid
Ancillary Inpatient Paid

End of Report

ETG (Episode Treatment Grouper) ETG Member Summary.rep Page 1 of 1

D

Run Date: 09/01/2006
Run Time: 3:32:06 PM

User: jz64gf

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Member Summary

Summary ETG Details by Major Practicing Category (MPC)

For Dates of Service: 07/01/2001 - 06/30/2003

Member ID: 000001452

Member Information

000001452 - ANDERSON, MIKE J
1115 NE 2ND ST
PORTLAND, OR 97501-2921

MPC & Description: 2 - ENDOCRINOLOGY

ETG Number & Description	Episode Count	Total Amount Billed	Total Amount Paid	Global Paid Amount Per Member	Dollar Difference	Percent Difference	Ancillary Outpatient Paid	Facility Paid	Medical Services Paid	Rx Paid	Surgery Paid	Ancillary Inpatient Paid
0020 - Diseases of the thyroid gland, with surgery	1	$500,000.00	$5,000.00	$303,065.71	$(298,065.71)	(98.35) %	$25.00	$1.00	$25.00	$1.00	$1.00	$1.00

End of Report

ETG (Episode Treatment Grouper) ETG Member Summary.rep Page 1 of 1

Report Notes

Report Description

The ETG Member Summary report rapidly displays all of the selected member's episodes in graphical and numeric format to assist in the identification of anomalies in service or practice. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). Based on a series of clinical and statistical algorithms, ETGs provide a medically meaningful statistical unit representing a complete episode of care. ETGs combine all routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The Episode Treatment Grouper (or ETGProfiler) allows for reporting on ETGs. The reports run quarterly for 18 months of data.

Search Criteria

Member ID as user enter in the prompt.

2.15.94.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Date of Birth	The member's birth date.	10	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
(A) Gender	The sex of the member.	1	Char	T_RE_BASE	CDE_SEX
(A) Member Current Age	The age of the member.	3	Number	T_CA_ICN	NUM_RECIP_AGE
(A,B,C,D) ETG Number & Description	ETG Number and Description.	229	Character	T_ETG_DESC	ETG_NUMBER, ETG_DESC
(A,B,C,D) For Dates of Service	Range of service date selection criteria	10	Date (MM/DD/CCYY)	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D) Member ID	The member's ID .	12	Character	T_RE_BASE	ID_MEDICAID,
(A,B,D) Member Information	The member's ID, name, city, state, and zip code.	60	Character	T_RE_BASE	ADR_CITY, ADR_STATE, ADR_ZIP_CODE, ADR_ZIP_CODE_4
(C) Average Amount per Member	Total amount paid / unduplicated member count	11	Number (Decimal)	N/A	Calculated Field
(C) Average Episode Cost	Total amount paid / episode count.	11	Number (Decimal)	N/A	Calculated Field
(C) ETG Number	The ETG number/ID.	4	Number	T_ETG_RECIP_TOTS	ETG_NUMBER
(C) Percentage	Specific Amount divided by the Total Amounts	10	Number	N/A	Calculated Field
(C) Total Dollars	The summed total of all paid amounts.	13	Number (Decimal)	T_CA_ICN	AMT_PAID
(C) Total Episodes	The episode count for the ETG.	6	Number	T_ETG_RECIP_TOTS	CNT_EPISODES
(C) Total Members	The unduplicated member count.	6	Number	T_CA_ICN	count (DISTINCT ID_MEDICAID)
(C,D) Ancillary Inpatient Paid	Ancillary Inpatient paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	ANCILLARY_INPATIENT_PAID
(C,D) Ancillary Outpatient	Ancillary Outpatient paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	ANCILLARY_OUTPATIENT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Paid					
(C,D) Facility Paid	Facility paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	FACILITY_PAID
(C,D) Medical Services Paid	Medical Services paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	MEDICAL_SVCS_PAID
(C,D) Rx Paid	Prescription paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	RX_PAID
(C,D) Surgery Paid	Surgery paid amount.	11	Number (Decimal)	T_ETG_RECIP_TOTS	SURGERY_PAID
(D) Dollar Difference	The difference between the paid and allowed amount.	7	Number	N/A	Calculated Field
(D) Episode Count	The episode count for the ETG.	6	Number	T_ETG_RECIP_TOTS	CNT_EPISODES
(D) Global Paid Amount Per Member	Total amount paid / unduplicated member count	7	Number	N/A	Calculated Field
(D) MPC & Description	The ETG defined category grouping and description.	102	Character	T_ETG_DESC,T_ETG_MPC_DESC	MPC,MPC_DESC
(D) Percent Difference	The difference between the paid and allowed amount expressed as a percent.	3	Number	N/A	Calculated Field
(D) Total Amount Billed	The total amount billed for the ETG.	11	Number (Decimal)	T_ETG_RECIP_TOTS	AMOUNT_BILLED
(D) Total Amount Paid	The total amount paid for the ETG.	11	Number (Decimal)	T_ETG_RECIP_TOTS	AMOUNT_PAID

2.15.94.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.94.6 Associated Requirements

ID
30.090.013.003.3

2.15.94.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.95 ETG Provider Comparison -- ETG Provider Comparison

The ETG Provider Comparison report flags providers with total cost per episode or per member that is two or more standard deviations from the norm for a given episode type. The report provides a comparison of providers' ETG information by episode type, for a selected ETG.

Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms. The reports combine routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter.

The report contains one tab:

- ETG Provider Comparison

2.15.95.1 Technical Name

ETG Provider Comparison

2.15.95.2 Sort Order

ETG Subclass, Episode Type & Description, Difference in Episode Cost: 2 STD Dev = $0

For readability, the layout appears on the following pages.

2.15.95.3 ETG Provider Comparison Layout

Run Date: 09/01/2006
Run Time: 2:06:30 PM

User ID: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

ETG Provider Comparison
For Dates of Service: 07/01/2001 - 06/30/2003

ETG Number: 0020 - Diseases of the thyroid gland, with surgery

Subclass: None
Subclass Description: Diseases of the thyroid gland, with surgery

Episode Type & Description: **1 - A full year episode which has at least one anchor record within the episode clean period from the end of the database.**

Provider ID	Provider Full Name	Paid Amount Per Episode	Global Paid Amount Per Episode	Difference in Episode Cost: 2 std dev = $0	Episode Count	Paid Amount Per Member	Global Paid Amount Per Member	Difference Member Cost: 2 std dev = $0	Member Count
NPI ID: 1000000503 Medicaid ID: 100241469A Base ID: 100241469	DAVISON NW MEDICAL	$5,000.00	$5,000.00	$0.00	1	$5,000.00	$5,000.00	$0.00	1
Totals: 1			$5,000.00						

End of Report

Report Notes

Report Description

The ETG Provider Comparison report flags providers with total cost per episode or per member that is two or more standard deviations from the 'norm' for a given episode type. The report provides a comparison of providers' ETG information by episode type, for a selected ETG.

Search Criteria

ETG Number - Episode Treatment Group (ETG) number specified in the user prompt.

2.15.95.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Difference Episode Cost 2 Std Dev = $0	Difference Episode Cost value which is two standard deviations (2 std dev) from the norm. Provider Amount per Episode minus Global Amt per Episode. Calculation: The amount allowed for a given provider per Episode minus the global amount allowed per provider and Episode.	11	Number	N/A	TotalAmountPaid / Episode Count-Amount Per Episode
Difference Member Cost 2 Std Dev = $0	Difference Member Cost value which is two standard deviations from the norm. Provider Amount per Member minus Global Amount per Member. Calculation: The amount allowed for a given member per Episode minus the global amount allowed per member and Episode. 2 Std Dev (Difference Member Cost)	11	Number	N/A	Total Amount Paid/Unduplicated Member Count-Amount PerMember
ETG Number & Description	Episode Treatment Group (ETG) code and description.	229	Character	T_ETG_PROV_TOTS ,T_ETG_DESC	ETG_NUMBER,ETG_DESC-
Episode Count	Episodes Count	9	Number	T_ETG_PROV_TOTS	CNT_EPISODES
Episode Type & Description	Episode Type and Description.	226	Character	T_ETG_PROV_TOTS , T_ETG_EPISODE_DESC	EPISODE_TYPE, EPISODE_DESC
For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
Global Paid Amount Per	Global Paid Amount Per Member	9	Number	T_ETG_COMPARISO	AMT_PER_RECIP

Field	Description	Length	Data Type	DB Table	DB Attributes
Member				N_TOTS	
Global Paid Amount per Episode	Total amount for all providers divided by the number of episodes.	11	Number	T_ETG_COMPARISON_TOTS	AMT_PER_EPISODE
Member Count	Member Count	9	Number	T_ETG_PROV_TOTS	CNT_RECIPIENTS
Paid Amount Per Episode	Paid Amount Per Episode	9	Number	T_ETG_COMPARISON_TOTS	Total Amount Paid / Episode Count
Paid Amount Per Member	Paid Amount Per Member	11	Number	T_ETG_COMPARISON_TOTS	Total Amount Paid / Unduplicated Member Count
Provider Full Name	The provider's full name.	50	Character	T_CA_PROV_KEY	NAM_PROVIDER
Provider ID	The provider's ID (NPI, Medicaid, and Base)	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_BASE, ID_PROVIDER_MCAID
Subclass and Description	ETG Subclass and Description	227	Character	T_ETG_PROV_TOTS ,T_ETG_DESC	ETG_SUBCLASS,ETG_DESC

2.15.95.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.95.6 Associated Requirements

ID
30.090.013.003.3

2.15.95.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.96 ETG Provider Details -- ETG Provider Details

The ETG Provider Details report shows detailed information for a selected provider. The details are grouped into episode type, which provides a convenient method of viewing specific billing patterns and practices of the provider. This information helps to determine what steps may be required to improve the health of members or reduce the cost of the services. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms.

The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories. ETGs provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter.

The report contains eight tabs:

- (A) Provider Overview
- (B) Details By ETG
- (C) Details By Member: Drill Down by ETG Number & Description, ETG Subclass, and Member ID
- (D) Member Totals
- (E) ETG Totals
- (F) Procedure Totals
- (G) Diagnosis Totals
- (H) NDC Totals

2.15.96.1 Technical Name

ETG Provider Details

2.15.96.2 Sort Order

A. None

B. ETG Number & Description, ETG Subclass

C. None

D. Member ID, Member Full Name

E. None

F. ETG Number & Description, ETG Subclass

G. ETG Number & Description, ETG Subclass

H. ETG Number & Description, ETG Subclass

For readability, the layout appears on the following pages.

2.15.96.3 ETG Provider Details Layout

A

Run Date: 09/01/2006
Run Time: 2:13:05 PM

Cabinet for Health and Family Services
Department of Medicaid Services
ETG Provider Details
Provider Overview
For Dates of Service: 07/01/2001 - 06/30/2003

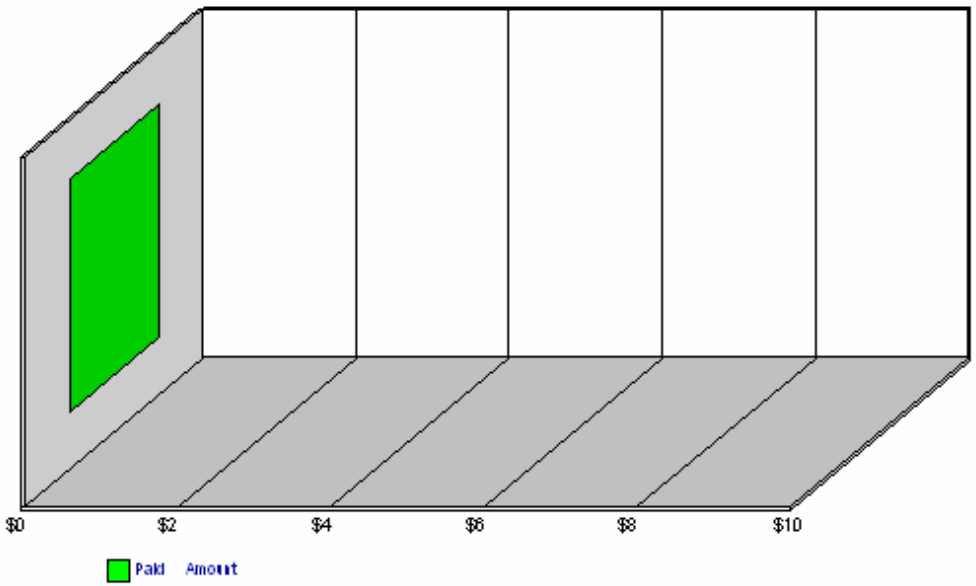
User: jz64gf

Servicing Provider Address:
, -
Provider Type: -
Provider Specialty: .

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

Top 10 ETGs based on Paid Amount



ETG (Episode Treatment Grouper) ETG Provider Details.rep Page 1 of 2

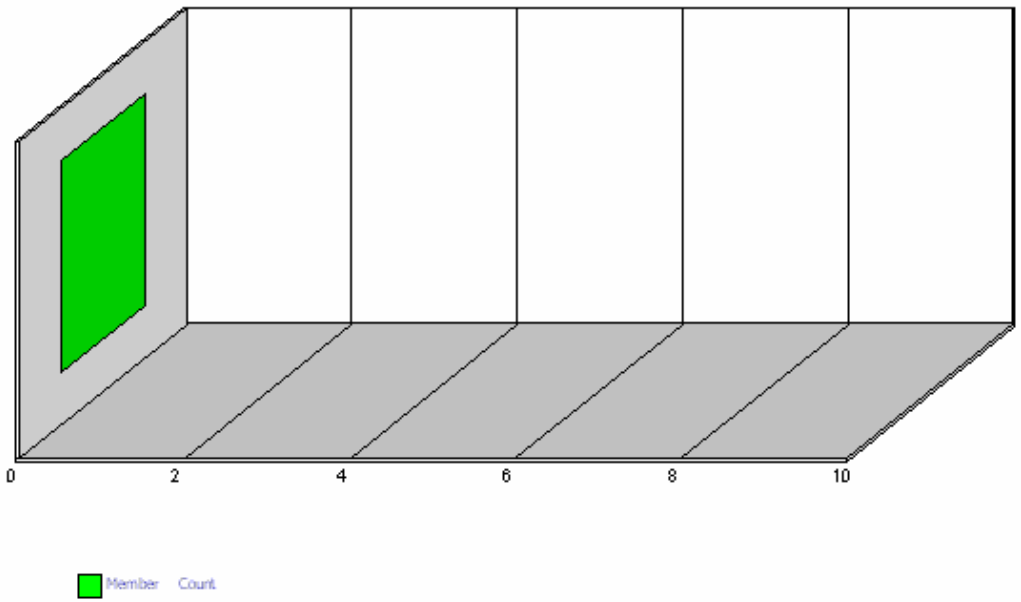
Run Date: 09/01/2006
Run Time: 2:13:05 PM

Cabinet for Health and Family Services

User: jz64gf

Department of Medicaid Services

Top 10 ETGs based on Member Count



End of Report

ETG (Episode Treatment Grouper) ETG Provider Details.rep Page 2 of 2

Run Date: 09/14/2006
Run Time: 1:57:55 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

Details By ETG

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

ETG Number & Description: -

Subclass:
Subclass Description:

Servicing Provider Address:
, -

Provider Type: -

Provider Specialty: -

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member ID	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2003013901028	Claim Type & Desciption	-	000002363	HALL, TIM J	23	55 - Unknown	I	F	## - Unknown	NPI ID: 1000001014 Medicaid ID: 100684969A Base ID: 100684969	NPI ID: Medicaid ID: Base ID:	25013 - DIAB KETOACIDOSIS JUVEN U	#	#

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
0	D	12/08/2002	12/12/2002	########### -	###### - Unknown or Not Applicable	$8,644.38	$(100.00)	$0.00	NPI ID: Medicaid ID: Base ID:	I	0110 - Private Room

Run Date: 09/01/2006
Run Time: 2:13:05 PM

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

Details By Member

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

Claim ICN	Claim Type & Desciption	Episode Type & Description	Member Full Name	Member Age	Member County Description	Kenpac Indicator	FFS/Enc Indicator	Program Code Description	Provider ID - Billing	Provider ID - Referring/Attending/Prescribing	Primary Diagnosis & Description	Buyin Medicare A	Buyin Medicare B
2003139300222	I - INPATIENT CLAIMS	-	WATERS, ANDY	84	46 - Unknown	I	F	## - Unknown	NPI ID: 1000001014 Medicaid ID: 100684969A Base ID: 100684969	NPI ID: Medicaid ID: Base ID:	07882 - EPIDEMIC VOMITING SYND	#	#

Detail Number	Claim Detail Status	Date First Service	Date Last Service	NDC Code & Description	Procedure Code & Description	Billed Amount	Allowed Amount	Paid Amount	Provider ID - Rendering	TPL Indicator	Revenue Code & Description
0	D	10/02/2002	10/18/2002	########### -	###### - Unknown or Not Applicable	$400.40	$(100.00)	$0.00	NPI ID: Medicaid ID Base ID:	I	0110 - Private Room

Run Date: 09/01/2006
Run Time: 2:13:05 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

Member Totals

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information:
NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

Member ID	Member Full Name	ETG Number & Description	Paid Amount
000002363	HALL, TIM J	-	$0.00
000002363			$0.00
Member ID	**Member Full Name**	**ETG Number & Description**	**Paid Amount**
000002381	BILLS, MIKE	-	$0.00
000002381			$0.00
Member ID	**Member Full Name**	**ETG Number & Description**	**Paid Amount**
000002383	WATERS, ANDY	-	$0.00
000002383			$0.00
Member ID	**Member Full Name**	**ETG Number & Description**	**Paid Amount**
000041002	PENNINGTON, HOUSTON	-	$0.00
000041002			$0.00
Member ID	**Member Full Name**	**ETG Number & Description**	**Paid Amount**
000041285	EVANS, ISABELLA A	-	$0.00
000041285			$0.00
Count: 5		Sum:	$0.00

End of Report

Run Date: 09/14/2006
Run Time: 1:57:55 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

ETG Totals

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

ETG Number & Description	Paid Amount
-	$0.00
Totals:	$0.00

End of Report

Run Date: 09/01/2006
Run Time: 2:13:05 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details
Procedure Totals
For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

ETG Number & Description: -

Subclass:
Subclass Description:

Procedure Code & Description	Member ID	Member Full Name	Claim ICN	Paid Amount
######## - Unknown or Not Applicable	000002363	HALL, TIM J	2003013901028	$0.00
######## - Unknown or Not Applicable	000002381	BILLS, MIKE	2003139300223	$0.00
######## - Unknown or Not Applicable	000002383	WATERS, ANDY	2003139300222	$0.00
######## - Unknown or Not Applicable	000041002	PENNINGTON, HOUSTON	2003139300225	$0.00
######## - Unknown or Not Applicable	000041002	PENNINGTON, HOUSTON	2003139300226	$0.00
######## - Unknown or Not Applicable	000041285	EVANS, ISABELLA A	2003139300221	$0.00
Totals:	5		6	$0.00

End of Report

Run Date: 09/01/2006
Run Time: 2:13:05 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

Diagnosis Totals

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Information: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

ETG Number & Description: -

Subclass:
Subclass Description:

Primary Diagnosis & Description	Member ID	Member Full Name	Claim ICN	Paid Amount
07882 - EPIDEMIC VOMITING SYND	000002381	BILLS, MIKE	2003139300223	$0.00
07882 - EPIDEMIC VOMITING SYND	000002383	WATERS, ANDY	2003139300222	$0.00
07882 - EPIDEMIC VOMITING SYND	000041002	PENNINGTON, HOUSTON	2003139300225	$0.00
07882 - EPIDEMIC VOMITING SYND	000041002	PENNINGTON, HOUSTON	2003139300226	$0.00
07882 - EPIDEMIC VOMITING SYND	000041285	EVANS, ISABELLA A	2003139300221	$0.00
25013 - DIAB KETOACIDOSIS JUVEN U	000002363	HALL, TIM J	2003013901028	$0.00
Totals:	5		6	$0.00

End of Report

Run Date: 09/01/2006
Run Time: 2:13:05 PM

User: jz64gf

Cabinet for Health and Family Services

Department of Medicaid Services

ETG Provider Details

NDC Totals

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Name: NPI ID: 1000000475
Medicaid ID: 100236759A
Base ID: 100236759
Name: MICKEY A DALLES
Type: 31 - Physician
Specialty: 316 - Family Practitioner
Address: 4037 MAIN ST

PORTLAND, OR 97501

ETG Number & Description: -

Subclass:
Subclass Description:

NDC Code & Description	Member ID	Member Full Name	Claim ICN	Paid Amount
********** -	000002363	HALL, TIM J	2003013901028	$0.00
********** -	000002381	BILLS, MIKE	2003139300223	$0.00
********** -	000002383	WATERS, ANDY	2003139300222	$0.00
********** -	000041002	PENNINGTON, HOUSTON	2003139300225	$0.00
********** -	000041002	PENNINGTON, HOUSTON	2003139300226	$0.00
********** -	000041285	EVANS, ISABELLA A	2003139300221	$0.00
Totals:	5		6	$0.00

Report Notes

Report Description

The ETG Provider Details report shows detailed information for a selected provider. The details are grouped into episode type, which provides a convenient method of viewing specific billing patterns and practices of the provider. This information helps to determine what steps may be required to improve the health of members or reduce the cost of the services. Episode Treatment Groups (ETGs) are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). ETGs provide a medically meaningful statistical unit representing a complete episode of care based on a series of clinical and statistical algorithms.

The report combines routinely collected inpatient, outpatient and ancillary claims data into mutually exclusive and exhaustive categories. ETGs provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The DSS Episode Treatment Grouper (or ETGProfiler) allows ETG reporting. The reports are produced quarterly with 18 months of data exclusive of the most recent quarter.

Search Criteria

Provider Service Location Info - This prompt will not allow manual entry of the provider service location information for the prompt value. The user will have to click on the values button. A secondary prompt for Provider ID will appear and the user will need to enter a NPI, Medicaid or Base ID. This ID will then be used to display a list of service locations for the ID entered. The report user will then select the service location they want for the prompt.

2.15.96.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Top 10 ETGs based on Member Count - Member Count	The member count (high to low) for ETGs with the highest member counts for this provider.	0	Character	N/A	Calculated Field
(A) Top 10 ETGs based on Paid Amount - Paid	The paid amount (high to low) for Episode Treatment Groups with the highest paid amounts for this provider.	0	Character	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B) Primary Specialty	The provider's primary specialty code and description.	50	Character	T_CA_PROV_KEY	CDE_PROV_SPEC, DSC_PROV_SPEC
(A,B) Provider Type	The provider type code and description.	50	Character	T_CA_PROV_KEY	CDE_PROV_TYPE, DSC_PROV_TYPE
(A,B) Servicing Provider Address	The provider's city, state, and ZIP code.	25	Character	T_CA_PROV_KEY	ADR_SVC_CITY, ADR_SVC_STATE, ADR_SVC_ZIP, ADR_SVC_ZIP4
(A,B,C,D,E,F,G,H) For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/ YY)	N/A	Calculated Field
(A,B,C,D,E,F,G,H) Provider Name	The Provider's ID (s).	9	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MC AID,ID_PROVIDER_ BASE
(B,C) Allowed Amount	The allowed amount for the detail.	11	Character	T_CA_ICN	AMT_ALWD
(B,C) Billed Amount	The billed amount for the detail.	11	Character	T_CA_ICN	AMT_BILLED
(B,C) Buyin Medicare A	Buy-In Medicare A	1	Character	T_RE_BASE_DN	IND_MEDICARE_A
(B,C) Buyin Medicare B	Buy-In Medicare B	1	Character	T_RE_BASE_DN	IND_MEDICARE_B
(B,C) Claim Detail Status	The claim's status code.	1	Character	T_CA_ICN	CDE_DTL_STATUS
(B,C) Claim Type & Description	Claim Type & Description	51	Character	T_CA_ICN,T_CA_CLAI M_KEY	CDE_CLM_TYPE,D SC_CLM_TYPE

Field	Description	Length	Data Type	DB Table	DB Attributes
(B,C) Date First Service	The claim's first date of service .	10	Date (MM/DD/ CCYY)	T_CA_ICN	NUM_DTL
(B,C) Date Last Service	The claim's termination (last) date of service .	10	Date (MM/DD/ CCYY)	T_CA_ICN	DTE_LAST_SVC
(B,C) Detail Number	The claim's detail line number (DTL).	2	Number	T_CA_ICN	CDE_DTL_STATUS
(B,C) Episode Type & Description	The Episode Type and Description.	226	Character	T_ETG_DTL,T_ETG_EPISODE_DESC	EPISODE_TYPE,EPISODE_DESC
(B,C) FFS/Enc Indicator	FFS/Enc Indicator	1	Character	T_CA_ICN	IND_CLAIM
(B,C) Kenpac Indicator	KenPAC Indicator	1	Character	T_CA_ICN	IND_KENPAC
(B,C) Member Age	The member's age.	3	Number	T_CA_ICN	NUM_RECIP_AGE
(B,C) Member County Description	Member County Description	35	Character	T_CA_RECIP_KEY	CDE_RECIP_COUNTY,DSC_RECIP_COUNTY
(B,C) Program Code Description	AID Category / Program Code and Description	52	Character	T_CA_RECIP_KEY	CDE_AID_CATEGORY,DSC_AID_CATEGORY
(B,C) Provider ID - Billing	Billing Provider ID (s)	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MCAID,ID_PROVIDER_BASE
(B,C) Provider ID - Referring/Attending/	Referring Provider ID (s)	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MCAID,ID_PROVIDER_

Field	Description	Length	Data Type	DB Table	DB Attributes
Prescribing					BASE
(B,C) Provider ID - Rendering	Rendering Provider ID (s)	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI, ID_PROVIDER_MC AID,ID_PROVIDER_ BASE
(B,C) Revenue Code 1 & Description	The revenue code 1 and description on a detail.	74	Character	T_CA_ICN	CDE_REVENUE_1, DSC_REVENUE
(B,C) Revenue Code 2 & Description	The revenue code 2 and description on a detail.	74	Character	T_CA_HDR_DTL_DN,T_ CDE_REVENUE	CDE_REVENUE_2, DSC_REVENUE
(B,C) Revenue Code 3 & Description	The revenue code 3 and description on a detail.	74	Character	T_CA_HDR_DTL_DN,T_ CDE_REVENUE	CDE_REVENUE_3, DSC_REVENUE
(B,C) Revenue Code 4 & Description	The revenue code 4 and description on a detail.	74	Character	T_CA_HDR_DTL_DN,T_ CDE_REVENUE	CDE_REVENUE_4, DSC_REVENUE
(B,C) Revenue Code 5 & Description	The revenue code 5 and description on a detail.	74	Character	T_CA_HDR_DTL_DN,T_ CDE_REVENUE	CDE_REVENUE_5, DSC_REVENUE
(B,C) TPL Indicator	TPL Indicator	1	Character	T_CA_ICN	IND_TPL
(B,C,D,E,F,G,H) ETG Number & Description	The Episode Treatment Group (ETG) and Description.	229	Character	T_ETG_DTL, T_ETG_DESC	ETG_NUMBER,ETG _DESC
(B,C,D,E,F,G,H) Paid Amount	The paid amount for the detail.	11	Character	T_CA_ICN	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
(B,C,D,F,G,H) Member Full Name	The member's full name.	50	Character	T_RE_BASE_DN	NAM_LAST,NAM_FIRST,NAM_MID_INIT
(B,C,D,G,H) Member ID	The member's Medicaid identification number.	12	Character	T_CA_ICN	ID_MEDICAID
(B,C,F) Procedure Code & Description	The procedure code and description on the detail if the detail contains a procedure code	46	Character	T_CA_ICN,T_CDE_PROC	CDE_PROC_PRIM, DSC_PROC
(B,C,F,H) Claim ICN	The claim's internal control number (ICN).	13	Character	T_CA_ICN	NUM_ICN
(B,C,G) Primary Diagnosis & Description	The diagnosis and description associated with the detail.	47	Character	T_CA_ICN,T_DIAGNOSIS	CDE_DIAG,DSC_25
(B,C,H) NDC Code & Description	The National Drug Code (NDC) and description for a drug claim.	46	Character	T_CA_ICN,T_DRUG_DN	CDE_NDC,DSC_NDC
(F,G,H) Subclass and Description	ETG Subclass and Description	227	Character	T_ETG_DTL,T_ETG_DESC	ETG_SUBCLASS,ETG_DESC

2.15.96.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.96.6 Associated Requirements

ID
30.090.013.003.3

2.15.96.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference

2.15.97 ETG Provider Summary -- ETG Provider Summary

This report is run through the Episode Treatment Grouper (ETG). This breaks the ETGs down to the provider level.

There are multiple tabs to this report. For workbook documentation only, the different tabs have been lettered A-D in the layout below. The field names have the corresponding letter in front, identifying the tab it can be found on. This is only to aid in verifying the report layouts. The letters will not be on the actual or printed reports. For the report layouts below, only the information inside of the blue box can be found on the actual report.

The four tabs in this report are:

- (A) Episodes and Costs for Provider
- (B) Provider Summary Global Comparison
- (C) Summary By ETG: Drill Down by MPC & Description and ETG Number & Description
- (D) Summary ETG Details By Major Practicing Category (MPC)

2.15.97.1 Technical Name

ETG Provider Summary

2.15.97.2 Sort Order

A. None

B. None

C. Episode Type & Description

D. Provider Address Information, MPC & Description, Episode Count

For readability, the layout appears on the following pages.

2.15.97.3 ETG Provider Summary Layout

A

Run Date: 09/01/2006
Run Time: 2:55:16 PM

User: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

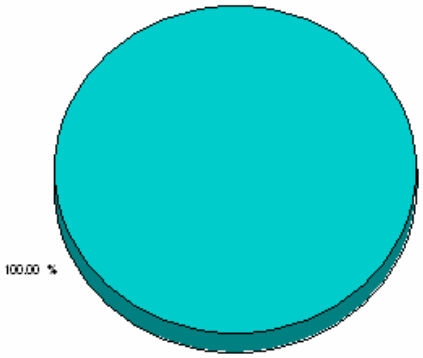
ETG Provider Summary
Episodes and Costs for Provider
For Dates of Service: 07/01/2001 - 06/30/2003

Provider Name:
NPI ID: 1000000451
Medicaid ID: 100230859A
Base ID: 100230859
Name: SEAMORE X-RAY CLINIC
Type: 31 - Physician
Specialty: 328 - Obstetrician/Gynecologist
Address: 3079 NE 1ST ST

PORTLAND, OR 97501

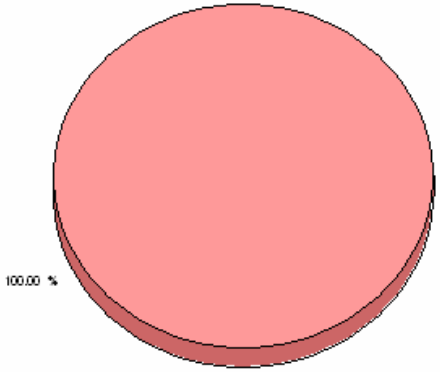
Provider Information
GEORGE F WILSON
3975 NE 1ST ST
DROP CODE 9040
SALEM , OR 97501-0000

Episodes



0005 - Major infectious disease except HIV and septicemia, w/o como

Costs



0005 - Major infectious disease except HIV and septicemia, w/o comorbidity

End of Report

ETG (Episode Treatment Grouper) ETG Provider Summary.rep Page 1 of 1

B

Run Date: 09/01/2006
Run Time: 2:55:16 PM

User: jz64gf

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Provider Summary

Provider Summary Global Comparison
For Dates of Service: 07/01/2001 - 06/30/2003

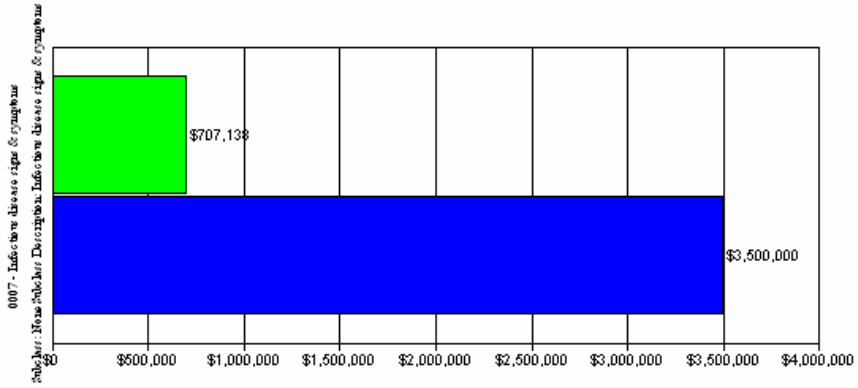
Provider Name:

NPI ID: 1000000451
Medicaid ID: 100230859A
Base ID: 100230859
Name: SEAMORE X-RAY CLINIC
Type: 31 - Physician
Specialty: 328 - Obstetrician/Gynecologist
Address: 3079 NE 1ST ST

PORTLAND, OR 97501

Member Information

GEORGE F WILSON
3975 NE 1ST ST
DROP CODE 9040
SALEM , OR 97501-0000



Provider Average Cost per Member
Global Cost per Member

End of Report

C

Run Date: 09/15/2006
Run Time: 10:51:30 AM

Cabinet for Health and Family Services
Department for Medicaid Services

User: jz64gf

ETG Provider Summary
Summary By ETG
For Dates of Service: 07/01/2001 - 06/30/2003

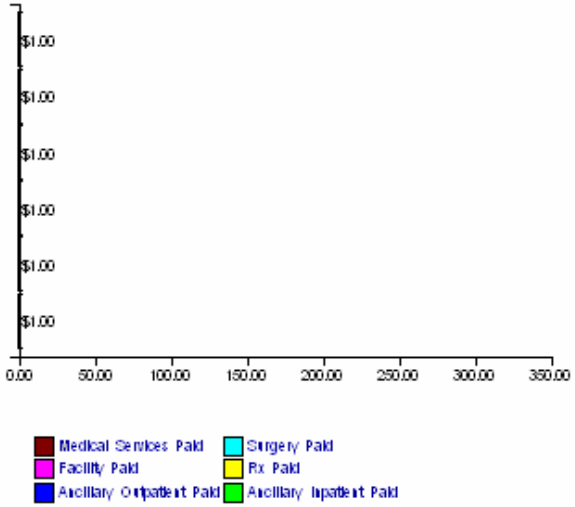
Provider Information

GEORGE F WILSON
3975 NE 1ST ST
DROP CODE 9040
SALEM , OR 97501-0000

Provider Name:

NPI ID: 1000000451
Medicaid ID: 100230859A
Base ID: 100230859
Name: SEAMORE X-RAY CLINIC
Type: 31 - Physician
Specialty: 328 - Obstetrician/Gynecologist
Address: 3079 NE 1ST ST

PORTLAND, OR 97501



Average Episode Cost:	$36,000
Average Amount per Member:	$36,000
Total Episodes:	1
Total Members:	1
Total Dollars:	$36,000

ETG Number	0005	Percentage
Ancillary Inpatient Paid	$1.00	16.67 %
Ancillary Outpatient Paid	$1.00	16.67 %
Facility Paid	$1.00	16.67 %
Medical Services Paid	$1.00	16.67 %
Rx Paid	$1.00	16.67 %
Surgery Paid	$1.00	16.67 %

End of Report

ETG (Episode Treatment Grouper) ETG Provider Summary.rep Page 1 of 1

D

Run Date: 09/01/2006
Run Time: 2:55:16 PM

User: jz64gf

Cabinet for Health and Family Services

Department for Medicaid Services

ETG Provider Summary

Summary ETG Details By Major Practicing Category (MPC)

For Dates of Service: 07/01/2001 - 06/30/2003

Provider Name:

NPI ID: 1000000451
Medicaid ID: 100230859A
Base ID: 100230859
Name: SEAMORE X-RAY CLINIC
Type: 31 - Physician
Specialty: 328 - Obstetrician/Gynecologist
Address: 3079 NE 1ST ST

PORTLAND, OR 97501

Provider Information

GEORGE F WILSON
3975 NE 1ST ST
DROP CODE 9040
SALEM , OR 97501-0000

MPC & Description: 1 - INFECTIOUS DISEASES

ETG Number & Description	Member Count	Episode Count	Total Amount Billed	Total Amount Paid	Provider Average Cost per Member	Global Paid Amount Per Member	Dollar Difference	Percent Difference	Ancillary Outpatient Paid	Facility Paid	Medical Services Paid	Rx Paid	Surgery Paid	Ancillary Inpatient Paid
0005 - Major infectious disease except HIV and septicemia, w/o comorbidity	1	1	$35,436.00	$36,000.00	$36,000.00	$303,065.71	$(267,065.71)	(88.12) %	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00

End of Report

ETG (Episode Treatment Grouper) ETG Provider Summary.rep Page 1 of 1

Report Notes

Report Description

This report is run through the Episode Treatment Grouper (ETG). This breaks the ETGs down to the provider level.

Search Criteria

Provider Service Location Info - This prompt will not allow manual entry of the provider service location information for the prompt value. The user will have to click on the values button. A secondary prompt for Provider ID will appear and the user will need to enter a NPI, Medicaid or Base ID. This ID will then be used to display a list of service locations for the ID entered. The report user will then select the service location they want for the prompt.

2.15.97.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D) ETG Number & Description	ETG Number & Description	229	Character	T_ETG_DESC,T_ETG_DTL	ETG_DESC,ETG_NUMBER
(A,B,C,D) For Dates of Service	Range of service date selection criteria.	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(A-D) Provider Information	The provider's name, city, state, and zip code.	50	Character	T_CA_PROV_KEY	ADR_SVC_CITY, ADR_SVC_STATE, ADR_SVC_ZIP, ADR_SVC_ZIP4
(A-D) Provider Name	The provider's ID.	45	Character	T_CA_PROV_KEY	ID_PROVIDER_NPI,ID_PROVIDER_MCAID, ID_PROVIDER_BASE
(C) Average Amount per Member	Total amount paid / unduplicated member count	11	Number (Decimal)	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
(C) Average Episode Cost	Total amount paid / episode count.	11	Number (Decimal)	N/A	Calculated Field
(C) Total Episodes	The episode count for the ETG.	6	Number	T_ETG_PROV_TOTS	CNT_EPISODES
(C) Total Members	The unduplicated member count for the ETG.	6	Number	T_CA_ICN	ID_MEDICAID
(C,D) Ancillary Inpatient Paid	Ancillary Inpatient paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	ANCILLARY_INPATIENT_PAID
(C,D) Ancillary Outpatient Paid	Ancillary Outpatient paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	ANCILLARY_OUTPATIENT_PAID
(C,D) Facility Paid	Facility paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	FACILITY_PAID
(C,D) Medical Services Paid	Medical Services paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	MEDICAL_SVCS_PAID
(C,D) Rx Paid	Prescription paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	RX_PAID
(C,D) Surgery Paid	Surgery paid amount.	11	Number (Decimal)	T_ETG_PROV_TOTS	SURGERY_PAID
(D) Dollar Difference	The difference between the paid and allowed amount.	7	Number (Decimal)	N/A	Calculated Field
(D) Episode Count	The episode count for the ETG.	6	Number	T_ETG_PROV_TOTS	CNT_EPISODES
(D) Global Paid Amount	Total / members	7	Number (Decimal)	T_ETG_COMPARISON_TOTS	TOT_RECIPIENTS

Field	Description	Length	Data Type	DB Table	DB Attributes
per Member					
(D) MPC & Description	The ETG defined category grouping and description.	102	Character	T_ETG_DESC,T_ETG_MPC_DESC	MPC,MPC_DSC
(D) Members Count	The unduplicated member count for the ETG.	6	Number	T_ETG_COMPARISON_TOTS	TOT_RECIPIENTS
(D) Percent Difference	The difference between the paid and allowed amount expressed as a percent.	3	Number (Decimal)	N/A	Calculated Field
(D) Provider Average Cost per Member	Total for provider / members	7	Number (Decimal)	T_ETG_PROV_TOTS	CNT_RECIPIENTS
(D) Total Amount Billed	The total amount billed for the ETG.	11	Number (Decimal)	T_CA_ICN	AMT_BILLED
(D) Total Amount Paid	The total amount paid for the ETG.	11	Number (Decimal)	T_CA_ICN	AMT_PAID

2.15.97.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.97.6 Associated Requirements

ID
30.090.013.003.3

2.15.97.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison • ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference
7672	ETG Provider Summary Report	Screen print 3 show a cosmetic flaw that needs to be fixed other than that the test case can pass.

2.15.98 ETG Summary

The ETG Summary report breaks the Episode Treatment Groups (ETGs) down to the major category levels. It displays the average episode cost, the average amount per member, total episodes, total members, and total dollars.

ETGs are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). Based on a series of clinical and statistical algorithms, ETGs provide a medically meaningful statistical unit representing a complete episode of care. ETGs combine all routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The Episode Treatment Grouper (or ETGProfiler) allows for reporting on ETGs. The reports run quarterly for 18 months of data.

The ETG Summary report contains two tabs. The first tab contains brief information for every ETG major processing category. The second tab allows the report user to drill down by major processing category, ETG description and episode type to view individual ETGs. The report in the second tab presents the data in chart and tabular format. A report user can select the ETG processing category, ETG description, and episode type they want to see by using the drop down boxes at the top of the report.

There are multiple tabs to this report. For workbook documentation only, the different tabs have been lettered A-B in the layout below. The field names have the corresponding letter in front, identifying the tab it can be found on. This is only to aid in verifying the report layouts. The letters will not be on the actual or printed reports. For the report layouts below, only the information inside of the blue box can be found on the actual report.

The two tabs in this report are:

- (A) Summary By ETG : Drill Down by ETG Number & Description, MPC & Description, Episode Type & Description
- (B) Summary ETG Details by Major Practicing Category (MPC)

2.15.98.1 Technical Name

ETG Summary

2.15.98.2 Sort Order

A. ETG Number & Description

B. MPC & Description, Episode Count

For readability, the layout appears on the following pages.

2.15.98.3 ETG Summary Layout

A

Run Date: 09/01/2006
Run Time: 4:13:40 PM

User: jz64gf

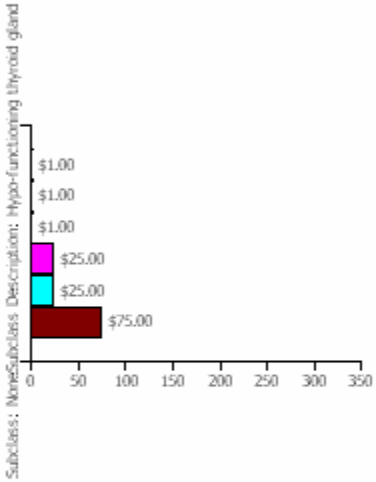
Cabinet for Health and Family Services

Department for Medicaid Services

ETG Summary

Summary By ETG

For Dates of Service: 07/01/2001 - 06/30/2003



Average Episode Cost:	$700,000.00
Average Amount per Member:	$700,000.00
Total Episodes:	1
Total Members:	1
Total Dollars:	$700,000.00

ETG Number	0022	Percentage
Ancillary Inpatient Paid	$1.00	0.78 %
Ancillary Outpatient Paid	$1.00	0.78 %
Facility Paid	$25.00	19.53 %
Medical Services Paid	$75.00	58.59 %
Rx Paid	$1.00	0.78 %
Surgery Paid	$25.00	19.53 %

Medical Services Paid
Surgery Paid
Facility Paid
Rx Paid
Ancillary Outpatient Paid
Ancillary Inpatient Paid

ETG (Episode Treatment Grouper) ETG Summary_drill.rep Page 1 of 1

B

Run Date: 09/01/2006
Run Time: 4:13:40 PM

User: jz64gf

Cabinet for Health and Family Services
Department for Medicaid Services

ETG Summary

Summary ETG Details by Major Practicing Category (MPC)
For Dates of Service: 07/01/2001 - 06/30/2003

MPC & Description: 1 - INFECTIOUS DISEASES

ETG Number & Description	Unduplicated Member Count	Episode Count	Ancillary Outpatient Paid	Facility Paid	Medical Services Paid	Rx Paid	Surgery Paid	Total Amount Billed	Total Amount Paid
0005 - Major infectious disease except HIV and septicemia, w/o comorbidity	1	1	$1.00	$1.00	$1.00	$1.00	$1.00	$35,436.00	$36,000.00
0007 - Infectious disease signs & symptoms	2	2	$126.00	$2.00	$2.00	$2.00	$2.00	$340,491.00	$3,501,600.00
Count: 2	Sum:	3	$127.00	$3.00	$3.00	$3.00	$3.00	$375,927.00	$3,537,600.00

MPC & Description: 2 - ENDOCRINOLOGY

ETG Number & Description	Unduplicated Member Count	Episode Count	Ancillary Outpatient Paid	Facility Paid	Medical Services Paid	Rx Paid	Surgery Paid	Total Amount Billed	Total Amount Paid
0020 - Diseases of the thyroid gland, with surgery	1	1	$25.00	$1.00	$25.00	$1.00	$1.00	$500,000.00	$5,000.00
0021 - Hyper-functioning thyroid gland	1	1	$1.00	$25.00	$25.00	$1.00	$1.00	$230.00	$230.00
0022 - Hypo-functioning thyroid gland	1	1	$1.00	$25.00	$75.00	$1.00	$25.00	$678,934.00	$700,000.00
Count: 3	Sum:	3	$27.00	$51.00	$125.00	$3.00	$27.00	$1,179,164.00	$705,230.00

ETG (Episode Treatment Grouper) ETG Summary .rep Page 1 of 2

Report Notes

Report Description

The ETG Summary report breaks the Episode Treatment Groups (ETGs) down to the major category levels. It displays the average episode cost, the average amount per member, total episodes, total members, and total dollars.

ETGs are basic illness classifications, similar in structure to Diagnosis Related Groupings (DRGs). Based on a series of clinical and statistical algorithms, ETGs provide a medically meaningful statistical unit representing a complete episode of care. ETGs combine all routinely collected inpatient, outpatient, and ancillary claims data into mutually exclusive and exhaustive categories. ETGs successfully provide a unit of analysis for the creation of provider profiling, demand analysis, and disease management strategies. The Episode Treatment Grouper (or ETGProfiler) allows for reporting on ETGs. The reports run quarterly for 18 months of data.

The ETG Summary report contains two tabs. The first tab contains brief information for every ETG major processing category. The second tab allows the report user to drill down by major processing category, ETG description and episode type to view individual ETGs. The report in the second tab presents the data in chart and tabular format. A report user can select the ETG processing category, ETG description, and episode type they want to see by using the drop down boxes at the top of the report.

Search Criteria

None

2.15.98.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Ancillary Inpatient Paid	Ancillary Inpatient paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	ANCILLARY_INPATIENT_PAID
(A) Average Amount per Member	Total amount paid / unduplicated member count	11	Number (Decimal)	N/A	Calculated Field
(A) Average Episode Cost	Total amount paid / episode count.	11	Number (Decimal)	N/A	Calculated Field
(A) ETG Number	ETG Number	4	Number	T_ETG_SUMMARY_TOTS	ETG_NUMBER

Field	Description	Length	Data Type	DB Table	DB Attributes
(A) Episode Type & Description	Episode Type and Description.	226	Character	T_ETG_SUMMARY_TOTS, T_ETG_EPISODE_DESC	EPISODE_TYPE , EPISODE_DESC
(A) Percentage	Specific Amount divided by the Total Amounts	10	Number	N/A	Calculated Field
(A) Total Dollars	The summed total of all paid amounts.	11	Number	T_ETG_SUMMARY_TOTS	AMOUNT_PAID
(A) Total Episodes	The total count of all episodes.	6	Number	T_ETG_SUMMARY_TOTS	CNT_EPISODES
(A) Total Members	The total count of all members.	6	Number	T_ETG_SUMMARY_TOTS	CNT_RECIPIENTS
(A,B) Medical Services Paid	Medical Service paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	MEDICAL_SVCS_PAID
(A,B) Ancillary Outpatient Paid	Ancillary Outpatient paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	ANCILLARY_OUTPATIENT_PAID
(A,B) ETG Number & Description	The ETG Number and description.	229	Character	T_ETG_DESC	ETG_NUMBER, ETG_DESC
(A,B) Facility Paid	Facility paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	FACILITY_PAID
(A,B) For Dates of Service	Range of service date selection criteria	10	Date (MM/DD/CCYY)	N/A	Calculated Field
(A,B) Rx Paid	Prescription paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	RX_PAID
(A,B) Surgery Paid	Surgery paid amount.	11	Number (Decimal)	T_ETG_SUMMARY_TOTS	SURGERY_PAID
(B) Episode Count	The episode count for the ETG.	6	Number	T_ETG_SUMMARY_TOTS	CNT_EPISODES

Field	Description	Length	Data Type	DB Table	DB Attributes
(B) MPC & Description	The ETG defined category grouping and description.	102	Character	T_ETG_DESC, _ETG_MPC_DESC	MPC, MPC_DESC
(B) Total Amount Billed	The summed total of all billed amounts.	11	Number	T_ETG_SUMMARY_TOTS	AMOUNT_BILLED
(B) Total Amount Paid	The summed total of all paid amounts.	11	Number	T_ETG_SUMMARY_TOTS	AMOUNT_PAID
(B) Unduplicated Member Count	The unduplicated member count for the ETG.	6	Number	T_ETG_SUMMARY_TOTS	CNT_RECIPIENTS

2.15.98.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.98.6 Associated Requirements

ID
30.090.013.003.3

2.15.98.7 Change Orders

ID	Name	Description
1161	ETG Reports	Create the following ETG Reports: • ETG Summary • ETG Member Summary • ETG Details • ETG Provider Summary • ETG Provider Comparison

ID	Name	Description
		• ETG Provider Details • ETG Member Comparison • ETG Member Details • ETG Distribution Analysis Episode Type • ETG Episode Cross Reference
7673	ETG Summary Report	Screen shot 1 represents what tester received when attempting first refresh. Screen shot 2 represents what tester received when second attempt to refresh was made.

2.15.99 Facility Visits Exception

The Facility Visits Exception Report displays the exception Professional claims submitted by a provider meeting the defined criteria for the report.

2.15.99.1 Technical Name

Facility Visits Exception

2.15.99.2 Sort Order

A. None

B. Performing Provider Name

For readability, the layout appears on the following pages.

2.15.99.3 Facility Visits Exception Layout

A

Run Date: 02/23/2007
Run Time: 5:23:30 PM

User ID: tztsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Facility Visits Exception Report

From Date of Service Range: 01/01/2005 - 01/31/2005
Number of Visits: 2

Provider Medicaid Number:
Provider Name:

Member ID	Member Full Name	From Date of Service	To Date of Service	Claim Type	ICN	Primary Procedure Code and Description	Claim Indicator	Payment Date	Billing Medicaid Number	Billing Provider Name	Paid Amount	Performing Provider Number
**********	,	10/17/2004	10/17/2004	M	2005060600202	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/17/2005			$43.72	
**********	,	11/17/2004	11/17/2004	M	2005060600199	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/17/2005			$43.72	
**********	,	11/21/2004	11/21/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/22/2004	11/22/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/23/2004	11/23/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/24/2004	11/24/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/25/2004	11/25/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/26/2004	11/26/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	11/27/2004	11/27/2004	M	2005060600204	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/01/2005			$43.72	
**********	,	12/07/2004	12/07/2004	M	2005101600557	99231 - SUBSEQUENT HOSPITAL CARE, PER DAY, FOR	F	04/12/2005			$0.00	
**********	,	12/17/2004	12/17/2004	M	2005060600200	99221 - INITIAL HOSPITAL CARE, PER DAY, FOR THE	F	03/17/2005			$43.72	

End of Report

B

Run Date: 02/23/2007
Run Time: 5:23:30 PM

Cabinet for Health and Family Services

User ID: tztsbl

Department of Medicaid Services

Facility Visits by ICN Counts

From Date of Service Range: 01/01/2005 - 01/31/2005
Number of Visits: 2

Provider Medicaid Number:
Provider Name:

Performing Provider Number	Performing Provider Name	ICN Undup Count	Undupicated Member Count
		4,121	135

End of Report

Report Notes

Report Description

The Facility Visits Exception Report will display the exception Professional claims submitted by a provider meeting the defined criteria for the report.

The SURS Certification Requirement met by this report is:
Physicians and other practitioners having instances of: Frequent multiple visits on a single day to many members at the same facility or location.

Report Tabs

A. Facility Visits
B. Facility Visits by ICN Counts

Search Criteria

Claim Type = M or B (Medical)
Paid Claims Only
Latest Claims Only
Procedure Code between 99221 and 99223 or
Procedure Code between 99231 and 99233 or
Procedure Code between 99301 and 99313 or
Procedure Code between 99381 and 99387 or
Procedure Code between 99391 and 99397
From date of service - Date range specified by the user in the prompt.
Number of Visits - Specified by the user in the prompt. It is the number of visits per day to one or more members at the same facility or location. The requirement of 'frequent' will be determined by the analyst reviewing the report.

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.99.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billing Provider Name	The name associated with the billing provider number.	50	Character	T_PR_SVC_LOC_DN	NAME
Billing Provider Number	The Billing Provider Number.	10	Character	T_CA_ICN	ID_PROV_BILL, CDE_SVC_LOC_BILL
Claim Indicator	Indicates whether the claim is a Fee-for-Service (FFS) or an Encounter claim.	1	Character	T_CA_ICN	IND_CLAIM
Claim Type	The code that specifies the type of claim record.	1	Character	T_CA_ICN	CDE_CLM_TYPE
From Date of Service	The date the service was incurred.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC
ICN	Unique control number assigned to the invoice to allow tracking through the system. The format is RRYYJJJBBBSSS where RR is the region code, YYDDD is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	13	Character	T_CA_ICN	NUM_ICN
Member ID	The unique number assigned to the member.	12	Character	T_CA_ICN	ID_MEDICAID
Member Name	Full name of the member on the claim.	32	Character	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Payment Date	The date represents the date on which the last financial cycle runs	10	Number	T_CA_ICN	DTE_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	for payer that finalize the claim.		(Integer)		
Performing Provider Name	The name associated with the performing provider number.	50	Character	T_PR_SVC_LOC_DN	NAME
Performing Provider Number	Number which identifies the provider rendering the service.	9	Character	T_CA_ICN	ID_PROV_PERF, CDE_SVC_LOC_PERF
Primary Procedure Code and Description	The primary procedure code and its description.	49	Character	T_CA_ICN, T_PROC	CDE_PROC_PRIM, DSC_PROCEDURE
Reimbursed Amount	Amount sent to a provider for payment for services rendered to a member. This is the amount paid by Medicaid, after TPL, copay, and so on have been subtracted.	10	Number	T_CA_ICN	AMT_PAID
To Date of Service	Date on which the statement period on the claim ended.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC

2.15.99.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.99.6 Associated Requirements

ID
30.090.013.003.17
30.090.013.003.3

ID
30.090.015.002.19

2.15.99.7 Change Orders

ID	Name	Description
1369	DSSProfiler Targeted Queries	Create the following Targeted Queries: • Delayed Surgery Summary • Facility Visits Exception • Office Visits Exception • Physician Office Visits by Member • Physician Office Visits by TANF Families

2.15.100 Office Visits Exception

The Office Visits Exception Report displays the exception Professional claims submitted by a provider meeting the defined criteria for the report.

2.15.100.1 Technical Name

Office Visits Exception

2.15.100.2 Sort Order

A. Performing Provider Numbers

B. Performing Provider Name

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-B) listed above.

For readability, the layout appears on the following pages.

2.15.100.3 Office Visits Exception Layout

A

Run Date: 02/28/2007
Run Time: 6:10:14 PM

User ID: tztsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Office Visits Exception Report

From Date of Service Range: 01/01/2005 - 01/31/2005
Number of Visits: 2

Medicaid Provider Number:
Provider Name:

Member ID	Member Full Name	From Date of Service	To Date of Service	Claim Type	ICN	Primary Proc Code and Description	Claim Indicator	Payment Date	Paid Amount
###########	,	01/02/2005	01/02/2005	M	2005079600043	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	03/22/2005	$13.11
###########	,	01/02/2005	01/02/2005	M	2005104600221	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/14/2005	$12.11
###########	,	01/02/2005	01/02/2005	M	2005104600222	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/14/2005	$12.11
###########	,	01/02/2005	01/02/2005	M	2205095600001	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/05/2005	$7.11
###########	,	01/02/2005	01/02/2005	M	5205109001016	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/19/2005	$0.00
###########	,	01/02/2005	01/02/2005	M	5205119001018	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/29/2005	$0.00
###########	,	01/02/2005	01/02/2005	M	5205121001018	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	05/02/2005	$0.00
###########	,	01/25/2005	01/25/2005	M	2005095600034	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/05/2005	$13.11
###########	,	01/25/2005	01/25/2005	M	2005098600622	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/08/2005	$13.11
###########	,	02/01/2005	02/01/2005	M	2205115600001	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/25/2005	$3.11
###########	,	02/04/2005	02/04/2005	M	2205095600002	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/05/2005	$12.11
###########	,	02/25/2005	02/25/2005	M	2005098600621	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/08/2005	$13.11
###########	,	02/26/2005	02/26/2005	M	2005088600178	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	03/29/2005	$9.83
###########	,	03/01/2005	03/01/2005	M	2005110600644	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/20/2005	$13.11
###########	,	03/01/2005	03/01/2005	M	2205096600001	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/07/2005	$12.11
###########	,	03/02/2005	03/02/2005	M	2005110600645	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/20/2005	$13.11
###########	,	03/03/2005	03/03/2005	M	2005111600365	99211 - OFFICE OR OTHER OUTPATIENT VISIT FOR THE	F	04/21/2005	$13.11

Report Notes

Report Description

The Office Visits Exception Report will display the exception Professional claims submitted by a provider meeting the defined criteria for the report.

The SURS Certification Requirement met by this report is:
Physicians and other practitioners having instances of: m. Frequent multiple visits on a single day to many members at the same facility or location.

For this report, the definition of Multiple Visits is more than 1 visit per day to one or more members at the same facility or location. The requirement of 'frequent' will be determined by the analyst reviewing the report.

Report Tabs

A. Office Visits
B. Office Visits by ICN Counts

Search Criteria

Claim Type = M or B
Paid Claims Only
Latest Claims Only
Procedure Code between 99201 and 99205 or
Procedure Code between 99211 and 99215 or
Procedure Code between W0061 and W0062
Date of Services - Date range specified by the user in the prompt.
Multiple Visits - Number of Visits specified by the user in the prompt.

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.100.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Indicator	Indicates whether the claim is a Fee-for-Service (FFS) or an Encounter	1	Character	T_CA_ICN	IND_CLAIM

Field	Description	Length	Data Type	DB Table	DB Attributes
	claim.				
Claim Type	Code indicating the type of claim record.	1	Character	T_CA_ICN	CDE_CLM_TYPE
From Date of Service	Date on which services were first performed for a member.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC
ICN	Internal control number of the mother claim.	13	Character	T_CA_ICN	NUM_ICN
Medicaid Provider Number	Number of the provider who performed (rendered) the service.	15	Character	T_CA_ICN	ID_PROV_PERF
Member Full Name	Member Name.	32	Character	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Member ID	The unique number assigned to the member by OIM.	12	Character	T_CA_ICN	ID_MEDICAID
Paid Amount	Amount sent to a provider for payment for services rendered to a member.	10	Number	T_CA_ICN	AMT_PAID
Payment Date	For fee-for-service claims (payment date > 03/01/2004), this is the date the claim was paid. For converted FFS claims (payment date < 03/01/2004), this is the adjudication date. For encounter claims, this is the date the claim was accepted by DPW.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Primary Proc Code & Description	The primary procedure code and its description.	49	Character	T_CA_ICN, T_PROC	CDE_PROC_PRIM, DSC_PROCEDURE
Provider Name	Performing provider name.	50	Character	T_PR_SVC_LOC_DN	NAME
To Date of Service	Date on which services were last performed for a member.	10	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC

2.15.100.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.100.6 Associated Requirements

ID
30.090.013.003.17
30.090.013.003.3
30.090.015.002.19

2.15.100.7 Change Orders

ID	Name	Description
1369	DSSProfiler Targeted Queries	Create the following Targeted Queries: • Delayed Surgery Summary • Facility Visits Exception • Office Visits Exception • Physician Office Visits by Member

ID	Name	Description
		• Physician Office Visits by TANF Families

2.15.101 Overlapping Member Services

This report identifies members receiving services from different, user selected, provider types, on the same or overlapping dates of service. The user can enter Billing Provider Type code(s) and date of service date range.

A. Overlapping Member Services

Report is sorted by Date of First Service.

2.15.101.1 Technical Name

Overlapping Member Services

2.15.101.2 Sort Order

Member ID & Name, Billing Provider Number, From Date Service.

For readability, the layout appears on the following pages.

2.15.101.3 Overlapping Member Services Layout

Run Date: 04/10/07

Run Time: 12:52:43 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Overlapping Member Services

From Dates of Service : 1/1/2005 - 1/2/2005

Provider Type(s): 01;

Member ID & Name: 1111111114 - CONVERSION, MEMBER

Billing Provider Numbers	Billing Provider Name	Billing Provider Type Code & Desc	From Date of Service	To Date of Service	ICN	Detail Number	Claim Type Code & Desc	Billed Amount	Allowed Amount	Paid Amount
NPI: Medicaid Number: 01002526 Base Number: 500006621	MARCUM & WALLACE MBM	01 - General hospital	01/01/2005	01/01/2005	4005131036726	1	O - OUTPATIENT CLAIMS	$14.04	$57.56	$57.56
NPI: Medicaid Number: 01002526 Base Number: 500006621	MARCUM & WALLACE MBM	01 - General hospital	01/01/2005	01/01/2005	4005131036726	2	O - OUTPATIENT CLAIMS	$32.44	$133.00	$133.00
NPI: Medicaid Number: 01004431 Base Number: 500005643	MEMORIAL HOSPITAL	01 - General hospital	01/01/2005	01/01/2005	4005129034224	1	C - UB92 OUTP XOVER CLAIMS	$30.40	$0.00	$0.00
NPI: Medicaid Number: 01004431 Base Number: 500005643	MEMORIAL HOSPITAL	01 - General hospital	01/01/2005	01/01/2005	4005129034224	2	C - UB92 OUTP XOVER CLAIMS	$8.20	$0.00	$0.00
NPI: Medicaid Number: 01004431 Base Number: 500005643	MEMORIAL HOSPITAL	01 - General hospital	01/01/2005	01/01/2005	4005129034224	3	C - UB92 OUTP XOVER CLAIMS	$10.00	$0.00	$0.00
NPI: Medicaid Number: 01004431 Base Number: 500005643	MEMORIAL HOSPITAL	01 - General hospital	01/01/2005	01/01/2005	4005129034224	4	C - UB92 OUTP XOVER CLAIMS	$8.00	$0.00	$0.00
NPI: Medicaid Number: 01004431 Base Number: 500005643	MEMORIAL HOSPITAL	01 - General hospital	01/01/2005	01/01/2005	4005129034224	5	C - UB92 OUTP XOVER CLAIMS	$39.80	$0.00	$0.00

Report Notes

Report Description

This report identifies members receiving services from different, user selected, provider types, on the same or overlapping dates of service. The user can enter Billing Provider Type code(s) and date of service date range.

Report Tabs

A. Overlapping Member Services

Search Criteria

Paid Claims Only
Latest Claims Only
Date of Services - Date range specified by the user in the prompt.
Billing Provider Type(s) - Billing Provider Type(s) specified by the user in the prompt.

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.101.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allowed Amount	Amount approved to pay for services provided to a member.	10	Number	T_CA_ICN	AMT_ALWD
Billed Amount	Amount of money requested for payment by a provider for services rendered to a member.	10	Number	T_CA_ICN	AMT_BILLED
Billing Provider Name	Billing Provider Name.	29	Character	T_PR_SVC_LOC_DN	NAME
Billing Provider Numbers	ID which identifies the provider billing the claim.	12	Character	T_CA_ICN	ID_PROV_BILL

Field	Description	Length	Data Type	DB Table	DB Attributes
Claim Count	Counts the claim as a paid claim.	9	Number	T_CA_ICN	CNT_CLAIMS_PAID
Claim Type Code and Description	Claim Type code and description	20	Character	N/A	Calculated Field
Date of First Service	Date on which services were first performed for a member.	8	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC
Date of Last Service	Date on which services were last performed for a member.	8	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC
Detail Number	Claim detail number.	4	Number	T_CA_ICN	NUM_DTL
ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is YDDDBBSSSS where Y is the last digit of the calendar year the claim was received; DDD is the Julian date of claim receipt; BB is the batch in which the invoice was included by TCC; and SSSS is the sequence number of the invoice within the batch.	13	Character	T_CA_ICN	NUM_ICN
Member ID & Name	The unique number assigned to the member by OIM and Member full name.	41	Character	T_CA_ICN	ID_MEDICAID, NAM_LAST, NAM_FIRST, NAM_MID_INIT
Paid Amount	Amount sent to a provider for payment for services rendered to a member.	10	Number	T_CA_ICN	AMT_PAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Provider Type(s):	Provider Type as entered at the prompt.	100	Character	N/A	Calculated Field

2.15.101.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.101.6 Associated Requirements

ID
30.090.013.003.16
30.090.015.002.19

2.15.101.7 Change Orders

ID	Name	Description
2703	DSSProfiler Overlapping Mbr Srvc	Create the DSSProfiler Overlapping Member Services report according to specifications.

2.15.102 Physician Office Visits by Member

The Physician Office Visits by Member report shows counts of physician office visits by member.

2.15.102.1 Technical Name

Physician Office Visits by Member

2.15.102.2 Sort Order

Member ID, Member Full Name

For readability, the layout appears on the following pages.

2.15.102.3 Physician Office Visits by Member Layout

Run Date: 3/28/2007
Run Time: 12:02:41 PM

User ID: tztsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Physician Office Visits by Member

For Dates of Service: 04/01/2006 - 06/30/2006

From date of service quarter: 20062

Minimum number of office visits: 10

Member ID	Member Full Name	Billing Provider Name	Billing Provider Medicaid ID	Billing Prov Specialty Code & Desc	Paid Claim Count
				160 - Registered Nurse (RN	1
				316 - Family Practitioner	3
				318 - General Practitioner	3
				328 - Obstetrician/Gynecologist	1
				Sum:	**8**

Member ID	Member Full Name	Billing Provider Name	Billing Provider Medicaid ID	Billing Prov Specialty Code & Desc	Paid Claim Count
				345 - General Pediatrician	1
				Sum:	**1**

Member ID	Member Full Name	Billing Provider Name	Billing Provider Medicaid ID	Billing Prov Specialty Code & Desc	Paid Claim Count
				326 - Neurologist	2
				Sum:	**2**

Member ID	Member Full Name	Billing Provider Name	Billing Provider Medicaid ID	Billing Prov Specialty Code & Desc	Paid Claim Count
				318 - General Practitioner	6
				Sum:	**6**

				Sum:	**17**

Report Notes

Report Description

The Physician Office Visits by Member report shows counts of physician office visits by member where the total office visits exceeds a value entered by user.

Report Tabs

A. Physician Office Visits
B. Sorted by Number of Visits

Search Criteria

Claim type not pharmacy
Paid claims only
Latest claims only
Procedure code between 99201 and 99215
From date of service in quarter specified in prompt
Minimum number of visits by the member as specified in prompt

Report Location:

This report can be retrieved from the 'SUR Reports' folder or 'SUR Report\Targeted Queries' category.

2.15.102.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Billing Provider ID	ID which identifies the provider billing the claim.	10	Character	T_CA_ICN	ID_PROV_BILL
Billing Provider Name	The name associated with the organization or person.	50	Character	T_PR_SVC_LOC_DN	NAME
Billing Provider Specialty Code & Description	Code & Description of Provider Specialty.	56	Character	T_CA_PROV_KEY	CD_PROV_SPEC, DSC_PROV_SPEC
Member ID	The unique number assigned to the	12	Character	T_CA_ICN	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
	member by OIM.				
Member Name	Member Name.	32	Character	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT
Paid Claim Count	Counts the financial transaction as a paid claim.	22	Number	T_CA_ICN	CNT_CLAIMS_PAID

2.15.102.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.102.6 Associated Requirements

ID
30.090.013.003.3
30.090.015.002.19

2.15.102.7 Change Orders

ID	Name	Description
1369	DSSProfiler Targeted Queries	Create the following Targeted Queries: • Delayed Surgery Summary • Facility Visits Exception • Office Visits Exception • Physician Office Visits by Member • Physician Office Visits by TANF Families

ID	Name	Description
5910	Phys Office Visit by Memb query	Physician Office Visits by Member failed to return data; possible problem with date objects in universe

2.15.103 Physician Office Visits by TANF Families

The Physician Office Visits by TANF families report shows counts of physician office visits by family.

2.15.103.1 Technical Name

Physician Office Visits by TANF Families

2.15.103.2 Sort Order

A. Member Case Number

B. Number of Visits

In the field description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-B) listed above.

For readability, the layout appears on the following pages.

2.15.103.3 Physician Office Visits by TANF Families Layout

A

Run Date: 7/6/2006
Run Time: 2:46:12 PM

User ID: fzjjmr

Cabinet for Health and Family Services
Department for Medicaid Services

Physician Office Visits by TANF Families
From Dates of Service: 07/01/2001 - 09/30/2001
Total Family Visits Greater Than or Equal To: 0

Member County/Case Record Number	Performing Provider IDs	Performing Provider Name	Performing Provider Specialty Code & Description	Number of Visits
	NPI ID: Medicaid ID: Base ID:	Unknown	### - Unknown	1
			Total Family Visits:	**1**

End of Report

B

Run Date: 7/6/2006
Run Time: 2:46:12 PM

User ID: fzjjmr

Cabinet for Health and Family Services

Department for Medicaid Services

Physician Office Visits by TANF Families

From Date of Service within : 07/01/2001 - 09/30/2001
Total Family Visits Greater Than or Equal To: 0

Member County/Case Record Number	Performing Provider IDs	Performing Provider Name	Performing Provider Specialty Code & Description	Number of Visits
	NPI ID: Medicaid ID: Base ID:	Unknown	### - Unknown	1
			Total Family Visits:	**1**

Report Notes

Report Description

The Physician Office Visits by TANF families report shows counts of physician office visits by family.

The SURS certification requirement met by this report is:
Excessive medical visits to a single physician or other provider unit by an AFDC family

Search Criteria

Report criteria:
Member Aid Category Code IN (C, PU, PC, TU, U, TC)
Fee-for-service claims only
Paid claims only
Procedure code between 99201 and 99215
All Claim types except Pharmacy
Latest Claims Only
Quarter and Year will be entered at prompt
Total visits per family no less than number entered at prompt

2.15.103.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Member County/Case Record Number	Contains the system-assigned member record number preceded by the member county code.	10	Character	T_RE_CASE	NUM_CASE
Number of Visits	Counts the claims as a paid claim.	22	Number	T_CA_ICN	CNT_CLAIMS_PAID
Performing Provider ID	ID of the provider who performed (rendered) the service.	10	Character	T_CA_ICN	ID_PROV_PERF
Performing Provider Name	Performing provider name.	50	Character	T_PR_SVC_LOC_DN	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
Performing Provider Specialty Code & Description	Indicates the provider's primary specialty.	56	Character	T_CA_PROV_KEY	CDE_PROV_SPEC, DSC_PROV_SPEC

2.15.103.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.103.6 Associated Requirements

ID
30.090.013.003.3
30.090.015.002.19

2.15.103.7 Change Orders

ID	Name	Description
1369	DSSProfiler Targeted Queries	Create the following Targeted Queries: • Delayed Surgery Summary • Facility Visits Exception • Office Visits Exception • Physician Office Visits by Member • Physician Office Visits by TANF Families

2.15.103.8 Change Orders

ID	Name	Description
441	DSSProfiler Yrly-Indiv Profile	Implement the DSSProfiler Yearly - Individual Profile Reports for Kentucky.
492	Random Sample Targeted Queries	Create additional Business Object reports for the Random Sample process.

2.15.104 Random Sample Claims Detail Report

The Random Sample Claims Detail report in Business Objects XI produces a detail listing of claims returned for a random sample request.

There are seven tabs for this report:

- A. Medical (Claim Type of M and B)
- B. Dental (Claim Type of D)
- C. LTC (Claim Type of L and H)
- D. Inpatient (Claim Type of I and A)
- E. Outpatient (Claim Type of O and C)
- F. Drug (Claim Type of P and Q)

In the Field Description section, the fields are listed according to which tab they are found on, designated by the corresponding letter (A-F) listed above

2.15.104.1 Technical Name

RandomSample - Random Sample Claims Detail Report

2.15.104.2 Sort Order

Random ID

For readability, the layout appears on the following pages.

2.15.104.3 Random Sample Claims Detail Layout

Run Date: 2/20/2007
Run Time: 10:57:05 AM

Cabinet for Health and Family Services
Department for Medicaid Services
Random Sample Claims Detail
Medical
Request ID: 362

User ID: tztsbl

Random ID	Performing Provider Base Number	Performing Provider Name	Performing Provider Type Code & Desc	Performing Provider Spec Code & Desc	Performing Provider County Code & Desc	Billing Provider Base Number	Billing Provider Name	Referring Provider License Number	From Date of Service	To Date of Service	Paid Date
1	500010450	DHS/CO HEALTH CENTRAL BANK ACCT	33 - Preventive & Remedial Public Health	201 - General Preventive Care	037 - Franklin	500010455	DHS/CO HEALTH CENTRAL BANK ACCT		05/11/2006	05/11/2006	05/26/2006
1	500010450	DHS/CO HEALTH CENTRAL BANK ACCT	33 - Preventive & Remedial Public Health	201 - General Preventive Care	037 - Franklin	500010455	DHS/CO HEALTH CENTRAL BANK ACCT		05/11/2006	05/11/2006	05/26/2006
1	500010450	DHS/CO HEALTH CENTRAL BANK ACCT	33 - Preventive & Remedial Public Health	201 - General Preventive Care	037 - Franklin	500010455	DHS/CO HEALTH CENTRAL BANK ACCT		05/11/2006	05/11/2006	05/26/2006
1	500010450	DHS/CO HEALTH CENTRAL BANK ACCT	33 - Preventive & Remedial Public Health	201 - General Preventive Care	037 - Franklin	500010455	DHS/CO HEALTH CENTRAL BANK ACCT		05/11/2006	05/11/2006	05/26/2006
1	500010450	DHS/CO HEALTH CENTRAL BANK ACCT	33 - Preventive & Remedial Public Health	201 - General Preventive Care	037 - Franklin	500010455	DHS/CO HEALTH CENTRAL BANK ACCT		05/11/2006	05/11/2006	05/26/2006
2	500009139	APPALACHIAN HEART CENTER	65 - Physician - Group	310 - General Prac/Gener	097 - Perry	500009139	APPALACHIAN HEART CENTER	903150	04/06/2006	04/06/2006	05/26/2006
3	500009041	QUEST COMMUNITY SERVICES INC	33 - Support for Community Living (SCL)	339 - Supports for Community Living	074 - McCreary	500009041	QUEST COMMUNITY SERVICES INC		04/17/2006	04/17/2006	05/15/2006
3	500009041	QUEST COMMUNITY SERVICES INC	33 - Support for Community Living (SCL)	339 - Supports for Community Living	074 - McCreary	500009041	QUEST COMMUNITY SERVICES INC		04/17/2006	04/17/2006	05/15/2006
3	500009041	QUEST COMMUNITY SERVICES INC	33 - Support for Community Living (SCL)	339 - Supports for Community Living	074 - McCreary	500009041	QUEST COMMUNITY SERVICES INC		04/18/2006	04/18/2006	05/15/2006
3	500009041	QUEST COMMUNITY SERVICES INC	33 - Support for Community Living (SCL)	339 - Supports for Community Living	074 - McCreary	500009041	QUEST COMMUNITY SERVICES INC		04/18/2006	04/18/2006	05/15/2006

Random ID	Primary Diagnosis Code & Desc	Secondary Diagnosis Code	Procedure Code & Desc	Place of Service Code & Desc	First Modifier Code & Desc	Prior Authorization Number	Member ID	Member Full Name	Member County Code & Desc	Member County/Case Record Number	Age	Sex	ICN
1	V202 - ROUTINE CHILD HEALTH EXAM	######	81003 - Urinalysis Nonauto W/O Scope	## - Unknown	-				200 - Out of State		106	U	
1	V202 - ROUTINE CHILD HEALTH EXAM	######	92551 - Pure Tone Hearing Test, Air	## - Unknown	-				200 - Out of State		106	U	
1	V202 - ROUTINE CHILD HEALTH EXAM	######	99393 - Prev Visit, Est, Age 5-11	## - Unknown	EP - MEDICAID EPSDT PROGRAM SVC				200 - Out of State		106	U	
1	V202 - ROUTINE CHILD HEALTH EXAM	######	99393 - Prev Visit, Est, Age 5-11	## - Unknown	SP - RESIDENT TO PHYS OFFICE				200 - Out of State		106	U	
1	V202 - ROUTINE CHILD HEALTH EXAM	######	99420 - Health Risk Assessment Test	## - Unknown	-				200 - Out of State		106	U	
2	4111 - INTERMED CORONARY SYNDROME	######	75724 - Artery X-Rays, Kidneys	## - Unknown	26 - PROFESSIONAL COMPONENT				066 - Leslie	400768594	54	M	
3	31800 - MODERATE MR WITHOUT BEHAVIORAL SYMPTOMS	######	97537 - Community/Work Reintegration	## - Unknown	-				074 - McCreary	400902100A	54	M	
3	31800 - MODERATE MR WITHOUT BEHAVIORAL SYMPTOMS	######	T2016 - Habil Res Waiver Per Diem	## - Unknown	-				074 - McCreary	400902100A	54	M	
3	31800 - MODERATE MR WITHOUT BEHAVIORAL SYMPTOMS	######	97537 - Community/Work Reintegration	## - Unknown	-				074 - McCreary	400902100A	54	M	
3	31800 - MODERATE MR WITHOUT BEHAVIORAL SYMPTOMS	######	T2016 - Habil Res Waiver Per Diem	## - Unknown	-				074 - McCreary	400902100A	54	M	

Random ID	Detail Num	Adjusted ICN	Adjust/Void Code	Claim Type	ICN Region Code & Desc	Lockin Ind	Allowed Quantity Sum	Billed Amount Sum	Paid Amount	Other Insurance Paid Amount Sum	Copay Amount Sum	Net Patient Paid Amount Sum	Medicare Paid Amount Sum
1	4		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$3.33	$3.33	$0.00	$0.00	$0.00	$0.00
1	3		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$18.19	$18.19	$0.00	$0.00	$0.00	$0.00
1	1		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$87.16	$87.16	$0.00	$0.00	$0.00	$0.00
1	1		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$87.16	$87.16	$0.00	$0.00	$0.00	$0.00
1	2		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$7.50	$7.50	$0.00	$0.00	$0.00	$0.00
2	1		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$730.00	$63.85	$0.00	$0.00	$0.00	$0.00
3	1		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$90.84	$74.40	$0.00	$0.00	$0.00	$0.00
3	6		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$180.00	$160.45	$0.00	$0.00	$0.00	$0.00
3	2		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$90.84	$74.40	$0.00	$0.00	$0.00	$0.00
3	7		N	M	40 - CLAIMS CONVERTED FROM OLD MMIS	N	1	$180.00	$160.45	$0.00	$0.00	$0.00	$0.00

Run Date: 2/20/2007
Run Time: 10:57:05 AM

Cabinet for Health and Family Services
Department for Medicaid Services
Random Sample Claims Detail
Dental
Request ID: 362

User ID: tztsbl

Random ID	Performing Provider Base Number	Performing Provider Name	Performing Provider Type Code & Desc	Performing Provider Spec Code & Desc	Performing Provider County Code & Desc	Referring Provider License Number	Billing Provider Base Number	Billing Provider Name	Member ID	Member Full Name	Member County Code & Desc	Age	Sex	Procedure Code & Desc	Place of Service Code & Desc	Tooth Number & Desc	Tooth Surface 1 & Desc	Tooth Surface 2 & Desc	Tooth Surface 3 & Desc	Tooth Surface 4 & Desc	Tooth Surface 5 & Desc	Tooth Surface 6 & Desc	Prior Authorization Number	ICN	Detail Num	Claim Type	Adjusted ICN	Adjust/Void Code	From Date of Service	Paid Date	Allowed Quantity Sum	Total Claim Count Sum	Billed Amount Sum	Other Insurance Paid Amount Sum	Paid Amount

End of Report

Run Date: 2/20/2007
Run Time: 10:57:05 AM

Cabinet for Health and Family Services
Department for Medicaid Services
Random Sample Claims Detail
LTC
Request ID: 362

User ID: tztsbl

End of Report

Run Date: 2/20/2007
Run Time: 10:57:05 AM

Cabinet for Health and Family Services
Department for Medicaid Services
Random Sample Claims Detail
Inpatient
Request ID: 362

User ID: tztsbl

End of Report

Run Date: 2/20/2007
Run Time: 10:57:05 AM

Cabinet for Health and Family Services
Department for Medicaid Services
Random Sample Claims Detail
Outpatient
Request ID: 362

User ID: tztsbl

End of Report

Run Date: 2/20/2007
Run Time: 10:57:05 AM

User ID: tatsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Random Sample Claims Detail

Drug

Request ID: 362

Random ID	Performing Provider Base Number	Performing Provider Name	Performing Provider Type Code & Desc	Performing Provider Spec Code & Desc	Performing Provider County Code & Desc	Billing Provider Base Number	Billing Provider Name	Prescriber License	ICN	Detail Num	Adjusted ICN	Adjust/ Void Code	Claim Type	ICN Region Code & Desc	From Date of Service	To Date of Service	Paid Date	Prescription Number	NDC Code & Desc	AHFS Therapeutic Class Code	Quantity Dispensed	Refill Number	Days Supply	Generic Product Indicator	Prior Authorization Number	Member ID	Member Full Name	Member County Code & Desc	Member County/Case Record Number	Member Aid Category Code & Desc	Age	Sex	Member Lock-in Indicator	Billed Amount Sum	Paid Amount

End of Report

Report Notes

Report Description

This required BusinessObjects report will produce a detail listing of claims returned by a random sample request.

'Medical' Tab displays Claim Type of 'M' and 'B'
M - Professional Medical Service Claims and Encounters
B - Medicare Part B Professional Crossover Claims

'Dental' Tab displays Claim Type of 'D'
D - Dental Service Claims and Encounters

'LTC' Tab displays Claim Type of 'L' and 'H'
L - Long Term Care Service Claims and Encounters
H - Home Health Claims and Encounters

'Inpatient' Tab displays Claim Type of 'I' and 'A
I - Institutional Inpatient Service Claims and Encounters
A - Medicare Part A Inpatient Crossover Claims

'Outpatient' Tab displays Claim Type of 'O' and 'C
O - Institutional Outpatient Service Claims and Encounters
C - Medicare Part B Outpatient Crossover Claims

'Drug' Tab displays Claim Type of 'P' and 'Q'
P - Pharmacy Service Claims and Encounters
Q - Pharmacy Compound Service Claims and Encounters

Report Tabs

A. Medical
B. Dental
C. LTC
D. Inpatient
E. Outpatient
F. Drug

Search Criteria

Request ID is equal to the ID specified in the User Prompt

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Random Sample' category.

2.15.104.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(C) LTC Patient Status Code & Desc	The patient status code and description that indicates the reason for discharge or that there was not discharge from a hospital or long term care facility at the end of the billing period.	0	Character	T_CA_LTC, T_PATIENT_STAT	CDE_PATIENT_STATUS, DSC_PATIENT_STATUS
(C) LTC Provider Per Diem Amount	The maximum amount to be paid to the provider for each day of care.	10	Number	T_CA_LTC	SUM(AMT_PROV_PER_DIEM)
(C) Second Modifier Code & Description	The second of up to 2 codes that may be used to supplement the procedure-code.	42	Character	T_CA_ICN, T_MODIFIER	CDE_MODIFIER_2, DSC_MODIFIER
(D, E) Non-Covered Days	The number of days between the service begin-date and service end date which were not covered in any part by medical assistance or Medicare.	9	Number	T_CA_ICN	SUM(NUM_DAYS_NCOVD)
(A,B) Primary Procedure Code & Desc	A short medical description of a specific, singular medical or dental service which is performed for the express purpose of identification or treatment of the patient's condition.	46	Character	T_CA_ICN, T_CDE_PROC	CDE_PROC_PRIM, DSC_PROC
(A,B,C) Allowed Quantity	The units of service approved for payment.	9	Number	T_CA_ICN	SUM(QTY_UNITS_ALWD)
(A,B,C,D,E) Other Insurance Paid Amount	The amount received by the provider from private insurers.	10	Number	T_CA_ICN	SUM(AMT_TPL)

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D,E) Referring Provider License Number	License number used to identify a person who refers members to other providers that perform services.	10	Number	T_CA_PROV_KEY	NUM_PROV_LIC
(A,B,C,D,E,F) Adjust/Void Code	A code to indicate whether the record is for a debit or credit and adjustment.	1	Character	T_CA_CLAIM_KEY	CDE_ADJ_VOID
(A,B,C,D,E,F) Adjusted ICN	Unique control number assigned to a claim when it has been adjusted in the system. Blank if it is a non-adjusted claim	13	Number	T_CA_ICN	NUM_ADJ_ICN
(A,B,C,D,E,F) Billed Amount	Amount of money requested for payment by a provider for services rendered to a member.	10	Number	T_CA_ICN	SUM(AMT_BILLED)
(A,B,C,D,E,F) Billing Provider Base ID	Base ID which identifies the provider billing the claim. A base ID carries a service location of 0.	15	Character	T_CA_PROV_KEY	ID_PROVIDER_BASE
(A,B,C,D,E,F) Billing Provider Name	This is the Billing Provider name associated with an organization or person.	50	Character	T_CA_PROV_KEY	NAM_PROVIDER
(A,B,C,D,E,F) Claim Type	The claim source indicator is a code used to identify how the claim entered the system.	1	Character	T_CA_CLAIM_KEY	CDE_CLM_TYPE
(A,B,C,D,E,F) Detail Number	Claim line number.	4	Number	T_CA_ICN	NUM_DTL
(A,B,C,D,E,F) From Date of Service	Date on which services were first performed for a member.	0	Date (MM/DD/CCYY)	T_CA_ICN	DTE_FIRST_SVC

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D,E,F) ICN	Unique control number assigned to the invoice to indicate its date of receipt. The format is RRYYJJJBBBSSS where RR is the claim region; YY is the last two digits of the calendar year the claim was received; JJJ is the Julian date of claim receipt; BBB is the batch number; and SSS is the sequence number of the invoice within the batch.	13	Number	T_CA_ICN	NUM_ICN
(A,B,C,D,E,F) Member Age	The age of the member on the From Date of Service rounded down to a full year.	4	Number	T_CA_ICN	NUM_RECIP_AGE
(A,B,C,D,E,F) Member County Code & Description	The member county code and a description for the county code.	35	Character	T_CA_RECIP_KEY	CDE_RECIP_COUNTY , DSC_RECIP_COUNTY
(A,B,C,D,E,F) Member Full Name	Member Full Name	29	Character	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT
(A,B,C,D,E,F) Member Gender Code	Code describing the gender of an individual.	1	Character	T_CA_RECIP_KEY	CDE_SEX
(A,B,C,D,E,F) Member ID	Member ID	12	Number	T_CA_ICN	ID_MEDICAID
(A,B,C,D,E,F) Paid Amount	Amount sent to a provider for payment for services rendered to a member.	10	Number	T_CA_ICN	SUM(AMT_REIMBURSED)

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D,E,F) Performing Provider Base ID	Base ID which identifies the performing provider submitted on the claim. A base ID carries a service location of 0.	15	Character	T_CA_PROV_KEY	ID_PROVIDER_BASE
(A,B,C,D,E,F) Performing Provider County Code and Desc	The performing provider's county code and name.	60	Character	T_CA_PROV_KEY	CDE_SVC_COUNTY, DSC_SVC_COUNTY
(A,B,C,D,E,F) Performing Provider Name	This is the Performing Provider name associated with an organization or person.	50	Character	T_CA_PROV_KEY	NAM_PROVIDER
(A,B,C,D,E,F) Performing Provider Spec Code and Desc	Performing Provider Specialty Code and Description.	53	Character	T_CA_PROV_KEY	CDE_PROV_SPEC_PRIM, DSC_PROV_SPEC
(A,B,C,D,E,F) Performing Provider Type Code and Desc	Performing Provider Type Code and Description.	52	Character	T_CA_PROV_KEY	CDE_PROV_TYPE_PRIM, DSC_PROV_TYPE
(A,B,C,D,E,F) Place of Service Code & Description	Code and description to indicate where the service was provided.	52	Character	T_CA_CLAIM_KEY	CDE_POS, DSC_POS
(A,B,C,D,E,F) Prior Authorization Number	This is the number assigned that authorizes the procedure being performed.	10	Number	T_CA_ICN	NUM_PRIOR_AUTH
(A,B,C,D,E,F) Random ID	Sequential numbers determined by random sample.	9	Number	T_RS_SELECT_RSLT	SEQ_RANDOM

Field	Description	Length	Data Type	DB Table	DB Attributes
(A,B,C,D,E,F) To Date of Service	To Date of Service for a member.	0	Date (MM/DD/CCYY)	T_CA_ICN	DTE_LAST_SVC
(A,B,D,E,F) Payment Date	The date the claim was adjudicated. Except for special processing cycles. This is not the actual date of payment; since the payment is issued by the state treasurer after a post-audit and when funds are available.	0	Date (MM/DD/CCYY)	T_CA_ICN	DTE_PAID
(A,C) Copay Amount	The patient co-pay amount the member is responsible for the specific service.	10	Number	T_CA_ICN	SUM(AMT_CO_PAY)
(A,C) First Modifier Code & Desc	The first of up to 2 codes that may be used to supplement the procedure-code.	42	Character	T_CA_ICN, T_MODIFIER	CDE_MODIFIER_1, DSC_MODIFIER
(A,C,D,E) Medicare Paid Amount	The portion of the Medicare claim payment that was paid by the member due to the member's annual deductible not being met.	10	Number	T_CA_ICN	SUM(AMT_MCARE_PAID)
(A,C,D,E) Net Patient Paid Amount	The amount received by the provider from the member. This excludes copay. This is the amount that has been determined to be available from the member as partial payment of the cost of care.	10	Number	T_CA_ICN	AMT_PAT_LIAB
(A,C,F) ICN Region Code &	ICN Region Code and description.	52	Character	T_CA_CLAIM_KEY	CDE_CLM_REGION, DSC_REGION

Field	Description	Length	Data Type	DB Table	DB Attributes
Description					
(A,C,F) Member County / Case Record Number	Contains the system assigned member case record number preceded by the member county code.	12	Number	T_CA_ICN	NUM_CASE
(A,D,E) Primary Diagnosis Code and Desc	The primary ICD-9-CM diagnosis code and description.	47	Character	T_CA_ICN, T_DIAGNOSIS	CDE_DIAG_PRIM, DSC_25
(A,D,E) Second Diagnosis Code	The secondary ICD-9-CM diagnosis code.	7	Character	T_CA_ICN	CDE_DIAG_2
(B) Tooth Number & Desc	A code and description that indicates the tooth on which the service was performed.	42	Character	T_CA_DENTAL, T_TOOTH	CDE_TOOTH_NBR, DSC_TOOTH_NBR
(B) Tooth Surface 1 & Desc	A code and description for the tooth surface on which the service was performed. There are 6 possible surface codes for a service.	9	Character	T_CA_DENTAL, T_TOOTH_SURFACE	CDE_TOOTH_SURFACE_1, DSC_TOOTH_SURFACE
(B) Tooth Surface 2 & Desc	A code and description for the tooth surface on which the service was performed. There are 6 possible surface code for a service.	9	Character	T_CA_DENTAL, T_TOOTH_SURFACE	CDE_TOOTH_SURFACE_2, DSC_TOOTH_SURFACE
(B) Tooth Surface 3 & Desc	A code and description for the tooth surface on which the service was performed. There are 6 possible surface codes for a service.	9	Character	T_CA_DENTAL, T_TOOTH_SURFACE	CDE_TOOTH_SURFACE_3, DSC_TOOTH_SURFACE

Field	Description	Length	Data Type	DB Table	DB Attributes
(B) Tooth Surface 4 & Desc	A code and description for the tooth surface on which the service was performed. There are 6 possible surface codes for a service.	9	Character	T_CA_DENTAL, T_TOOTH_SURFACE	CDE_TOOTH_SURFACE_4, DSC_TOOTH_SURFACE
(B,C,D,E) Total Claim Count	Summarized paid and denied claim counts.	9	Number	T_CA_ICN	SUM(CNT_CLAIMS_PAID) + SUM(CNT_CLAIMS_DENIED)
(C, E) Facility Days	The number of days in the billing period the member was in the long term care facility (excludes LTC leave days and LTC hospital days). Any values greater than 9999 are converted to 9999.	4	Number	T_CA_LTC	SUM(NUM_FACILITY_DAYS)
(C, E) Hospital Allowed Amount	Hospital Allowed Amount	10	Number	T_CA_LTC	SUM(AMT_HOSP_ALW)
(C, E) Hospital Days	The number of days in the billing period the provider reserved a bed while the member was in a hospital. Any values greater than 9999 are converted to 9999.	4	Number	T_CA_LTC	SUM(NUM_HOSPITAL_DAYS)
(C, E) Leave Days	The number of days in the billing period the provider reserved a bed while the member was away on therapeutic leave. Any values greater than 9999 are converted to 9999.	4	Number	T_CA_LTC	SUM(NUM_LEAVE_DAYS)
(C,D, E)	Indicates the number of days covered for the statement period	9	Number	T_CA_ICN	SUM(NUM_DAYS_CO

Field	Description	Length	Data Type	DB Table	DB Attributes
Covered Days	of the claim.				VD)
(C,D,E) Emergency Code & Desc	A code and description that indicates the number of days covered for the statement period of the claim when the claim was for a service provided in an emergency situation.	11	Character	T_CA_ICN	CDE_EMERGENCY, DSC_EMERGENCY
(C,D,E)Medicare Coinsurance Amount	The amount of Medicare Co-Insurance paid by the member for this claim.	10	Number	T_CA_XOVER	SUM(AMT_COINSURANCE)
(D, E) Admission Date	Date that the member was admitted by the provider for inpatient care, outpatient services or start of care.	0	Date (MM/DD/CCYY)	T_CA_ICN	DTE_ADMISSION
(D, E) Diagnosis 3 - Code	The third ICD-9-CM diagnosis code.	7	Character	T_CA_ICN	CDE_DIAG_3
(D, E) Diagnosis 4 - Code	The fourth ICD-9-CM diagnosis code.	7	Character	T_CA_ICN	CDE_DIAG_4
(D, E) Diagnosis 5 - Code	The fifth ICD-9-CM diagnosis code.	7	Character	T_CA_DIAG_DN	CDE_DIAG_5
(D, E) Diagnosis 6 - Code	The sixth ICD-9-CM diagnosis code.	7	Character	T_CA_DIAG_DN	CDE_DIAG_6
(D, E) Diagnosis 7 - Code	The seventh ICD-9-CM diagnosis code.	7	Character	T_CA_DIAG_DN	CDE_DIAG_7
(D, E) Diagnosis 8 - Code	The eighth ICD-9-CM diagnosis code.	7	Character	T_CA_DIAG_DN	CDE_DIAG_8

Field	Description	Length	Data Type	DB Table	DB Attributes
(D, E) Diagnosis 9 - Code	The eighth ICD-9-CM diagnosis code.	7	Character	T_CA_DIAG_DN	CDE_DIAG_9
(D, E) Discharge Date	Date that the member was discharged by the provider for inpatient care, outpatient services or start of care.	0	Date (MM/DD/CCYY)	T_CA_ICN	DTE_DISCHARGE
(D, E) Surgical Procedure Code 1 & Desc	The first ICD-9-CM code and description for the service performed for the member.	44	Character	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_1, DSC_PROC
(D, E) Surgical Procedure Code 2 & Desc	The second ICD-9-CM code and description for the service performed for the member.	44	Character	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_2, DSC_PROC
(D, E) Surgical Procedure Code 3 & Desc	The third ICD-9-CM code and description for the service performed for the member.	44	Character	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_3, DSC_PROC
(D, E) Surgical Procedure Code 4 & Desc	The fourth ICD-9-CM code and description for the service performed for the member.	44	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_4, DSC_PROC
(D, E) Surgical Procedure Code 5 & Desc	The fifth ICD-9-CM code and description for the service performed for the member.	44	Character	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_5, DSC_PROC
(D, E) Surgical Procedure Code 6 & Desc	The sixth ICD-9-CM code and description for the service performed for the member.	44	Character	T_CA_ICD9_PROC_DN, T_CDE_PROC	CDE_PROC_ICD9_6, DSC_PROC
(D, E) Surgical Procedure Date 1	The date the first surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_1

Field	Description	Length	Data Type	DB Table	DB Attributes
(D, E) Surgical Procedure Date 2	The date the second surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_2
(D, E) Surgical Procedure Date 3	The date the third surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_3
(D, E) Surgical Procedure Date 4	The date the fourth surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_4
(D, E) Surgical Procedure Date 5	The date the fifth surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_5
(D, E) Surgical Procedure Date 6	The date the sixth surgical procedure was performed.	0	Date (MM/DD/CCYY)	T_CA_ICD9_PROC_DN	DTE_ICD_9_CM_PROC_6
(D, E) UB Patient Status Code & Desc	The patient status code and description that indicates the reason for discharge or that there was no discharge from a hospital or long term care facility at the end of the billing period.	52	Character	T_CA_UB92, T_PATIENT_STAT	CDE_PATIENT_STATUS, DSC_PATIENT_STATUS
(D,E) DRG Code & Description	The diagnosis related group number assigned to the claim.	4	Character	T_CA_ICN, T_DRG	CDE_DRG, DSC_DRG
(D,E) Medicare Deductible Amount	Medicare Deductible Amount.	10	Number	T_CA_XOVER	SUM(AMT_DEDUCT)
(F) AHFS	AHFS Therapeutic Class Code.	10	Character	T_CA_DRUG	CDE_THERA_CLS_AH

Field	Description	Length	Data Type	DB Table	DB Attributes
Therapeutic Class Code					FS
(F) Days Supply	The number of days the prescription should last.	9	Number	T_CA_DRUG	SUM(NUM_DAY_SUPPLY)
(F) GPI	GPI.	10	Character	T_DRUG_DN	CDE_DRUG_SOURCE
(F) Generic Indicator	Drug Generic Indicator.	1	Character	T_CA_DRUG	IND_DRUG_GENERIC
(F) Member Aid Category & Desc	Member Aid Category and description.	54	Character	T_CA_RECIP_KEY	CDE_AID_CATEGORY, DSC_AID_CATEGORY
(F) Member Lockin Indicator	A code to indicate whether the member is/was "locked-in" to a specific provider to prevent utilization abuse by the member. Blank - No entry found for member on Lockin Tables, I - Member locked in as of date of service, O - Member not locked in as of date of service, but was at one time.	1	Character	T_CA_ICN	IND_RESTRICT_LI
(F) NDC Code & Description	The national drug code and description for the drug dispensed on claim.	54	Character	T_CA_ICN, T_DRUG	CDE_NDC, DSC_NDC
(F) Prescriber License	Prescriber License Number.	12	Number	T_CA_PROV_KEY	NUM_PROV_LIC
(F) Prescription Number	The number assigned to the prescription by the provider.	7	Number	T_CA_DRUG	NUM_PRSCRIP
(F) Quantity	The quantity of the drug that was	10	Number	T_CA_DRUG	SUM(QTY_DISPENSE)

Field	Description	Length	Data Type	DB Table	DB Attributes
Dispensed	dispensed to the member.				
(F) Refill Quantity	Reflects the number of refills. The maximum number of refills is 6.	2	Number	T_CA_DRUG	QTY_REFILL

2.15.104.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.104.6 Associated Requirements

ID
30.090.013.002.22
30.090.013.002.7

2.15.104.7 Change Orders

ID	Name	Description
492	Random Sample Targeted Queries	Create additional Business Object reports for the Random Sample process.
6317	Random Sample Req report	Random Sample report has formatting and spelling errors as noted in the attachment.
7155	Random Sample Claims Detail	Request Information Tab The Screen Shot 1: Header not completely visible on Medical tab. Screen shot 2: Header not completely visible on LTC tab. Screen shot 3: Header not completely visible on Inpatient tab. Screen shot 4: Header not completely visible on Outpatient tab.

2.15.105 Top 20 DRG Codes by Provider

This report will display the top 20 DRG codes billed by a provider for a specific timeframe.

The report will contain multiple tabs.

- A. The first tab will display DRG codes by paid amount. The top 20 DRG codes will be highlighted in red by an alerter in BusinessObjects.
- B. The second tab will display DRG codes by allowed amount. The top 20 DRG codes will be highlighted in red by an alerter in BusinessObjects.
- C. The third tab will display the DRG codes by billed amount. The top 20 DRG codes will be highlighted in red by an alerter in BusinessObjects.
- D. The fourth tab will display the DRG codes by quantity. The top 20 DRG codes will be highlighted in red by an alerter in BusinessObjects.
- E. The fifth tab will display the top 20 DRG codes by member counts. The DRG codes will be highlighted in red by an alerter in BusinessObjects.
- F. The sixth tab is a Notes tab describing the report and the selection criteria.

2.15.105.1 Technical Name

Top 20 DRG Codes by Provider

2.15.105.2 Sort Order

A. Paid Amount Sum

B. Allowed Amount Sum

C. Billed Amount Sum

D. Billed Quantity Sum

E. Member Undup Count, DRG Code

For readability, the layout appears on the following pages.

2.15.105.3 Top 20 DRG Codes by Provider Layout

A

Run Date: 09/16/2007
Run Time: 9:31:38 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 DRG Codes by Provider

Top 20 by Paid Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345786

DRG Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
#### - Unknown	4	4	$565.00	$482.04	$100.04

End of Report

B

Run Date: 09/16/2007
Run Time: 9:31:38 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 DRG Codes by Provider

Top 20 by Allowed Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

DRG Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
##### - Unknown	4	4	$565.00	$482.04	$100.04

End of Report

c

Run Date: 09/16/2007
Run Time: 9:31:38 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 DRG Codes by Provider

Top 20 by Billed Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

DRG Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
#### - Unknown	4	4	$565.00	$482.04	$100.04

End of Report

D

Run Date: 09/16/2007
Run Time: 9:31:38 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 DRG Codes by Provider

Top 20 by Quantity

From Date of Service: 1/1/2005 - 1/31/2006

Performing Provider Number: 12345678

DRG Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
##### - Unknown	4	4	$565.00	$482.04	$100.04

End of Report

E

Run Date: 09/16/2007
Run Time: 9:31:38 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 DRG Codes by Provider

Top 20 by Member Count

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

DRG Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
#### - Unknown	4	4	$565.00	$482.04	$100.04

End of Report

Report Notes

Report Description

The Top 20 DRG Codes by Provider report will display the top 20 drg codes billed by a provider for a specific timeframe.

Report Tabs

A. Top 20 by Paid Amount
B. Top 20 by Allowed Amount
C. Top 20 by Billed Amount
D. Top 20 by Quantity
E. Top 20 by Member Count

Search criteria:

Paid Claims Only and
Fee for Service Only and
From Date of Service is within the range specified in the User Prompt and
Billing Provider Number as specified in the User Prompt and
Latest Claims Only

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.105.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A-E)Allowed Amount	Amount approved to pay for services provided to a member.	13	Number (Decimal)	T_CA_ICN	AMT_ALWD
(A-E)Billed Amount	Amount of money requested for payment by a provider for services rendered to a	13	Number (Decimal)	T_CA_ICN	AMT_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
	member.				
(A-E)Billed Quantity	The units of service billed by the provider.	12	Number (Decimal)	T_CA_ICN	QTY_UNITS_BILLED
(A-E)DRG Code & Description	The diagnosis related group number assigned to the claim and its description	136	Character	T_CA_ICN, T_DRG	CDE_DRG, DSC_DRG
(A-E)Member Undup Count	The number of unduplicated member.	12	Char	T_CA_ICN	ID_MEDICAID
(A-E)Paid Amount	Amount sent to a provider for payment for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_PAID

2.15.105.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.105.6 Associated Requirements

ID
30.090.013.003.10
30.090.015.002.19

2.15.105.7 Change Orders

ID	Name	Description
2702	DSSProfiler Top 20 Reports	Create the following Targeted Queries: • Top 20 DRG Codes by Provider • Top 20 Diagnosis Codes by Provider

ID	Name	Description
		• Top 20 Procedure Codes by Provider
6115	Undupe Member Count	Case 3870 ? Top 20 Diagnosis by Provider Undupe Member Count is incorrect.
6371	Top 20 DRG report issue	The SUR Top 20 DRG report is not returning data. Problem could be the performing provider not populated.
7314	Results not match SUR report	Top 20 DRG codes by Provider Report - Had to try report verification through Interchange (ICE) and James Whiddon not successful. Query results do not match the SUR report results.

2.15.106 Top 20 Diagnosis Codes by Provider

The Top 20 Diagnosis Codes by Provider report displays the top 20 diagnosis codes billed by a provider for a specific timeframe. This report contains multiple tabs.

- A. The first tab displays diagnosis codes by paid amount. The top 20 diagnosis codes are highlighted in red by an alerter in BusinessObjects.
- B. The second tab displays diagnosis codes by allowed amount. The top 20 diagnosis codes are highlighted in red by an alerter in BusinessObjects.
- C. The third tab displays the diagnosis codes by billed amount. The top 20 diagnosis codes are highlighted in red by an alerter in BusinessObjects.
- D. The fourth tab displays the diagnosis codes by quantity. The top 20 diagnosis codes are highlighted in red by an alerter in BusinessObjects.
- E. The fifth tab displays the top 20 diagnosis codes by member counts. The diagnosis codes are highlighted in red by an alerter in BusinessObjects.
- F. The sixth tab is a Notes tab describing the report and its selection criteria.

2.15.106.1 Technical Name

Top 20 Diagnosis Codes by Provider

2.15.106.2 Sort Order

A. Paid Amount Sum

B. Allowed Amount Sum

C. Billed Amount Sum

D. Billed Quantity Sum

E. Member Undup Count, Primary Diagnosis Code

For readability, the layout appears on the following pages.

2.15.106.3 Top 20 Diagnosis Codes by Provider Layout

A

Run Date: 09/16/2007
Run Time: 9:34:37 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 Diagnosis Codes by Provider

Top 20 by Paid Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
######## -	3	3	$465.00	$465.00	$83.00
07882 - EPIDEMIC VOMITING SYND	1	1	$100.00	$17.04	$17.04

End of Report

B

Run Date: 09/16/2007
Run Time: 9:34:37 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 Diagnosis Codes by Provider

Top 20 by Allowed Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Numbers: 12345678

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
######## -	3	3	$465.00	$465.00	$83.00
07882 - EPIDEMIC VOMITING SYND	1	1	$100.00	$17.04	$17.04

End of Report

C

Run Date: 09/16/2007
Run Time: 9:34:37 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 Diagnosis Codes by Provider

Top 20 by Billed Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
####### -	3	3	$465.00	$465.00	$83.00
07882 - EPIDEMIC VOMITING SYND	1	1	$100.00	$17.04	$17.04

End of Report

D

Run Date: 09/16/2007
Run Time: 9:34:37 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 Diagnosis Codes by Provider

Top 20 by Quantity

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
######## -	3	3	$465.00	$465.00	$83.00
07882 - EPIDEMIC VOMITING SYND	1	1	$100.00	$17.04	$17.04

End of Report

E

Run Date: 09/16/2007
Run Time: 9:34:37 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 Diagnosis Codes by Provider

Top 20 by Member Count

From Date of Service Within : 1/1/2005 - 1/31/2006
Performing Provider Number: 12345786

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
######## -	3	3	$465.00	$465.00	$83.00
07882 - EPIDEMIC VOMITING SYND	1	1	$100.00	$17.04	$17.04

End of Report

Report Notes

Report Description

The Top 20 Diagnosis Codes by Provider report will display the top 20 diagnosis codes billed by a provider for a specific timeframe.

Report Tabs

A. Top 20 by Paid Amount
B. Top 20 by Allowed Amount
C. Top 20 by Billed Amount
D. Top 20 by Quantity
E. Top 20 by Member Count

Search criteria:

Paid Claims Only and
FFS claim only and
From Date of Service is within the range specified in the User Prompt and
Performing Provider ID as specified in the User Prompt and
Latest Claims Only

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.106.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A-E)Allowed Amount	Amount approved to pay for services provided to a member.	13	Number (Decimal)	T_CA_ICN	AMT_ALWD

Field	Description	Length	Data Type	DB Table	DB Attributes
(A-E)Billed Amount	Amount of money requested for payment by a provider for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_BILLED
(A-E)Billed Quantity	The units of service billed by the provider.	12	Number (Decimal)	T_CA_ICN	QTY_UNITS_BILLED
(A-E)Member Undup Count	The number of unduplicated member.	12	Char	T_CA_ICN	ID_MEDICAID
(A-E)Paid Amount	Amount sent to a provider for payment for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_PAID
(A-E)Primary Diagnosis Code & Description	The primary ICD-9-CM diagnosis code.	47	Character	T_CA_ICN, T_DIAGNOSIS	CDE_DIAG_PRIM, DSC_25

2.15.106.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.106.6 Associated Requirements

ID
30.090.013.003.10
30.090.015.002.19

2.15.106.7 Change Orders

ID	Name	Description
2702	DSSProfiler Top 20 Reports	Create the following Targeted Queries:

ID	Name	Description
		• Top 20 DRG Codes by Provider • Top 20 Diagnosis Codes by Provider • Top 20 Procedure Codes by Provider
6115	Undupe Member Count	Case 3870 ? Top 20 Diagnosis by Provider Undupe Member Count is incorrect.
7313	Results didn't match report	Top 20 Diagnosis codes by Provider Report - Had to try report verification through Interchange (ICE) and James Whiddon not successful. Query results do not match the SUR report results.

2.15.107 Top 20 Procedure Codes by Provider

The Top 20 Procedure Codes by Provider report displays the top 20 procedures codes billed by a provider for a specific timeframe. This report contains multiple tabs.

- A. The first tab displays procedure codes by reimbursed amount. The top 20 procedure codes are highlighted in red by an alerter in BusinessObjects.
- B. The second tab displays procedure codes by approved amount. The top 20 procedure codes are highlighted in red by an alerter in BusinessObjects.
- C. The third tab displays the procedure codes by billed amount. The top 20 procedure codes are highlighted in red by an alerter in BusinessObjects.
- D. The fourth tab displays the procedure codes by quantity. The top 20 procedure codes are highlighted in red by an alerter in BusinessObjects.
- E. The fifth tab displays the top 20 procedure codes by member counts. The procedure codes are highlighted in red by an alerter in BusinessObjects.
- F. The sixth tab is a Notes tab which describes the report and its search criteria.

2.15.107.1 Technical Name

Top 20 Procedure Codes by Provider

2.15.107.2 Sort Order

A. Paid Amount Sum

B. Allowed Amount Sum

C. Billed Amount Sum

D. Billed Quantity Sum

E. Member Undup Count, Primary Procedure Code

For readability, the layout appears on the following pages.

2.15.107.3 Top 20 Procedure Codes by Provider Layout

A

Run Date: 09/16/2007
Run Time: 9:06:48 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 20 Procedure Codes by Provider

Top 20 by Paid Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 12345678

Primary Diagnosis Code & Description	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
D5110 - Complete Upper Denture (Once Every 5 Yea	3	3	$465.00	$465.00	$83.00

End of Report

B

Run Date: 09/16/2007
Run Time: 9:06:48 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services
Top 20 Procedure Codes by Provider
Top 20 by Allowed Amount

From Dates of Service: 1/1/2005 - 1/31/2006
Performing Provider Number: 1234578

Primary Procedure Code & Desc	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
D5110 - Complete Upper Denture (Once Every 5 Yea	3	3	$465.00	$465.00	$83.00

End of Report

c

Run Date: 09/16/2007

Run Time: 9:06:48 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 Procedure Codes by Provider

Top 20 by Billed Amount

From Dates of Service: 1/1/2005 - 1/31/2006

Performing Provider Number: 1234578

Primary Procedure Code & Desc	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
D5110 - Complete Upper Denture (Once Every 5 Yea	3	3	$465.00	$465.00	$83.00

End of Report

D

Run Date: 09/16/2007

Run Time: 9:06:48 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 Procedure Codes by Provider

Top 20 by Quantity

From Dates of Service: 1/1/2005 - 1/31/2006

Performing Provider Number: 12345678

Primary Procedure Code & Desc	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
D5110 - Complete Upper Denture (Once Every 5 Yea	3	3	$465.00	$465.00	$83.00

End of Report

E

Run Date: 09/16/2007

Run Time: 9:06:48 PM

Cabinet for Health and Family Services

User ID: czvtpc

Department for Medicaid Services

Top 20 Procedure Codes by Provider

Top 20 by Member Count

From Dates of Service: 1/1/2005 - 1/31/2006

Performing Provider Number: 12345678

Primary Procedure Code & Desc	Member Undup Count	Billed Quantity	Billed Amount	Allowed Amount	Paid Amount
D5110 - Complete Upper Denture (Once Every 5 Yea	3	3	$465.00	$465.00	$83.00

End of Report

Report Notes

Report Description

The Top 20 Procedure Codes by Provider report will display the top 20 procedure codes billed by a provider for a specific timeframe.

Report Tabs

A. Top 20 by Paid Amount
B. Top 20 by Allowed Amount
C. Top 20 by Billed Amount
D. Top 20 by Quantity
E. Top 20 by Member Count

Search criteria:

Paid Claims Only
FFS claim only and
From Date of Service is within the range specified in the User Prompt and
Performing Provider Number as specified in the User Prompt and
Latest Claims Only

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.107.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A-E)Allowed Amount	Amount approved to pay for services provided to a member.	13	Number (Decimal)	T_CA_ICN	AMT_ALWD
(A-E)Billed	Amount of money requested for payment by a provider for	13	Number	T_CA_ICN	AMT_BILLED

Field	Description	Length	Data Type	DB Table	DB Attributes
Amount	services rendered to a member.		(Decimal)		
(A-E)Billed Quantity	The units of service billed by the provider.	12	Number (Decimal)	T_CA_ICN	QTY_UNITS_BILLED
(A-E)Member Undup Count	The number of unduplicated members.	12	Char	T_CA_ICN	ID_MEDICAID
(A-E)Paid Amount	Amount sent to a provider for payment for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_PAID
(A-E)Primary Procedure Code & Description	Code used to identify a medical, dental, or DME procedure.	46	Character	T_CA_ICN, T_CDE_PROC	CDE_PROC_PRIM, DSC_PROC

2.15.107.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.107.6 Associated Requirements

ID
30.090.013.003.10
30.090.015.002.19

2.15.107.7 Change Orders

ID	Name	Description
2702	DSSProfiler Top 20 Reports	Create the following Targeted Queries: • Top 20 DRG Codes by Provider

ID	Name	Description
		• Top 20 Diagnosis Codes by Provider • Top 20 Procedure Codes by Provider
6115	Undupe Member Count	Case 3870 ? Top 20 Diagnosis by Provider Undupe Member Count is incorrect.

2.15.108 Top 200 Members by Paid Amount

Top 200 members report ranks members by paid amount with in the entered diagnosis group. The user can enter Primary Diagnosis code(s) or enter a percentage for all Primary Diagnosis codes and a first date of service date range.

- A. Top 200 Members by Paid Amount.
- B. Notes tab which describes the report and its search criteria.

2.15.108.1 Technical Name

Top 200 Members by Paid Amount

2.15.108.2 Sort Order

Paid Amount Sum

For readability, the layout appears on the following pages.

2.15.108.3 Top 200 Members by Paid Amount Layout

Run Date: 09/16/2007
Run Time: 9:07:19 PM

User ID: czvtpc

Cabinet for Health and Family Services

Department for Medicaid Services

Top 200 Members by Paid Amount

From Dates of Service: 1/1/2005 - 12/31/2006
Diagnosis Code(s): 07882

Member ID	Member Full Name	Total Claim Count	Paid Amount	Allowed Amount	Billed Amount
############		79	$6,283.95	$6,809.11	$10,367.00

End of Report

Report Notes

Report Description

Top 200 members report ranks members by paid amount with in the entered diagnosis group. The user can enter one or more Diagnosis code(s) and a first date of service date range.

Search criteria:

Diagnosis code(s) and
From Date of Service begin as specified in the User Prompt
From Date of Service end as specified in the User Prompt
Paid Claims Only and
Latest Claims Only

Report Location

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries' category.

2.15.108.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Allowed Amount	Amount approved to pay for services provided to a member.	13	Number (Decimal)	T_CA_ICN	AMT_ALWD
Billed Amount	Amount of money requested for payment by a provider for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_BILLED
Member Full Name	Member full name	36	Character	T_RE_BASE_DN	NAM_LAST, NAM_FIRST, NAM_MID_INIT

Field	Description	Length	Data Type	DB Table	DB Attributes
Member ID	The unique number assigned to the member by OIM.	12	Character	T_CA_ICN	ID_MEDICAID
Paid Amount	Amount sent to a provider for payment for services rendered to a member.	13	Number (Decimal)	T_CA_ICN	AMT_PAID
Total Claim Count	Counts the claim as a paid claim.	9	Number	T_CA_ICN	CNT_CLAIMS_PAID+ CNT_CLAIMS_DENIED

2.15.108.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.108.6 Associated Requirements

ID
30.090.013.003.10
30.090.015.002.19

2.15.108.7 Change Orders

ID	Name	Description
2704	DSSProfiler Top 200 Members Rpt	Create the DSSProfiler Top 200 Members by Paid Date report according to specifications.
5895	CO2704-DSSProf Top 200 mbrs	Report Data does not match Validation Query data

2.15.109 Waiver Summary and Detail Report

This report should identify any active waiver members utilizing inpatient care during the reporting period. The providers included in the inpatient group should include: hospitals, nursing facilities, Intermediate Care Facilities for Individuals Diagnosed with Mental Retardation or Developmentally Disabled (ICF/MR/DD), acute care hospitals, psychiatric hospitals, and Psychiatric Residential Treatment Facilities (PRTFs).

This report contains two tabs:

- A. Waiver Summary
- B. Waiver Details

Report prompts for begin date of service range. This report includes inpatient claims only.

2.15.109.1 Technical Name

Waiver Summary and Detail Report

2.15.109.2 Sort Order

A. Member ID, Member Full Name

B. Member ID

Report prompts for begin date of service range. This report includes inpatient claims only.

For readability, the layout appears on the following pages.

2.15.109.3 Waiver Summary and Detail Report Layout

A

Run Date: 04/19/2007
Run Time: 6:27:50 PM

User ID: tztsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Waiver Summary and Detail Report

Inpatient Waiver Summary

From Date of Service Range: 6/1/2006 - 6/15/2006

Member ID	Member Full Name (L,FM)	Waiver Program	Billing Provider Numbers	Revenue Code & Desc
0000109873	PENNINGTON, KRESTEN G	HCBS - Home and Community Based Services	NPI: Medicaid Number: 01007137 Base Number: 500005756	0120 - ROOM & BOARD SEMI-PRIVATETWO BED,GENERAL
0000136341	ABBOTT, ESTELLE L	HCBS - Home and Community Based Services	NPI: Medicaid Number: 12503983 Base Number: 500011858	0430 - OCCUPATIONAL THERAPY GENERAL CLASSIFICAT
0000142241	JONES, KYLA S	HCBS - Home and Community Based Services	NPI: Medicaid Number: 12501854 Base Number: 500007819	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000196613	MARSHALL, MARIE A	HCBS - Home and Community Based Services	NPI: Medicaid Number: 01007335 Base Number: 500005486	0120 - ROOM & BOARD SEMI-PRIVATETWO BED,GENERAL
0000388991	COLEMAN, CHARLES H	HCBS - Home and Community Based Services	NPI: Medicaid Number: 12504296 Base Number: 500010370	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000522731	ARNETT, THOMAS J	ADC - Adult Day Care	NPI: Medicaid Number: 12500187 Base Number: 500003499	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
		HCBS - Home and Community Based Services	NPI: Medicaid Number: 12500187 Base Number: 500003499	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000526531	LAWHORN, OLA R	HCBS - Home and Community Based Services	NPI: Medicaid Number: 12501441 Base Number: 500012694	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000618731	BURGESS, LINDA B	HCBS - Home and Community Based Services	NPI: Medicaid Number: 12502639 Base Number: 500007931	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000748033	ROGERS, DANNY M	HCBS - Home and Community Based Services	NPI: Medicaid Number: 01008549 Base Number: 500005692	0120 - ROOM & BOARD SEMI-PRIVATETWO BED,GENERAL
0000858341	TOWE, HERBERT O	ADC - Adult Day Care	NPI: Medicaid Number: 01014844 Base Number: 500004283	0110 - ROOM & BOARD GENERAL PRIVATE
		HCBS - Home and Community Based Services	NPI: Medicaid Number: 01014844 Base Number: 500004283	0110 - ROOM & BOARD GENERAL PRIVATE

B

Run Date: 04/19/2007
Run Time: 6:27:50 PM

User ID: tztsbl

Cabinet for Health and Family Services

Department for Medicaid Services

Waiver Summary and Detail Report

Inpatient Waiver Detail

From Date of Service Range: 6/1/2006 - 6/15/2006

Member ID	Member Full Name	Member Wiaver Program	Referring Provider Numbers	Referring Provider Name	Billing Provider Numbers	Billing Provider Name	Admission Date	Discharge Date	Length of Stay	Detail Status Code	Detail Revenue Code & Desc
0000109873	PENNINGTON , KRESTEN G	HCBS - Home and Community Based Services	NPI: Medicaid Number: Base Number:		NPI: Medicaid Number: 01007137 Base Number: 500005756	HIGHLAND REGIONAL MEDICAL CENT	06/05/2006	06/09/2006	4	P	0120 - ROOM & BOARD SEMI-PRIVATETWO BED,GENERAL
										P	0250 - PHARMACY
										P	0255 - DRUGS INCIDENT TO RADIOLOGY
										P	0260 - IV THERAPY GENERAL
										P	0300 - LAB GENERAL
										P	0306 - BACTERIOLOGY MICROBIOLOGY
										P	0320 - RADIOLOGY DIAGNOSTIC
										P	0341 - NUCLEAR MEDICINE DIAGNOSTIC
										P	0351 - CT SCAN HEAD SCAN
										P	0352 - CT SCAN BODY SCAN
										P	0402 - ULTRASOUND
										P	0450 - EMERGENCY ROOM
										P	0940 - OTHER THERAPEUTIC SVC
0000136341	ABBOTT, ESTELLE L	HCBS - Home and Community Based Services	NPI: Medicaid Number: 65923823 Base Number: 500000254	CARITAS SPORTS MEDICINE CTR	NPI: Medicaid Number: 12503983 Base Number: 500011858	GEORGETOWN HEALTH CARE CENTER	10/01/2003			P	0430 - OCCUPATIONAL THERAPY GENERAL CLASSIFICAT
0000142241	JONES, KYLA S	HCBS - Home and Community Based Services	NPI: Medicaid Number: 65923823 Base Number: 500000254	CARITAS SPORTS MEDICINE CTR	NPI: Medicaid Number: 12501854 Base Number: 500007819	HARLAN NURSING HOME INC	11/14/2005			P	0420 - PHYSICAL THERAPY GENERAL CLASSIFICATION
0000196613	MARSHALL, MARIE A	HCBS - Home and Community Based Services	NPI: Medicaid Number: Base Number:		NPI: Medicaid Number: 01007335 Base Number: 500005486	CLARK REGIONAL MEDICAL CENTER	06/04/2006	06/14/2006	10	P	0120 - ROOM & BOARD SEMI-PRIVATETWO BED,GENERAL
										P	0210 - ROOM & BOARD CORONARY CARE-GENERAL
										P	0250 - PHARMACY
										P	0251 - GENERIC DRUGS
										P	0258 - IV SOLUTIONS
										P	0270 - MEDICAL SUPPLIES GENERAL CLASSIFICATION
										P	0272 - STERILE SUPPLIES
										P	0300 - LAB GENERAL

Report Notes

Report Description

This report will identify any active waiver members utilizing inpatient care during the reporting period. The providers included in the inpatient group include: General hospital, Mental Hospital, Psychiatric Residential Treatment Facility, ICF/MR, Nursing Facility

Report Tabs

A. Waiver Summary
B. Waiver Detail

Search Criteria:

Inpatient claims only
Latest claims only
From date of service range prompt
Members in following waiver programs:
- Supports for Community Living Waiver
- Home and Community Based
- Adult Day Healthcare
- Model Waiver II
- Acquired Brain Injury Waiver

Billing provider types:
- 01-General hospital
- 02-Mental Hospital
- 04-Psychiatric Residential Treatment Facility
- 11-ICF/MR
- 12-Nursing Facility

Report Location:

This report can be retrieved from the 'SUR Reports' folder or 'SUR Reports\Targeted Queries" category.

2.15.109.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
(A)Member Full Name (L,FM)	Member Full Name	50	Character	T_RE_BASE_DN	NAM_FIRS, NAM_LAST, NAM_MID_INIT
(A)Revenue Code &	A code from the MA fee schedule to indicate the service performed	50	Character	N/A	Calculated Field

Desc	or Identifies a specific accommodation or ancillary service.				
(A)Waiver Program	The Waiver program for which a member is eligible.	1	Character	T_PUB_HLTH_PGM	CDE_PGM_HEALTH, DSC_PGM_HEALTH
(A,B)Billing Provider Numbers	This object contains the Base, Medicaid and NPIs that identify the billing provider.	50	Character	N/A	Calculated Field
(A,B)Member ID	Medical Assistance Identification (MAID). A number that uniquely identifies an individual eligible for Medicaid benefits.	11	Character	T_CA_ICN	ID_MEDICAID
(B)Admission Date	The date upon which a member was admitted to a medical institution.	10	Date (CCYY/MM/DD)	T_CA_ICN	DTE_ADMISSION
(B)Detail Revenue Code & Desc	The revenue code concatenated with a description.	50	Character	T_CA_HDR_DTL, T_CDE_REVENUE	CDE_REVENUE, DSC_REVENUE
(B)Discharge Date	The date the member was discharged from the facility.	10	Date (CCYY/MM/DD)	T_CA_ICN	DTE_DISCHARGE
(B)Length of Stay	Length of stay is date discharge minus date admission	4	Number	N/A	Calculated Field
(B)Member Full Name	Member Full Name	50	Character	T_RE_BASE_DN	NAM_FIRS, NAM_LAST, NAM_MID_INIT
(B)Member Waiver Program	The Waiver program for which a member is eligible.	1	Character	T_PUB_HLTH_PGM	CDE_PGM_HEALTH, DSC_PGM_HEALTH

(B)Referring Provider Name	The referring provider's name.	50	Character	T_CA_PROV_KEY	NAM_PROVIDER
(B)Referring Provider Numbers	This object contains the Base, Medicaid and NPIs that identify the referring provider.	50	Character	N/A	Calculated Field

2.15.109.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.109.6 Associated Requirements

ID
30.090.013.002.12
30.090.013.003.18
30.090.015.002.19

2.15.109.7 Change Orders

ID	Name	Description
2705	DSSProfiler Waiver Report	Create the DSSProfiler Waiver Summary and Detail report according to specifications.

2.15.110 case group report -- case group report

This report lists all case groups that are used to run the profiler quarterly cycle.

2.15.110.1 Technical Name

case group report

2.15.110.2 Sort Order

Report Category, Frequency, Case Category, Case Group

2.15.110.3 case group report Layout

```
REPORT:   SUR-8012-Q                          Cabinet for Health and Family Services                    RUN DATE: 03/26/2007
PROCESS:  SURJQ801                                                                                      RUN TIME: 07:13:24
LOCATION: profilecg                                  CASE GROUP MAINTENANCE REPORT                          PAGE:     3



  *****CASE CATEGORY:  Not Assigned
          CASE GROUP:  Excessive Ancillary Service Charges - NICU

       EXCEPTION VALUES:  Default                                          LOW VAL:          5    HIGH VAL:          0
                                                                           LOW VAL:          0    HIGH VAL:          0

      CRITERIA EQUATION:


       EXCEPTION VALUES:  Default                                          LOW VAL:         -1    HIGH VAL:         -8


REPORT CATEGORY:  Inpatient                     ************************************************      FREQUENCY:  Quarterly


  *****CASE CATEGORY:  Not Assigned
          CASE GROUP:  Excessive Ancillary Service Charges - Operating Room

       EXCEPTION VALUES:  Default                                          LOW VAL:          5    HIGH VAL:          0
                                                                           LOW VAL:          0    HIGH VAL:          0

      CRITERIA EQUATION:


       EXCEPTION VALUES:  Default                                          LOW VAL:         -1    HIGH VAL:         -8
```

2.15.110.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Category	Case Category description	50	Char	T_CM_CSE_CAT	DSC_CSE_CAT
Criteria	Criteria used to build a case group	4000	Char	N/A	Calculated Field
Frequency	Describes if case group belong to Annual or Quarterly Describes if the case type belongs to annual or quarterly reports	10	Char	T_CM_FREQUENCY	DSC_FREQUENCY
High Val	High Range value	0	Number	T_CM_CASE_GROUP	NUM_RANGE_HI
Low Val	Low range value	0	Number	T_CM_CASE_GROUP	NUM_RANGE_LO
Report Category	Report Category Description	30	Character	T_CM_RPT_CAT	DSC_RPT_CAT

2.15.110.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.110.6 Associated Requirements

ID
30.090.013.003.3

2.15.110.7 Change Orders

ID	Name	Description
2706	Case Maintenance Batch Report	Create the Case Maintenance Batch reports according to specifications.

2.15.111 case type report -- case type report

This report lists all case types and peer groups that are used to run the profiler quarterly cycle.

2.15.111.1 Technical Name

case type report

2.15.111.2 Sort Order

Frequency, Report Category, Case Category, Status, Case Type

For readability, the layout appears on the following page.

2.15.111.3 case type report Layout

```
REPORT:   SUR-8010-Q                          Cabinet for Health and Family Services                    RUN DATE: 03/26/2007
PROCESS:  SURJQ801                                                                                      RUN TIME: 07:12:43
LOCATION: profilect                                  CASE TYPE CRITERIA REPORT                              PAGE:     1


REPORT CATEGORY:  Inpatient                                          FREQUENCY:  Annually       STATUS:  Active

  CASE CATEGORY:  Not Assigned                                       CASE TYPE:  ACS-All Ambulatory Care Sensitive Conditi

       CRITERIA:

           ( Detail Number = 0
           OR ( Detail Number <> 0
           AND Header Detail Indicator = D ) )
           AND ( ( Age = 0
           AND Primary Diagnosis BETWEEN 090 AND 09099 )
           OR Primary Diagnosis BETWEEN 032 AND 03299
           OR Primary Diagnosis BETWEEN 033 AND 03399
           OR Primary Diagnosis BETWEEN 055 AND 05599
           OR Primary Diagnosis BETWEEN 056 AND 05699
           OR Primary Diagnosis BETWEEN 072 AND 07299
           OR Primary Diagnosis BETWEEN 390 AND 39099
           OR Primary Diagnosis BETWEEN 391 AND 39199
           OR Primary Diagnosis BETWEEN 037 AND 03799
           OR Primary Diagnosis BETWEEN 045 AND 04599
           OR Primary Diagnosis BETWEEN 3200 AND 32009
           OR Primary Diagnosis BETWEEN 2801 AND 28019
           OR Primary Diagnosis BETWEEN 2808 AND 28089
           OR Primary Diagnosis BETWEEN 2809 AND 28099
           OR Primary Diagnosis BETWEEN 260 AND 26099
           OR Primary Diagnosis BETWEEN 261 AND 26199
           OR Primary Diagnosis BETWEEN 262 AND 26299
           OR Primary Diagnosis BETWEEN 2680 AND 26809
           OR Primary Diagnosis BETWEEN 2681 AND 26819 ) ) ) )

                                      ********** E N D   O F   C A S E   T Y P E **********

REPORT CATEGORY:  Inpatient                                          FREQUENCY:  Annually       STATUS:  Active

  CASE CATEGORY:  Not Assigned                                       CASE TYPE:  ACS-Angina

       CRITERIA:

           Detail Number = 0
           OR ( Detail Number <> 0
           AND Header Detail Indicator = D ) )
           ( ( NOT Procedure Code - ICD9  4 bytes BETWEEN 3601 AND 3602
           NOT Procedure Code - ICD9  4 bytes = 3605
           NOT Procedure Code - ICD9  4 bytes BETWEEN 3610 AND 3619
           NOT Procedure Code - ICD9  4 bytes BETWEEN 3750 AND 3759
           NOT Procedure Code - ICD9  4 bytes BETWEEN 3770 AND 3779 )
           AND ( Primary Diagnosis BETWEEN 4111 AND 41119
           OR Primary Diagnosis BETWEEN 4118 AND 41189
           OR Primary Diagnosis BETWEEN 413 AND 41399 ) )

                                      ********** E N D   O F   C A S E   T Y P E **********
```

2.15.111.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Case Category	Case Category Description	50	Character	T_CM_CSE_CAT	DSC_CSE_CAT
Case Type	Case Type Description	100	Character	T_CM_CASE_TYPE	DSC_CASE_TYPE
Criteria	Criteria used to build a case type or peer group	4000	Character	N/A	Calculated Field
Frequency	Describes if the case type belongs to annual or quarterly reports	10	Character	T_CM_FREQUENCY	DSC_FREQUENCY
Report Category	Report Category Description	30	Character	T_CM_RPT_CAT	DSC_RPT_CAT
Status	Status Description	10	Character	T_CM_STATUS	DSC_STATUS

2.15.111.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.111.6 Associated Requirements

ID
30.090.013.003.3

2.15.111.7 Change Orders

ID	Name	Description
2706	Case Maintenance Batch Report	Create the Case Maintenance Batch reports according to specifications.

2.15.112 peer group report -- peer group report

This report lists all peer groups that are used to run the profiler quarterly cycle.

2.15.112.1 Technical Name

peer group report

2.15.112.2 Sort Order

Peer Category, Frequency, Status, Peer Group

2.15.112.3 peer group report Layout

```
REPORT:   SUR-8011-Q                          Cabinet for Health and Family Services                    RUN DATE: 03/26/2007
PROCESS:  SURJQ801                                                                                      RUN TIME: 07:13:15
LOCATION: profilepg                              PEER GROUP MAINTENANCE REPORT                              PAGE:     1


***PEER CATEGORY:  Provider                                                   FREQUENCY:  Annually       STATUS:  Active

      ****PEER GROUP:  010 ACUTE CARE

            CRITERIA:
                       Provider Specialty = 010


                                      ********** E N D   O F   P E E R   G R O U P **********

***PEER CATEGORY:  Provider                                                   FREQUENCY:  Annually       STATUS:  Active

      ****PEER GROUP:  011 PSYCHIATRIC

            CRITERIA:
                       Provider Specialty = 011


                                      ********** E N D   O F   P E E R   G R O U P **********

***PEER CATEGORY:  Provider                                                   FREQUENCY:  Annually       STATUS:  Active

      ****PEER GROUP:  012 REHABILITATION

            CRITERIA:
                       Provider Specialty = 012


                                      ********** E N D   O F   P E E R   G R O U P **********
```

2.15.112.4 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Criteria	Criteria used to build a peer group	4000	Char	N/a	Calculated Field
Frequency	Describes if the case type belongs to annual or quarterly reports	10	Char	t_cm_frequency	dsc_frequency
Peer Category	Peer category description	1	Char	t_cm_peer_group	ind_prov_recip
Peer Group	Peer group description	100	Char	t_cm_peer_group	dsc_peer_group
Status	Status Description	10	Char	t_cm_status	dsc_status

2.15.112.5 Associated Programs

Program	Description
No associated Programs found.	

2.15.112.6 Associated Requirements

ID
30.090.013.003.3

2.15.112.7 Change Orders

ID	Name	Description
2706	Case Maintenance Batch Report	Create the Case Maintenance Batch reports according to specifications.

2.16 Letters

The SUR subsystem does not send or receive any letters.

2.17 Internal and External Interfaces

This folder contains a list of all SUR Subsystem External (input and output) file layouts. This list includes the name of the file, sending/receiving entity, and the file frequency. The folder also contains a link to the record layouts for each of the external files.

2.17.1 Input Files

There are no input files for this this subsystem.

2.17.2 Output Files

There are no output files for this this subsystem

2.17.3 File Layouts

There are no no file layouts for this this subsystem

2.18 Requirement Matrix and Cross Reference

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

Requirement	Status	Mapped Objects	Change Orders
30.030.013	No mapping required		
30.030.013.001	No mapping required		
30.030.013.001.1	No mapping required		
30.030.013.001.10	No mapping required		
30.030.013.001.11	No mapping required		
30.030.013.001.12	No mapping required		
30.030.013.001.13	No mapping required		
30.030.013.001.14	No mapping required		
30.030.013.001.15	No mapping required		
30.030.013.001.16	No mapping required		
30.030.013.001.2	No mapping required		
30.030.013.001.3	No mapping required		
30.030.013.001.4	No mapping required		
30.030.013.001.5	No mapping required		
30.030.013.001.6	No mapping required		
30.030.013.001.7	No mapping required		
30.030.013.001.8	No mapping required		
30.030.013.001.9	No mapping required		
30.030.013.002	No mapping required		
30.030.013.002.1	No mapping required		
30.030.013.002.10	No mapping required		
30.030.013.002.11	No mapping required		
30.030.013.002.12	No mapping required		
30.030.013.002.13	No mapping required		

Requirement	Status	Mapped Objects	Change Orders
30.030.013.002.2	No mapping required		
30.030.013.002.3	No mapping required		
30.030.013.002.4	No mapping required		
30.030.013.002.5	No mapping required		
30.030.013.002.6	No mapping required		
30.030.013.002.7	No mapping required		
30.030.013.002.8	No mapping required		
30.030.013.002.9	No mapping required		
30.050.001T	RV Sign-Off CO	Random Sample - 1 - Request Information Tab Random Sample - 2 - Request Filters Tab Random Sample - 3 - Request Result Tab Random Sample - 4 - Request Log Tab Random Sample - 5 - Claim Detail Window Random Sample - 6 - ID Listing Window	1389 - Change Recip to Member - SUR
30.050.010.002.3A	RV Sign-Off CO	Random Sample - 1 - Request Information Tab Random Sample - 2 - Request Filters Tab Random Sample - 3 - Request Result Tab Random Sample - 4 - Request Log Tab Random Sample - 5 - Claim Detail Window Random Sample - 6 - ID Listing Window	
30.050.013	Informational		
30.050.013.001	Informational		
30.050.013.001.1	Commonwealth		
30.050.013.001.10	Commonwealth		
30.050.013.001.11	Commonwealth		

Requirement	Status	Mapped Objects	Change Orders
30.050.013.001.12	Commonwealth		
30.050.013.001.13	Commonwealth		
30.050.013.001.14	Commonwealth		
30.050.013.001.15	Commonwealth		
30.050.013.001.16	Commonwealth		
30.050.013.001.2	Commonwealth		
30.050.013.001.3	Commonwealth		
30.050.013.001.4	Commonwealth		
30.050.013.001.5	Commonwealth		
30.050.013.001.6	Commonwealth		
30.050.013.001.7	Commonwealth		
30.050.013.001.8	Commonwealth		
30.050.013.001.9	Commonwealth		
30.050.013.002	Informational		
30.050.013.002.1	RV Sign Off	PDSQETG SURJO002 SURJQ600 SURJQ610 SURJQ620 SURJQ630 SURJQ640 SURJQ650 SURJQ660 SURJQ670 SURJQ680 SURJQ800 SURJQ801 SURJQ803 SURJQ810 SURJQ820 SURJQ830 SURJQ840 SURJQ850 SURJQ860 SURJQ865 SURJQ870 SURJQ900 SURJQ901	436 - Develop DSSProfiler Universe 1368 - Develop Random Sample Universe 434 - DSSProfiler Batch Qtrly Process 1367 - Develop ETG Universe 435 - DSSProfiler Batch Yrly Process 1363 - ETG Extract Process

Requirement	Status	Mapped Objects	Change Orders
		SURJQ902 SURJQ903 SURJQ910 SURJQ920 SURJQ930 SURJQ940 SURJQ950 SURJQ960 SURJQ965 SURJQ970 SURJQ980 SURJQ981 SURJQ982 SURJQ983 SURJQ984 SURJQ999 ETG.unv Profiler.unv RandSamp.unv Episode Treatment Grouper (ETG) etgmerger.c profileinpat.c profileinpatqtr.c profilenhome.c profilenhomeqtr.c profileoutpat.c profileoutpatqtr.c profilepharm.c profilepharmqtr.c profileprof.c profileprofqtr.c profileprofref.c profileprofrefqtr.c profilesum1.c profilesum2.c profilesum3.c profilesum3qtr.c profilesum4.c profilesum4qtr.c profilesum5.c	
30.050.013.002.10	RV Sign-Off Task		1505 - Review SUR parameter changes
30.050.013.002.11	RV Sign-Off Task		1506 - Advise on SUR changes
30.050.013.002.12	RV Sign-Off Task		1507 - Make

Requirement	Status	Mapped Objects	Change Orders
			recommendations for SUR
30.050.013.002.13	RV Sign-Off Task		1508 - Support all SUR functions
30.050.013.002.2	RV Sign-Off Task		1509 - Provide Training
30.050.013.002.3	RV Sign-Off Task		1516 - Documentation for SUR
30.050.013.002.4	RV Sign-Off Task		1517 - Technical Assistance
30.050.013.002.5	RV Sign-Off Task		1518 - Develop a weighting and ranking
30.050.013.002.6	RV Sign-Off Task		1519 - Receive claim detail requests
30.050.013.002.7	RV Sign-Off Task		1520 - Produce Reports
30.050.013.002.8	RV Sign-Off Task		1521 - Furnish routine SUR reports
30.050.013.002.9	RV Sign-Off Task		1522 - SUR report parameter changes
30.090.007.002.77	Transferred		
30.090.010.001.7A	RV Sign-Off CO	Random Sample - 1 - Request Information Tab Random Sample - 2 - Request Filters Tab Random Sample - 3 - Request Result Tab Random Sample - 4 - Request Log Tab Random Sample - 5 - Claim Detail Window Random Sample - 6 - ID Listing Window	
30.090.013	Informational		
30.090.013.001	Informational		
30.090.013.001.1	RV Sign-Off Task		1523 - Include all claims in SUR
30.090.013.001.2	RV Sign-Off Task		1524 - Provider Data
30.090.013.001.3	RV Sign-Off Task		1525 - Member data

Requirement	Status	Mapped Objects	Change Orders
30.090.013.001.4	RV Sign-Off Task		1526 - Reference Data
30.090.013.002	Informational		
30.090.013.002.1	RV Sign Off		
30.090.013.002.10	RV Sign-Off CO	DSSProfiler - Member Peer Group Comparison DSSProfiler - Member Peer Group Comparison Qtrly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly	451 - DSSProfiler Peer Group Cmpr Rpts
30.090.013.002.11	RV Sign-Off CO	Case Group - Case Group Criteria Documentation Case Group - Case Group Maintenance Case Group - Case Group Selection Case Group - Case Type Assignment Case Group - Peer Group Assignment Case Type - Case Category Maintenance Case Type - Case Type Maintenance Case Type - Case Type Selection Peer Group - Peer Group Maintenance Peer Group - Peer Group Selection	651 - Profiler Maintenance Windows
30.090.013.002.12	RV Sign-Off CO	Waiver Summary and Detail Report Case Group - Case Group Criteria Documentation Case Group - Case Group Maintenance Case Group - Case Group Selection Case Group - Case Type Assignment	651 - Profiler Maintenance Windows 1369 - DSSProfiler Targeted Queries

Requirement	Status	Mapped Objects	Change Orders
		Case Group - Peer Group Assignment Case Type - Case Category Maintenance Case Type - Case Type Maintenance Case Type - Case Type Selection Peer Group - Peer Group Maintenance Peer Group - Peer Group Selection	
30.090.013.002.13	RV Sign-Off Task		1527 - Maintain Special Programs
30.090.013.002.14	RV Sign Off		
30.090.013.002.15	RV Sign-Off CO	DSSProfiler - Inpatient Provider Profile DSSProfiler - Inpatient Provider Profile Qtrly DSSProfiler - Member Profile DSSProfiler - Member Profile Qtrly DSSProfiler - Nursing Facility Provider Profile DSSProfiler - Nursing Facility Provider Profile Qtrly DSSProfiler - Outpatient Provider Profile DSSProfiler - Outpatient Provider Profile Qtrly DSSProfiler - Pharmacy Provider Profile DSSProfiler - Pharmacy Provider Profile Qtrly DSSProfiler - Professional Provider Profile DSSProfiler - Professional Provider Profile Qtrly DSSProfiler - Professional Referrals Provider Profile DSSProfiler - Professional Referrals	437 - DSSProfiler Yrly-Member Views 441 - DSSProfiler Yrly-Indiv Profile 442 - DSSProfiler Qtrly-Indiv Profile 438 - DSSProfiler Qtrly-Member Views

Requirement	Status	Mapped Objects	Change Orders
		Provider Profile Qtrly	
30.090.013.002.16	RV Sign-Off CO	DSSProfiler - Inpatient Case Type Comparison by Peer Group DSSProfiler - Inpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Inpatient Exception Quarterly DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Inpatient Member Case Type Comparison by Peer Group DSSProfiler - Member Exception Quarterly DSSProfiler - Member Peer Group Comparison DSSProfiler - Member Peer Group Comparison Qtrly DSSProfiler - Nursing Facility Case Type Comparison by Peer Group DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison	449 - DSSProfiler Yrly-Compare Rpts 437 - DSSProfiler Yrly-Member Views 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-Compare Rpts 438 - DSSProfiler Qtrly-Member Views 451 - DSSProfiler Peer Group Cmpr Rpts

Requirement	Status	Mapped Objects	Change Orders
		by Peer Group Qtrly DSSProfiler - Outpatient Exception Quarterly DSSProfiler - Outpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Outpatient Member Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly DSSProfiler - Pharmacy Exception Quarterly DSSProfiler - Pharmacy Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Professional Member Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Exception Quarterly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly	
30.090.013.002.17	RV Sign Off		

Requirement	Status	Mapped Objects	Change Orders
30.090.013.002.18	RV Sign-Off Task		1528 - Selecting Data for reports
30.090.013.002.19	RV Sign-Off CO	DSSProfiler - Member Frequency Distribution DSSProfiler - Member Frequency Distribution Qtrly DSSProfiler - Nursing Facility Frequency Distribution DSSProfiler - Nursing Facility Frequency Distribution Qtrly DSSProfiler - Outpatient Frequency Distribution DSSProfiler - Outpatient Frequency Distribution Qtrly DSSProfiler - Pharmacy Frequency Distribution DSSProfiler - Pharmacy Frequency Distribution Qtrly DSSProfiler - Professional Frequency Distribution DSSProfiler - Professional Frequency Distribution Qtrly DSSProfiler - Professional Referrals Frequency Distribution DSSProfiler - Professional Referrals Frequency Distribution Qtrly	437 - DSSProfiler Yrly-Member Views 440 - DSSProfiler Qtrly-Freq Dist 439 - DSSProfiler Yrly-Freq Dist 438 - DSSProfiler Qtrly-Member Views
30.090.013.002.2	RV Sign-Off Task		1525 - Member data 1524 - Provider Data 1526 - Reference Data 1523 - Include all claims in SUR
30.090.013.002.20	RV Sign Off		
30.090.013.002.21	RV Sign-Off CO	DSSProfiler - Member Profile DSSProfiler - Member Profile Qtrly	437 - DSSProfiler Yrly-Member Views 441 - DSSProfiler Yrly-Indiv Profile

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Nursing Facility Provider Profile DSSProfiler - Nursing Facility Provider Profile Qtrly	442 - DSSProfiler Qtrly-Indiv Profile 438 - DSSProfiler Qtrly-Member Views
30.090.013.002.22	EDS Met CO	RandomSample - Member History Report RandomSample - Provider History Report RandomSample - Random Sample Claims Detail Report	8540 - Random Sample Report 492 - Random Sample Targeted Queries
30.090.013.002.3	RV Sign Off		
30.090.013.002.4	RV Sign-Off CO	SURJO002 surpdbcf Peer Group - Peer Group Maintenance Peer Group - Peer Group Selection	651 - Profiler Maintenance Windows 1575 - Batch Code for Case Maint Window
30.090.013.002.5	RV Sign-Off CO	Peer Group - Peer Group Maintenance Peer Group - Peer Group Selection	651 - Profiler Maintenance Windows
30.090.013.002.6	RV Sign-Off CO	Case Type - Case Category Maintenance Case Type - Case Type Maintenance Case Type - Case Type Selection	651 - Profiler Maintenance Windows
30.090.013.002.7	RV Sign-Off CO	PSUORSRS PSURPRGS PSURRSRS SURJDPRG SURJORSE SURJORSR surjorsc.sh surjorss.sh T_RS_CLAIM_STRATA T_RS_CLAIM_TYPE_STATE T_RS_CLAIM_TYPE_XREF T_RS_SELECT T_RS_SELECT_PROV	490 - Install Random Sample Process 437 - DSSProfiler Yrly-Member Views 8540 - Random Sample Report 447 - DSSProfiler Qtrly-Claim Details 438 - DSSProfiler Qtrly-Member Views 492 - Random Sample Targeted Queries 446 - DSSProfiler Yrly-Claim Details 1580 - Random Sample

Requirement	Status	Mapped Objects	Change Orders
		T_RS_SELECT_RECIP T_RS_SELECT_RSLT T_RS_SEL_FILTER T_RS_SEL_SORT surjorsc.sh surjorss.sh surobj00.sql surobj01.sql surobj02.sql surobj03.sql surobj04.sql surobj05.sql surobj06.sql surobj07.sql surobj08.sql surpcrss.sc sursrsrs.c DSSProfiler - Claim Details by Member DSSProfiler - Claim Details by Member Qtrly DSSProfiler - Inpatient Claim Details By Provider DSSProfiler - Inpatient Claim Details By Provider Qtrly DSSProfiler - Nursing Facility Claim Details by Provider DSSProfiler - Nursing Facility Claim Details by Provider Qtrly DSSProfiler - Outpatient Claim Details By Provider DSSProfiler - Outpatient Claim Details By Provider Qtrly DSSProfiler - Pharmacy Claim Details by Provider DSSProfiler - Pharmacy Claim Details by Provider Qtrly DSSProfiler - Professional Claim Details By Provider DSSProfiler -	Windows

Requirement	Status	Mapped Objects	Change Orders
		Professional Claim Details by Provider Qtrly DSSProfiler - Professional Referrals Claim Details By Provider DSSProfiler - Professional Referrals Claim Details By Provider Qtrly RandomSample - Member History Report RandomSample - Provider History Report RandomSample - Random Sample Claims Detail Report Random Sample - 2 - Request Filters Tab Random Sample - 3 - Request Result Tab Random Sample - 4 - Request Log Tab Random Sample - 5 - Claim Detail Window Random Sample - 6 - ID Listing Window	
30.090.013.002.8	RV Sign-Off Task		449 - DSSProfiler Yrly-Compare Rpts 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-Compare Rpts 440 - DSSProfiler Qtrly-Freq Dist 439 - DSSProfiler Yrly-Freq Dist 451 - DSSProfiler Peer Group Cmpr Rpts
30.090.013.002.9	RV Sign-Off CO	DSSProfiler - Inpatient Exception Quarterly DSSProfiler - Member Exception Quarterly DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Outpatient	448 - DSSProfiler Qtrly-Exception Rpts

Requirement	Status	Mapped Objects	Change Orders
		Exception Quarterly DSSProfiler - Pharmacy Exception Quarterly DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Referrals Exception Quarterly	
30.090.013.003	Informational		
30.090.013.003.1	RV Sign-Off CO	DSSProfiler - Inpatient Case Type Comparison by Peer Group DSSProfiler - Inpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Inpatient Exception Quarterly DSSProfiler - Inpatient Frequency Distribution DSSProfiler - Inpatient Frequency Distribution Qtrly DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Inpatient Member Case Type Comparison by Peer Group DSSProfiler - Member Exception Quarterly DSSProfiler - Member Frequency Distribution DSSProfiler - Member Frequency Distribution Qtrly DSSProfiler - Member Peer Group Comparison DSSProfiler - Member Peer Group Comparison Qtrly DSSProfiler - Nursing Facility Case Type Comparison by Peer Group	449 - DSSProfiler Yrly-Compare Rpts 437 - DSSProfiler Yrly-Member Views 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-Compare Rpts 440 - DSSProfiler Qtrly-Freq Dist 439 - DSSProfiler Yrly-Freq Dist 438 - DSSProfiler Qtrly-Member Views 451 - DSSProfiler Peer Group Cmpr Rpts

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Nursing Facility Frequency Distribution DSSProfiler - Nursing Facility Frequency Distribution Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Outpatient Exception Quarterly DSSProfiler - Outpatient Frequency Distribution DSSProfiler - Outpatient Frequency Distribution Qtrly DSSProfiler - Outpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Outpatient Member Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly DSSProfiler - Pharmacy	

Requirement	Status	Mapped Objects	Change Orders
		Exception Quarterly DSSProfiler - Pharmacy Frequency Distribution DSSProfiler - Pharmacy Frequency Distribution Qtrly DSSProfiler - Pharmacy Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Frequency Distribution DSSProfiler - Professional Frequency Distribution Qtrly DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Professional Member Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Referrals	

Requirement	Status	Mapped Objects	Change Orders
		Exception Quarterly DSSProfiler - Professional Referrals Frequency Distribution DSSProfiler - Professional Referrals Frequency Distribution Qtrly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly	
30.090.013.003.10	RV Sign-Off CO	Top 20 DRG Codes by Provider Top 20 Diagnosis Codes by Provider Top 20 Procedure Codes by Provider Top 200 Members by Paid Amount	2702 - DSSProfiler Top 20 Reports 2704 - DSSProfiler Top 200 Members Rpt
30.090.013.003.11	RV Sign-Off CO	DSSProfiler - Inpatient Claim Details By Provider DSSProfiler - Inpatient Claim Details By Provider Qtrly	447 - DSSProfiler Qtrly-Claim Details 446 - DSSProfiler Yrly-Claim Details
30.090.013.003.12	RV Sign-Off CO	DSSProfiler - Pharmacy Claim Details by Provider DSSProfiler - Pharmacy Claim Details by Provider Qtrly	447 - DSSProfiler Qtrly-Claim Details 2705 - DSSProfiler Waiver Report 446 - DSSProfiler Yrly-Claim Details
30.090.013.003.13	RV Sign-Off CO	DSSProfiler - Inpatient Provider Profile DSSProfiler - Inpatient Provider Profile Qtrly DSSProfiler - Member Profile DSSProfiler - Member Profile Qtrly DSSProfiler - Nursing Facility Provider Profile DSSProfiler - Nursing Facility Provider Profile Qtrly	437 - DSSProfiler Yrly-Member Views 441 - DSSProfiler Yrly-Indiv Profile 442 - DSSProfiler Qtrly-Indiv Profile 438 - DSSProfiler Qtrly-Member Views

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Outpatient Provider Profile DSSProfiler - Outpatient Provider Profile Qtrly DSSProfiler - Pharmacy Provider Profile DSSProfiler - Pharmacy Provider Profile Qtrly DSSProfiler - Professional Provider Profile DSSProfiler - Professional Provider Profile Qtrly DSSProfiler - Professional Referrals Provider Profile Qtrly	
30.090.013.003.14	RV Sign-Off CO	DSSProfiler - Inpatient Case Type Comparison by Peer Group DSSProfiler - Inpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Inpatient Exception Quarterly DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Inpatient Member Case Type Comparison by Peer Group DSSProfiler - Member Exception Quarterly DSSProfiler - Member Peer Group Comparison DSSProfiler - Member Peer Group Comparison Qtrly DSSProfiler - Nursing Facility Case Type Comparison by Peer Group DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly	449 - DSSProfiler Yrly-Compare Rpts 437 - DSSProfiler Yrly-Member Views 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-Compare Rpts 438 - DSSProfiler Qtrly-Member Views 451 - DSSProfiler Peer Group Cmpr Rpts

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Outpatient Exception Quarterly DSSProfiler - Outpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Outpatient Member Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly DSSProfiler - Pharmacy Exception Quarterly DSSProfiler - Pharmacy Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group DSSProfiler - Professional Case Type	

Requirement	Status	Mapped Objects	Change Orders
		Comparison by Peer Group Qtrly DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Professional Member Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Referrals Exception Quarterly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly	
30.090.013.003.15	RV Sign-Off Task		1530 - Narrative Descriptions in Report
30.090.013.003.16	RV Sign-Off CO	Overlapping Member Services	2703 - DSSProfiler Overlapping Mbr Srvc
30.090.013.003.17	RV Sign-Off CO	Facility Visits Exception Office Visits Exception	1369 - DSSProfiler Targeted Queries
30.090.013.003.18	RV Sign-Off CO	Waiver Summary and Detail Report	2705 - DSSProfiler Waiver Report
30.090.013.003.2	RV Sign-Off CO	DSSProfiler - Inpatient Case Type Comparison by Peer Group DSSProfiler - Inpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Inpatient Exception Quarterly	449 - DSSProfiler Yrly-Compare Rpts 437 - DSSProfiler Yrly-Member Views 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-Compare Rpts

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Inpatient Member Case Type Comparison by Peer Group DSSProfiler - Member Exception Quarterly DSSProfiler - Member Profile DSSProfiler - Member Profile Qtrly DSSProfiler - Nursing Facility Case Type Comparison by Peer Group DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Outpatient Exception Quarterly DSSProfiler - Outpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Outpatient Member Case Type Comparison by Peer Group	438 - DSSProfiler Qtrly-Member Views 451 - DSSProfiler Peer Group Cmpr Rpts

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Pharmacy Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly DSSProfiler - Pharmacy Exception Quarterly DSSProfiler - Pharmacy Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Professional Member Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Referrals Exception Quarterly	
30.090.013.003.3	RV Sign-Off CO	DSSProfiler - Claim Details by Member	444 - DSSProfiler Yrly-Disease View

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Claim Details by Member Qtrly DSSProfiler - Inpatient Claim Details By Provider DSSProfiler - Inpatient Claim Details By Provider Qtrly DSSProfiler - Inpatient Disease Global View DSSProfiler - Inpatient Disease Quick View DSSProfiler - Inpatient Distribution Analysis DSSProfiler - Nursing Facility Claim Details by Provider DSSProfiler - Nursing Facility Claim Details by Provider Qtrly DSSProfiler - Nursing Facility Disease Quick View DSSProfiler - Outpatient Claim Details By Provider DSSProfiler - Outpatient Claim Details By Provider Qtrly DSSProfiler - Outpatient Disease Quick View DSSProfiler - Outpatient Distribution Analysis DSSProfiler - Pharmacy Claim Details by Provider DSSProfiler - Pharmacy Claim Details by Provider Qtrly DSSProfiler - Pharmacy Disease Quick View DSSProfiler - Pharmacy Distribution Analysis DSSProfiler - Professional Claim Details By Provider DSSProfiler - Professional Claim Details by Provider Qtrly	437 - DSSProfiler Yrly-Member Views 2706 - Case Maintenance Batch Report 443 - DSSProfiler Yrly-Dist Analysis 447 - DSSProfiler Qtrly-Claim Details 1369 - DSSProfiler Targeted Queries 8529 - Rename all Exceptions Qtrly Rpts 438 - DSSProfiler Qtrly-Member Views 1161 - ETG Reports 446 - DSSProfiler Yrly-Claim Details

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Professional Disease Global View DSSProfiler - Professional Disease Quick View DSSProfiler - Professional Distribution Analysis DSSProfiler - Professional Referrals Claim Details By Provider DSSProfiler - Professional Referrals Claim Details By Provider Qtrly DSSProfiler - Professional Referrals Distribution Analysis Delayed Surgery Summary ETG Details ETG Distribution Analysis Episode Type ETG Episode Cross Reference ETG Member Comparison ETG Member Details ETG Member Summary ETG Provider Comparison ETG Provider Details ETG Provider Summary ETG Summary Facility Visits Exception Office Visits Exception Physician Office Visits by Member Physician Office Visits by TANF Families case group report case type report peer group report	
30.090.013.003.4	RV Sign-Off CO		
30.090.013.003.5	RV Sign-Off CO	DSSProfiler - Claim	437 - DSSProfiler Yrly-

Requirement	Status	Mapped Objects	Change Orders
		Details by Member DSSProfiler - Claim Details by Member Qtrly DSSProfiler - Inpatient Claim Details By Provider DSSProfiler - Inpatient Claim Details By Provider Qtrly DSSProfiler - Nursing Facility Claim Details by Provider DSSProfiler - Nursing Facility Claim Details by Provider Qtrly DSSProfiler - Outpatient Claim Details By Provider DSSProfiler - Outpatient Claim Details By Provider Qtrly DSSProfiler - Pharmacy Claim Details by Provider DSSProfiler - Pharmacy Claim Details by Provider Qtrly DSSProfiler - Professional Claim Details By Provider DSSProfiler - Professional Claim Details by Provider Qtrly DSSProfiler - Professional Referrals Claim Details By Provider DSSProfiler - Professional Referrals Claim Details By Provider Qtrly	Member Views 447 - DSSProfiler Qtrly-Claim Details 438 - DSSProfiler Qtrly-Member Views 446 - DSSProfiler Yrly-Claim Details
30.090.013.003.6	RV Sign-Off CO	DSSProfiler - Nursing Facility Provider Profile	441 - DSSProfiler Yrly-Indiv Profile
30.090.013.003.7	RV Sign-Off CO	DSSProfiler - Nursing Facility Case Type Comparison by Peer Group	449 - DSSProfiler Yrly-Compare Rpts 450 - DSSProfiler Qtrly-Compare Rpts

Requirement	Status	Mapped Objects	Change Orders
		DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly DSSProfiler - Nursing Facility Provider Profile DSSProfiler - Nursing Facility Provider Profile Qtrly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly	441 - DSSProfiler Yrly-Indiv Profile 442 - DSSProfiler Qtrly-Indiv Profile 451 - DSSProfiler Peer Group Cmpr Rpts
30.090.013.003.8	RV Sign-Off CO	DSSProfiler - Nursing Facility Claim Details by Provider DSSProfiler - Nursing Facility Claim Details by Provider Qtrly	447 - DSSProfiler Qtrly-Claim Details 446 - DSSProfiler Yrly-Claim Details
30.090.013.003.9	RV Sign-Off CO	DSSProfiler - Professional Claim Details By Provider DSSProfiler - Professional Claim Details by Provider Qtrly DSSProfiler - Professional Referrals Claim Details By Provider DSSProfiler - Professional Referrals Claim Details By Provider Qtrly	447 - DSSProfiler Qtrly-Claim Details 446 - DSSProfiler Yrly-Claim Details
30.090.013.004	Informational		
30.090.013.004.1	RV Sign Off		
30.090.015.002.19	RV Sign-Off CO	DSSProfiler - Claim Details by Member DSSProfiler - Claim Details by Member Qtrly DSSProfiler - Inpatient Case Type Comparison by Peer Group DSSProfiler - Inpatient Case Type Comparison	444 - DSSProfiler Yrly-Disease View 449 - DSSProfiler Yrly-Compare Rpts 437 - DSSProfiler Yrly-Member Views 448 - DSSProfiler Qtrly-Exception Rpts 450 - DSSProfiler Qtrly-

Requirement	Status	Mapped Objects	Change Orders
		by Peer Group Qtrly DSSProfiler - Inpatient Claim Details By Provider DSSProfiler - Inpatient Claim Details By Provider Qtrly DSSProfiler - Inpatient Disease Global View DSSProfiler - Inpatient Disease Quick View DSSProfiler - Inpatient Distribution Analysis DSSProfiler - Inpatient Exception Quarterly DSSProfiler - Inpatient Frequency Distribution DSSProfiler - Inpatient Frequency Distribution Qtrly DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Inpatient Member Case Type Comparison by Peer Group DSSProfiler - Inpatient Provider Profile DSSProfiler - Inpatient Provider Profile Qtrly DSSProfiler - Member Exception Quarterly DSSProfiler - Member Frequency Distribution DSSProfiler - Member Frequency Distribution Qtrly DSSProfiler - Member Peer Group Comparison DSSProfiler - Member Peer Group Comparison Qtrly DSSProfiler - Member Profile DSSProfiler - Member Profile Qtrly DSSProfiler - Nursing	Compare Rpts 440 - DSSProfiler Qtrly-Freq Dist 441 - DSSProfiler Yrly-Indiv Profile 439 - DSSProfiler Yrly-Freq Dist 442 - DSSProfiler Qtrly-Indiv Profile 443 - DSSProfiler Yrly-Dist Analysis 447 - DSSProfiler Qtrly-Claim Details 1369 - DSSProfiler Targeted Queries 8529 - Rename all Exceptions Qtrly Rpts 438 - DSSProfiler Qtrly-Member Views 446 - DSSProfiler Yrly-Claim Details 451 - DSSProfiler Peer Group Cmpr Rpts

Requirement	Status	Mapped Objects	Change Orders
		Facility Case Type Comparison by Peer Group DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly DSSProfiler - Nursing Facility Claim Details by Provider DSSProfiler - Nursing Facility Claim Details by Provider Qtrly DSSProfiler - Nursing Facility Disease Quick View DSSProfiler - Nursing Facility Exception Quarterly DSSProfiler - Nursing Facility Frequency Distribution DSSProfiler - Nursing Facility Frequency Distribution Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group DSSProfiler - Nursing Facility Provider Profile DSSProfiler - Nursing Facility Provider Profile Qtrly DSSProfiler - Outpatient Case Type Comparison by Peer Group DSSProfiler - Outpatient Case Type Comparison by Peer Group Qtrly DSSProfiler - Outpatient Claim Details By Provider DSSProfiler - Outpatient Claim Details By	

Requirement	Status	Mapped Objects	Change Orders
		Provider Qtrly DSSProfiler - Outpatient Disease Quick View DSSProfiler - Outpatient Distribution Analysis DSSProfiler - Outpatient Exception Quarterly DSSProfiler - Outpatient Frequency Distribution DSSProfiler - Outpatient Frequency Distribution Qtrly DSSProfiler - Outpatient Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Outpatient Member Case Type Comparison by Peer Group DSSProfiler - Outpatient Provider Profile DSSProfiler - Outpatient Provider Profile Qtrly DSSProfiler - Pharmacy Case Type Comparison by Peer Group DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly DSSProfiler - Pharmacy Claim Details by Provider DSSProfiler - Pharmacy Claim Details by Provider Qtrly DSSProfiler - Pharmacy Disease Quick View DSSProfiler - Pharmacy Distribution Analysis DSSProfiler - Pharmacy Exception Quarterly DSSProfiler - Pharmacy Frequency Distribution DSSProfiler - Pharmacy Frequency Distribution Qtrly DSSProfiler - Pharmacy Member Case Type	

Requirement	Status	Mapped Objects	Change Orders
		Comparison By Peer Group Qtrly DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group DSSProfiler - Pharmacy Provider Profile DSSProfiler - Pharmacy Provider Profile Qtrly DSSProfiler - Professional Case Type Comparison by Peer Group DSSProfiler - Professional Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Claim Details By Provider DSSProfiler - Professional Claim Details by Provider Qtrly DSSProfiler - Professional Disease Global View DSSProfiler - Professional Disease Quick View DSSProfiler - Professional Distribution Analysis DSSProfiler - Professional Exception Quarterly DSSProfiler - Professional Frequency Distribution DSSProfiler - Professional Frequency Distribution Qtrly DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly DSSProfiler - Professional Member Case Type Comparison	

Requirement	Status	Mapped Objects	Change Orders
		by Peer Group DSSProfiler - Professional Provider Profile DSSProfiler - Professional Provider Profile Qtrly DSSProfiler - Professional Referrals Case Type Comparison by Peer Group DSSProfiler - Professional Referrals Case Type Comparison by Peer Group Qtrly DSSProfiler - Professional Referrals Claim Details By Provider DSSProfiler - Professional Referrals Claim Details By Provider Qtrly DSSProfiler - Professional Referrals Distribution Analysis DSSProfiler - Professional Referrals Exception Quarterly DSSProfiler - Professional Referrals Frequency Distribution DSSProfiler - Professional Referrals Frequency Distribution Qtrly DSSProfiler - Professional Referrals Provider Profile DSSProfiler - Professional Referrals Provider Profile Qtrly DSSProfiler - Provider Peer Group Comparison DSSProfiler - Provider Peer Group Comparison Qtrly Delayed Surgery Summary	

Requirement	Status	Mapped Objects	Change Orders
		Facility Visits Exception Office Visits Exception Overlapping Member Services Physician Office Visits by Member Physician Office Visits by TANF Families RandomSample - Member History Report RandomSample - Provider History Report Top 20 DRG Codes by Provider Top 20 Diagnosis Codes by Provider Top 20 Procedure Codes by Provider Top 200 Members by Paid Amount Waiver Summary and Detail Report	
30.100.013	No mapping required		
30.100.013.001	No mapping required		
30.100.013.002	No mapping required		
30.100.013.003	No mapping required		
30.100.013.004	No mapping required		
30.100.013.005	No mapping required		
30.100.013.006	No mapping required		
30.100.013.007	No mapping required		
30.110.013	Informational		
30.110.013.001	RV Sign-Off Task		1531 - Deliver Claim Detail Reports
30.110.013.002	RV Sign-Off Task		1531 - Deliver Claim Detail Reports
30.110.013.003	RV Sign-Off Task		1532 - Respond to Commonwealth
30.110.013.004	RV Sign-Off Task		1533 - Rerun reports

Requirement	Status	Mapped Objects	Change Orders
30.110.013.005	RV Sign-Off Task		1534 - Preparation for Quarterly Cycle
30.110.013.006	RV Sign-Off Task		1535 - SUR Reports

2.19 Change Orders

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

2.19.1 DSSProfiler Batch Qtrly Process - 434

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
434	Change Order		SUR			

2.19.1.1 Desired Solution

The DSSProfiler Quarterly Process includes the following functionality:

- Member Profiling
- Provider Profiling
- Peer Group Comparison
- Peer Group Comparison by Case Type
- Claim Details
- Exception Reporting
- Frequency Distribution

2.19.1.2 Business Impact

The data elements in the DSSProfiler subject area is extracted from the Data Warehouse. DSSProfiler Batch Quarterly Process takes in a quarters' worth of claims information and creates age/gender adjusted peer group and provider aggregated tables to compare providers against each other by peer groups. It also creates age/gender adjusted peer group and member aggregated tables to compare members against each other by peer groups.

These tables are SUR data mart where the data exists for CMS certified DSSProfiler reporting. See the mapping document under Supplemental Documentation for more information.

2.19.1.3 Technical Specifications

The data elements in the DSSProfiler subject area is extracted from the Data Warehouse. The morbidity data element on all DSSProfiler tables is plugged with '0'. Morbidity is a data element derived from the ACG Grouper software. KY SUR has chosen not to use the ACG Grouper software, therefore morbidity information is not available. The data element is being retained on the tables to allow for the future addition of ACG Grouper functionality.

2.19.1.4 Clarifications

None.

2.19.1.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.1.6 Associated System Objects

Technical Name	Object Type	Title

Technical Name	Object Type	Title
SURJQ803	Batch Job	Nursing Home build QTR
SURJQ810	Batch Job	Professional Referrals Profile Build QTR
SURJQ870	Batch Job	Loads the Profiler ICN XREF Tables QTR
SURJQ850	Batch Job	Loads the Profiler Professional Base Tables QTR
SURJQ865	Batch Job	Profiler Member Aggregate Tables QTR
SURJQ800	Batch Job	Professional Profile Build QTR
SURJQ801	Batch Job	Creates backups of all profiler maintenance tables
profilenhomeqtr.c	Program	profilenhomeqtr.c
profilesum4qtr.c	Program	profilesum4qtr.c
SURJO002	Batch Job	DSSProfiler Case Maintenance
SURJQ820	Batch Job	Inpatient Referrals Profile Build QTR
profileoutpatqtr.c	Program	profileoutpatqtr.c
profilepharmqtr.c	Program	profilepharmqtr.c
profileprofqtr.c	Program	profileprofqtr.c
profileinpatqtr.c	Program	profileinpatqtr.c
SURJQ830	Batch Job	Outpatient Referrals Profile Build QTR
SURJQ840	Batch Job	Pharmacy Prescribing Profile Build QTR
profilesum3qtr.c	Program	profilesum3qtr.c
SURJQ860	Batch Job	Reloads provider profiler tables QTR
profileprofrefqtr.c	Program	profileprofrefqtr.c

2.19.1.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
Design Complete	06/08/2006
Construction in Progress	06/09/2006
Ready for Construction Walkthrough	06/14/2006

Status	Date
Construction in Progress	06/28/2006
Ready for Model Office	07/11/2006
Model Office Implemented	09/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.2 DSSProfiler Batch Yrly Process - 435

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
435	Change Order		SUR			

2.19.2.1 Desired Solution

The DSSProfiler Yearly Process includes the following functionality:

- Member Profiling
- Provider Profiling
- Peer Group Comparison
- Peer Group Comparison by Case Type
- Claim Details
- Distribution Analysis
- Frequency Distribution
- Disease Views

2.19.2.2 Business Impact

The data elements in the DSSProfiler subject area is extracted from the Data Warehouse. DSSProfiler Batch Annual Process takes in a year's worth of claims information and creates age/gender adjusted peer group and provider aggregated tables to compare providers against each other by peer groups. It also creates age/gender adjusted peer group and member aggregated tables to compare members against each other by peer groups.

These tables are in the SUR data mart where the data exists for CMS certified DSSProfiler reporting. See the mapping document under Supplemental Documentation for more information.

2.19.2.3 Technical Specifications

The data elements in the DSSProfiler subject area is extracted from the Data Warehouse. The morbidity data element on all DSSProfiler tables is plugged with '0'. Morbidity is a data element derived from the ACG Grouper software. KY SUR has chosen not to use the ACG Grouper software, therefore morbidity information is not available. The data element is being retained on the tables to allow for the future addition of ACG Grouper functionality.

2.19.2.4 Clarifications

From the attached spreadsheet, the following fields were added to the process.

2.19.2.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.2.6 Associated System Objects

Technical Name	Object Type	Title

Technical Name	Object Type	Title
SURJQ960	Batch Job	Reloads provider profiler tables.
profilesum4.c	Program	profilesum4.c
profilesum3.c	Program	profilesum3.c
SURJQ902	Batch Job	Update t_pf_parms table
SURJQ930	Batch Job	Outpatient Referrals Profile Build
SURJQ940	Batch Job	Pharmacy Prescribing Profile Build
SURJQ970	Batch Job	Loads the Profiler Professional ICN XREF Tables
SURJQ980	Batch Job	Extract Professional Claims
SURJQ981	Batch Job	Extract Nursing Home Claims
profilesum1.c	Program	profilesum1.c
SURJQ903	Batch Job	Nursing Home build
SURJQ910	Batch Job	Professional Referrals Profile Build
SURJQ920	Batch Job	Inpatient Referrals Profile Build
SURJQ982	Batch Job	Extract Inpatient Referrals Claims
SURJQ983	Batch Job	Extract Outpatient Referrals Claims
profilesum2.c	Program	profilesum2.c
profileoutpat.c	Program	profileoutpat.c
SURJQ901	Batch Job	Unload & hash files
SURJQ984	Batch Job	Extract Pharmacy Referrals Claims
profileinpat.c	Program	profileinpat.c
SURJQ965	Batch Job	Profiler Recipient Aggregate Tables
profilepharm.c	Program	profilepharm.c
profilenhome.c	Program	profilenhome.c
profileprofref.c	Program	profileprofref.c
SURJQ900	Batch Job	Professional Profile Build
SURJQ950	Batch Job	Loads the Profiler Professional Base Tables
profileprof.c	Program	profileprof.c

2.19.2.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
Design Complete	06/08/2006
Construction in Progress	06/09/2006
Ready for Construction Walkthrough	06/14/2006
Construction in Progress	06/28/2006
Ready for Model Office	07/11/2006
Model Office Implemented	09/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.3 Develop DSSProfiler Universe - 436

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
436	Change Order		SUR			

2.19.3.1 Desired Solution
Develop the DSSProfiler Universe for access to the DSSProfiler data.

2.19.3.2 Business Impact
Users have the ability to develop and execute queries against the DSSProfiler data carried in the Data Warehouse.

2.19.3.3 Technical Specifications
The DSSProfiler universe is developed in the BusinessObjects Designer module. Migration to BusinessObjects XI release 2 is necessary.

The universe contains the following standard information:

- Follow object and class naming standards.
- Provide a meaningful definition for each object and class created in the universe. The metadata used in Erwin is leveraged for the objects where available.
- Create objects that provide measure information.
- Provide list of values for codes that a user can view and select from when building a condition in a query.
- Create objects that concatenate a code and its description for use in a query.
- Create pre-defined conditions for the most commonly used objects so that users can select these pre-defined conditions for use in queries.
- Rename recipient to member.
- Use paid amount instead of reimbursed amount.
- Create time hierarchies for all dates defined in the universe. Time hierarchies allow for easy extraction of the year, month, and quarter from a date field.

2.19.3.4 Clarifications
No associated clarifications found.

2.19.3.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.3.6 Associated System Objects

Technical Name	Object Type	Title
Profiler.unv	DSS Universe	DSSProfiler Universe

2.19.3.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
Ready for Unit Test (obsolete)	05/22/2006
Ready for Model Office	06/26/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.4 DSSProfiler Yrly-Member Views - 437

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
437	Change Order		SUR			

2.19.4.1 Desired Solution
Implement the DSSProfiler Yearly - Member View Reports for Kentucky.

2.19.4.2 Business Impact
The annual member reports need to be available for the user to run to produce reports required for CMS Certification and review of members.

2.19.4.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Paid, not reimbursed.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Member View Reports are produced using BusinessObjects.

The yearly member view reports all display similar data and are generated by claim type based on member IDs profiled.

There are a total of eight reports that make up this change order and include:

- Claim Details by Member
- Inpatient Member Case Type Comparison by Peer Group
- Nursing Facility Member Case Type Comparison by Peer Group
- Outpatient Member Case Type Comparison by Peer Group
- Pharmacy Member Case Type Comparison by Peer Group
- Professional Member Case Type Comparison by Peer Group
- Member Frequency Distribution
- Member Profile

2.19.4.4 Clarifications
For the Nursing Facility tab in the Claims Detail by Member report, the Discharge Reason are not populated for the nursing facility claims. Therefore, it will not be displayed on the report.

The Admission Type will be added after the universe has been updated. The space for the cell has been created,.

For the pharmacy tab in the Claim Details by Member report, the 'Drug Strength' is located on a table that is not stored in the Claims Analysis universe. This field will not be added because the table was not added to the universe. In order to use this data, a separate query outside of the report will have to be generated.

Package Size will be added once the Claim Analysis universe has been updated.

GC4 Code will not be included in the report because it was not converted into the InterChange system.

2.19.4.5 Associated Requirements

Requirement ID	Type
30.090.013.002.15	RFP Requirement
30.090.013.002.16	RFP Requirement
30.090.013.002.19	RFP Requirement
30.090.013.002.21	RFP Requirement
30.090.013.002.7	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.13	RFP Requirement
30.090.013.003.14	RFP Requirement
30.090.013.003.2	RFP Requirement
30.090.013.003.3	RFP Requirement
30.090.013.003.5	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.4.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Claim Details by Member	Report	Claim Details by Member
DSSProfiler - Pharmacy Member Case Type Comparison by Peer Group	Report	Pharmacy Member Case Type Comparison by Peer Group
DSSProfiler - Professional Member Case Type Comparison by Peer Group	Report	Professional Member Case Type Comparison by Peer Group
DSSProfiler - Nursing Facility Member Case Type Comparison by Peer Group	Report	Nursing Facility Member Case Type Comparison by Peer Group

Technical Name	Object Type	Title
DSSProfiler - Member Profile	Report	Member Profile
DSSProfiler - Inpatient Member Case Type Comparison by Peer Group	Report	Inpatient Member Case Type Comparison by Peer Group
DSSProfiler - Member Frequency Distribution	Report	Member Frequency Distribution
DSSProfiler - Outpatient Member Case Type Comparison by Peer Group	Report	Outpatient Member Case Type Comparison by Peer Group

2.19.4.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	05/30/2006
Construction in Progress	05/30/2006
Ready for Construction Walkthrough	06/15/2006
Ready for Model Office	07/13/2006
Issue Identified	07/21/2006
Ready for Model Office	07/27/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.5 DSSProfiler Qtrly-Member Views - 438

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
438	Change Order		SUR			

2.19.5.1 Desired Solution
Implement the DSSProfiler Quarterly - Member View Reports for Kentucky.

2.19.5.2 Business Impact
The quarterly recipient reports need to be available for the user to run to produce reports required for CMS Certification and review of recipients.

2.19.5.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Member View Reports are produced using BusinessObjects.

The quarterly recipient view reports all display similar data and are generated by claim type based on recipient IDs profiled.

There are a total of eight reports that make up this change order and include:

- Claim Details by Member Qtrly
- Inpatient Member Case Type Comparison by Peer Group Qtrly
- Nursing Facility Member Case Type Comparison by Peer Group Qtrly
- Outpatient Member Case Type Comparison by Peer Group Qtrly
- Pharmacy Member Case Type Comparison by Peer Group Qtrly
- Professional Member Case Type Comparison by Peer Group Qtrly
- Member Frequency Distribution Qtrly
- Member Profile Qtrly

2.19.5.4 Clarifications
No associated clarifications found.

2.19.5.5 Associated Requirements

Requirement ID	Type
30.090.013.002.15	RFP Requirement
30.090.013.002.16	RFP Requirement

Requirement ID	Type
30.090.013.002.19	RFP Requirement
30.090.013.002.21	RFP Requirement
30.090.013.002.7	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.13	RFP Requirement
30.090.013.003.14	RFP Requirement
30.090.013.003.2	RFP Requirement
30.090.013.003.3	RFP Requirement
30.090.013.003.5	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.5.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Nursing Facility Member Case Type Comparison By Peer Group Qtrly	Report	Nursing Facility Member Case Type Comparison By Peer Group Qtrly
DSSProfiler - Inpatient Member Case Type Comparison By Peer Group Qtrly	Report	Inpatient Member Case Type Comparison By Peer Group Qtrly
DSSProfiler - Member Frequency Distribution Qtrly	Report	Member Frequency Distribution Qtrly
DSSProfiler - Claim Details by Member Qtrly	Report	Claim Details by Member Qtrly
DSSProfiler - Pharmacy Member Case Type Comparison By Peer Group Qtrly	Report	Pharmacy Member Case Type Comparison By Peer Group Qtrly
DSSProfiler - Professional Member Case Type Comparison By Peer Group Qtrly	Report	Professional Member Case Type Comparison By Peer Group Qtrly
DSSProfiler - Outpatient Member Case Type Comparison By Peer Group	Report	Outpatient Member Case Type Comparison By Peer Group Qtrly

Technical Name	Object Type	Title
Qtrly		
DSSProfiler - Member Profile Qtrly	Report	Member Profile Qtrly

2.19.5.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	06/19/2006
Construction in Progress	07/15/2006
Ready for Model Office	08/07/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.6 DSSProfiler Yrly-Freq Dist - 439

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
439	Change Order		SUR			

2.19.6.1 Desired Solution
Implement the DSSProfiler Yearly - Frequency Distribution Reports for Kentucky.

Test Data was not available for some of the reports without modifying the report selection criteria. Correct CASE TYPE CODE not available).

2.19.6.2 Business Impact
The annual frequency distribution reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.6.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Frequency Distribution Reports are produced using BusinessObjects.

The yearly frequency distribution reports all display similar data and are generated by claim type and display the distribution of claim counts by case type.

There are a total of six reports that make up this change order and include:

- Inpatient Frequency Distribution
- Nursing Facility Frequency Distribution
- Outpatient Frequency Distribution
- Pharmacy Frequency Distribution
- Professional Frequency Distribution
- Professional Referrals Frequency Distribution

Test Data was not available for some of the reports without modifying the report selection criteria. Correct CASE TYPE CODE not available).

2.19.6.4 Clarifications
No associated clarifications found.

2.19.6.5 Associated Requirements

Requirement ID	Type
30.090.013.002.19	RFP Requirement

Requirement ID	Type
30.090.013.002.8	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.6.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Nursing Facility Frequency Distribution	Report	Nursing Facility Frequency Distribution
DSSProfiler - Inpatient Frequency Distribution	Report	Inpatient Frequency Distribution
DSSProfiler - Pharmacy Frequency Distribution	Report	Pharmacy Frequency Distribution
DSSProfiler - Professional Referrals Frequency Distribution	Report	Professional Referrals Frequency Distribution
DSSProfiler - Outpatient Frequency Distribution	Report	Outpatient Frequency Distribution
DSSProfiler - Professional Frequency Distribution	Report	Professional Frequency Distribution

2.19.6.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	05/26/2006
Construction in Progress	05/28/2006
Ready for Construction Walkthrough	06/12/2006
Ready for Model Office	06/20/2006
Ready for Model Office	07/24/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.7 DSSProfiler Qtrly-Freq Dist - 440

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
440	Change Order		SUR			

2.19.7.1 Desired Solution

Implement the DSSProfiler Quarterly - Frequency Distribution Reports for Kentucky. Test Data was not available for some of the reports without modifying the report selection criteria. (Correct Case Type Code was not available)

2.19.7.2 Business Impact

The quarterly frequency distribution reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.7.3 Technical Specifications

Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Frequency Distribution Reports are produced using BusinessObjects.

The quarterly frequency distribution reports all display similar data and are generated by claim type and display the distribution of claim counts by case type for selected quarter.

There are a total of six reports that make up this change order and include:

- Inpatient Frequency Distribution Qtrly
- Nursing Facility Frequency Distribution Qtrly
- Outpatient Frequency Distribution Qtrly
- Pharmacy Frequency Distribution Qtrly
- Professional Frequency Distribution Qtrly
- Professional Referrals Frequency Distribution Qtrly

Test Data was not available for some of the reports without modifying the report selection criteria. (The correct CASE TYPE CODE was not available)

2.19.7.4 Clarifications

No associated clarifications found.

2.19.7.5 Associated Requirements

Requirement ID	Type
30.090.013.002.19	RFP Requirement

Requirement ID	Type
30.090.013.002.8	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.7.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Pharmacy Frequency Distribution Qtrly	Report	Pharmacy Frequency Distribution Qtrly
DSSProfiler - Professional Referrals Frequency Distribution Qtrly	Report	Professional Referrals Frequency Distribution Qtrly
DSSProfiler - Professional Frequency Distribution Qtrly	Report	Professional Frequency Distribution Qtrly
DSSProfiler - Nursing Facility Frequency Distribution Qtrly	Report	Nursing Facility Frequency Distribution Qtrly
DSSProfiler - Outpatient Frequency Distribution Qtrly	Report	Outpatient Frequency Distribution Qtrly
DSSProfiler - Inpatient Frequency Distribution Qtrly	Report	Inpatient Frequency Distribution Qtrly

2.19.7.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	05/26/2006
Construction in Progress	06/02/2006
Ready for Construction Walkthrough	06/12/2006
Ready for Model Office	06/20/2006
Ready for Model Office	07/24/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.8 DSSProfiler Yrly-Indiv Profile - 441

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
441	Change Order		SUR			

2.19.8.1 Desired Solution
Implement the DSSProfiler Yearly - Individual Profile Reports for Kentucky.

2.19.8.2 Business Impact
The reports in this category can be used to analyze practice patterns of a particular provider and may flag providers that exceed the accepted 'norm' within the peer group. The report category can also be analyzed to identify services that are driving the exception. The service profile report assists in identifying areas of a provider's practice where additional education is needed or where investigation and sanction may be warranted.

2.19.8.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Individual Profile Reports are produced using BusinessObjects.

The quarterly individual profile reports all display similar data and are generated by claim type based on Billing Provider and Servicing Provider aggregation.

There are a total of six reports that make up this change order and include:

- Inpatient Provider Profile
- Nursing Facility Provider Profile
- Outpatient Provider Profile
- Pharmacy Provider Profile
- Professional Provider Profile
- Professional Referrals Provider Profile

Provider Summary Tab on all reports - Column 'Service Type' was changed to match the Quarterly Provider Profile Reports. The Quarterly Reports called this column 'Report Category Code and Description'.

2.19.8.4 Clarifications
No associated clarifications found.

2.19.8.5 Associated Requirements

Requirement ID	Type
30.090.013.002.15	RFP Requirement
30.090.013.002.21	RFP Requirement
30.090.013.002.22	RFP Requirement
30.090.013.003.13	RFP Requirement
30.090.013.003.6	RFP Requirement
30.090.013.003.7	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.8.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Professional Provider Profile	Report	Professional Provider Profile
RandomSample - Provider History Report	Report	Provider History Report
DSSProfiler - Nursing Facility Provider Profile	Report	Nursing Facility Provider Profile
DSSProfiler - Professional Referrals Provider Profile	Report	Professional Referrals Provider Profile
DSSProfiler - Pharmacy Provider Profile	Report	Pharmacy Provider Profile
DSSProfiler - Inpatient Provider Profile	Report	Inpatient Provider Profile
DSSProfiler - Outpatient Provider Profile	Report	Outpatient Provider Profile
RandomSample - Member History Report	Report	Member History Report

2.19.8.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	06/29/2006
Construction in Progress	07/12/2006
Ready for Construction	07/18/2006

Status	Date
Walkthrough	
Ready for Model Office	07/19/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.9 DSSProfiler Qtrly-Indiv Profile - 442

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
442	Change Order		SUR			

2.19.9.1 Desired Solution
Implement the DSSProfiler Quarterly - Individual Profile Reports for Kentucky.

2.19.9.2 Business Impact
The reports in this category can be used to analyze practice patterns of a particular provider and may flag providers that exceed the accepted 'norm' within the peer group. The report category can also be analyzed to identify services that are driving the exception. The service profile report assists in identifying areas of a provider's practice where additional education is needed or where investigation and sanction may be warranted.

2.19.9.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Individual Profile Reports are produced using BusinessObjects.

The yearly individual profile reports all display similar data and are generated by claim type based on Billing Provider and Servicing Provider aggregation.

There are a total of six reports that make up this change order and include:

- Inpatient Provider Profile Qtrly
- Nursing Facility Provider Profile Qtrly
- Outpatient Provider Profile Qtrly
- Pharmacy Provider Profile Qtrly
- Professional Provider Profile Qtrly
- Professional Referrals Provider Profile Qtrly

2.19.9.4 Clarifications
No associated clarifications found.

2.19.9.5 Associated Requirements

Requirement ID	Type
30.090.013.002.15	RFP Requirement
30.090.013.002.21	RFP Requirement

Requirement ID	Type
30.090.013.003.13	RFP Requirement
30.090.013.003.7	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.9.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Inpatient Provider Profile Qtrly	Report	Inpatient Provider Profile Qtrly
DSSProfiler - Nursing Facility Provider Profile Qtrly	Report	Nursing Facility Provider Profile Qtrly
DSSProfiler - Pharmacy Provider Profile Qtrly	Report	Pharmacy Provider Profile Qtrly
DSSProfiler - Professional Provider Profile Qtrly	Report	Professional Provider Profile Qtrly
DSSProfiler - Professional Referrals Provider Profile Qtrly	Report	Professional Referrals Provider Profile Qtrly
DSSProfiler - Outpatient Provider Profile Qtrly	Report	Outpatient Provider Profile Qtrly

2.19.9.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	06/29/2006
Construction in Progress	07/05/2006
Ready for Construction Walkthrough	07/12/2006
Ready for Model Office	07/12/2006
Ready for Model Office	07/24/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.10 DSSProfiler Yrly-Dist Analysis - 443

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
443	Change Order		SUR			

2.19.10.1 Desired Solution
Implement the DSSProfiler Yearly - Distribution Analysis Reports for Kentucky.

2.19.10.2 Business Impact
The annual distribution analysis reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.10.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Distribution Analysis reports are produced using BusinessObjects.

The yearly distribution analysis reports all display similar data and are generated by claim type and case type totals by peer group.

There are a total of five reports that make up this change order and include:

- Inpatient Referrals Distribution Analysis
- Outpatient Referrals Distribution Analysis
- Pharmacy Distribution Analysis
- Professional Distribution Analysis
- Professional Referrals Distribution Analysis

2.19.10.4 Clarifications
No associated clarifications found.

2.19.10.5 Associated Requirements

Requirement ID	Type
30.090.013.003.3	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.10.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Professional Referrals Distribution Analysis	Report	Professional Referrals

Technical Name	Object Type	Title
		Distribution Analysis
DSSProfiler - Inpatient Distribution Analysis	Report	Inpatient Distribution Analysis
DSSProfiler - Pharmacy Distribution Analysis	Report	Pharmacy Distribution Analysis
DSSProfiler - Professional Distribution Analysis	Report	Professional Distribution Analysis
DSSProfiler - Outpatient Distribution Analysis	Report	Outpatient Distribution Analysis

2.19.10.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	07/13/2006
Construction in Progress	07/21/2006
Ready for Construction Walkthrough	08/02/2006
Ready for Model Office	08/07/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.11 DSSProfiler Yrly-Disease View - 444

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
444	Change Order		SUR			

2.19.11.1 Desired Solution
Implement the DSSProfiler Yearly - Disease View Reports for Kentucky.

2.19.11.2 Business Impact
The annual disease view reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.11.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Reimbursed, not paid.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Disease View reports are produced using BusinessObjects.

The yearly disease view reports all display similar data and are generated by claim type and display aggregate totals by case type.

There are a total of seven reports that make up this change order and include:

- Inpatient Disease Global View
- Inpatient Disease Quick View
- Nursing Facility Disease Quick View
- Outpatient Disease Quick View
- Pharmacy Disease Quick View
- Professional Disease Global View
- Professional Disease Quick View

2.19.11.4 Clarifications
No associated clarifications found.

2.19.11.5 Associated Requirements

Requirement ID	Type
30.090.013.003.3	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.11.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Inpatient Disease Quick View	Report	Inpatient Disease Quick View
DSSProfiler - Outpatient Disease Quick View	Report	Outpatient Disease Quick View
DSSProfiler - Pharmacy Disease Quick View	Report	Pharmacy Disease Quick View
DSSProfiler - Professional Disease Global View	Report	Professional Disease Global View
DSSProfiler - Inpatient Disease Global View	Report	Inpatient Disease Global View
DSSProfiler - Nursing Facility Disease Quick View	Report	Nursing Facility Disease Quick View
DSSProfiler - Professional Disease Quick View	Report	Professional Disease Quick View

2.19.11.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	06/14/2006
Construction in Progress	06/15/2006
Ready for Construction Walkthrough	06/15/2006
Ready for Model Office	07/19/2006
Issue Identified	07/21/2006
Ready for Model Office	07/26/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.12 DSSProfiler Yrly-Claim Details - 446

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
446	Change Order		SUR			

2.19.12.1 Desired Solution
Implement the DSSProfiler Yearly - Claim Detail Reports for Kentucky.

2.19.12.2 Business Impact
The annual claim detail reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.12.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- Column additions for these reports are documented under supplemental documentation as determined in RV Sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Claim Details reports are produced using BusinessObjects. These reports utilize the icn xref tables out of the profiler process. These tables will need to be joined to the claims analysis universe by sak claim in order to be able to link to claims data and generate these reports.

The claim detail reports all display similar data and are generated by claim type based on Billing Provider and Servicing Provider.

There are a total of six reports that make up this change order and include:

- Inpatient Claim Details by Provider
- Nursing Facility Claim Details by Provider
- Outpatient Claim Details by Provider
- Pharmacy Claim Details by Prescriber
- Professional Claim Details by Provider
- Professional Referrals Claim Details by Provider

2.19.12.4 Clarifications
No associated clarifications found.

2.19.12.5 Associated Requirements

Requirement ID	Type
30.090.013.002.7	RFP Requirement

Requirement ID	Type
30.090.013.003.11	RFP Requirement
30.090.013.003.12	RFP Requirement
30.090.013.003.3	RFP Requirement
30.090.013.003.5	RFP Requirement
30.090.013.003.8	RFP Requirement
30.090.013.003.9	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.12.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Nursing Facility Claim Details by Provider	Report	Nursing Facility Claim Details by Provider
DSSProfiler - Professional Referrals Claim Details By Provider	Report	Professional Referrals Claim Details By Provider
DSSProfiler - Professional Claim Details By Provider	Report	Professional Claim Details By Provider
DSSProfiler - Outpatient Claim Details By Provider	Report	Outpatient Claim Details By Provider
DSSProfiler - Pharmacy Claim Details by Provider	Report	Pharmacy Claim Details by Provider
DSSProfiler - Inpatient Claim Details By Provider	Report	Inpatient Claim Details By Provider

2.19.12.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
SE Assigned	07/13/2006
Construction in Progress	07/14/2006
Ready for Construction Walkthrough	07/19/2006
Ready for Model Office	08/04/2006
Model Office Implemented	09/21/2006

Status	Date
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.13 DSSProfiler Qtrly-Claim Details - 447

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
447	Change Order		SUR			

2.19.13.1 Desired Solution
Implement the DSSProfiler Quarterly - Claim Detail Reports for Kentucky.

2.19.13.2 Business Impact
The quarterly claim detail reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.13.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- Column additions for these reports are documented under supplemental documentation as determined in RV Sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Claim Details reports are produced using BusinessObjects. These reports utilize the icn xref tables out of the profiler process. These tables will need to be joined to the claims analysis universe by sak claim in order to be able to link to claims data and generate these reports.

The claim detail reports all display similar data and are generated by claim type based on Billing Provider and Servicing Provider.

There are a total of six reports that make up this change order and include:

- Inpatient Claim Details by Provider Qtrly
- Nursing Facility Claim Details by Provider Qtrly
- Outpatient Claim Details by Provider Qtrly
- Pharmacy Claim Details by Prescriber Qtrly
- Professional Claim Details by Provider Qtrly
- Professional Referrals Claim Details by Provider Qtrly

2.19.13.4 Clarifications
No associated clarifications found.

2.19.13.5 Associated Requirements

Requirement ID	Type
30.090.013.002.7	RFP Requirement

Requirement ID	Type
30.090.013.003.11	RFP Requirement
30.090.013.003.12	RFP Requirement
30.090.013.003.3	RFP Requirement
30.090.013.003.5	RFP Requirement
30.090.013.003.8	RFP Requirement
30.090.013.003.9	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.13.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Pharmacy Claim Details by Provider Qtrly	Report	Pharmacy Claim Details by Provider Qtrly
DSSProfiler - Outpatient Claim Details By Provider Qtrly	Report	Outpatient Claim Details By Provider Qtrly
DSSProfiler - Nursing Facility Claim Details by Provider Qtrly	Report	Nursing Facility Claim Details by Provider Qtrly
DSSProfiler - Professional Claim Details by Provider Qtrly	Report	Professional Claim Details by Provider Qtrly
DSSProfiler - Professional Referrals Claim Details By Provider Qtrly	Report	Professional Referrals Claim Details By Provider Qtrly
DSSProfiler - Inpatient Claim Details By Provider Qtrly	Report	Inpatient Claim Details By Provider Qtrly

2.19.13.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	07/13/2006
Construction in Progress	07/21/2006
Ready for Construction Walkthrough	07/25/2006
Ready for Model Office	08/04/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.19.14 DSSProfiler Qtrly-Exception Rpts - 448

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
448	Change Order		SUR			

2.19.14.1 Desired Solution
Implement the DSSProfiler Quarterly - Exception Reports for Kentucky.

2.19.14.2 Business Impact
The claim type specific reports in this category are produced for a selected provider, provider peer group and aggregation code and display the number of high exceptions for case groups that occur during each reporting period. The case groups whose calculations are above the exception high value are marked as exceptions.

The Member Quarterly Exception report is produced for a selected recipient, recipient peer group and aggregation code. The report displays the number of high exceptions for case groups that occur during each reporting period. The case groups whose calculations are above the exception high value are marked as exceptions.

2.19.14.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Exception Reports are produced using BusinessObjects.

The quarterly exception reports all display similar data and are generated by claim type.

There are a total of seven reports that make up this change order and include:

- Inpatient Exception Quarterly
- Nursing Facility Exception Quarterly
- Outpatient Exception Quarterly
- Pharmacy Exception Quarterly
- Professional Exception Quarterly
- Professional Referrals Exception Quarterly
- Member Exception Quarterly

2.19.14.4 Clarifications
No associated clarifications found.

2.19.14.5 Associated Requirements

Requirement ID	Type
30.090.013.002.16	RFP Requirement
30.090.013.002.8	RFP Requirement
30.090.013.002.9	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.14	RFP Requirement
30.090.013.003.2	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.14.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Member Exception Quarterly	Report	Member Exception Quarterly
DSSProfiler - Nursing Facility Exception Quarterly	Report	Nursing Facility Exception Quarterly
DSSProfiler - Professional Referrals Exception Quarterly	Report	Professional Referrals Exception Quarterly
DSSProfiler - Pharmacy Exception Quarterly	Report	Pharmacy Exception Quarterly
DSSProfiler - Inpatient Exception Quarterly	Report	Inpatient Exception Quarterly
DSSProfiler - Outpatient Exception Quarterly	Report	Outpatient Exception Quarterly
DSSProfiler - Professional Exception Quarterly	Report	Professional Exception Quarterly

2.19.14.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
SE Assigned	06/02/2006
Construction in Progress	06/03/2006
Unit Test in Progress (obsolete)	06/05/2006

Status	Date
Ready for Model Office	06/28/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.15 DSSProfiler Yrly-Compare Rpts - 449

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
449	Change Order		SUR			

2.19.15.1 Desired Solution
Implement the DSSProfiler Yearly - Comparison Reports for Kentucky.

2.19.15.2 Business Impact
The yearly compare reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.15.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Compare Reports are produced using BusinessObjects.

The compare reports all display similar data and are generated by claim type and display a provider's ranking based on case type and peer group.

There are a total of six reports that make up this change order and include:

- Inpatient Case Type Comparison by Peer Group
- Nursing Facility Case Type Comparison by Peer Group
- Outpatient Case Type Comparison by Peer Group
- Pharmacy Case Type Comparison by Peer Group
- Professional Case Type Comparison by Peer Group
- Professional Referrals Case Type Comparison by Peer Group

2.19.15.4 Clarifications
No associated clarifications found.

2.19.15.5 Associated Requirements

Requirement ID	Type
30.090.013.002.16	RFP Requirement
30.090.013.002.8	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.14	RFP Requirement

Requirement ID	Type
30.090.013.003.2	RFP Requirement
30.090.013.003.7	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.15.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Outpatient Case Type Comparison by Peer Group	Report	Outpatient Case Type Comparison by Peer Group
DSSProfiler - Professional Case Type Comparison by Peer Group	Report	Professional Case Type Comparison by Peer Group
DSSProfiler - Inpatient Case Type Comparison by Peer Group	Report	Inpatient Case Type Comparison by Peer Group
DSSProfiler - Pharmacy Case Type Comparison by Peer Group	Report	Pharmacy Case Type Comparison by Peer Group
DSSProfiler - Professional Referrals Case Type Comparison by Peer Group	Report	Professional Referrals Case Type Comparison by Peer Group
DSSProfiler - Nursing Facility Case Type Comparison by Peer Group	Report	Nursing Facility Case Type Comparison by Peer Group

2.19.15.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
SE Assigned	06/19/2006
Construction in Progress	06/23/2006
Unit Test in Progress (obsolete)	06/24/2006
Ready for Model Office	06/29/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.16 DSSProfiler Qtrly-Compare Rpts - 450

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
450	Change Order		SUR			

2.19.16.1 Desired Solution
Implement the DSSProfiler Quarterly - Comparison Reports for Kentucky.

2.19.16.2 Business Impact
The quarterly compare reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.16.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Qtrly Compare Reports are produced using BusinessObjects.

The compare reports all display similar data and are generated by claim type and display a provider's ranking based on case type and peer group.

There are a total of six reports that make up this change order and include:

- Inpatient Case Type Comparison by Peer Group Qtrly
- Nursing Facility Case Type Comparison by Peer Group Qtrly
- Outpatient Case Type Comparison by Peer Group Qtrly
- Pharmacy Case Type Comparison by Peer Group Qtrly
- Professional Case Type Comparison by Peer Group Qtrly
- Professional Referrals Case Type Comparison by Peer Group Qtrly

2.19.16.4 Clarifications
No associated clarifications found.

2.19.16.5 Associated Requirements

Requirement ID	Type
30.090.013.002.16	RFP Requirement
30.090.013.002.8	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.14	RFP Requirement

Requirement ID	Type
30.090.013.003.2	RFP Requirement
30.090.013.003.7	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.16.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Nursing Facility Case Type Comparison by Peer Group Qtrly	Report	Nursing Facility Case Type Comparison by Peer Group Qtrly
DSSProfiler - Outpatient Case Type Comparison by Peer Group Qtrly	Report	Outpatient Case Type Comparison by Peer Group Qtrly
DSSProfiler - Pharmacy Case Type Comparison by Peer Group Qtrly	Report	Pharmacy Case Type Comparison by Peer Group Qtrly
DSSProfiler - Professional Case Type Comparison by Peer Group Qtrly	Report	Professional Case Type Comparison by Peer Group Qtrly
DSSProfiler - Professional Referrals Case Type Comparison by Peer Group Qtrly	Report	Professional Referrals Case Type Comparison by Peer Group Qtrly
DSSProfiler - Inpatient Case Type Comparison by Peer Group Qtrly	Report	Inpatient Case Type Comparison by Peer Group Qtrly

2.19.16.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	01/04/2006
Ready for Model Office	06/08/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.17 DSSProfiler Peer Group Cmpr Rpts - 451

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
451	Change Order		SUR			

2.19.17.1 Desired Solution
Implement the DSSProfiler-Peer Group Compare Rpts for Kentucky.

2.19.17.2 Business Impact
The peer group compare reports need to be available for the user to run to produce reports required for CMS Certification and review of providers.

2.19.17.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

The DSSProfiler Yrly Peer Group Compare Reports are produced using BusinessObjects.

The compare reports all display similar data and are generated by claim type and display a provider's ranking based on peer group.

There are a total of four reports that make up this change order and include:

- Provider Peer Group Comparison
- Member Peer Group Comparison
- Provider Peer Group Comparison Qtrly
- Member Peer Group Comparison Qtrly

2.19.17.4 Clarifications
No associated clarifications found.

2.19.17.5 Associated Requirements

Requirement ID	Type
30.090.013.002.10	RFP Requirement
30.090.013.002.16	RFP Requirement
30.090.013.002.8	RFP Requirement
30.090.013.003.1	RFP Requirement
30.090.013.003.14	RFP Requirement
30.090.013.003.2	RFP Requirement

Requirement ID	Type
30.090.013.003.7	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.17.6 Associated System Objects

Technical Name	Object Type	Title
DSSProfiler - Member Peer Group Comparison	Report	Member Peer Group Comparison
DSSProfiler - Member Peer Group Comparison Qtrly	Report	Member Peer Group Comparison Qtrly
DSSProfiler - Provider Peer Group Comparison	Report	Provider Peer Group Comparison
DSSProfiler - Provider Peer Group Comparison Qtrly	Report	Provider Peer Group Comparison Qtrly

2.19.17.7 Change Order Status

Status	Date
Change Order Written	08/11/2005
SE Assigned	06/19/2006
Construction in Progress	06/29/2006
Unit Test in Progress (obsolete)	07/03/2006
Ready for Model Office	07/06/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.18 Install Random Sample Process - 490

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
490	Change Order		SUR			

2.19.18.1 Desired Solution

A process is created which allows the user to generate a Random Claim Sample for a provider or a member on request. The user can view various pieces of the request on the Random Sample Entry window, Request Results window or Random Sample Status window.

The following windows are created for the Random Sample process:

- Request Information Tab
- Request Filters Tab
- Request Result Tab
- Request Log Tab Claim Detail Window
- ID Listing Window

2.19.18.2 Business Impact

Provide the capability to randomly sample a set of Provider/Member claims according to given statistical parameters for case reviews. See the mapping document under Supplemental Documentation for more information.

2.19.18.3 Technical Specifications

The creation of this batch process is part of the base system design of the Random Sample process. In addition, the ability to randomly select by claim type needs to be added.

2.19.18.4 Clarifications

No associated clarifications found.

2.19.18.5 Associated Requirements

Requirement ID	Type
30.050.010.002.3	RFP Split Requirement
30.090.010.001.7	RFP Split Requirement
30.090.013.002.7	RFP Requirement

2.19.18.6 Associated System Objects

Technical Name	Object Type	Title
PSURRSRS	Batch Cycle	SUR Daily Random Sample Process Scheduler
SURJDPRG	Batch Job	Random Sample Purge Process Job
SURJORSE	Batch Job	Random Sample Request End Job
SURJORSR	Batch Job	Random Sample Request Run Job

Technical Name	Object Type	Title
surobj08.sql	Program	Random Sample Code Tables
PSURPRGS	Batch Cycle	SUR Daily Random Sample Purge Process
surjorsc.sh	Program	Random Sample Request Cycle
surpcrss.sc	Program	Random Sample Process
surobj00.sql	Program	Random Sample public synonyms
surobj03.sql	Program	Random Sample Process Trigger
surobj06.sql	Program	Random Sample User-Defined Types
surobj01.sql	Program	Random Sample unique Request IDs
PSUORSRS	Batch Cycle	SUR On-Request Random Sample Process Scheduler
surjorss.sh	Program	Random Sample Request Scheduler
surobj02.sql	Program	Random Sample Library Object'
surobj04.sql	Program	Random Sample Package
sursrsrs.c	Program	Random Sample Process Library
surobj05.sql	Program	Random Sample Global Temporary Tables
surobj07.sql	Program	Random Sample materialized view and its associated indexes

2.19.18.7 Change Order Status

Status	Date
Change Order Written	08/17/2005
SE Assigned	02/08/2006
Design Complete	03/21/2006
Ready for Unit Test (obsolete)	03/27/2006
UI - Ready for Tech Dsgn Walkthrough (obsolete)	04/20/2006
Ready for Model Office	06/13/2006
Model Office Implemented	06/23/2006
Ready for Model Office	09/15/2006
Model Office Implemented	09/21/2006
Ready for Model Office	10/01/2006

Status	Date
Model Office Implemented	10/13/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.19 Random Sample Targeted Queries - 492

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
492	Change Order		SUR			

2.19.19.1 Desired Solution
Create additional Business Object reports for the Random Sample process.

2.19.19.2 Business Impact
None.

2.19.19.3 Technical Specifications
The creation of these targeted query reports is part of the base system design of the Random Sample process. Change template to follow BusinessObjects report template defined in the Data Warehouse. Migration to BusinessObjects XI release 2 is necessary.

2.19.19.4 Clarifications
Clarification that needs to be made to the CO is to implement the Random Sample Detail report in addition to the Provider History and Recipient History reports. See document - Requirement Analysis CO 492 - Develop Random Sample Reports.msg - attached in the Supplemental Documentation

The following two reports and associated test cases were cancelled and not produced as part of this change order because they are duplicates of Reports produced in DSS. The two reports are:

- RandomSample - Member History Report
- RandomSample - Provider History Report

The existing reports in DSS and their corresponding Change Orders are:

- EIS - Provider History - Change Order 1703
- EIS - Member History - Change Order 1700

2.19.19.5 Associated Requirements

Requirement ID	Type
30.050.010.002.3	RFP Split Requirement
30.090.010.001.7	RFP Split Requirement
30.090.013.002.22	RFP Requirement
30.090.013.002.7	RFP Requirement

2.19.19.6 Associated System Objects

Technical Name	Object Type	Title
RandomSample - Random Sample Claims Detail Report	Report	Random Sample Claims Detail

Technical Name	Object Type	Title
RandomSample - Provider History Report	Report	Provider History Report
RandomSample - Member History Report	Report	Member History Report

2.19.19.7 Change Order Status

Status	Date
Change Order Written	08/17/2005
SE Assigned	06/13/2006
Construction in Progress	06/19/2006
Ready for Construction Walkthrough	07/07/2006
Ready for Model Office	07/09/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.20 Profiler Maintenance Windows - 651

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
651	Change Order		SUR			

2.19.20.1 Desired Solution

Install the existing DSSProfiler Maintenance Case Type, Case Group and Peer Group window applications. Thus, allowing the users the ability to perform maintenance functions on the control parameters of the DSSProfiler. The user can view, add and update various pieces of information on the DSSProfiler Maintenance applications: Case Type Maintenance tab pages, Case Group Maintenance tab pages and Peer Group Maintenance tab pages.

This Change Order is for the online part of the DSS Profiler Maintenance process.

2.19.20.2 Business Impact

Provide the user with the capability to maintain DSSProfiler Case Types, Case Groups and Peer Groups.

2.19.20.3 Technical Specifications

The Case Type Maintenance, Peer Group Maintenance and Case Group Maintenance web applications will be accessed from the Application Section of the Navigator menu and Welcome page.

The Case Type Selection and Case Type Maintenance tabs on the Case Type Maintenance page denotes which tab page is current.

The Peer Group Selection and Peer Group Maintenance tabs on the Peer Group Maintenance page denotes which tab page is current.

The Case Group Selection and Case Group Maintenance tabs on the Case Group Maintenance page denotes which tab page is current.

Users will click on a tab to navigate to the tab page of their choice.

Case Type Selection Tab Page:
Allows the user to view and edit a list of Case Types based on the selected Report Category, Frequency, Status and Case Category search criteria. The Search by Criteria function allows the user to view and edit a list of Case Types that have the same Procedure Code, Procedure Modifier, and so on. based on the selected Criteria and Search value entered.

Case Type Maintenance Tab Page:
Allows the user to define new and update existing Case Types and their corresponding Criteria.

Peer Group Selection Tab Page:
Allows the user to view and edit a list of Peer Groups based on the selected Peer Category, Frequency and Status search criteria

2.19.20.4 Clarifications

No associated clarifications found.

2.19.20.5 Associated Requirements

Requirement ID	Type
30.090.013.002.11	RFP Requirement
30.090.013.002.12	RFP Requirement
30.090.013.002.4	RFP Requirement
30.090.013.002.5	RFP Requirement
30.090.013.002.6	RFP Requirement

2.19.20.6 Associated System Objects

Technical Name	Object Type	Title
Case Type - Case Type Maintenance	Window	Case Type - Case Type Maintenance
Case Group - Case Group Criteria Documentation	Window	Case Group - Case Group Criteria Documentation
Peer Group - Peer Group Selection	Window	Peer Group - Peer Group Selection
Case Group - Case Group Maintenance	Window	Case Group - Case Group Maintenance
Case Type - Case Type Selection	Window	Case Type - Case Type Selection
Case Group - Case Type Assignment	Window	Case Group - Case Type Assignment
Case Group - Case Group Selection	Window	Case Group - Case Group Selection
Peer Group - Peer Group Maintenance	Window	Peer Group - Peer Group Maintenance
Case Type - Case Category Maintenance	Window	Case Type - Case Category Maintenance
Case Group - Peer Group Assignment	Window	Case Group - Peer Group Assignment

2.19.20.7 Change Order Status

Status	Date
Change Order Written	08/30/2005
Define/Analyze In Progress	06/02/2006
Construction in Progress	06/12/2006
Ready for Model Office	07/17/2006

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

2.19.21 ETG Reports - 1161

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1161	Change Order		SUR			

2.19.21.1 Desired Solution

Create the following ETG Reports:

- ETG Summary
- ETG Member Summary
- ETG Details
- ETG Provider Summary
- ETG Provider Comparison
- ETG Provider Details
- ETG Member Comparison
- ETG Member Details
- ETG Distribution Analysis Episode Type
- ETG Episode Cross Reference

2.19.21.2 Business Impact

None.

2.19.21.3 Technical Specifications

The creation of these reports is part of the base system design of Episode Treatment Grouper (ETGProfiler). Change template to follow the BusinessObjects report template defined in the Data Warehouse. Migration to BusinessObjects XI release 2 is necessary.

2.19.21.4 Clarifications

No associated clarifications found.

2.19.21.5 Associated Requirements

Requirement ID	Type
30.090.013.003.3	RFP Requirement

2.19.21.6 Associated System Objects

Technical Name	Object Type	Title
ETG Member Details	Report	ETG Member Details
ETG Provider Comparison	Report	ETG Provider Comparison
ETG Member Comparison	Report	ETG Member Comparison
ETG Member Summary	Report	ETG Member Summary

Technical Name	Object Type	Title
ETG Distribution Analysis Episode Type	Report	ETG Distribution Analysis Episode Type
ETG Details	Report	ETG Details
ETG Provider Summary	Report	ETG Provider Summary
ETG Summary	Report	ETG Summary
ETG Provider Details	Report	ETG Provider Details
ETG Episode Cross Reference	Report	ETG Episode Cross Reference

2.19.21.7 Change Order Status

Status	Date
Change Order Written	10/20/2005
SE Assigned	01/04/2006
Construction in Progress	06/27/2006
SE Assigned	07/25/2006
Construction in Progress	08/01/2006
Ready for Model Office	08/27/2006
Model Office Implemented	09/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.22 ETG Extract Process - 1363

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1363	Change Order		SUR			

2.19.22.1 Desired Solution
Provide access to the Episode Treatment Grouping (ETG) data.

2.19.22.2 Business Impact
The data elements in the ETG tables will be extracted from the Data Warehouse. ETG Batch Annual takes in 18 months worth of claims information. The ETG grouper integrated in the SUR will allow to measure the effect of health care services on cost and quality. The ETG solution does this by identifying episodes of care, which encompass all health care services provided to an individual patient during a single illness. An episode of care is defined as all clinically related services for a discrete diagnostic condition from the onset of symptoms until treatment is complete. Episodes of care provide a clinically meaningful unit of analysis for measuring both the cost and quality of patient care.

2.19.22.3 Technical Specifications
ETG groupings are pre-determined, but the user can customize and/or add groupings for a particular query. The steps that need to be taken are as follows:

- Install ETG software
- Load ETG grouping data

2.19.22.4 Clarifications
Code was added to following control card files to exclude conversion claims with member IDs of '1111111114'.

- etgmed1_1.shl
- etgmed1_2.shl
- etgmed2_1.shl
- etgmed2_2.shl
- etgdent1.shl
- etgdent2.shl
- etgdrug1_1.shl
- etgdrug1_2.shl
- etgdrug2_1.shl
- etgdrug2_2.shl

2.19.22.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.22.6 Associated System Objects

Technical Name	Object Type	Title
SURJQ610	Batch Job	ETG - Extract Inpatient, Outpatient, Dental, Pharmacy, and Medical claims
PDSQETG	Batch Cycle	ETG Unload & Load Quarterly Process
SURJQ620	Batch Job	ETG - Sort/Merge the Pharmacy, Inpatient, Outpatient, and Dental Claims Extract Files
SURJQ670	Batch Job	ETG - Core ETG Table Loader
Episode Treatment Grouper (ETG)	Program	Episode Treatment Grouper (ETG)
SURJQ680	Batch Job	ETG - Create Additional ETG Aggregate Tables
etgmerger.c	Program	ETGMERGER
SURJQ640	Batch Job	ETG - Execute Etgmerger Program
SURJQ650	Batch Job	ETG - Execute the ETG Grouper
SURJQ630	Batch Job	ETG - Sort/Merge the Medical Claims Extract Files
SURJQ660	Batch Job	ETG - Create ETG Detail Files

2.19.22.7 Change Order Status

Status	Date
Change Order Written	10/20/2005
SE Assigned	01/04/2006
Construction in Progress	05/27/2006
Ready for Model Office	06/20/2006
Model Office Implemented	07/07/2006
UAT Implemented	11/01/2006
Ready for Model Office	01/12/2007
UAT Implemented	01/18/2007

Status	Date
Prod Implemented	01/23/2007
Ready for Model Office	05/11/2007
Model Office Implemented	05/17/2007
UAT Implemented	05/17/2007
Prod Implemented	05/17/2007

2.19.23 Develop ETG Universe - 1367

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1367	Change Order		SUR			

2.19.23.1 Desired Solution

Access to the data in the ETG database tables is provided through a BusinessObjects Universe.

A universe can be defined as a logical collection of information. For example, the ETG Universe contains outcome information supplied by the Episode Treatment Grouping (ETG) software.

2.19.23.2 Business Impact

Users have the ability to develop and execute queries against the ETG data carried in the Data Warehouse.

2.19.23.3 Technical Specifications

The ETG Universe is designed in Business Objects in the Designer module of the application. Migration to BusinessObjects XI release 2 is necessary.

'Classes' in this universe are created to group together related profiles. Further subclasses can be created to identify specific groupings of data. Grouping objects logically in classes and subclasses helps the Data Warehouse user to quickly locate the objects they need to select for their report queries.

The universe contains the following standard information:

- Follow object and class naming standards.
- Provide a meaningful definition for each object and class created in the universe. The metadata used in Erwin is leveraged for the objects where available.
- Create objects that provide measure information.
- Provide list of values for codes that a user can view and select from when building a condition in a query.
- Create objects that concatenate a code and its description for use in a query.
- Create pre-defined conditions for the most commonly used objects so that users can select these pre-defined conditions for use in queries.
- Create time hierarchies for all dates defined in the universe. Time hierarchies allow for easy extraction of the year, month, and quarter from a date field.

2.19.23.4 Clarifications

No associated clarifications found.

2.19.23.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.23.6 Associated System Objects

Technical Name	Object Type	Title
ETG.unv	DSS Universe	DSS-ETG Universe

2.19.23.7 Change Order Status

Status	Date
Change Order Written	10/20/2005
SE Assigned	01/04/2006
Ready for Model Office	06/21/2006
Model Office Implemented	06/27/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.24 Develop Random Sample Universe - 1368

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1368	Change Order		SUR			

2.19.24.1 Desired Solution

Access to the data in the Random Sample database tables in the Data Warehouse is provided through a BusinessObjects Universe.

A universe can be defined as a logical collection of information. For example, the Random Sample Universe contains all fields from all the Random Sample tables. Think of a universe as a file folder drawer in a file cabinet. Usually file folder drawers contain information that is meaningful to the user and is related in some fashion.

2.19.24.2 Business Impact

By providing access to SUR information in the Data Warehouse, users are able to use this function to serve as a management tool, allowing the state to evaluate the delivery and utilization of medical care. It will also be used to safeguard the quality of care and guard against fraudulent or abusive use of the Medicaid Program, by either beneficiaries or providers. Test Data was limited. Some of the tables (T_CA_PROV_KEY) was empty.

2.19.24.3 Technical Specifications

The Random Sample universe is developed in BusinessObjects in the Designer module of the application. The universe designer models all of the data relationships for the Random Sample information. Migration to BusinessObjects XI release 2 is necessary. The data is grouped into logical categories called classes. Classes in this universe should be created according to generalized Random Sample groupings such as member and provider. The universe contains the following standard information:

- Follow object and class naming standards.
- Provide a meaningful definition for each object and class created in the universe. The metadata used in Erwin is leveraged for the objects where available.
- Create objects that provide measure information.
- Provide list of values for codes that a user can view and select from when building a condition in a query.
- Create objects that concatenate a code and its description for use in a query.
- Create pre-defined conditions for the most commonly used objects so that users can select these pre-defined conditions for use in queries.
- Create time hierarchies for all dates defined in the universe. Time hierarchies allow for easy extraction of the year, month, and quarter from a date field.

2.19.24.4 Clarifications

No associated clarifications found.

2.19.24.5 Associated Requirements

Requirement ID	Type
30.050.010.002.3	RFP Split Requirement
30.050.013.002.1	RFP Requirement
30.090.010.001.7	RFP Split Requirement

2.19.24.6 Associated System Objects

Technical Name	Object Type	Title
RandSamp.unv	DSS Universe	Random Sample Universe

2.19.24.7 Change Order Status

Status	Date
Change Order Written	10/20/2005
SE Assigned	01/04/2006
SE Assigned	06/13/2006
Construction in Progress	06/13/2006
Ready for Construction Walkthrough	06/26/2006
Ready for Model Office	06/29/2006
Model Office Implemented	08/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.25 DSSProfiler Targeted Queries - 1369

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1369	Change Order		SUR			

2.19.25.1 Desired Solution

Create the following Targeted Queries:

- Delayed Surgery Summary
- Facility Visits Exception
- Office Visits Exception
- Physician Office Visits by Member
- Physician Office Visits by TANF Families

2.19.25.2 Business Impact

These reports are identified to meet the SUR requirements and for CMS certification.

2.19.25.3 Technical Specifications

Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

Create the following Targeted Queries:

- Delayed Surgery Summary
- Facility Visits Exception
- Office Visits Exception
- Physician Office Visits by Member
- Physician Office Visits by TANF Families

2.19.25.4 Clarifications

No associated clarifications found.

2.19.25.5 Associated Requirements

Requirement ID	Type
30.090.013.002.12	RFP Requirement
30.090.013.003.17	RFP Requirement
30.090.013.003.3	RFP Requirement

Requirement ID	Type
30.090.015.002.19	RFP Requirement

2.19.25.6 Associated System Objects

Technical Name	Object Type	Title
Physician Office Visits by Member	Report	Physician Office Visits by Member
Office Visits Exception	Report	Office Visits Exception
Physician Office Visits by TANF Families	Report	Physician Office Visits by TANF Families
Facility Visits Exception	Report	Facility Visits Exception
Delayed Surgery Summary	Report	Delayed Surgery Summary

2.19.25.7 Change Order Status

Status	Date
Change Order Written	10/20/2005
SE Assigned	06/07/2006
Construction in Progress	06/08/2006
Ready for Model Office	07/06/2006
Ready for Model Office	07/13/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.26 Batch Code for Case Maint Window - 1575

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1575	Change Order		SUR			

2.19.26.1 Desired Solution

Install the DSSProfiler Maintenance Case Type, Case Group and Peer Group window applications. Thus, allowing the users the ability to perform maintenance functions on the control parameters of the DSSProfiler. The user can view, add and update various pieces of information on the DSSProfiler Maintenance applications: Case Type Maintenance tab pages, Case Group Maintenance tab pages and Peer Group Maintenance tab pages.

2.19.26.2 Business Impact

Provide the user with the capability to maintain DSSProfiler Case Types, Case Groups and Peer Groups.

2.19.26.3 Technical Specifications

Batch Code to populate data to the Case Type Maintenance, Peer Group Maintenance and Case Group Maintenance web applications which will be accessed from the Application Section of the Navigator menu and Welcome page

2.19.26.4 Clarifications

DME Indicator not found in MMIS. So this field is not available in DSS. This can be achieved by creating a case type using Range of procedure codes.

2.19.26.5 Associated Requirements

Requirement ID	Type
30.090.013.002.4	RFP Requirement

2.19.26.6 Associated System Objects

Technical Name	Object Type	Title
surpdbcf	Program	DSSProfiler Case Maintenance Program

2.19.26.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
SE Assigned	01/04/2006
Construction in Progress	04/07/2006
Ready for Tech Walkthrough	07/13/2006
Ready for Model Office	07/31/2006
Model Office Implemented	08/07/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.19.27 Random Sample Windows - 1580

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
1580	Change Order		SUR			

2.19.27.1 Desired Solution
Develop Random Sample Windows

2.19.27.2 Business Impact
The SUR Random Sample process will be initiated by the user when a random sample report is needed. The Random Sample will include the data specified by the user. In addition, the user will specify which data element the random sample will be generated by. The random sample process is not restricted to a claim element, nor a Provider ID or Member ID. It can be performed on any column of data returned in the initial query population.

2.19.27.3 Technical Specifications
The Random Sample report will be created by the user through the Business Objects Reporter application.

- Install Random Sample Windows
- Add support for Claim Strata as a sampling option

2.19.27.4 Clarifications
No associated clarifications found.

2.19.27.5 Associated Requirements

Requirement ID	Type
30.090.013.002.7	RFP Requirement

2.19.27.6 Associated System Objects

Technical Name	Object Type	Title
Random Sample - 6 - ID Listing Window	Window	Random Sample - 6 - ID Listing Window
Random Sample - 1 -Request Information Tab	Window	Random Sample - 1 -Request Information Tab
T_RS_SELECT	Database Table	
T_RS_SEL_FILTER	Database Table	
T_RS_SEL_SORT	Database Table	
T_RS_CLAIM_STRATA	Database Table	
T_RS_SELECT_PROV	Database Table	
T_RS_SELECT_RECIP	Database Table	
Random Sample - 3 - Request	Window	Random Sample - 3 - Request

Technical Name	Object Type	Title
Result Tab		Result Tab
T_RS_SELECT_RSLT	Database Table	
Random Sample - 2 - Request Filters Tab	Window	Random Sample - 2 - Request Filters Tab
Random Sample - 5 - Claim Detail Window	Window	Random Sample - 5 - Claim Detail Window
T_RS_CLAIM_TYPE_XREF	Database Table	
Random Sample - 4 - Request Log Tab	Window	Random Sample - 4 - Request Log Tab
T_RS_CLAIM_TYPE_STATE	Database Table	

2.19.27.7 Change Order Status

Status	Date
Change Order Written	11/11/2005
Construction in Progress	05/01/2006
Unit Test in Progress (obsolete)	06/02/2006
Ready for Model Office	06/12/2006
Model Office Implemented	07/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.28 NPI Updates - SUR - 2100

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2100	Change Order		SUR			

2.19.28.1 Desired Solution
To accept National Provider Identifier (NPI) changes from Core into Kentucky.

2.19.28.2 Business Impact
SUR data model, universes, reports, and batch processes are able to handle NPI.

2.19.28.3 Technical Specifications
Accept NPI changes from Core to Kentucky SUR. Includes all NPI Core change orders for data model, universes, reports, and batch processes.

The NPI data model changes will be released into Model Office with this CO. The NPI batch, universe, and report changes will be released into Model Office with its respective COs.

2.19.28.4 Clarifications
No associated clarifications found.

2.19.28.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.19.28.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.19.28.7 Change Order Status

Status	Date
Construction in Progress	02/21/2006
Ready for Model Office	03/22/2006
Model Office Implemented	05/26/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.29 DSSProfiler Top 20 Reports - 2702

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2702	Change Order		SUR			

2.19.29.1 Desired Solution

Create the following Targeted Queries:

- Top 20 DRG Codes by Provider
- Top 20 Diagnosis Codes by Provider
- Top 20 Procedure Codes by Provider

2.19.29.2 Business Impact

These reports are identified to meet the SUR requirements and for CMS certification.

2.19.29.3 Technical Specifications

Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

Create the following Targeted Queries:

- Top 20 DRG Codes by Provider
- Top 20 Diagnosis Codes by Provider
- Top 20 Procedure Codes by Provider

2.19.29.4 Clarifications

No associated clarifications found.

2.19.29.5 Associated Requirements

Requirement ID	Type
30.090.013.003.10	RFP Requirement

2.19.29.6 Associated System Objects

Technical Name	Object Type	Title
Top 20 Diagnosis Codes by Provider	Report	Top 20 Diagnosis Codes by Provider
Top 20 Procedure Codes by Provider	Report	Top 20 Procedure Codes by Provider
Top 20 DRG Codes by Provider	Report	Top 20 DRG Codes by Provider

2.19.29.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
Ready for Model Office	07/13/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.30 DSSProfiler Overlapping Mbr Srvc - 2703

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2703	Change Order		SUR			

2.19.30.1 Desired Solution
Create the DSSProfiler Overlapping Member Services report according to specifications.

2.19.30.2 Business Impact
These reports are identified to meet the SUR requirements and for CMS certification.

2.19.30.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

2.19.30.4 Clarifications
No associated clarifications found.

2.19.30.5 Associated Requirements

Requirement ID	Type
30.090.013.003.16	RFP Requirement

2.19.30.6 Associated System Objects

Technical Name	Object Type	Title
Overlapping Member Services	Report	Overlapping Member Services

2.19.30.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
Ready for Model Office	07/13/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.31 DSSProfiler Top 200 Members Rpt - 2704

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2704	Change Order		SUR			

2.19.31.1 Desired Solution
Create the DSSProfiler Top 200 Members by Paid Date report according to specifications.

2.19.31.2 Business Impact
These reports are identified to meet the SUR requirements and for CMS certification.

2.19.31.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

2.19.31.4 Clarifications
No associated clarifications found.

2.19.31.5 Associated Requirements

Requirement ID	Type
30.090.013.003.10	RFP Requirement

2.19.31.6 Associated System Objects

Technical Name	Object Type	Title
Top 200 Members by Paid Amount	Report	Top 200 Members by Paid Amount

2.19.31.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
SE Assigned	07/13/2006
Ready for Model Office	07/13/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.32 DSSProfiler Waiver Report - 2705

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2705	Change Order		SUR			

2.19.32.1 Desired Solution
Create the DSSProfiler Waiver Summary and Detail report according to specifications.

2.19.32.2 Business Impact
These reports are identified to meet the SUR requirements and for CMS certification.

2.19.32.3 Technical Specifications
Migration to BusinessObjects XI release 2 is necessary.

Naming standards identified and other comments regarding all reports:

- As determined in RV sessions.
- Member, not client, beneficiary, recipient or consumer.
- Follow BusinessObjects report template defined in the Data Warehouse.

2.19.32.4 Clarifications
No associated clarifications found.

2.19.32.5 Associated Requirements

Requirement ID	Type
30.090.013.003.12	RFP Requirement
30.090.013.003.18	RFP Requirement

2.19.32.6 Associated System Objects

Technical Name	Object Type	Title
Waiver Summary and Detail Report	Report	Waiver Summary and Detail Report

2.19.32.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
SE Assigned	07/13/2006
Ready for Construction Walkthrough	07/21/2006
Ready for Model Office	08/04/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006

Status	Date
Prod Implemented	06/14/2007

2.19.33 Case Maintenance Batch Report - 2706

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
2706	Change Order		SUR			

2.19.33.1 Desired Solution
Create the Case Maintenance Batch reports according to specifications.

2.19.33.2 Business Impact
Need to add information.

2.19.33.3 Technical Specifications
Need to add information.

2.19.33.4 Clarifications
No associated clarifications found.

2.19.33.5 Associated Requirements

Requirement ID	Type
30.090.013.003.3	RFP Requirement

2.19.33.6 Associated System Objects

Technical Name	Object Type	Title
peer group report	Report	peer group report
case type report	Report	case type report
case group report	Report	case group report

2.19.33.7 Change Order Status

Status	Date
Change Order Written	06/05/2006
SE Assigned	07/14/2006
Construction in Progress	07/18/2006
Ready for Model Office	07/25/2006
Model Office Implemented	08/07/2006
Ready for Model Office	08/21/2006
Model Office Implemented	08/25/2006
UAT Implemented	11/01/2006
Ready for Model Office	01/16/2007
UAT Implemented	01/18/2007

Status	Date
Prod Implemented	01/23/2007

2.19.34 Profiler Universe Defects - 3228

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
3228	Change Order		SUR			

2.19.34.1 Desired Solution
Fix Profiler Universe defects in KY

2.19.34.2 Business Impact
Users cannot use the universe efficiently when it contains errors.

2.19.34.3 Technical Specifications
None.

2.19.34.4 Clarifications
No associated clarifications found.

2.19.34.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.19.34.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.19.34.7 Change Order Status

Status	Date
Change Order Written	08/02/2006
Construction in Progress	08/02/2006
Ready for Model Office	08/14/2006
Model Office Implemented	09/21/2006
UAT Implemented	11/01/2006
Prod Implemented	06/14/2007

2.19.35 Update Profiler Batch Process - 4034

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
4034	Change Order		SUR			

2.19.35.1 Desired Solution
Update profiler batch process to accommodate KY MMIS Claims changes.

2.19.35.2 Business Impact
None.

2.19.35.3 Technical Specifications
Additional Change:
Add a move statement to the ID_PROV_BASE_REFER for profilepharm.c and profileharmqtr.c in the readClaim().

For Release093, the extract control cards were modified to include the date partition in the where clause.

For Release095, the source has been recompiled with the new 64-bit logic. The change is in the make files but the new executables needed to be promoted.. This will allow system to process files that have a size greater than 2g.

2.19.35.4 Clarifications
No associated clarifications found.

2.19.35.5 Associated Requirements

Requirement ID	Type
30.050.013.002.1	RFP Requirement

2.19.35.6 Associated System Objects

Technical Name	Object Type	Title
profilesum2.c	Program	profilesum2.c
profileinpatqtr.c	Program	profileinpatqtr.c
profilesum3qtr.c	Program	profilesum3qtr.c
profilepharm.c	Program	profilepharm.c
profileinpat.c	Program	profileinpat.c
profilepharmqtr.c	Program	profilepharmqtr.c
profilesum1.c	Program	profilesum1.c
profilesum4.c	Program	profilesum4.c
profilesum3.c	Program	profilesum3.c
profileoutpat.c	Program	profileoutpat.c

Technical Name	Object Type	Title
profileoutpatqtr.c	Program	profileoutpatqtr.c

2.19.35.7 Change Order Status

Status	Date
Construction in Progress	10/04/2006
Ready for Model Office	11/20/2006
UAT Implemented	12/04/2006
Ready for Model Office	12/11/2006
UAT Implemented	12/18/2006
Ready for Model Office	01/03/2007
Model Office Implemented	01/04/2007
UAT Implemented	01/08/2007
Ready for Model Office	01/21/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
UAT Implemented	02/01/2007
Prod Implemented	02/01/2007
Ready for Model Office	02/07/2007
Model Office Implemented	02/15/2007
UAT Implemented	02/16/2007
Prod Implemented	02/16/2007
Ready for Model Office	04/04/2007
Model Office Implemented	04/12/2007
UAT Implemented	04/12/2007
Prod Implemented	04/12/2007
Ready for Model Office	06/27/2007

2.19.36 Rename all Exceptions Qtrly Rpts - 8529

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8529	Change Order		SUR			3

2.19.36.1 Desired Solution
Change the name of the Exception Quarterly Reports by removing the word 'Quarterly'. Remove the original version of the reports from the CMS and update all documentations.

2.19.36.2 Business Impact
None.

2.19.36.3 Technical Specifications
None.

2.19.36.4 Clarifications
No associated clarifications found.

2.19.36.5 Associated Requirements

Requirement ID	Type
30.090.013.003.3	RFP Requirement
30.090.015.002.19	RFP Requirement

2.19.36.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.19.36.7 Change Order Status

Status	Date
Change Order Written	06/27/2007

2.19.37 Random Sample Report - 8540

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8540	Change Order		SUR			

2.19.37.1 Desired Solution
Update Random Sample reports to view report on single page horizontally.

2.19.37.2 Business Impact
None.

2.19.37.3 Technical Specifications
Update Random Sample reports to view report on single page horizontally for all tabs in the report.

2.19.37.4 Clarifications
No associated clarifications found.

2.19.37.5 Associated Requirements

Requirement ID	Type
30.050.010.002.3	RFP Split Requirement
30.090.010.001.7	RFP Split Requirement
30.090.013.002.22	RFP Requirement
30.090.013.002.7	RFP Requirement

2.19.37.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.19.37.7 Change Order Status

Status	Date
Change Order Written	06/29/2007

2.19.38 Create Derive Tables for Reports - 8755

Identifier	Type	Level	Subsystem	Computed	Estimated	Priority
8755	Change Order		SUR			

2.19.38.1 Desired Solution
Remove the embedded sql statement with the hard-coded database connection.

2.19.38.2 Business Impact
None.

2.19.38.3 Technical Specifications
Remove the embedded sql statements and create derived tables in the DSSProfiler universe.

2.19.38.4 Clarifications
No associated clarifications found.

2.19.38.5 Associated Requirements

Requirement ID	Type
No associated Requirements found.	

2.19.38.6 Associated System Objects

Technical Name	Object Type	Title
No associated Change Orders found.		

2.19.38.7 Change Order Status

Status	Date
Change Order Written	07/17/2007
Prod Implemented	08/09/2007

2.20 Data Element Dictionary

Because of the length of some column names and the use of underscore characters, some names in the tables below may wrap to the next line.

2.20.1 T_CA_DRUG_GENERIC

This table contains information about Generic Product Indicator (GPI) which will distinguish a product as either a generic drug product or as the more expensive branded drug products.

Column Name	Description	Type	Length	Precision	Primary Key
IND_DRUG_GENERIC	The Generic Product Indicator (GPI) will distinguish a product as either a generic drug product or as the more expensive branded drug products.	CHAR	1	0	Y
DSC_DRUG_GENERIC	Generic Drug Description	VARCHAR2	20	0	N

2.20.2 T_CA_DRUG_SOURCE

This table contains Drug Source Code differentiates single source from multiple source drugs.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DRUG_SOURCE	The Drug Source Code differentiates single source from multiple source drugs. The current codes are: 1 - Multiple sources & 2 - Single source. Note that this field does not distinguish between the "innovator" products and its substitutes.	CHAR	1	0	Y
DSC_DRUG_SOURCE	Drug Source Description	VARCHAR2	20	0	N

2.20.3 T_CM_ACG

This table contains morbidity information.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ACG	Adjusted Clinical Grouper Code	CHAR	4	0	Y
DSC_ACG	Adjusted Clinical Grouper Description	VARCHAR2	50	0	N

2.20.4 T_CM_CASE_GROUP

This table contains all the case groups. Case groups are a special combination of case types.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_GROUP	System Assigned Key for Case Group	NUMBER	4	0	Y
CNT_CASE_TYPE	Case Type Count	NUMBER	4	0	N
CNT_CRITERIA	Criteria Count	NUMBER	4	0	N
CNT_PEERGRP	Peer Group Count	NUMBER	4	0	N
SAK_CSE_CAT	System Assigned Key for Case Category	NUMBER	4	0	N
CDE_RPT_CAT	Report Category Code	CHAR	1	0	N
CDE_FREQUENCY	Frequency Code	CHAR	1	0	N
NUM_RANGE_LO	Low Range Number	NUMBER	9	0	N
NUM_RANGE_HI	High Range Number	NUMBER	9	0	N
DSC_CASE_GROUP	Case Group Description	VARCHAR2	100	0	N
TXT_COMMENT	Comment Text	VARCHAR2	250	0	N

2.20.5 T_CM_CASE_TYPE

This table contains case type descriptions and definitions such as the area of service (Professional, Inpatient, Outpatient, and so on.).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_TYPE	System Assigned Key for Case Type	NUMBER	4	0	Y
CNT_CRITERIA	Criteria Count	NUMBER	4	0	N
SAK_CSE_CAT	System Assigned Key for Case Category	NUMBER	4	0	N
CDE_RPT_CAT	Report Category Code	CHAR	1	0	N
CDE_FREQUENCY	Frequency Code	CHAR	1	0	N
CDE_STATUS	Status Code	CHAR	1	0	N
DSC_CASE_TYPE	Case Type Description	VARCHAR2	100	0	N

2.20.6 T_CM_CG_CRIT

This table contains the user-defined criteria used to define the case group.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_GROUP	System Assigned Key for Case Group	NUMBER	4	0	Y
ID_CRITERIA	Criteria ID	NUMBER	4	0	Y
ID_PARENT	Parent ID	NUMBER	4	0	N
SAK_CASE_TYPE	System Assigned Key for Case Type	NUMBER	4	0	N
SAK_MEASURE	System Assigned Key for Measure	NUMBER	4	0	N
CDE_MATH_OP	Mathematical Operation Code	CHAR	1	0	N

2.20.7 T_CM_CG_PEERGRP

This table contains all the peer groups within each case group.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_GROUP	System Assigned Key for Case Group	NUMBER	4	0	Y
SAK_PEER_GROUP	System Assigned Key for Peer Group	NUMBER	4	0	Y
NUM_RANGE_LO	Low Range Number	NUMBER	9	0	N
NUM_RANGE_HI	High Range Number	NUMBER	9	0	N

2.20.8 T_CM_CG_TYPE

This table contains all the case types within each case group.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_GROUP	System Assigned Key for Case Group	NUMBER	4	0	Y
SAK_CASE_TYPE	System Assigned Key for Case Type	NUMBER	4	0	Y

2.20.9 T_CM_CONFIRM

This table contains the confirmation descriptions (Y - Yes; N - No).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CONFIRM	Confirmation Code	CHAR	1	0	Y
DSC_CONFIRM	Confirmation Description	VARCHAR2	10	0	N

2.20.10 T_CM_CSE_CAT

This table contains user-defined groups of case types for ease of maintenance.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CSE_CAT	System Assigned Key for Case Category	NUMBER	4	0	Y
DSC_CSE_CAT	Case Category Description	VARCHAR2	50	0	N

2.20.11 T_CM_CT_CRIT

This table contains the user-defined criteria used to define the case types.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CASE_TYPE	System Assigned Key for Case Type	NUMBER	4	0	Y
ID_CRITERIA	Criteria ID	NUMBER	4	0	Y
ID_PARENT	Parent ID	NUMBER	4	0	N
SAK_FILTER	System Assigned Key for Filter	NUMBER	4	0	N
TXT_LOGIC_OP	Logic Text	VARCHAR2	7	0	N
TXT_RANGE_LO	Low Range Text	VARCHAR2	4000	0	N
TXT_RANGE_HI	High Range Text	VARCHAR2	4000	0	N
TXT_GROUP_OP	Group Text	VARCHAR2	3	0	N

2.20.12 T_CM_CT_FILTER

This table contains information on all valid types of codes (procedure, diagnosis, therapeutic class, and so on.) that can be used to define a case type. This information includes items such as the data type and the associated code table, if available for the code, so a description of the code entered can be displayed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FILTER	System Assigned Key for Filter	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SORT	Sort Number	NUMBER	4	0	N
CDE_DATA_TYPE	Data Type Code	CHAR	1	0	N
DSC_FILTER	Filter Description	VARCHAR2	30	0	N
TXT_MASK	Mask Text	VARCHAR2	15	0	N
TXT_MASK_RE	Mask RE Text.	VARCHAR2	30	0	N
TXT_FILTER	Filter Text.	VARCHAR2	20	0	N
TXT_OWNER	Owner Text.	VARCHAR2	10	0	N
TXT_TABLE	Table Name.	VARCHAR2	26	0	N
TXT_COL_CODE	Code Column.	VARCHAR2	22	0	N
TXT_COL_DESC	Description Column.	VARCHAR2	20	0	N

2.20.13 T_CM_DAY

This is a profile code table for profile day, number sort, and day description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_DAY	This is the day code.	CHAR	3	0	Y
NUM_SORT	This is the sort number.	NUMBER	2	0	N
DSC_DAY	Day Description	VARCHAR2	10	0	N

2.20.14 T_CM_FREQUENCY

This table contains all the frequencies (yearly/quarterly) and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FREQUENCY	Frequency Code	CHAR	1	0	Y
NUM_SORT	Sort Number	NUMBER	2	0	N
DSC_FREQUENCY	Frequency Description	VARCHAR2	10	0	N

2.20.15 T_CM_MEASURE

This table contains information about measures.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEASURE	System Assigned Key for Measure	NUMBER	4	0	Y
NUM_SORT	Sort Number	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_TOTAL	Total Indicator	CHAR	1	0	N
DSC_MEASURE	Measure Description	VARCHAR2	15	0	N
TXT_MEASURE	Measure Text	VARCHAR2	15	0	N

2.20.16 T_CM_PAID_LEVEL

Code table which indicates at which level the claim was paid

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAID_LEVEL	Code which indicates at which level the claim was paid	CHAR	1	0	Y
NUM_SORT	Sort Number	NUMBER	2	0	N
DSC_PAID_LEVEL	Description of the Payment Level.	VARCHAR2	11	0	N

2.20.17 T_CM_PEER_GROUP

This table contains peer group descriptions and definitions for both provider and recipient peer groups (provider specialty, recipient aid category, and so on.).

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PEER_GROUP	System Assigned Key for Peer Group	NUMBER	4	0	Y
CNT_CRITERIA	Criteria Count	NUMBER	4	0	N
IND_PROV_RECIP	Provider Benefit Indicator	CHAR	1	0	N
CDE_FREQUENCY	Frequency Code	CHAR	1	0	N
CDE_STATUS	Status Code	CHAR	1	0	N
DSC_PEER_GROUP	Peer Group Description	VARCHAR2	100	0	N

2.20.18 T_CM_PG_CRIT

This table contains the user-defined criteria used to define peer groups.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PEER_GROUP	System Assigned Key for Peer Group	NUMBER	4	0	Y
ID_CRITERIA	Criteria ID	NUMBER	4	0	Y
ID_PARENT	Parent ID	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FILTER	System Assigned Key for Filter	NUMBER	4	0	N
TXT_LOGIC_OP	Logic Text	VARCHAR2	7	0	N
TXT_RANGE_LO	Low Range Text	VARCHAR2	4000	0	N
TXT_RANGE_HI	High Range Text	VARCHAR2	4000	0	N
TXT_GROUP_OP	Group Text	VARCHAR2	3	0	N

2.20.19 T_CM_PG_FILTER

This table contains information a user selects to display a list of peer groups to view and edit.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_FILTER	System Assigned Key for Filter	NUMBER	4	0	Y
NUM_SORT	Sort Number	NUMBER	4	0	N
IND_PROV_RECIP	Provider Benefit Indicator	CHAR	1	0	N
CDE_DATA_TYPE	Data Type Code	CHAR	1	0	N
DSC_FILTER	Filter Description	VARCHAR2	30	0	N
TXT_MASK	Mask Text	VARCHAR2	15	0	N
TXT_MASK_RE	Mask RE Text	VARCHAR2	30	0	N
TXT_FILTER	Filter Text	VARCHAR2	20	0	N
TXT_OWNER	Owner Text	VARCHAR2	10	0	N
TXT_TABLE	Table Text	VARCHAR2	26	0	N
TXT_COL_CODE	Column Code Text	VARCHAR2	22	0	N
TXT_COL_DESC	Column Description Text	VARCHAR2	20	0	N

2.20.20 T_CM_RPT_CAT

This table contains groupings of case type files, usually defined by claim type.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_RPT_CAT	Report Category Code	CHAR	1	0	Y
NUM_SORT	Sort Number	NUMBER	2	0	N
DSC_RPT_CAT	Report Category Description	VARCHAR2	30	0	N

2.20.21 T_CM_SEX

This is a profile code table for sex code, number sort, and sex description.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SEX	This is the sex code.	CHAR	1	0	Y
NUM_SORT	This is the sort number.	NUMBER	2	0	N
DSC_SEX	Sex Description	VARCHAR2	10	0	N

2.20.22 T_CM_STATUS

This table contains all the statuses and descriptions applied to peer groups, case types, and case groups to identify if the object is active or inactive.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_STATUS	Status Code	CHAR	1	0	Y
NUM_SORT	Sort Number	NUMBER	2	0	N
DSC_STATUS	Status Description	VARCHAR2	10	0	N

2.20.23 T_CT_ANALYST

This tables defines the information related to each SUR analyst.

Column Name	Description	Type	Length	Precision	Primary Key
ID_ANALYST	Analyst's ID.	CHAR	3	0	Y
NAM_ANALYST	The analyst's last name.	VARCHAR2	25	0	N
IND_ACTIVE	Is the analyst an active member of the SURS unit? - (Y/N)	CHAR	1	0	N
CDE_PROV_TYPE	The provider type the analyst is allowed to work on.	VARCHAR2	255	0	N
IND_PROV_TYPE_ALL	Is the analyst allowed to work on all provider types? - (Y/N)	CHAR	1	0	N
NUM_MAX_WORK_CASE	Maximum number of working cases for an analyst.	NUMBER	3	0	N
CDE_EXP_LEVEL	The analyst's level of experience.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_RECIP_CASE	Can the analyst work on client cases? - (Y/N)	CHAR	1	0	N
IND_SUPERVISOR	Supervisor assigned indicator.	CHAR	1	0	N

2.20.24 T_CT_AR_TRACKING

This table defines the accounts receivable information for each internal control number sent to credits and adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MASTER_LOG	Master Log Number.	NUMBER	8	0	Y
NUM_ICN	ICN of the claim that SURS has identified as needing to be adjusted.	CHAR	13	0	Y
IND_ADJUSTMENT	Has an adjustment been created for this ICN? - (Y/N)	CHAR	1	0	N
NUM_ADJUSTMENT_ICN	Adjustment ICN for the ICN identified by SURS as needing adjusted.	CHAR	13	0	N
NUM_AR_NUMBER	Account Receivable Control Number.	CHAR	13	0	N
AMT_RECOUPED	Total amount recouped for the ICN.	NUMBER	8	2	N
DTE_RECOUPED	Date when the last recoupment was done through financial for the ICN.	DATE	0	0	N
CDE_FUND_CODE	Funding Code.	CHAR	3	0	N
IND_CLOSED	Has ICN been fully recouped.? - (Y/N)	CHAR	1	0	N

2.20.25 T_CT_CASE_RECOUP

This table defines master log numbers which have been sent, or are ready to be sent, to credits and adjustments.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
IND_SELECT	Has the case been selected? - (Y/N)	CHAR	1	0	N
NAM_ANALYST	The analyst's last name reviewing the case.	VARCHAR2	25	0	N
AMT_REFUND	Recoupment refund amount.	NUMBER	8	2	N
DTE_RECOUP	Date when the recoupment can be generated.	DATE	0	0	N

2.20.26 T_CT_CASE_STATUS

This table defines the case statuses and their associated descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CASE_STATUS	Case Status Code.	CHAR	2	0	N
DSC_CASE_STATUS	Case Status Code Description.	VARCHAR2	100	0	N

2.20.27 T_CT_CASE_TRACK

This table defines the majority of the information related to a master log number. It is the main table for SURS Case Tracking.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	Y
CDE_CASE_STATUS	Status of case.	CHAR	2	0	N
TXT_FILE_LOCATION	Physical location of file.	VARCHAR2	50	0	N
IND_CMHC	Is the provider a CMHC? - (Y/N)	CHAR	1	0	N
IND_POLICY_RECOM	Were there policy recommendations resulting from this case? - (Y/N)	CHAR	1	0	N
ID_ANALYST	Analyst's ID.	CHAR	3	0	N
ID_PROV_RECIP	Provider/Client ID.	VARCHAR2	12	0	N
NAM_PROV_RECIP_L	Provider/Client last name.	VARCHAR2	39	0	N
NAM_PROV_RECIP_F	Provider/Client first name.	VARCHAR2	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PROV_RECIP_MI	Provider/Client middle initial.	CHAR	1	0	N
CDE_PROV_TYPE	Provider type.	CHAR	2	0	N
DSC_PROV_TYPE	Provider type description.	VARCHAR2	50	0	N
TXT_PROV_INT	Professional initials.	VARCHAR2	10	0	N
ADR_SITE	Provider/Client city.	VARCHAR2	18	0	N
TXT_SOURCE	Source of case (Ranking List, Exception Profile or Referral).	VARCHAR2	100	0	N
DTE_REV_FROM	Review period from date.	DATE	0	0	N
DTE_REV_THRU	Review period through date.	DATE	0	0	N
CDE_COS	Category of Service.	CHAR	2	0	N
CDE_SPEC_AID_CAT	Specialty/Aid category.	CHAR	3	0	N
IND_WARN_LTR	Warning letter sent to client? - (Y/N)	CHAR	1	0	N
NUM_CLMS_REV	Number of claims reviewed.	NUMBER	8	0	N
AMT_TOT_PD_SAMPLE	Total paid in sample.	NUMBER	11	2	N
NUM_SAMPLE_SIZE	Sample size.	NUMBER	8	0	N
NUM_TOT_CLMS	Total number of claims.	NUMBER	8	0	N
AMT_TOT_PAID	Total paid.	NUMBER	11	2	N
AMT_TOT_REV	Total amount reviewed.	NUMBER	11	2	N
NUM_TOT_RECIPS	Total clients.	NUMBER	8	0	N
DTE_ASSIGNED	Date case assigned to the analyst.	DATE	0	0	N
DTE_INITIATED	Date analyst initiated the case.	DATE	0	0	N
DTE_REF_SUP	Date analyst referred to supervisor.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_CASE_CLOSED	Date all case activity was complete.	DATE	0	0	N
ID_SUPERVISOR	Supervisor's ID.	VARCHAR2	3	0	N
TXT_ANALYST_COMM	Analyst's comments.	VARCHAR2	4000	0	N
DTE_INT_RECOUP_LTR	Date initial recoupment letter sent/received.	DATE	0	0	N
AMT_REFUND_REQ	Refund amount requested in initial letter.	NUMBER	11	2	N
DTE_END_REQ_RECON1	First end date for provider to request reconsideration.	DATE	0	0	N
DTE_REFUND_DUE1	First refund due date.	DATE	0	0	N
DTE_RECON1_REQ	First date of provider's reconsideration request.	DATE	0	0	N
DTE_RECON1_RESP	First reconsideration response date.	DATE	0	0	N
AMT_REF_REQ_RECON1	First refund amount requested in reconsideration response.	NUMBER	11	2	N
DTE_END_RESP_RECN1	First end date for provider to request a second reconsideration.	DATE	0	0	N
DTE_REFUND_DUE2	Second refund due date (for reconsideration amount).	DATE	0	0	N
DTE_RECON2_REQ	Second date of provider's reconsideration request.	DATE	0	0	N
DTE_RECON2_RESP	Second reconsideration response date.	DATE	0	0	N
AMT_REF_REQ_RECON2	Second refund amount requested in reconsideration response letter.	NUMBER	11	2	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_END_RESP_RECN2	Second end date for provider to request a MAC appeal.	DATE	0	0	N
DTE_REFUND_DUE3	Third refund due date (for reconsideration amount).	DATE	0	0	N
DTE_MAC_APPEAL_REQ	Date of provider's MAC appeal request.	DATE	0	0	N
DTE_MAC_APPEAL_RSP	MAC appeal response date.	DATE	0	0	N
AMT_REF_REQ_APPEAL	Refund amount requested in MAC appeal response letter.	NUMBER	11	2	N
DTE_END_RESP_MAC	Last day for provider to request a CEO appeal.	DATE	0	0	N
DTE_END_APP_REF_DU	Refund due date (for MAC appeal amount).	DATE	0	0	N
DTE_CEO_REQ	Date of provider's request for a CEO appeal.	DATE	0	0	N
DTE_CEO_RESP	CEO appeal response date.	DATE	0	0	N
AMT_REFUND_REQ_CEO	Refund amount requested following CEO decision.	NUMBER	11	2	N
AMT_CUR_REQ	Current amount requested.	NUMBER	11	2	N
AMT_DMH_SHARE	For CMHC's, amount owed to DMH if client was an adult.	NUMBER	11	2	N
DTE_SENT_CR_ADJ	Date sent to adjustments.	DATE	0	0	N
TXT_COMMENTS	Comments.	VARCHAR2	4000	0	N
DTE_LOCKIN_FROM	Lock-in from date.	DATE	0	0	N
DTE_LOCKIN_THRU	Lock-in through date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_WARNING_LTR	Date the Warning Letter was sent to the client.	DATE	0	0	N
DTE_RECIP_REVIEW	Date the client is due for a SUR review.	DATE	0	0	N
TXT_LOCKIN_COMM	Comments associated with client lock-in program.	VARCHAR2	4000	0	N
DTE_SUPV_APP_LTR	Date supervisor approval letter sent.	DATE	0	0	N
DTE_SUPV_APP_RECN1	Date supervisor approved first reconciliation letter to be sent.	DATE	0	0	N
DTE_SUPV_APP_RECN2	Date supervisor approved second reconciliation letter to be sent.	DATE	0	0	N
DTE_SUPV_APP_MAC	Date supervisor approved MAC letter to be sent.	DATE	0	0	N
DTE_SUPV_APP_CEO	Date supervisor approved CEO letter to be sent.	DATE	0	0	N
DTE_RESP_LTR_RECVD	Date green card response letter received from the provider.	DATE	0	0	N
DTE_RESP_RECVD_RC1	Date green card reconciliation 1 response letter received from the provider.	DATE	0	0	N
DTE_RESP_RECVD_RC2	Date green card reconciliation 2 response letter received from the provider.	DATE	0	0	N
DTE_RESP_RECVD_MAC	Date green card MAC response letter received from the provider.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RESP_RECVD_CEO	Date green card CEO response letter received from the provider.	DATE	0	0	N
DTE_SETTLEMENT	Date a settlement was reached on the case.	DATE	0	0	N
DTE_RECOUPED	Date when the last recoupment was done through financial for the case.	DATE	0	0	N
AMT_RECOUPED	Total amount that has been recouped for the case.	NUMBER	11	2	N
AMT_REFUND_REC	Refund amount received from provider.	NUMBER	11	2	N
DTE_REFUND_REC	Date refund received from the provider.	DATE	0	0	N
DTE_PURGE	Date the case was purged.	DATE	0	0	N

2.20.28 T_CT_CONT_TERM

This table defines the contract termination information related to a provider.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CONT_TERM_SUSP	Contract termination/suspension system assigned key.	NUMBER	9	0	Y
NAM_PROVIDER	Provider's name.	VARCHAR2	50	0	N
ID_PROVIDER	Provider's ID.	CHAR	10	0	N
CDE_PROV_STATUS	Provider's status.	CHAR	2	0	N
DTE_TERM_SUSP_LTR	Date of the Contract Termination/Suspension Letter when the SUR's unit recommended the provider should be suspended or terminated.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_TERM_SUSP	Date of the provider's contract was terminated or suspended from the Provider Subsystem.	DATE	0	0	N
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	N

2.20.29 T_CT_EDIT_MEMBERS

This table defines the information related to consultants and other members the SURS group corresponds with.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_MEMBER	Edit members system assigned key.	NUMBER	9	0	Y
NAM_MEMBER	Member's name.	VARCHAR2	50	0	N
ADR_STREET	Member's street address.	VARCHAR2	30	0	N
ADR_CITY	Member's city.	VARCHAR2	18	0	N
ADR_STATE	Member's state.	CHAR	2	0	N
ADR_ZIP	Member's zip code.	CHAR	5	0	N
ADR_ZIP_EXT	Member's zip code extension.	CHAR	4	0	N
ADR_EMAIL	Member's e-mail address.	VARCHAR2	50	0	N
DSC_OCCUPATION	Member's occupation.	VARCHAR2	40	0	N
NUM_PHONE	Member's phone number.	NUMBER	10	0	N
NUM_FAX	Member's fax number.	NUMBER	10	0	N
TYP_MEMBER	Type of member - (MAC or Consultant).	VARCHAR2	10	0	N

2.20.30 T_CT_EOMB

This table defines the detail information related to an Explanation of Medical Benefits (EOMB) case.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_EOMB	EOMB system assigned key.	NUMBER	9	0	Y
ID_RECIP	Client's ID.	VARCHAR2	12	0	N
NAM_RECIPIENT	Client's name.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_CARE_OF	Care of address.	VARCHAR2	50	0	N
ADR_STREET	Client's street address.	VARCHAR2	30	0	N
ADR_CITY	Client's city.	VARCHAR2	18	0	N
ADR_STATE	Client's state.	VARCHAR2	2	0	N
ADR_ZIP	Client's zip code.	CHAR	5	0	N
ADR_ZIP_EXT	Client's zip code extension.	CHAR	4	0	N
NUM_PHONE	Client's phone number.	CHAR	10	0	N
TXT_RECIP_COMM	Client's comments.	VARCHAR2	4000	0	N
TXT_PAYMNT_DURING	Dates of payment.	VARCHAR2	5	0	N
DTE_EOMB_LETTER	Date EOMB letter was sent to client.	DATE	0	0	N
DTE_EOMB_REF_RECVD	Date EOMB referral was received from the client.	DATE	0	0	N
IND_ACTION_REQ	Is there further action required by the SUR's Unit? - (Y/N)	CHAR	1	0	N
IND_SEC_DESTRUCT	Security destruct? - (Y/N)	CHAR	1	0	N
TXT_ANALYST_COMM	Analyst's comments.	VARCHAR2	4000	0	N
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	N

2.20.31 T_CT_LOCKIN

This table defines the lockin information related to a case.

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	Y
DTE_WARNING_LTR	Date the Warning Letter was sent to the client.	DATE	0	0	N
DTE_LOCKIN_FROM	Effective date of the SUR lock-in period.	DATE	0	0	N
DTE_LOCKIN_THRU	End date of the SUR lock-in period.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_RECIP_REVIEW	Date the client is due for a SUR review.	DATE	0	0	N

2.20.32 T_CT_PROD_CD

This table defines the productivity tracking codes and descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PRODUCTIVITY_CD	Productivity code.	NUMBER	3	0	Y
TXT_PRODUCTIVITY_DESC	Productivity description.	VARCHAR2	50	0	N

2.20.33 T_CT_PROD_TRACK

This table defines the productivity tracking information for each analyst.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROD_TRACK	Productivity tracking system assigned key.	NUMBER	9	0	Y
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	N
NAM_ANALYST	Analyst's last name.	VARCHAR2	25	0	N
DTE_BEGIN	Beginning date of the week for productivity tracking.	DATE	0	0	N
SAK_PRODUCTIVITY_CD	Productivity code.	NUMBER	3	0	N
NUM_HOURS	Number of hours logged.	NUMBER	6	2	N

2.20.34 T_CT_PROD_TRAIN

This table defines the productivity training information for each analyst.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROD_TRAIN	Productivity training system assigned key.	NUMBER	9	0	Y
DTE_TRAINING	Date of training.	DATE	0	0	N
DSC_EVENT	Description of training.	VARCHAR2	255	0	N
NUM_HOURS	Number of training hours.	NUMBER	6	2	N
TXT_LOCATION	Location of training.	VARCHAR2	255	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROD_TRACK	Productivity tracking system assigned key.	NUMBER	9	0	N

2.20.35 T_CT_PROV_CRIT

This table defines the criteria related to how the provider cases were selected, or not selected, to be reviewed by the SUR analysts.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_CRIT	Provider criteria system assigned key.	NUMBER	9	0	Y
DSC_CRIT	Provider's case selection criteria description.	VARCHAR2	255	0	N
IND_LOCKED	Case selection locked? - (Y/N)	CHAR	1	0	N
CDE_SOURCE	Source of case selection.	NUMBER	1	0	N
IND_PROV_DESEL	Case selection from Deselection List? - (Y/N)	CHAR	1	0	N
TXT_PROV_LOC	Provider's location (county).	VARCHAR2	255	0	N
TXT_PROV_TYP	Provider type.	VARCHAR2	255	0	N
TXT_PROV_SPC	Provider's specialty.	VARCHAR2	255	0	N
NUM_CASE	Total number of provider cases in search criteria.	NUMBER	9	0	N
PCT_TOP	Number of providers selected for the top percentile.	NUMBER	3	0	N
PCT_BOTTOM	Number of providers selected for the bottom percentile.	NUMBER	3	0	N
PCT_MIDDLE	Number of providers selected for the middle percentile.	NUMBER	3	0	N

2.20.36 T_CT_REFERRALS

This table defines the detail referral information for particular master log numbers.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_REFERRAL	System assigned key.	NUMBER	9	0	Y
NAM_PROV_RECIP_L	Provider/Client last name.	VARCHAR2	39	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PROV_RECIP_F	Provider/Client first name.	VARCHAR2	10	0	N
TXT_OTHER_IDS	Other ID's associated with a provider.	VARCHAR2	254	0	N
ADR_STREET	Provider/Client street.	VARCHAR2	30	0	N
ADR_CITY	Provider/Client city.	VARCHAR2	18	0	N
ADR_STATE	Provider/Client state.	CHAR	2	0	N
ADR_ZIP	Provider/Client zip code.	CHAR	5	0	N
ADR_ZIP_EXT	Provider/Client zip code extension.	CHAR	4	0	N
NUM_PHONE	Provider/Client phone number.	CHAR	10	0	N
DTE_RECEIVED	Date referral received.	DATE	0	0	N
TXT_SOURCE	Source of referral.	VARCHAR2	100	0	N
TXT_ANONYMOUS	Anonymous source information.	VARCHAR2	50	0	N
TXT_OUTGOING_REF1	Primary - Referred to entity.	VARCHAR2	50	0	N
DTE_REFERRAL1	Primary - Date referred to entity.	DATE	0	0	N
DTE_RESPONSE1	Primary - Date response received from entity.	DATE	0	0	N
TXT_STATUS1	Primary - Entity status.	VARCHAR2	254	0	N
TXT_OUTGOING_REF2	Secondary - Referred to entity.	VARCHAR2	50	0	N
DTE_REFERRAL2	Secondary - Date referred to entity.	DATE	0	0	N
DTE_RESPONSE2	Secondary - Date response received from entity.	DATE	0	0	N
TXT_STATUS2	Secondary - Entity status.	VARCHAR2	250	0	N
TXT_OAC_REF_NUM	OAC reference number.	VARCHAR2	50	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TXT_COMMENTS	Comments.	VARCHAR2	4000	0	N
IND_NO_SUR_CSE_OPN	SUR's case open as a result of this referral? - (Y/N)	CHAR	1	0	N
TXT_REV_BY	Analyst reviewing the referral.	VARCHAR2	25	0	N
TXT_REF_TYPE	Referral type.	VARCHAR2	50	0	N
TXT_ENTER_BY	Analyst entering referral.	VARCHAR2	25	0	N
DTE_ENTRY	Date referral was entered.	DATE	0	0	N
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	N
IND_PROV_RECIP	Provider/Client indicator - (R/P).	CHAR	1	0	N

2.20.37 T_CT_RE_CRIT

This table defines the criteria related to how the client cases were selected, or not selected, to be reviewed by the SUR analysts.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RE_CRIT	Client criteria system assigned key.	NUMBER	9	0	Y
DSC_CRIT	Client's case selection criteria description.	VARCHAR2	255	0	N
IND_LOCKED	Case selection locked? - (Y/N)	CHAR	1	0	N
CDE_SOURCE	Source of case selection.	NUMBER	1	0	N
IND_RECIP_DESEL	Case selection from Deselection List? - (Y/N)	CHAR	1	0	N
NUM_CASE	Total number of client cases in search criteria.	NUMBER	9	0	N
PCT_TOP	Number of clients selected for the top percentile.	NUMBER	3	0	N
PCT_MIDDLE	Number of clients selected for the middle percentile.	NUMBER	3	0	N
PCT_BOTTOM	Number of clients selected for the bottom percentile.	NUMBER	3	0	N

2.20.38 T_CT_SELECT_LST

This table defines the list of provides or clients who were selected, or not selected, to be reviewed by the SUR analysts.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_SEL_LST	Selection list system assigned key.	NUMBER	9	0	Y
SAK_CRIT	Selection criteria system assigned key.	NUMBER	9	0	Y
IND_PROV_RECIP	Provider/Client indicator - (R/P).	CHAR	1	0	N
IND_SELECTED	Provider/Client selected? - (Y/N)	CHAR	1	0	N
NUM_MSTR_LOG	Master Log Number.	NUMBER	8	0	N
ID_PROV_RECIP	Provider/Client ID.	CHAR	12	0	N
NAM_PROV_RECIP	Provider/Client name.	VARCHAR2	50	0	N
CDE_SOURCE	Source of provider/client selection.	NUMBER	2	0	N
NUM_WEIGHT	Weight of provider/client.	NUMBER	7	0	N
ID_ANALYST	ID of analyst assigned to case.	CHAR	3	0	N

2.20.39 T_CT_SELECT_SRC

This table defines the case selection sources and their associated descriptions.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SOURCE	Source Code.	NUMBER	2	0	N
DSC_SOURCE	Source Code Description.	VARCHAR2	100	0	N

2.20.40 T_ETG_COMPARISON_TOTS

This table is a derivative of the T_ETG_SUMMARY table, grouping the ETG summary records based on ETG attributes: (etg_number, etg_subclass, episode_type)

Column Name	Description	Type	Length	Precision	Primary Key
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
TOT_AMT_ALLOWED	This is the total allowed amount from the ETG summary file.	NUMBER	9	2	N
TOT_AMT_PAID	This is the Total Amount paid for this ETG classification.	NUMBER	9	2	N
TOT_EPISODES	This is the total number of ETG episodes.	NUMBER	9	0	N
TOT_RECIPIENTS	This is a count of the recipients.	NUMBER	9	0	N
AMT_PER_RECIP	Total amount paid per recipient.	NUMBER	9	2	N
AMT_PER_EPISODE	Total amount paid per ETG episode.	NUMBER	9	2	N
EP_EXCP	Number of Exceptions based on cost per Episode. This field is the count of providers where the absolute value of the total amount per episode subtracted from the amount paid per episode is greater than 2 * STDDEV(amount paid per episode).	NUMBER	9	0	N
RE_EXCP	Number of Exceptions based on cost per recipient. This field is the count of providers where the absolute value of the total amount per recipient subtracted from the amount paid per recipient is greater than 2 * STDDEV(amount paid per recipient).	NUMBER	9	0	N

2.20.41 T_ETG_DESC

Code table showing all possible values for the ETG and Subclass.

Column Name	Description	Type	Length	Precision	Primary Key
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs.	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MPC	The Major Practice Category. This is a high level ETG specific classification for specific disease conditions. There are 22 MPCs: 1 INFECTIOUS DISEASES 2 ENDOCRINOLOGY 3 HEMATOLOGY 4 PSYCHIATRY 5 CHEMICAL DEPENDENCY 6 NEUROLOGY 7 OPHTHALMOLOGY 8 CARDIOLOGY 9 OTOLARYNGOLOGY 10 PULMONOLOGY 11 GASTROENTEROLOGY 12 HEPATOLOGY 13 NEPHROLOGY 14 UROLOGY 15 OBSTETRICS 16 GYNECOLOGY 17 DERMATOLOGY 18 ORTHOPEDICS & RHEUMATOLOGY 19 NEONATOLOGY 20 PREVENTIVE & ADMINISTRATIVE 21 "LATE EFFECTS, ENVIRONMENTAL	VARCHAR2	2	0	N
ETG_DESC	The description of the ETG number.	VARCHAR2	225	0	N

2.20.42 T_ETG_DTL

Core ETG table that contains detail level ETG information. The data in this table is a direct output of the ETG grouper.

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_BASE_ID	The recipient's unique ID for the claim episode.	VARCHAR2	12	0	N
CLAIM_TYPE	The claim type for a given ETG claim.	VARCHAR2	1	0	N
SAK_CLAIM	Unique claim system assigned key defined on a given ETG claim.	NUMBER	9	0	N
NUM_DTL	Claim detail number on a given ETG claim.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N
EPISODE_NUM	Unique episode number. Link to patient records through this field. The episode to which the record was grouped. All records in an episode will have the same episode number. Episode numbers are unique, and begin with the Last Episode Number given in the configuration file. This field can serve as a link between records in the claim file and records in the summary and confinement.	VARCHAR2	10	0	N
CLUSTER_NUM	Cluster number represents the building block of a treatment episode. Each episode consists of one or more clusters. A cluster is composed of a single anchor record, and can include an unlimited number of records of other types.	VARCHAR2	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	1	0	N
USER_EPISODE_TYPE	The values for this field are the same as for the Episode Type field, but are calculated using any custom clean period you have defined for the episode's ETG. Custom clean periods are not used for grouping. They are used solely to determine the type of start and finish for this field. If the ETG for the record does not have a custom clean period defined for it, this field will not be meaningful.	VARCHAR2	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RECORD_TYPE	The record type, Management, Surgery, Facility, Ancillary and Pharmaceutical, is assigned according to the provider type, type of service, procedure code, and NDC fields on the claim record.	VARCHAR2	1	0	N
SAK_PROV_LOC_PERF	System Assigned Key for Performing Provider Location.	CHAR	10	0	N
ETG_FILL	This is the ETG filler. This filler field is used for ETG claim file field positioning.	VARCHAR2	10	0	N
DRUG_ID	The Drug Class Code. This is a ETG specific class derived from groups of NDCs. The grouping identifies a specific drug by manufacturer, drug, dosage, and form. Some common drugs are released by different manufacturers under different names. Because they are really the same chemically, though, they are valid for the same ETGs. Drugs which are available in different dosages or forms are also typically valid for the same ETGs.	VARCHAR2	5	0	N
INT_PROV_TYPE	Internal Provider Type. This field represents the translated values of your provider type values used internally by the Grouper. In addition, a record with an unknown provider type will be marked with a value of 3 in the corresponding field.	VARCHAR2	1	0	N
INT_SVC_TYPE	Internal Service Type. This field represents the translated values of your service type values used internally by the Grouper. In addition, a record with an unknown service type will be marked with a value of 3 in the corresponding field.	VARCHAR2	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CONFINEMENT_NUM	If the claim record's first date of service falls within a period of confinement, this field will have the confinement number. If the record falls outside of any confinement periods, it will be blank.	VARCHAR2	10	0	N
GRP_VERSION	This is a one byte field containing a code which identifies the version of the Grouper engine which processed the record. This field is used by Symmetry for diagnostic purposes.	VARCHAR2	1	0	N
ETG_FILL2	This is the ETG filler 2. This filler field is used for ETG claim file field positioning.	VARCHAR2	8	0	N

2.20.43 T_ETG_EPISODE_DESC

Code table showing all possible values for the Episode Type.

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Code for Episode Type.	VARCHAR2	2	0	N
EPISODE_START	Describes whether or not the episode start was 'clean' or 'unknown'. A 'clean' start is defined as a situation where the true beginning date for an episode is known. An 'unknown' start is defined as a situation where the true beginning date for an episode is not known.	VARCHAR2	20	0	N
EPISODE_FINISH	Describes whether or not the episode end was 'clean' or 'unknown'. A 'clean' finish is defined as a situation where the true ending date for an episode is known. An 'unknown' finish is defined as a situation where the true ending date for an episode is not known.	VARCHAR2	20	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_DURATION	Describes whether or not the episode was for a 'full year' or 'incomplete'.	VARCHAR2	20	0	N
EPISODE_DESC	Description for Episode Type Code.	VARCHAR2	225	0	N

2.20.44 T_ETG_MPC_DESC

Code table showing all possible values for the MPC (Major Practice Category).

Column Name	Description	Type	Length	Precision	Primary Key
MPC	The Major Practice Category. This is a high level ETG specific classification for specific disease conditions. There are 22 MPCs: 1 INFECTIOUS DISEASES 2 ENDOCRINOLOGY 3 HEMATOLOGY 4 PSYCHIATRY 5 CHEMICAL DEPENDENCY 6 NEUROLOGY 7 OPHTHALMOLOGY 8 CARDIOLOGY 9 OTOLARYNGOLOGY 10 PULMONOLOGY 11 GASTROENTEROLOGY 12 HEPATOLOGY 13 NEPHROLOGY 14 UROLOGY 15 OBSTETRICS 16 GYNECOLOGY 17 DERMATOLOGY 18 ORTHOPEDICS & RHEUMATOLOGY 19 NEONATOLOGY 20 PREVENTIVE & ADMINISTRATIVE 21 "LATE EFFECTS, ENVIRONMENTAL	VARCHAR2	2	0	N
MPC_DESC	The Major Practice Category Description. This is a high level ETG specific classification for specific disease conditions.	VARCHAR2	100	0	N

2.20.45 T_ETG_PROFILE_PARMS

This table is the date parameter table used to define the ETG batch run dates each quarter.

Column Name	Description	Type	Length	Precision	Primary Key
SFY	STATE FISCAL YEAR State Fiscal Year.	CHAR	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
START_DATE_Q1	START DATE Q1 The first day of the quarter, seven quarters prior to the current date.	DATE	0	0	N
END_DATE_Q1	END DATE Q1 The last day of the quarter, seven quarters prior to the current date.	DATE	0	0	N
START_DATE_Q2	START DATE Q2 The first day of the quarter, six quarters prior to the current date.	DATE	0	0	N
END_DATE_Q2	END DATE Q2 The last day of the quarter, six quarters prior to the current date.	DATE	0	0	N
START_DATE_Q3	START DATE Q3 The first day of the quarter, five quarters prior to the current date.	DATE	0	0	N
END_DATE_Q3	END DATE Q3 The last day of the quarter, five quarters prior to the current date.	DATE	0	0	N
START_DATE_Q4	START DATE Q4 The first day of the quarter, four quarters prior to the current date.	DATE	0	0	N
END_DATE_Q4	END DATE Q4 The last day of the quarter, four quarters prior to the current date.	DATE	0	0	N
START_DATE_Q5	START DATE Q5 The first day of the quarter, three quarters prior to the current date.	DATE	0	0	N
END_DATE_Q5	END DATE Q5 The last day of the quarter, three quarters prior to the current date.	DATE	0	0	N
START_DATE_Q6	START DATE Q6 The first day of the quarter, two quarters prior to the current date.	DATE	0	0	N
END_DATE_Q6	END DATE Q6 The last day of the quarter, two quarters prior to the current date.	DATE	0	0	N
START_DATE_Q7	START DATE Q7 The first day of the quarter, one quarter prior to the current date.	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
END_DATE_Q7	END DATE Q7 The last day of the quarter, one quarter prior to the current date.	DATE	0	0	N
START_DATE_Q8	START DATE Q8 The first day of the quarter most recent to the current date.	DATE	0	0	N
END_DATE_Q8	END DATE Q8 The last day of the quarter most recent to the current date.	DATE	0	0	N

2.20.46 T_ETG_PROV_TOTS

This table is a derivative of the T_ETG_SUMMARY table, grouping the ETG summary records based on Provider attributes: (sak_prov_loc_perf, etg_number, etg_subclass, episode_type, patient_age, and patient_gender)

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC_PERF	System Assigned Key for Performing Provider Service Location.	CHAR	10	0	N
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	2	0	N
PATIENT_AGE	The patient's age at the beginning of the episode.	VARCHAR2	3	0	N
PATIENT_GENDER	The patient's gender.	VARCHAR2	1	0	N
AMOUNT_ALLOWED	The sum of the reported paid amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N
AMOUNT_BILLED	The sum of the reported charge amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
ANCILLARY_INPATIENT_CHARGE	The sum of the ancillary inpatient record charge amounts in the episode.	NUMBER	9	2	N
ANCILLARY_INPATIENT_PAID	The sum of the ancillary inpatient record paid amounts in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_CHARGE	The sum of the ancillary outpatient record charge amount in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_PAID	The sum of the ancillary outpatient record paid amount in the episode.	NUMBER	9	2	N
FACILITY_CHARGE	The sum of the facility (room & board) record charge amounts in the episode.	NUMBER	9	2	N
FACILITY_PAID	The sum of the facility (room & board) record paid amounts in the episode.	NUMBER	9	2	N
MEDICAL_SVCS_CHARGE	The sum of the medical record charge amounts in the episode.	NUMBER	9	2	N
MEDICAL_SVCS_PAID	The sum of the medical record paid amounts in the episode.	NUMBER	9	2	N
MEDICARE_CHARGE	The sum of the Medicare record charge amounts in the episode.	NUMBER	9	2	N
MEDICARE_PAID	The Medicare paid amount.	NUMBER	9	2	N
RX_CHARGE	The sum of the pharmaceutical record charge amounts in the episode	NUMBER	9	2	N
RX_PAID	The sum of the pharmaceutical record paid amounts in the episode.	NUMBER	9	2	N
SURGERY_CHARGE	The sum of the surgery record charge amounts in the episode.	NUMBER	9	2	N
SURGERY_PAID	The sum of the surgery record paid amounts in the episode.	NUMBER	9	2	N
CNT_CLAIMS	This is the count of ETG claims.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_EPISODES	This is the count of ETG episodes.	NUMBER	9	0	N
CNT_RECIPIENTS	This is the count of ETG recipients.	NUMBER	9	0	N

2.20.47 T_ETG_RECIP_TOTS

This table is a derivative of the T_ETG_SUMMARY table, grouping the ETG summary records based on Member attributes: (recip_base_id, etg_number, etg_subclass, episode_type, patient_age, patient_gender)

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_BASE_ID	The recipient's unique ID for the claim episode.	VARCHAR2	12	0	N
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	2	0	N
PATIENT_AGE	The patient's age at the beginning of the episode.	VARCHAR2	3	0	N
PATIENT_GENDER	The patient's gender.	VARCHAR2	1	0	N
AMOUNT_ALLOWED	The sum of the reported paid amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N
AMOUNT_BILLED	The sum of the reported charge amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
ANCILLARY_INPATIENT_CHARGE	The sum of the ancillary inpatient record charge amounts in the episode.	NUMBER	9	2	N
ANCILLARY_INPATIENT_PAID	The sum of the ancillary inpatient record paid amounts in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_CHARGE	The sum of the ancillary outpatient record charge amount in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_PAID	The sum of the ancillary outpatient record paid amount in the episode.	NUMBER	9	2	N
FACILITY_CHARGE	The sum of the facility (room & board) record charge amounts in the episode.	NUMBER	9	2	N
FACILITY_PAID	The sum of the facility (room & board) record paid amounts in the episode.	NUMBER	9	2	N
MEDICAL_SVCS_CHARGE	The sum of the medical record charge amounts in the episode.	NUMBER	9	2	N
MEDICAL_SVCS_PAID	The sum of the medical record paid amounts in the episode.	NUMBER	9	2	N
MEDICARE_CHARGE	The sum of the Medicare record charge amounts in the episode.	NUMBER	9	2	N
MEDICARE_PAID	The sum of the pharmaceutical record charge amounts in the episode.	NUMBER	9	2	N
RX_CHARGE	The sum of the pharmaceutical record charge amounts in the episode	NUMBER	9	2	N
RX_PAID	The sum of the pharmaceutical record paid amounts in the episode.	NUMBER	9	2	N
SURGERY_CHARGE	The sum of the surgery record charge amounts in the episode.	NUMBER	9	2	N
SURGERY_PAID	The sum of the surgery record paid amounts in the episode	NUMBER	9	2	N
CNT_CLAIMS	This is the count of ETG claims.	NUMBER	9	0	N
CNT_EPISODES	This is the count of ETG episodes.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_PROVS	This is the count of ETG providers.	NUMBER	9	0	N

2.20.48 T_ETG_SUMMARY

Core ETG table that contains summary level ETG information. The data in this table is a direct output of the ETG grouper.

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_BASE_ID	The recipient's unique ID for the claim episode.	VARCHAR2	12	0	N
ETGFILL1	This is the ETG filler 1. This filler field is used for ETG claim file field positioning.	VARCHAR2	21	0	N
SAK_PROV_LOC_PERF	System Assigned Key for Performing Provider Service Location.	CHAR	10	0	N
ETGFILL2	This is the ETG filler 2. This filler field is used for ETG claim file field positioning.	VARCHAR2	9	0	N
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N
PATIENT_AGE	The patient's age at the beginning of the episode.	VARCHAR2	3	0	N
PATIENT_GENDER	The patient's gender.	VARCHAR2	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_NUMBER	Unique episode number. Link to patient records through this field. The episode to which the record was grouped. All records in an episode will have the same episode number. Episode numbers are unique, and begin with the Last Episode Number given in the configuration file. This field can serve as a link between records in the claim file and records in the summary and confinement.	VARCHAR2	10	0	N
AMOUNT_BILLED	The sum of the reported charge amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	VARCHAR2	11	0	N
AMOUNT_ALLOWED	The sum of the reported paid amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	VARCHAR2	11	0	N
MEDICAL_SVCS_CHARGE	The Medical Services Charge.	VARCHAR2	11	0	N
SURGERY_CHARGE	The sum of the surgery record charge amounts in the episode.	VARCHAR2	11	0	N
FACILITY_CHARGE	The sum of the facility (room & board) record charge amounts in the episode.	VARCHAR2	11	0	N
ANCILLARY_INPATIENT_CHARGE	The sum of the ancillary inpatient record charge amounts in the episode.	VARCHAR2	11	0	N
ANCILLARY_OUTPATIENT_CHARGE	The sum of the ancillary outpatient record charge amount in the episode.	VARCHAR2	11	0	N
RX_CHARGE	The sum of the pharmaceutical record charge amounts in the episode.	VARCHAR2	11	0	N
MEDICAL_SVCS_PAID	The Medical Services Paid Amount.	VARCHAR2	11	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SURGERY_PAID	The sum of the surgery record paid amounts in the episode.	VARCHAR2	11	0	N
FACILITY_PAID	The sum of the facility (room & board) record paid amounts in the episode.	VARCHAR2	11	0	N
ANCILLARY_INPATIENT_PAID	The sum of the ancillary inpatient record paid amounts in the episode.	VARCHAR2	11	0	N
ANCILLARY_OUTPATIENT_PAID	The sum of the ancillary outpatient record paid amount in the episode.	VARCHAR2	11	0	N
RX_PAID	The sum of the pharmaceutical record paid amounts in the episode.	VARCHAR2	11	0	N
FIRST_DATE_SERVICE	The first date of service on the ETG claim.	DATE	0	0	N
LAST_DATE_SERVICE	The last date of service on the ETG claim.	DATE	0	0	N
STARTING_DX	This field is the starting DX.	VARCHAR2	5	0	N
PROCEDURE_CODE	Primary procedure code of the ETG episode.	VARCHAR2	5	0	N
DIAG	Primary diagnosis code of the ETG episode.	VARCHAR2	5	0	N
OUTLIER_STATUS	How episode charges compare to ETG's norms. Facility and Ancillary Inpatient records are not included in the determination of outlier status. The values for this field are: 0 Typical episode. A typical episode with total charge amounts between the low outlier and high outlier trim points. 1 Low outlier. An episode with total charge amounts less than the low outlier trim point. 2 High outlier. An episode with total charge amounts greater than the high outlier trim point. 3 The Unlimited Episode Length option is turned on, so outlier status cannot be determined.	VARCHAR2	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ETGFILL3	This is the ETG filler 3. This filler field is used for ETG claim file field positioning.	CHAR	1	0	N
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	1	0	N
ETGFILL4	This is the ETG filler 4. This filler field is used for ETG claim file field positioning.	CHAR	1	0	N
MEMBER_BEGIN_ELIG	Begin Eligibility date of ETG recipient.	DATE	0	0	N
MEMBER_END_ELIG	Ending Eligibility date of ETG recipient.	DATE	0	0	N
TOTAL_NUMBER_OF_CLUSTERS	Total number of clusters in episode (including phantoms).	VARCHAR2	4	0	N
TOTAL_NUM_PHANTOM_CLUSTERS	Number of phantom clusters in episode.	VARCHAR2	4	0	N

2.20.49 T_ETG_SUMMARY_TOTS

This table is a derivative of the T_ETG_SUMMARY table, grouping the ETG summary records based on ETG attributes: (etg_number, etg_subclass, episode_type, patient_age, patient_gender)

Column Name	Description	Type	Length	Precision	Primary Key
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs. For example: ETG DESCRIPTION 1 AIDS 2 HIV sero-positive without AIDS 3 Major infectious disease except HIV, with co morbidity 4 Septicemia, w/o co morbidity 5 Major infectious disease except HIV and septicemia, w/o co morbidity 6 Minor infectious disease 7 Infectious disease signs & symptoms 20 Diseases of the thyroid gland, with surgery	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	2	0	N
PATIENT_AGE	The patient's age at the beginning of the episode.	VARCHAR2	3	0	N
PATIENT_GENDER	The patient's gender.	VARCHAR2	1	0	N
AMOUNT_ALLOWED	The sum of the reported paid amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N
AMOUNT_BILLED	The sum of the reported charge amounts across all components of the episode (management, surgery, facility, ancillary and pharmaceutical charges).	NUMBER	9	2	N

Column Name	Description	Type	Length	Precision	Primary Key
ANCILLARY_INPATIENT_CHARGE	The sum of the ancillary inpatient record charge amounts in the episode.	NUMBER	9	2	N
ANCILLARY_INPATIENT_PAID	The sum of the ancillary inpatient record paid amounts in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_CHARGE	The sum of the ancillary outpatient record charge amount in the episode.	NUMBER	9	2	N
ANCILLARY_OUTPATIENT_PAID	The sum of the ancillary outpatient record paid amount in the episode.	NUMBER	9	2	N
FACILITY_CHARGE	The Facility charge.	NUMBER	9	2	N
FACILITY_PAID	The Facility paid amount.	NUMBER	9	2	N
MEDICAL_SVCS_CHARGE	The sum of the medical record charge amounts in the episode.	NUMBER	9	2	N
MEDICAL_SVCS_PAID	The sum of the medical record paid amounts in the episode.	NUMBER	9	2	N
MEDICARE_CHARGE	The sum of the Medicare record charge amounts in the episode.	NUMBER	9	2	N
MEDICARE_PAID	The Medicare paid amount.	NUMBER	9	2	N
RX_CHARGE	The sum of the pharmaceutical record charge amounts in the episode	NUMBER	9	2	N
RX_PAID	The sum of the pharmaceutical record paid amounts in the episode	NUMBER	9	2	N
SURGERY_CHARGE	The sum of the surgery record charge amounts in the episode.	NUMBER	9	2	N
SURGERY_PAID	The sum of the surgery record paid amounts in the episode	NUMBER	9	2	N
CNT_CLAIMS	This is the count of ETG claims.	NUMBER	9	0	N
CNT_EPISODES	This is the count of ETG episodes.	NUMBER	9	0	N
CNT_PROVS	This is the count of ETG providers.	NUMBER	9	0	N
CNT_RECIPIENTS	This is the count of ETG recipients.	NUMBER	9	0	N

2.20.50 T_ETG_TEMP_PROV

This is a temporary table used in the ETG batch process. This ETG table is derived from the T_ETG_SUMMARY_TOTS table. The T_ETG_TEMP_PROV table is a temporary table used to calculate two standard deviation values for the ETG distribution analysis report. The data contained in this table is not directly used for ETG reporting and is deleted after the values are calculated.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC_PERF	System Assigned Key for Performing Provider Service Location.	NUMBER	9	0	N
ETG_NUMBER	The ETG identifier assigned to the episode that further identifies a disease condition. Specific ETGs fall within MPCs.	VARCHAR2	4	0	N
ETG_SUBCLASS	More specific description of the ETG Number.	VARCHAR2	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EPISODE_TYPE	Indicates the Episode type. VALUES ARE: 0 = Clean Start/Clean End Complete Episode. 1 = Clean Start/Unknown End A full year episode which has at least one anchor record within the episode's clean period from the end of the database. 2 = Unknown Start/Clean End A full year episode which has at least one anchor record within the episode's clean period from the beginning of the database. 3 = Unknown Start/Unknown End A full year episode which has both an anchor record within the episode's clean period from the beginning of the database, and another anchor record within the clean period from the end of the database. 4 = Clean Start/Unknown End An episode < 1 year with a clean start. 5 = Unknown Start/Clean End An episode < 1 year with a clean finish. 6 = Unknown Start/Unknown End An episode < 1 year with neither a clean start nor a clean finish. 9 = Orphan ancillary service, not grouped to an episode.	VARCHAR2	2	0	N
PROV_EP_AMT	Exceptions Amounts based on cost per Episode.	NUMBER	0	0	N
PROV_RE_AMT	Exceptions Amounts based on cost per Recipient.	NUMBER	0	0	N

2.20.51 T_PF_AGR_TYPE

This table contains the codes and descriptions for the DSSProfiler aggregation types, which indicate the types of claims included in the specific aggregation (such as Fee for Service Billing and Fee for Service Performing).

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
DSC_AGGREGATION	The description of the type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	VARCHAR2	100	0	N

2.20.52 T_PF_EXP_INPAT_VAL_Q

This table contains provider exception parameters for inpatient claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	Case Type Code or Claim Grouping.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	Case Type Group Code, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	NUMBER	4	0	Y
SAK_PEER_GROUP	Peer Group System Assigned Key	NUMBER	4	0	Y
CASE_TYPE_GRP_DSC	Case Type Group Code Description, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	VARCHAR2	100	0	N
EXP_HI_VALUE	High Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_LOW_VALUE	Low Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

2.20.53 T_PF_EXP_NHOME_VAL_Q

This table contains provider exception parameters for nursing home claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	Case Type Code or Claim Grouping.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	Case Type Group Code, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	NUMBER	4	0	Y
SAK_PEER_GROUP	Peer Group System Assigned Key	NUMBER	4	0	Y
CASE_TYPE_GRP_DSC	Case Type Group Code Description, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	VARCHAR2	100	0	N
EXP_HI_VALUE	High Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N
EXP_LOW_VALUE	Low Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

2.20.54 T_PF_EXP_OUTPAT_VAL_Q

This table contains provider exception parameters for outpatient claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	User defined group of claims specific to an area of service.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	User defined set of one or more Case Types used to accumulate data and display the resulting information to the user.	NUMBER	4	0	Y
SAK_PEER_GROUP	Peer Group System Assigned Key	NUMBER	4	0	Y
CASE_TYPE_GRP_DSC	A description of the data being accumulated and displayed to the user.	VARCHAR2	100	0	N
EXP_HI_VALUE	The user defined value to identify the high acceptable value for the Case Group.	NUMBER	4	0	N
EXP_LOW_VALUE	The user defined value to identify the low acceptable value for the Case Group.	NUMBER	4	0	N

2.20.55 T_PF_EXP_PHARM_VAL_Q

This table contains provider exception parameters for pharmacy claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	Case Type Code or Claim Grouping.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	Case Type Group Code, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	NUMBER	4	0	Y
SAK_PEER_GROUP	Peer Group System Assigned Key	NUMBER	4	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_GRP_DSC	Case Type Group Code Description, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	VARCHAR2	100	0	N
EXP_HI_VALUE	High Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N
EXP_LOW_VALUE	Low Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

2.20.56 T_PF_EXP_PROF_VAL_Q

This table contains provider exception parameters for professional claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	Case Type Code or Claim Grouping.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	Case Type Group Code, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	NUMBER	4	0	Y
SAK_PEER_GROUP	Peer Group System Assigned Key	NUMBER	4	0	Y
CASE_TYPE_GRP_DSC	Case Type Group Code Description, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	VARCHAR2	100	0	N
EXP_HI_VALUE	High Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_LOW_VALUE	Low Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

2.20.57 T_PF_EXP_RECIP_VAL_Q

This table contains provider exception parameters for recipient claim data used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	Case Type Code or Claim Grouping.	NUMBER	4	0	Y
CASE_TYPE_GRP_CDE	Case Type Group Code, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	NUMBER	4	0	Y
CASE_TYPE_GRP_DSC	Case Type Group Code Description, a higher classification for the Case Type Code that corresponds to a SUR Report Line Item.	VARCHAR2	100	0	N
EXP_HI_VALUE	High Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N
EXP_LOW_VALUE	Low Exception Value used to trigger an exception on Profiler Quarterly Exception Reports.	NUMBER	4	0	N

2.20.58 T_PF_INPAT_EXCP_CNT

This table contains provider exception counts for inpatient data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
EXCPCNT	Number of exceptions.	NUMBER	8	0	N

2.20.59 T_PF_INPAT_GLOBALS

This table contains aggregated inpatient claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Beneficiary Count	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.60 T_PF_INPAT_GRP_TOT

This table contains aggregated inpatient claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Beneficiary Count	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.61 T_PF_INPAT_ICN_XREF

This table contains ICNs of inpatient claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

2.20.62 T_PF_INPAT_ICN_XREF_Q

This table contains ICNs of inpatient claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PR_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.63 T_PF_INPAT_PROV_TOT

This table contains aggregated inpatient claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.64 T_PF_INPAT_PR_TOT_Q

This table contains aggregated inpatient claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Referring provider Id or Billing Provider ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.65 T_PF_INPAT_PT_TOT

This table contains aggregated inpatient claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.66 T_PF_INPAT_PT_TOT_Q

This table contains aggregated inpatient claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.67 T_PF_INPAT_RECIP_TOT

This table contains aggregated inpatient claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.68 T_PF_INPAT_RE_TOT_Q

This table contains aggregated inpatient claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Sex of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.69 T_PF_INPAT_RE_XREF_Q

This table contains ICNs of inpatient claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.70 T_PF_INPAT_RP_TOT

This table contains aggregated inpatient claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.71 T_PF_INPAT_RP_TOT_Q

This table contains aggregated inpatient claim data, by recipient peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.72 T_PF_NHOME_EXCP_CNT

This table contains provider exception counts for LTC data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXCPCNT	The number of times the provider had data beyond the accepted norms.	NUMBER	8	0	N

2.20.73 T_PF_NHOME_GLOBALS

This table contains aggregated LTC claim data used in DSSProfiler reporting. Counts and amounts are aggregated at age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.74 T_PF_NHOME_GRP_TOT

This table contains aggregated LTC claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.75 T_PF_NHOME_ICN_XREF

This table contains ICNs of LTC claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

2.20.76 T_PF_NHOME_ICN_XREF_Q

This table contains ICNs of LTC claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PR_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.77 T_PF_NHOME_INPAT

This table contains inpatient claim data for nursing facility residents, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
RECIP_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
NUM_ICN	System assigned key used to uniquely identify a specific claim.	CHAR	13	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the provider collected from the Medicaid program for this particular grouping of claims.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	Allowed Amount for the claim.	NUMBER	14	2	N

2.20.78 T_PF_NHOME_OUTPAT

This table contains outpatient claim data for nursing facility residents, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
RECIP_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
NUM_ICN	System assigned key used to uniquely identify a specific claim.	CHAR	13	0	N
AMT_PAID	The actual amount of money the provider collected from the Medicaid program for this particular grouping of claims.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	Allowed Amount for the claim.	NUMBER	14	2	N

2.20.79 T_PF_NHOME_PHARM

This table contains pharmacy claim data for nursing facility residents, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
RECIP_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
NUM_ICN	System assigned key used to uniquely identify a specific claim.	CHAR	13	0	N
AMT_PAID	The actual amount of money the provider collected from the Medicaid program for this particular grouping of claims.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD	Allowed Amount for the claim.	NUMBER	14	2	N

2.20.80 T_PF_NHOME_PROF

This table contains professional claim data for nursing facility residents, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_PERF	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_PERF	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_PERF	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_PERF	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
RECIP_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
NUM_ICN	System assigned key used to uniquely identify a specific claim.	CHAR	13	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the provider collected from the Medicaid program for this particular grouping of claims.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	Allowed Amount for the claim.	NUMBER	14	2	N

2.20.81 T_PF_NHOME_PROV_TOT

This table contains aggregated LTC claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.82 T_PF_NHOME_PR_TOT_Q

This table contains aggregated LTC claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Referring provider Id or Billing Provider ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.83 T_PF_NHOME_PT_TOT

This table contains aggregated LTC claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.84 T_PF_NHOME_PT_TOT_Q

This table contains aggregated LTC claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.85 T_PF_NHOME_RECIP_TOT

This table contains aggregated LTC claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.86 T_PF_NHOME_RE_TOT_Q

This table contains aggregated LTC claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.87 T_PF_NHOME_RE_XREF_Q

This table contains ICNs of LTC claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.88 T_PF_NHOME_RP_TOT

This table contains aggregated LTC claim data used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.89 T_PF_NHOME_RP_TOT_Q

This table contains aggregated LTC claim data, by recipient peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.90 T_PF_NHRECIPS

This table contains a date range for each recipient with LTC facility claims during the DSSProfiler reporting period. The date range represents the earliest first date of service and the latest last date of service of all LTC facility claims for the recipient.

Column Name	Description	Type	Length	Precision	Primary Key
RECIP_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Provider Service Location.	NUMBER	9	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
BEGIN_DATE	Start Date	DATE	0	0	N
END_DATE	End Date	DATE	0	0	N

2.20.91 T_PF_OUTPAT_EXCP_CNT

This table contains provider exception counts for outpatient data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
EXCPCNT	The number of times the provider had data beyond the accepted norms.	NUMBER	8	0	N

2.20.92 T_PF_OUTPAT_GLOBALS

This table contains aggregated outpatient claim data used in DSSProfiler reporting. Counts and amounts are aggregated at age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.93 T_PF_OUTPAT_GRP_TOT

This table contains aggregated outpatient claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.94 T_PF_OUTPAT_ICN_XREF

This table contains ICNs of outpatient claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

2.20.95 T_PF_OUTPAT_PROV_TOT

This table contains aggregated outpatient claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.96 T_PF_OUTPAT_PR_TOT_Q

This table contains aggregated outpatient claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Referring provider Id or Billing Provider ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.97 T_PF_OUTPAT_PT_TOT

This table contains aggregated outpatient claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.98 T_PF_OUTPAT_PT_TOT_Q

This table contains aggregated outpatient claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.99 T_PF_OUTPAT_RECIP_TOT

This table contains aggregated outpatient claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.100 T_PF_OUTPAT_RE_TOT_Q

This table contains aggregated outpatient claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Sex of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.101 T_PF_OUTPAT_RP_TOT

This table contains aggregated outpatient claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.102 T_PF_OUTPAT_RP_TOT_Q

This table contains aggregated outpatient claim data, by recipient peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Sex of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.103 T_PF_OUTP_ICN_XREF_Q

This table contains ICNs of outpatient claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PR_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.104 T_PF_OUTP_RE_XREF_Q

This table contains ICNs of outpatient claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.105 T_PF_PARMS

This table contains date parameters used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
START_DATE	Start Date	DATE	0	0	N
END_DATE	End Date	DATE	0	0	N
SFY	State Fiscal Year	CHAR	4	0	N
START_DATE1	Start Date	DATE	0	0	N
START_DATE2	Start Date	DATE	0	0	N
END_DATE1	End Date	DATE	0	0	N
END_DATE2	End Date	DATE	0	0	N

2.20.106 T_PF_PHARM_EXCP_CNT

This table contains provider exception counts for pharmacy data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
EXCPCNT	The number of times the provider had data beyond the accepted norms.	NUMBER	8	0	N

2.20.107 T_PF_PHARM_GLOBALS

This table contains aggregated pharmacy claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.108 T_PF_PHARM_GRP_TOT

This table contains aggregated pharmacy claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.109 T_PF_PHARM_ICN_XREF

This table contains ICNs of pharmacy claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

2.20.110 T_PF_PHARM_ICN_XREF_Q

This table contains ICNs of pharmacy claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CDE_CASE_TYPE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PR_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.111 T_PF_PHARM_PROV_TOT

This table contains aggregated pharmacy claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.112 T_PF_PHARM_PR_TOT_Q

This table contains aggregated pharmacy claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Referring provider Id or Billing Provider ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.113 T_PF_PHARM_PT_TOT

This table contains aggregated pharmacy claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.114 T_PF_PHARM_PT_TOT_Q

This table contains aggregated pharmacy claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.115 T_PF_PHARM_RECIP_TOT

This table contains aggregated pharmacy claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.116 T_PF_PHARM_RE_TOT_Q

This table contains aggregated pharmacy claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.117 T_PF_PHARM_RE_XREF_Q

This table contains ICNs of pharmacy claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.118 T_PF_PHARM_RP_TOT

This table contains aggregated pharmacy claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.119 T_PF_PHARM_RP_TOT_Q

This table contains aggregated pharmacy claim data, by recipient peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.120 T_PF_PROFREF_EXCP_CNT

This table contains provider exception counts for professional referral data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXCPCNT	The number of times the provider had data beyond the accepted norms.	NUMBER	8	0	N

2.20.121 T_PF_PROFREF_GLOBALS

This table contains aggregated professional referral claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.122 T_PF_PROFREF_GRP_TOT

This table contains aggregated professional referral claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.123 T_PF_PROFREF_ICN_XREF

This table contains ICNs of professional referral claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Beneficiary.	CHAR	12	0	N

2.20.124 T_PF_PROFREF_PROV_TOT

This table contains aggregated professional referral claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.125 T_PF_PROFREF_PT_TOT

This table contains aggregated professional referral claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.126 T_PF_PROFREF_RP_TOT

This table contains aggregated professional referral claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.127 T_PF_PROFRF_RECIP_TOT

This table contains aggregated professional referral claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.128 T_PF_PROF_EXCP_CNT

This table contains provider exception counts for professional data, used in DSSProfiler reporting. Counts are at the claim grouping/aggregation type/provider peer group level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
EXCPCNT	The number of times the provider had data beyond the accepted norms.	NUMBER	8	0	N

2.20.129 T_PF_PROF_GLOBALS

This table contains aggregated professional claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.130 T_PF_PROF_GRP_TOT

This table contains aggregated professional claim data used in DSSProfiler reporting. Counts and amounts are aggregated at the claim grouping/age range/sex code level.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.131 T_PF_PROF_ICN_XREF

This table contains ICNs of professional claim data, by provider case type, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_PERF	Base Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_PERF	NPI Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_PERF	Medicaid Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_PERF	Service Location Identifier for the Performing Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Beneficiary.	CHAR	12	0	N

2.20.132 T_PF_PROF_ICN_XREF_Q

This table contains ICNs of professional claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_PERF	Base Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_PERF	NPI Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_PERF	Medicaid Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_PERF	Service Location Identifier for the Performing Provider.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Beneficiary.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.133 T_PF_PROF_PROV_TOT

This table contains aggregated professional claim data, by provider, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.134 T_PF_PROF_PR_TOT_Q

This table contains aggregated professional claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.135 T_PF_PROF_PT_TOT

This table contains aggregated professional claim data, by provider peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	This table contains aggregated professional claim data, by provider peer group, used in DSSProfiler reporting.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.136 T_PF_PROF_PT_TOT_Q

This table contains aggregated professional claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.137 T_PF_PROF_RECIP_TOT

This table contains aggregated professional claim data, by recipient, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.138 T_PF_PROF_RE_TOT_Q

This table contains aggregated professional claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.139 T_PF_PROF_RE_XREF_Q

This table contains ICNs of professional claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_PERF	Base Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_PERF	NPI Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_PERF	Medicaid Performing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_PERF	System Assigned Key for Performing Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.140 T_PF_PROF_RP_TOT

This table contains aggregated professional claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.141 T_PF_PROF_RP_TOT_Q

This table contains aggregated professional claim data, by recipient peer group, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.142 T_PF_PROV

Table that stores only the providers that are in a Profiler run. Uses data from the T_CA_PROV_KEY table to populate this table.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System assigned key assigned to the provider service 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
ID_PROVIDER_DISP	Display Provider ID. This will depend on the Provider ID Aggregation Code.	CHAR	15	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NAM_PROVIDER	Name of the provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type	CHAR	50	0	N
NAM_TITLE	Provider Title if it is a non-corporation. Ex. Mr., Mrs., Ms.	CHAR	15	0	N
IND_NAME_TYPE	Indicates it the contents of the provider name is a personal or business name (B - Business; P - Personal)	CHAR	1	0	N
CDE_PROV_TYPE_PRIM	The primary provider type for which a provider is licensed.	CHAR	2	0	N
CDE_PROV_SPEC_PRIM	The primary area of specialization for the provider.	CHAR	3	0	N
NUM_TAX_ID	Tax identification number assigned to the provider by the Internal Revenue Service	CHAR	9	0	N
IND_TAX_ID_TYPE	Indicates the type of number, SSN or FEIN, stored in the tax identifier	CHAR	1	0	N
NUM_PROV_LIC	The license number issue to the provider by the state	CHAR	10	0	N
CDE_TAXONOMY	Taxonomy Code.	CHAR	10	0	N
ADR_SVC_STRT1	Address line 1 of the provider's service location address	CHAR	30	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_SVC_STRT2	Address line 2 of the provider's service location address	CHAR	30	0	N
ADR_SVC_CITY	City name of the provider's service location address	CHAR	30	0	N
ADR_SVC_STATE	State code of the provider's service location address	CHAR	2	0	N
ADR_SVC_ZIP	First 5 characters of the zip code of the provider's service location address	CHAR	5	0	N
ADR_SVC_ZIP4	Last 4 characters of the zip code of the provider's service location address	CHAR	4	0	N
ADR_SVC_PHONE	Provider Service Location Phone Number.	CHAR	10	0	N
ADR_SVC_PHO_EXT	Provider Service Location Phone Extension.	CHAR	4	0	N
ADR_SVC_LATITUDE	Provider Service Location Latitude.	NUMBER	11	6	N
ADR_SVC_LONGITUDE	Provider Service Location Longitude.	NUMBER	11	6	N
ADR_BILL_STRT1	Address line 1 of the provider's billing address	CHAR	30	0	N
ADR_BILL_STRT2	Address line 2 of the provider's billing address	CHAR	30	0	N
ADR_BILL_CITY	City name of the provider's billing address	CHAR	30	0	N
ADR_BILL_STATE	State code of the provider's billing address	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ADR_BILL_ZIP	First 5 characters of the zip code of the provider's billing address	CHAR	5	0	N
ADR_BILL_ZIP4	Last 4 characters of the zip code of the provider's billing address	CHAR	4	0	N
ADR_BILL_PHONE	Provider Billing Location Phone Number.	CHAR	10	0	N
ADR_BILL_PHO_EXT	Provider Billing Location Phone Extension.	CHAR	4	0	N
ADR_BILL_LATITUDE	Provider Billing Location Latitude.	NUMBER	11	6	N
ADR_BILL_LONGITUDE	Provider Billing Location Longitude.	NUMBER	11	6	N
CDE_ORGANIZATION	Organization Code	CHAR	1	0	N
PRI_PROV_ID_TYPE_PRT	Provider ID Type Code of the Priority ID for printing.	CHAR	3	0	N
PRI_PROV_ID_TYPE_DSP	Provider ID Type Code of the Priority ID for display.	CHAR	3	0	N
CDE_SVC_STATE_REGION	Suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SVC_COUNTY	The county in which the provider's service address is located. Out-of-state provider are also assigned a county code.	VARCHAR2	10	0	N
DSC_PROV_TYPE	Provider Type Code Description	VARCHAR2	50	0	N
DSC_PROV_SPEC	Provider Specialty Code Description	VARCHAR2	50	0	N
DSC_SVC_COUNTY	Provider County Code Description	VARCHAR2	50	0	N
DSC_SVC_STATE_REGION	Description for suffix added to the Managed Care Organization (MCO) number to identify the various regions that a MCO does business. The valid values are N, C, and S for Northern, Central, and Southern regions.	VARCHAR2	50	0	N
DSC_TAXONOMY	Provider Taxonomy Code Description	VARCHAR2	100	0	N

2.20.143 T_PF_PROV_CMPR

This table contains aggregated claim data and recipient counts, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	The four service types are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CDE_GENDER	Sex of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	For Professional Services - Performing Provider ID/Referring Provider ID, Inpatient services - Referring Provider ID, Outpatient Services - Referring Provider ID, Pharmacy Services - Prescribing Provider ID, Nursing Home Claims - Billing Provider ID	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
ACT_AMT_PER_RECIP	The amount of money the facility collected from the Medicaid program.	NUMBER	10	2	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
DOLLDIFF	This is the difference in the actual amount and the expected amount.	NUMBER	10	2	N
PCTDIFF	The percent difference is the dollar difference divided by the expected amount multiplied by 100. The percent difference shows us the variance of dollars from the expected value to the actual value in a percentage.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.144 T_PF_PROV_EXCPT

A summary of all Providers and their respective Provider ID's of the dollar difference of the expected and actual paid amounts to be used in determining Providers greater than 2 standard deviations from the norm. This table is truncated and reloaded by each Report Category program.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Referring provider Id or Billing Provider ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
DIFFER	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N

2.20.145 T_PF_PROV_ID_AGGR

Code table that describes which Provider ID level is being used to aggregate the report.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_AGGR	Code that describes which Provider ID level is being used to aggregate the report. Valid values are '01' - Base ID all locations, '02' - NPI ID all locations and '03' - NPI/Medicaid ID by service location.	CHAR	2	0	N
DSC_PROV_ID_AGGR	Provider ID Type Aggregation Description.	VARCHAR2	100	0	N

2.20.146 T_PF_PRREF_ICN_XREF_Q

This table contains ICNs of professional referral claim data, by provider case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service.	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	Service Location Identifier for the Referring Provider.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	Service Location Identifier for the Billing Provider.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Beneficiary.	CHAR	12	0	N
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.147 T_PF_PRREF_PR_TOT_Q

This table contains aggregated professional referral claim data, by provider, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	Provider Identifier on the claim, will be an NPI, Base Provider ID or Medicaid ID.	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.148 T_PF_PRREF_PT_TOT_Q

This table contains aggregated professional referral claim data, by provider peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the Recipient.	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CALC_AMT_PER_RECIP	The calculated amount of money per recipient a provider should have collected from the Medicaid program based on their patient mix.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.149 T_PF_PRREF_RE_TOT_Q

This table contains aggregated professional referral claim data, by recipient, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.150 T_PF_PRREF_RE_XREF_Q

This table contains ICNs of professional referral claim data, by recipient case type, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_CLAIM	System assigned key used to uniquely identify a specific claim.	NUMBER	9	0	N
NUM_DTL	The detail number of a claim record.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
ID_PROV_BASE_REFER	Base Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_REFER	NPI Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_REFER	Medicaid Referring Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_REFER	System Assigned Key for Referring Provider Location.	NUMBER	9	0	N
ID_PROV_BASE_BILL	Base Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_NPI_BILL	NPI Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
ID_PROV_MCAID_BILL	Medicaid Billing Provider ID from the Provider Dimension.	CHAR	15	0	N
SAK_PROV_LOC_BILL	System Assigned Key for Billing Provider Location.	NUMBER	9	0	N
RE_BASE_ID	Unique identifier for the Recipient.	CHAR	12	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

2.20.151 T_PF_PRREF_RP_TOT_Q

This table contains aggregated professional referral claim data, by recipient peer group, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N
CDE_GENDER	Gender of the recipient	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
UNITS	Quantity billed in the particular claim group for the recipient.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the recipient.	NUMBER	8	0	N
PROV_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CALC_AMT_PER_PROV	The calculated amount of money for the services rendered to the recipient based on claims for recipients receiving those services in this particular grouping of claims.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.152 T_PF_PR_CMPR_Q

This table contains aggregated claim data and recipient counts, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	The four service types are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
ID_PROV	For Professional Services - Performing Provider ID/Referring Provider ID, Inpatient services - Referring Provider ID, Outpatient Services - Referring Provider ID, Pharmacy Services - Prescribing Provider ID, Nursing Home Claims - Billing Provider ID	CHAR	15	0	N
SAK_PROV_LOC	System assigned key added to the provider to identify the various service locations that a provider does business.	NUMBER	9	0	N
RE_CNT	Unduplicated recipient count for the claim grouping.	NUMBER	8	0	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
ACT_AMT_PER_RECIP	The amount of money the facility collected from the Medicaid program.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
DOLLDIFF	This is the difference in the actual amount and the expected amount.	NUMBER	10	2	N
PCTDIFF	The percent difference is the dollar difference divided by the expected amount multiplied by 100. The percent difference shows us the variance of dollars from the expected value to the actual value in a percentage.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.153 T_PF_RECIP_ACG

This table contains the recipient ID and its associated age and sex.

Column Name	Description	Type	Length	Precision	Primary Key
SFY	State Fiscal Year	CHAR	4	0	N
RECIP_BASE_ID	Unique identifier for the Beneficiary.	CHAR	12	0	N
AGE	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	CHAR	3	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
ACG	Adjusted Clinical Group assigned through ACG grouper software.	CHAR	4	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

2.20.154 T_PF_RECIP_CMPR

This table contains aggregated claim data and provider counts, used in DSSProfiler reporting.

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	The four service types are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
RECIP_ID	For Professional Services - Performing Provider ID/Referring Provider ID, Inpatient services - Referring Provider ID, Outpatient Services - Referring Provider ID, Pharmacy Services - Prescribing Provider ID, Nursing Home Claims - Billing Provider ID	CHAR	12	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
ACT_AMT_PER_PROV	The amount of money the facility collected from the Medicaid program.	NUMBER	10	2	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N

Column Name	Description	Type	Length	Precision	Primary Key
DOLLDIFF	This is the difference in the actual amount and the expected amount.	NUMBER	10	2	N
PCTDIFF	The percent difference is the dollar difference divided by the expected amount multiplied by 100. The percent difference shows us the variance of dollars from the expected value to the actual value in a percentage.	NUMBER	10	2	N
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program can pay on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.155 T_PF_RE_CMPR_Q

This table contains aggregated claim data and provider counts, used in DSSProfiler quarterly reporting.

Column Name	Description	Type	Length	Precision	Primary Key
DTE_QTR	Quarter of Profile run.	NUMBER	5	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	The four service types are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N
AGE_GRP	Age Group Of the recipient. Ages in this report are separated into 6 age groups. They are 00-05, 06-17, 18-20, 21-34, 35-64, & 65+	NUMBER	2	0	N
CDE_GENDER	Sex of the beneficiary	CHAR	1	0	N
MORB	Morbidity which is assigned through ACG Grouper. Shows the health status of the beneficiary. There are 6 morbidity levels, 0-5, the lower the morbidity level, the healthier the recipient.	CHAR	1	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N
RECIP_ID	The recipient's identification number.	CHAR	12	0	N
CDE_PEER_GRP	A user defined recipient grouping allowing for comparison between recipients with the same identified characteristics.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
PROV_CNT	The number of different providers seen by the recipient.	NUMBER	8	0	N
CLM_CNT	The number of claims the provider filed in the particular claim group for the beneficiary.	NUMBER	8	0	N
AMT_PAID	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
UNITS	Quantity billed in the particular claim group for the beneficiary.	NUMBER	14	2	N
ACT_AMT_PER_PROV	The amount of money the facility collected from the Medicaid program.	NUMBER	10	2	N
EXP_AMT	This is the amount the provider should have received based on the Adjusted Clinical Grouping (ACG) adjustment method for the particular claim group which is based on peer group norms.	NUMBER	14	2	N
DOLLDIFF	This is the difference in the actual amount and the expected amount.	NUMBER	10	2	N
PCTDIFF	The percent difference is the dollar difference divided by the expected amount multiplied by 100. The percent difference shows us the variance of dollars from the expected value to the actual value in a percentage.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_BILLED	The actual amount of money the Medicaid program billed on this particular grouping of claims for this specific beneficiary.	NUMBER	14	2	N
AMT_ALWD	The allowed amount of money the Medicaid program billed on this particular grouping of claims for this specific recipient.	NUMBER	14	2	N

2.20.156 T_PF_RPT_CAT_DESC

This table contains groupings of case type files by claim type.

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	A code for the four service types which are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_DSC	A description for the four service types which are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	VARCHAR2	100	0	N

2.20.157 T_PF_RPT_CAT_DSC

This table contains groupings of case type files by claim type.

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_CDE	A code for the four service types which are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
RPT_CAT_DSC	A description for the four service types which are: Professional Services - Refers to the physician services received by beneficiaries residing in the nursing home. Inpatient services - Refers to instances in which inpatient services were billed for beneficiaries residing in the nursing home. Outpatient Services - Refers to instances in which outpatient services were billed for beneficiaries residing in the nursing home. Pharmacy Services - Refers to the utilization of pharmacy intervention for the individuals residing in the nursing home based on the prescribing number from drug claims.	VARCHAR2	100	0	N

2.20.158 T_PF_STD_DEV

This table calculates standard deviation of all Providers. This table is truncated and reloaded by each Report Category program.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_AGGREGATION	The type of claim grouping (Fee For Service, Encounter, and so on.) combined with the type of provider (Billing, Performing, and so on.).	NUMBER	4	0	N
CDE_PEER_GRP	A user defined provider grouping allowing for comparison between providers with the same identified characteristics.	NUMBER	4	0	N
CASE_TYPE_CDE	A user defined group based on the case mix file. The claim grouping should be specific to the area of service	NUMBER	4	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_AGGR	Provider ID Type Aggregation for DSSProfiler reporting. The valid values are '01' - Base ID All Locations, '02' - NPI ID All Locations and '03' Provider Service Location.	CHAR	2	0	N
DEVIATION	The actual amount of money the Medicaid program paid on this particular grouping of claims for this specific beneficiary.	NUMBER	10	2	N

2.20.159 T_RS_CLAIM_STRATA

This table lists the valid claim strata codes to be associated to claim types for the Random Sample Claim functionality. This is a state specific table. The table will be in Core and other state environments with 0 rows.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_STRATA	This is a strata code associated with the claim type so that samples can be generated for a range of claim types. This is state specific functionality.	CHAR	3	0	Y
DSC_CLM_STRATA	This is the description for the strata code associated with the claim type. This is state specific functionality.	VARCHAR2	50	0	N

2.20.160 T_RS_CLAIM_TYPE

This table lists the valid types of claims that can be submitted and processed in the system.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	The code that specifies the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
CDE_CLM_FORM	The claim form associated with the claim type. Valid values are D - Dental, P - Pharmacy, M - Physician, and U - UB92.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_XOVER_CLM	The indicator to specify the claim that can be an crossover claim. (that is Y - crossover, N - non-crossover)	CHAR	1	0	N
DSC_CLM_TYPE_4	The short description of the value assigned to a specific claim type.	VARCHAR2	4	0	N
DSC_CLM_TYPE	The description of the value assigned to a specific claim type.	VARCHAR2	50	0	N

2.20.161 T_RS_CLAIM_TYPE_XREF

This table is a state specific table used for additional values associated with the T_RS_CLAIM_TYPE table. It cross-references claim types to claim strata's for the Random Sample Claim functionality. This is for state-specific functionality. It will be in Core and other state environments but will be populated with 0 records.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_CLM_TYPE	The code that specifies the type of claim that can be processed in the MMIS system.	CHAR	1	0	Y
CDE_CLM_STRATA	This is a strata code associated with the claim type so that samples can be generated for a range of claim types. This is state specific functionality.	CHAR	3	0	N

2.20.162 T_RS_SELECT

This table defines the selection information for the Provider or Recipient Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
ID_SELECT	The selected provider or recipient identification number. This ID is validated against appropriate table.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
SAK_PROV_LOC	System Assigned Key for Provider Location.	NUMBER	9	0	N
CDE_PROV_ID_TYPE	Type of Provider for the Random Sample. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N
CDE_SAMPLE_TYPE	Code that indicates if the Random Sample is for a Provider (P), Recipient (R) or Claim (C).	CHAR	1	0	N
CDE_PROV_ROLE	The code indicating the role of the selected provider. (that is 02 - Billing Only, 04 - Performing Only, 10 - Referring Only, 1F - All, and so on.)	CHAR	2	0	N
DTE_HIST_FROM	The beginning date for assignment of this claim detail selection range. This date should be greater than or same as the entered ending date. Also, this date should be between the pre-defined low date of 0101/01/01 and high date of 2299/12/31.	DATE	0	0	N
DTE_HIST_TO	The ending date for assignment of this claim detail selection range. This date should be less than or same as the entered beginning date. Also, this date should be between the pre-defined low date of 0101/01/01 and high date of 2299/12/31.	DATE	0	0	N
CDE_DATE_TYPE	The code indicating the type of the requested date. (that is S - Date of Service, P - Date of Payment)	CHAR	1	0	N
CDE_SORT	The code of the pre-defined sort option.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CNT_CRITERIA	The number of provider or recipient claim detail filter criteria requested for the selection.	NUMBER	4	0	N
IND_RNDM_SMPL	The claim detail random sample selection indicator. (that is Y - perform random sample process, N - retrieve 100% of claims)	CHAR	1	0	N
IND_XOVER_CLM	The indicator to include or not include crossover claims in the generated random claim sample set. (that is Y - include, N - exclude)	CHAR	1	0	N
CDE_RQST_STATUS	The code indicating the status of the current submitted request. (that is W - Waiting, R - Running, C - Completed, F - Failed, K - Canceling, D - Canceled)	CHAR	1	0	N
ID_RQST_BY	The identification of the user who requested the claim detail selection process.	CHAR	7	0	N
DTE_RQST	The date and time the request was submitted.	DATE	0	0	N
DTE_PURGE	The date the request should be deleted. This date should be greater than or same as today date. Also, this date should be between the pre-defined low date of 0101/01/01 and high date of 2299/12/31. The default purge date for new request is 3 months from the submitted date.	DATE	0	0	N
CDE_SMPL_TYPE	The code indicating the type of the random sample process. (that is B - Recipient, C - Claim Header, D - Claim Detail)	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_CONF_LVL	The confidence level for the random sample process. (that is 80%, 90%, 95%, 99%)	NUMBER	2	0	N
NUM_CONF_INTRVL	The confidence interval for the random sample request which is used to achieve the confidence level.	NUMBER	2	0	N
NUM_HIT_RATIO	The hit ratio for the random sample process.	NUMBER	2	0	N
NUM_MAX_SAMPLE	The maximum sample size that should return from the random sample process. The entered number should be greater than zero.	NUMBER	9	0	N
NUM_POPULATION	The population size (universe) that meets the random sample request criteria. The entered number should be greater than zero.	NUMBER	9	0	N
NUM_SMPL_SIZE	The calculated sample size from the random sample process.	NUMBER	9	0	N
NUM_SEED	The seed for the random number generator of the random sample process.	NUMBER	10	0	N
CNT_RESULT	The total number of detail lines associated with the sample size from the random sample process.	NUMBER	9	0	N
TXT_RUN_TITLE	The user-defined run title of the current submitted request.	VARCHAR2	30	0	N
TXT_COMMENT	The generated comment for this current submitted request.	VARCHAR2	100	0	N

2.20.163 T_RS_SELECT_CRIT

This table defines the user selected criteria, and from and through values, for the Provider or Recipient Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
SEQ_CRITERIA	The sequence number for the selected criteria range for the request.	NUMBER	4	0	Y
CDE_FILTER	The filter option of the selected criteria type.	CHAR	1	0	N
TXT_LOGIC_OP	The code indicating the logical (Boolean) operator of the user-specified condition.	VARCHAR2	7	0	N
TXT_RANGE_LO	The beginning value for the selected criteria range.	VARCHAR2	15	0	N
TXT_RANGE_HI	The ending value for the selected criteria range.	VARCHAR2	15	0	N

2.20.164 T_RS_SELECT_PROV

This table defines the Provider information for the Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
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	N
ID_PROVIDER	The provider identification number used by the provider.	CHAR	15	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_TYPE	Type of Provider ID for the Random Sample. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N
NAM_PROV	This is the provider name associated with an organization or person.	VARCHAR2	50	0	N
IND_NAME_TYPE	This is an indicator of whether a name is that of a person or an organization. The current valid values are: B - Business, P - Personal Name.	CHAR	1	0	N
NAM_TITLE	This field indicates the professional title of an individual.	VARCHAR2	15	0	N
ADR_MAIL_STRT1	Mailing address street 1. This is the street address for a provider.	VARCHAR2	30	0	N
ADR_MAIL_STRT2	Mailing address street 2. This is the mailing address for a provider.	VARCHAR2	30	0	N
ADR_MAIL_CITY	Mailing address city. This is the city where a provider would receive business mail.	VARCHAR2	30	0	N
ADR_MAIL_STATE	Mailing address state. This is the state where a provider would receive business mail.	CHAR	2	0	N
ADR_MAIL_ZIP	Mailing address zip code. This is the first 5 digits of the zip code for a business mailing zip code.	CHAR	5	0	N
ADR_MAIL_ZIP_4	Mailing address zip code +4. This is the last 4 digits of a zip code.	CHAR	4	0	N
CDE_COUNTY	The 2-digit county code used to identify a county in the state.	VARCHAR2	10	0	N
IND_ON_REVIEW	This indicator to specify whether a provider is on review.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_ORGANIZ	This code identifies the proprietary nature of a provider's practice. (that is 1 - Individual, 2 - Partnership, 3 - Corporation, and so on.)	CHAR	1	0	N
CDE_PAY_CLS	The code indicating the Pay Class of the provider for the service. The valid Pay Class are A (Performing Provider - Medicaid), N (Performing Provider - Medicare), O (Referring/Attending/Prescribing Provider), and B (Billing/Pay-To Provider). This is actually the Pay Class of the first claim detail for this request.	CHAR	1	0	N
CDE_PROV_TYPE	The code indicating the provider type for which a provider is licensed for. (that is 01 - Hospital, 25 - DME, and so on.)	CHAR	2	0	N
CDE_PROV_SPEC_PRIM	The provider's 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	Taxonomy Code.	CHAR	10	0	N
NUM_PROV_LIC	The provider's license number.	CHAR	10	0	N
CDE_LIC_TYPE	The unique four character code to indicate each provider's license type the system stores.	CHAR	1	0	N
DTE_LIC_EFF	The effective date of the provider's license that Medicaid has on file.	DATE	0	0	N
NUM_DEA	The Drug Enforcement Agency identification number for a provider.	CHAR	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_MEDICARE	The Medicare number assigned by the government to the provider. This is actually the Medicare number of Medicare type M - Medicare.	CHAR	10	0	N
NUM_DME	The Medicare number assigned by the government to the provider. This is actually the Medicare number of Medicare type D - DMERC.	CHAR	10	0	N
NUM_FEIN	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
CNT_CLM_PAID_YTD	The number of claims paid to an individual provider in the current year.	NUMBER	9	0	N
AMT_PAID_YTD	The total amount paid to an individual provider during the current year.	NUMBER	11	2	N

2.20.165 T_RS_SELECT_Q

This table contains the requests either ready to be processed or currently being processed.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
CDE_RQST_STATUS	The code indicating the status of the current submitted request. (that is W - Waiting, R - Running, C - Completed, F - Failed)	CHAR	1	0	N

2.20.166 T_RS_SELECT_RECIP

This table defines the Recipient information for the Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
SAK_RECIP	System assigned internal key for a unique recipient.	NUMBER	9	0	Y
ID_MEDICAID	The Medicaid ID of the recipient.	CHAR	12	0	N
NAM_LAST	The last name of the recipient.	VARCHAR2	20	0	N
NAM_FIRST	The first name of the recipient.	VARCHAR2	15	0	N
NAM_MID_INIT	The middle initial of the recipient.	CHAR	1	0	N
ADR_STREET_1	The first line of the recipient's street address.	VARCHAR2	30	0	N
ADR_STREET_2	The second line of a recipient's street address.	VARCHAR2	30	0	N
ADR_CITY	The city where the recipient resides.	VARCHAR2	18	0	N
ADR_STATE	The state where the recipient resides.	CHAR	2	0	N
ADR_ZIP_CODE	The five character zip code for the recipient.	CHAR	5	0	N
ADR_ZIP_CODE_4	The zip plus four of the recipient.	CHAR	4	0	N
CDE_COUNTY	The 2-digit county code used to identify a county in the state.	VARCHAR2	10	0	N
NUM_PHONE	The recipient's phone number.	CHAR	10	0	N

Column Name	Description	Type	Length	Precision	Primary Key
NUM_SSN	The recipient's Social Security Number.	CHAR	9	0	N
DTE_BIRTH	The date of birth for the recipient.	DATE	0	0	N
DTE_DEATH	The date of death for the recipient.	DATE	0	0	N
CDE_SEX	The code indicating the sex of the recipient.	CHAR	1	0	N
CDE_RACE	The recipient's first race code.	CHAR	2	0	N
CDE_LIV_ARNG	The code indicating the Living Arrangement of the recipient.	CHAR	2	0	N
CDE_AID_CATEGORY	The recipient's category of service code. The category of assistance and deprivation qualification codes are used in conjunction to determine the services a recipient is eligible to receive.	CHAR	2	0	N
IND_RESTRICT_LI	The indicator displaying whether a recipient is locked in or locked out of provider services.	CHAR	1	0	N
DTE_ELIG_EFF	The date that the recipient becomes eligible for the corresponding Medical Assistance program.	DATE	0	0	N
DTE_ELIG_END	The date that the recipient is no longer eligible for the corresponding Medical Assistance program.	DATE	0	0	N

2.20.167 T_RS_SELECT_RSLT

This table defines the results from the Provider or Recipient Claim Detail Report process to be displayed on the Random Sample Claim Results window.

Column Name	Description	Type	Length	Precision	Primary Key
SAK_RQST	System assigned key that uniquely identifies the request that was created for the Provider and Recipient Claim Detail Report process.	NUMBER	9	0	Y
SEQ_SORT	The order in which claim detail records are to appear on the report.	NUMBER	9	0	Y
SEQ_RANDOM	The order in which claims were randomly selected by the random sample process.	NUMBER	9	0	N
SAK_CLAIM	System assigned key which uniquely identifies a claim in the system.	NUMBER	9	0	N
CDE_CLM_TYPE	The code that specifies the type of claim record that can be processed in the MMIS system.	CHAR	1	0	N
CDE_CLM_TYPE_SUR	The code that specifies the type of claim record that can be processed in the SUR system.	CHAR	1	0	N
NUM_ICN	The unique internal control number assigned to a claim processed in the system. This number is used for control purposes.	CHAR	13	0	N
NUM_DTL	The number of the detail on a claim record.	NUMBER	4	0	N
ID_MEDICAID	The Medicaid ID of the recipient.	CHAR	12	0	N
DTE_FIRST_SVC	The date on which service was first provided (oldest date of all details).	DATE	0	0	N

Column Name	Description	Type	Length	Precision	Primary Key
DTE_LAST_SVC	The date on which service was last provided (latest date from all details).	DATE	0	0	N
AMT_BILLED	The amount requested by the provider for services rendered from the claim detail.	NUMBER	10	2	N
AMT_PAID	The amount paid to the provider for services rendered from the claim detail. This paid amount must be greater than zero in order to be selected for the random sample process.	NUMBER	10	2	N
DTE_PAID	The date that financial completes the transaction for the claim.	DATE	0	0	N
CDE_DIAG_1	The first code for the condition requiring medical attention.	CHAR	7	0	N
CDE_DIAG_2	The second code for the condition requiring medical attention.	CHAR	7	0	N
CDE_DIAG_3	The third code for the condition requiring medical attention.	CHAR	7	0	N
CDE_DIAG_4	The fourth code for the condition requiring medical attention.	CHAR	7	0	N
CDE_DRG	The diagnosis related group (DRG) number assigned to the claim. The DRG code and description are obtained from HCIA.	CHAR	4	0	N
CDE_NDC	The National Drug Code of the drug prescribed/dispensed to a recipient.	CHAR	11	0	N
CDE_POS	The place of medical assistance service code.	CHAR	2	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_TOS	The code identifying a broad service category that is further defined with the procedure code and the procedure modifier two.	CHAR	2	0	N
CDE_PROC	The code identifying a medical, dental, or DME procedure.	CHAR	6	0	N
CDE_PROC_MOD_1	The first modifier code used to further describe a procedure.	CHAR	2	0	N
CDE_PROC_MOD_2	The second modifier code used to further describe a procedure.	CHAR	2	0	N
CDE_REV	The code identifying a specific accommodation or ancillary service submitted on a claim.	NUMBER	4	0	N
NUM_PRIOR_AUTH	The number assigned by the PA unit to a Prior Authorization request.	CHAR	10	0	N
CDE_PROV_ROLE	The code indicating the role of the selected provider on this claim record. The provider role can be either billing, performing, referring, or any combinations of the above mentioned roles.	CHAR	2	0	N
CDE_PAY_CLS	The code indicating the Pay Class of the provider for the service. The valid Pay Class are A (Performing Provider - Medicaid), N (Performing Provider - Medicare), O (Referring/Attending/Prescribing Provider), and B (Billing/Pay-To Provider).	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PAY_GRP	The code indicating the Pay Group of the provider for the service. The valid Pay Group are 1 - Medicaid, 2 - Medicare, 3 - Managed Care, 4 - Ordered, and 5 - Billed. The Pay Group 6 - Total is derived by summing up the values of the Pay Groups 1, 2, and 3.	CHAR	1	0	N
CDE_PROV_TYPE	The code indicating the provider type for which a provider is licensed for.	CHAR	2	0	N
CDE_PROV_SPEC	The code indicating the scope of practice or operations of the provider (that is performing provider for HCFA 1500 claim and billing provider for other claim types).	CHAR	3	0	N
ID_PROV_BILL	The Provider ID of the provider who billed the claim for the provided services.	CHAR	15	0	N
SAK_PROV_LOC_BILL	The system assigned key indicating the site at which the services were billed to a recipient.	NUMBER	9	0	N
CDE_PROV_ID_TYPE_BILL	Type of Billing Provider for the Claim Result. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N
ID_PROV_PERF	The Provider ID of the provider who performed (rendered) the services.	CHAR	15	0	N
SAK_PROV_LOC_PERF	The system assigned key indicating the site at which the services were performed (rendered) to a recipient.	NUMBER	9	0	N

Column Name	Description	Type	Length	Precision	Primary Key
CDE_PROV_ID_TYPE_PERF	Type of Performing Provider for the Claim Result. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N
ID_PROV_REFER	The Provider ID of the provider who referred the recipients to other providers that performed (rendered) the services.	CHAR	15	0	N
SAK_PROV_LOC_REFER	The system assigned key indicating the site at which the services were referred to other providers for a recipient.	NUMBER	9	0	N
CDE_PROV_ID_TYPE_REFER	Type of Referring Provider for the Claim Result. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N
CDE_LIV_ARNG	The code indicating the Living Arrangement of the recipient.	CHAR	2	0	N
IND_RESTRICT_LI	The indicator displaying whether a recipient is locked in or locked out of provider services.	CHAR	1	0	N
NUM_RECIP_AGE	The age of the recipient on the first date of service.	NUMBER	4	0	N
NUM_UNIT_SVC	The number of prescribed units for drug claims or performed units for all other claims.	NUMBER	9	2	N
QTY_BILLED	The number of units of service that were provided.	NUMBER	9	2	N
QTY_ALWD	The number of units of service that will be paid for.	NUMBER	9	2	N
AMT_ALWD	The amount approved to pay for services provided to a recipient.	NUMBER	10	2	N

Column Name	Description	Type	Length	Precision	Primary Key
AMT_ENCOUNTER	The amount for the encounter services on the claim detail indicated by the detail number on the table.	NUMBER	10	2	N
AMT_TPL	The amount paid by a third party liability payer for this claim detail.	NUMBER	10	2	N
AMT_PAID_MCARE	The amount paid by Medicare for the services provided to the recipient.	NUMBER	10	2	N
NUM_PRSCRIP	The number assigned by a pharmacy to identify the drug dispensed to a recipient.	CHAR	7	0	N
CDE_THERA_CLS	The Therapeutic Class Code, Specific (GC3) is the most specific therapeutic class coding scheme offered by First DataBank and is intended for users who need a very definitive therapeutic classification system.	CHAR	10	0	N
IND_BRAND_MED_NEC	The indicator specifying the reason, if any, that a brand name drug was dispensed.	CHAR	1	0	N
IND_EPSDT	The indicator specifying if the recipient received EPSDT referral/treatment for this claim. Valid values are Y - Yes and N - No.	CHAR	1	0	N
IND_FAM_PLAN	The indicator specifying if the recipient received Family Planning (F) services for this claim. Valid values are Y - Yes and N - No.	CHAR	1	0	N

Column Name	Description	Type	Length	Precision	Primary Key
IND_STOP_LOSS	The indicator specifying if the pricing method is Stop Loss (S) for this claim. Valid values are Y - Yes and N - No. Other valid values for pricing method include F - Fee-For-Service, E - Encounter, and S - Stop Loss.	CHAR	1	0	N
IND_ATTACHMENT	The indicator which is used to identify whether a claim is submitted with or without some type of supporting documentation. Valid values are Y - Yes and N - No.	CHAR	1	0	N
ID_MCO_SUBMITTER	The code specifying the Billing Provider Name Identifier (or Billing Provider Primary ID or Medicaid ID).	CHAR	15	0	N
SAK_PROV_LOC_SUBMIT	The system assigned key indicating the site at which the claim was submitted from.	NUMBER	9	0	N
CDE_PROV_ID_TYPE_SUBMIT	Type of Submitting Provider for the Claim Result. Could be BSE for Base, NPI for NPI Provider or MCD for Medicaid ID.	CHAR	3	0	N

2.20.168 T_RS_SEL_FILTER

This table defines the available filter options for the Provider and Recipient Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_FILTER	The code of the associated filter option.	CHAR	1	0	Y
CDE_SAMPLE_TYPE	Code that indicates if the Random Sample is for a Provider (P), Recipient (R) or Claim (C).	CHAR	1	0	Y

Column Name	Description	Type	Length	Precision	Primary Key
DSC_FILTER	The description of the associated filter option.	VARCHAR2	30	0	N
NUM_SORT	The order the associated filter options should appear on the window.	NUMBER	2	0	N
TXT_MASK	The mask of the format of the associated filter option to help the user enter data.	VARCHAR2	15	0	N
TXT_MASK_RE	The mask of the format of the associated filter option to help the user enter data, in regular expression pattern.	VARCHAR2	30	0	N
TXT_FILTER	The column name of the associated filter option.	VARCHAR2	40	0	N

2.20.169 T_RS_SEL_SORT

This table defines the available sort options for the Provider and Recipient Claim Detail Report process.

Column Name	Description	Type	Length	Precision	Primary Key
CDE_SORT	The code of the associated sort option.	CHAR	1	0	Y
CDE_SAMPLE_TYPE	Code that indicates if the Random Sample is for a Provider (P), Recipient (R) or Claim (C).	CHAR	1	0	Y
DSC_SORT	The description of the associated sort option.	VARCHAR2	65	0	N
NUM_SORT	The order the associated sort option should appear on the window.	NUMBER	2	0	N
TXT_SORT	The column name(s) of the associated sort option.	VARCHAR2	100	0	N

TPL Detailed System Design

Kentucky MMIS Project

Cabinet for Health and Family Services
Department for Medicaid Services

March 7, 2008

Cabinet for Health and Family Services Department for Medicaid Services	
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2.13.105 T_TPL_CDE_ENTITY_LTR 2332
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1 Introduction

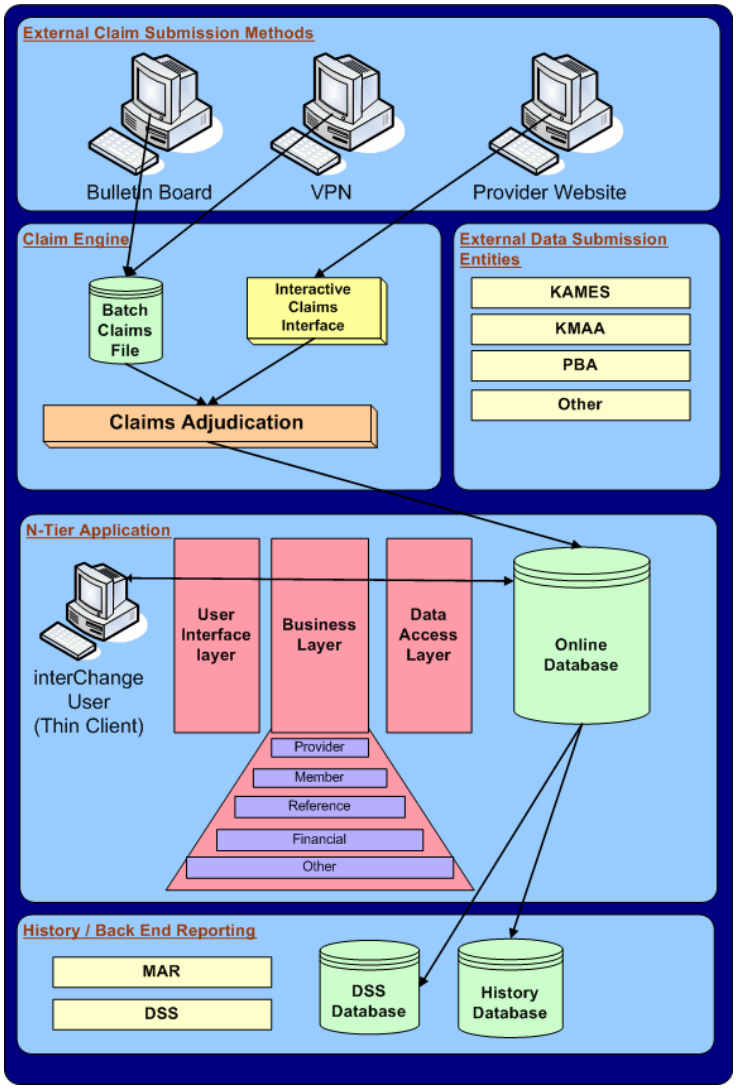
This document provides the Third Party Liability (TPL) Requirements Detailed System Design (DSD). The DSD validates the design process and approach to solution, and identifies those items as specified in the Kentucky MMIS (KY MMIS) Request for Proposal (RFP) and as specified by Kentucky Medicaid.

2 TPL Detailed System Design

2.1 System Flow

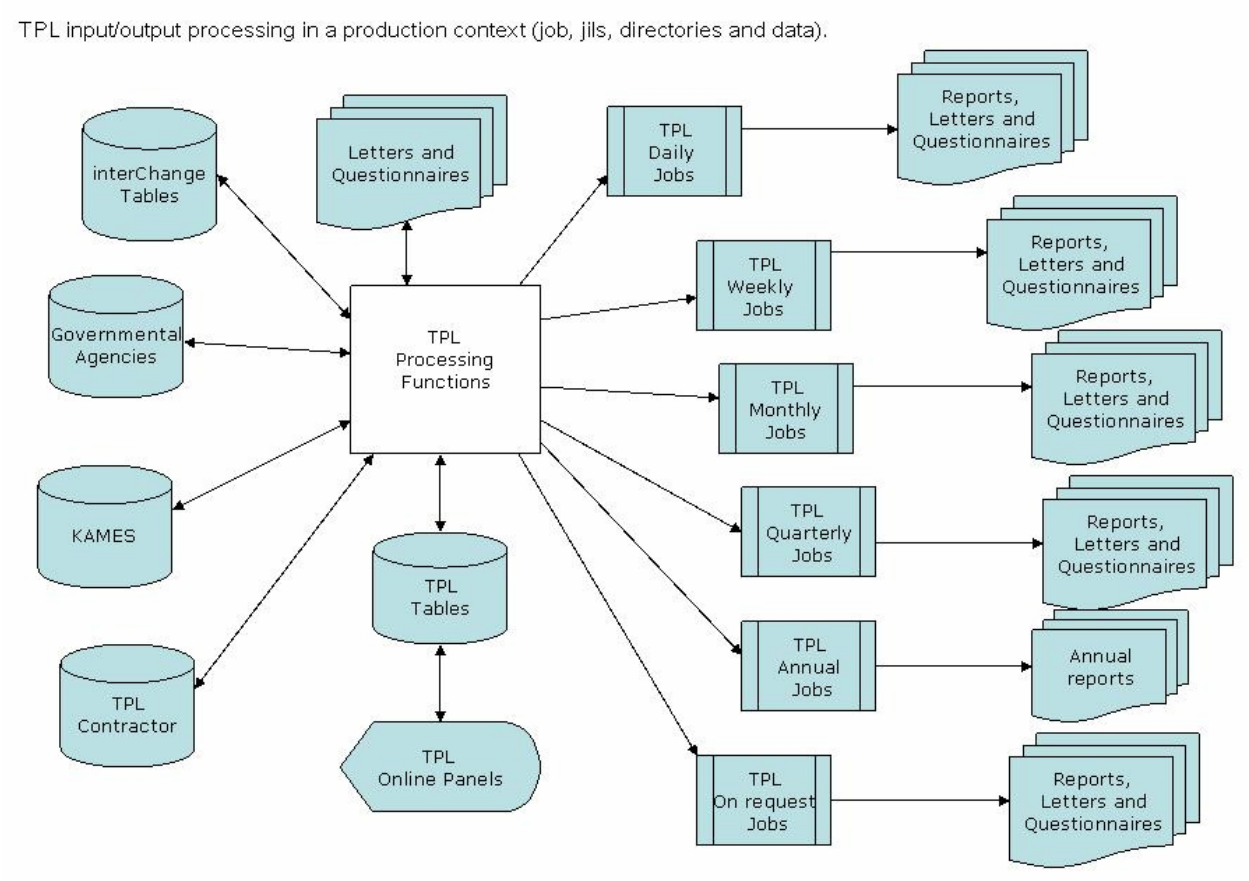
2.1.1 interChange System Architecture

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 System Flow

The following diagram represents Third Party Liability input/output processing in a production context (job, jils, directories, and data).



2.2 Subsystem Description

2.2.1 Introduction to Third Party Liability

The TPL function provides capabilities to maintain the private health insurance, Medicare, and other third party resources of Medicaid members, and ensures that Medicaid is the payor of last resort. This function works with a combination of cost avoidance (claim denial) and cost recovery (post-payment billing to insurers). In addition, the TPL function supports the Health Insurance Premium Payment (HIPP) process that purchases health insurance for selected members. This function is also responsible for all cost avoidance processing including Medicare Parts A and B. To the maximum extent possible, the MMIS uses automated processes for cost avoidance. Cost recovery shall be utilized as a backup to the avoidance process.

All input and output transmissions and formats are Health Insurance Portability and Accountability Act (HIPAA)-compliant. The information maintained by the MMIS TPL function includes member TPL resource data, insurance company data, and post-payment recovery tracking data. TPL coverage type and threshold information are used by the Claims Processing function during claims adjudication.

The primary objectives of the MMIS TPL function are to:

- Identify and maintain Third Party Liability information available to Medicaid members;
- Maintain and process HIPP information and payments;
- Avoid paying for claims with potential third party coverage;
- Recover funds from third parties when TPL resources are identified retroactively or for mandated "pay-and-chase" payments through the Post Pay Billing process;
- Identify and maintain Casualty Case information regarding potential payments to be recovered due to an accident or trauma;
- Meet federal and State TPL Reporting requirements; and,
- Provide payment of Medicare premiums for eligible individuals through Part A and Part B buy-in processing (this is addressed in the Buy-In DSD).

2.3 TPL Processes

2.3.1 TPL Interfaces

2.3.1.1 Process Description

The interface process concerns data sharing with numerous external agencies to assist the TPL Unit with the investigations for potential third party liability. It also allows for updates to the TPL Resource and TPL Billing files. Identification of these resources requires data matches with other agency records. The TPL Interface entities include the TPL contractor, child support enforcement agency files, and federal and state health insurance program coverage files. Additionally, there are interfaces where an outside entity receives information.

The following abbreviations and acronyms are used to identify these entities:

Abbreviation	Full Title
DCSE	Division of Child Support Enforcement
DEERS	Defense Eligibility and Enrollment Reporting System
DCBS	Department for Community Based Services
First Health PBA	Pharmacy Benefit Agent
KAMES	Kentucky Automated Management & Eligibility System
Passport	Passport Managed Care Organization
PCG	Personal Consulting Group
SSA	Social Security Administration
Workers' Comp	Department of Workers' Claims in the Commonwealth Labor Cabinet

2.3.1.2 interChange Narrative

interChange supports the interface process by a series of reports and batch processes. The following data matches are executed.

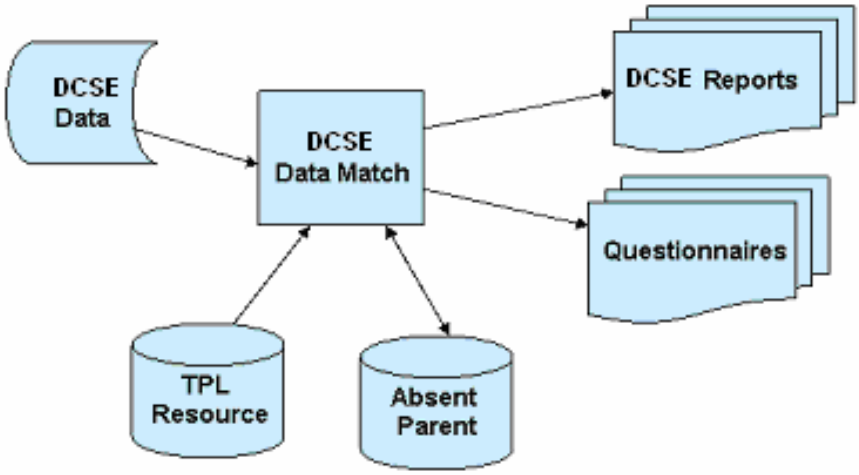
2.3.1.3 DCSE Interface Batch process

This is a monthly process that updates the member's Absent Parent Information, produces the DCSE Data Match reports, and produces the Absent Parent Questionnaires.

Technical Name	Title	Narrative
TPL-0420-M	DCSE Datamatch Report	This report lists the adds applied to the TPL Resource File as a result of the DCSE datamatch update process.

Technical Name	Title	Narrative
TPL-0421-M	DCSE Datamatch Report II	This report lists the updates applied to the TPL Resource File as a result of the DCSE datamatch update process.
TPL-0422-M	DCSE Datamatch Report III	This report lists the errors found during processing the adds/updates to the TPL Resource File as a result of the DCSE datamatch update process.
TPL-9515-R	Absent Parent Questionnaire	This letter is created and sent to the absent parent in order to determine if other insurance is being provided for the child/children.

Input File from the Division of Child Support Enforcement (DCSE)



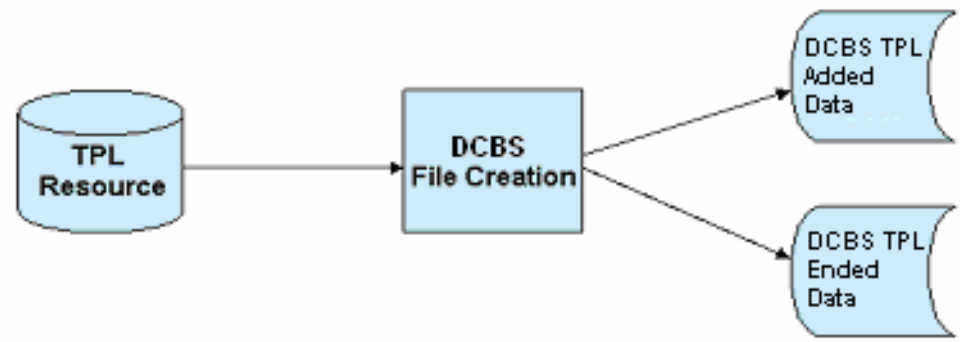
2.3.1.4 DEERS Interface Batch process

This is an annual match of military personnel with dependents enrolled in Medicaid or waiver, and who therefore have potential eligibility for TriCare benefits. This match is scheduled each year by DEERS. The process adds/updates Absent Parent information. The Third Party Liability Contractor performs the actual data match that updates TPL Resource information.

2.3.1.5 DCBS Interface Batch process

This monthly process creates a tape containing all TPL Resource records that have been added to the file during the current reporting month.

Output file to Department for Community Based Services (DCBS)

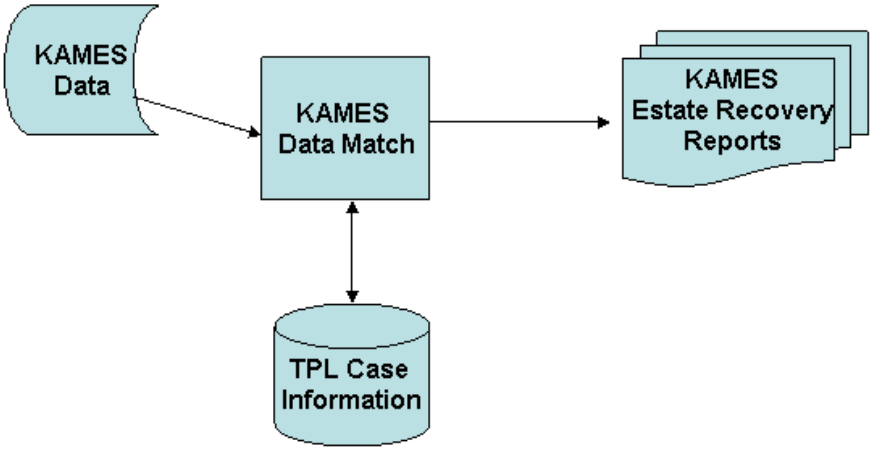


2.3.1.6 KAMES Interface Batch process

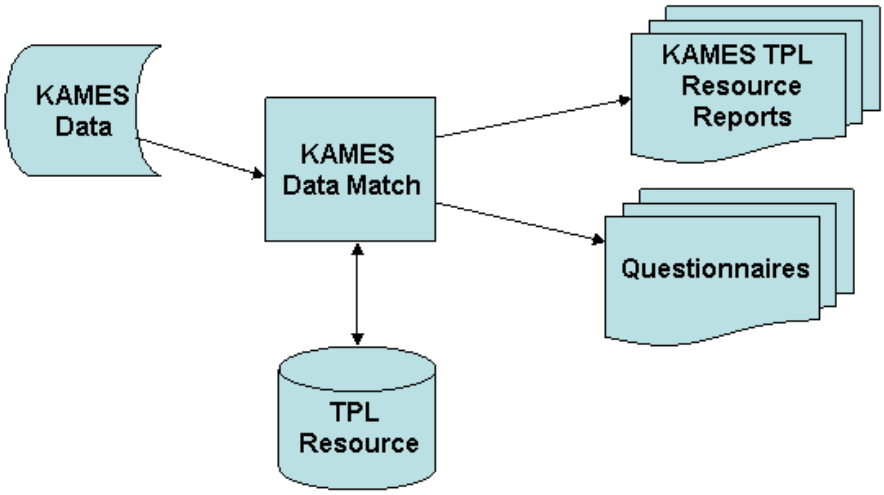
This is a weekly process concerning the receipt of TPL Resource information as well as Estate Recovery information. This process produces three reports as well as generating questionnaires.

Technical Name	Title	Narrative
TPL-0310-W	KAMES Claim Medicaid Eligible Members	This report lists member information transmitted from KAMES. The report contains a list of Medicaid eligible members with waiver or LTC segments.
TPL-0311-W	KAMES Claim Error Report	This report lists the errors found during the processing of the KAMES file. Reasons for error are: If the member is not on file; name mismatch (last 5 first 4); date of death does not match. It is reported as an error, but the member is processed.
TPL-0330-W	KAMES PA-40 Tape Report	This report lists all public assistance information sent to KAMES. The TPL unit updates the TPL Resource File with information displayed this report.
TPL-9007-W	Verification Letter	This letter is printed and sent to a carrier when insurance information for a member is added but not verified.
TPL-9523-R	Member Questionnaire	This letter is generated when information regarding TPL is needed from the member.

Input File from KAMES (Estate Recovery Information)



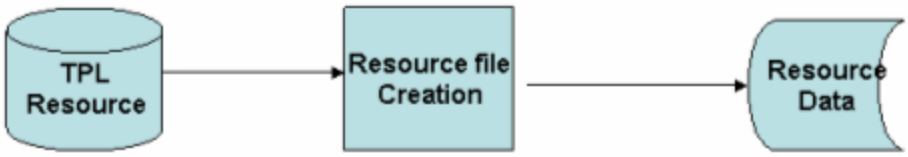
Input File from KAMES (Resource Information)



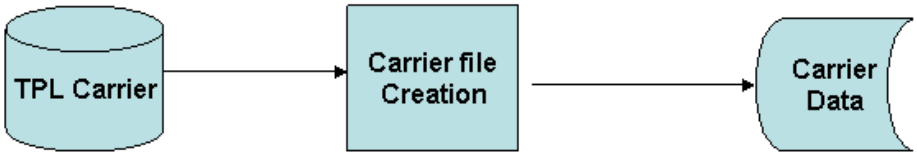
2.3.1.7 Passport Interface Batch process

Passport sends a file containing resource information which is forwarded to the TPL Contractor for processing. There is a daily, bi-monthly, and monthly process to send TPL Resource information. Quarterly, a process produces the TPL Carrier file to send to Passport.

Resource File to Passport



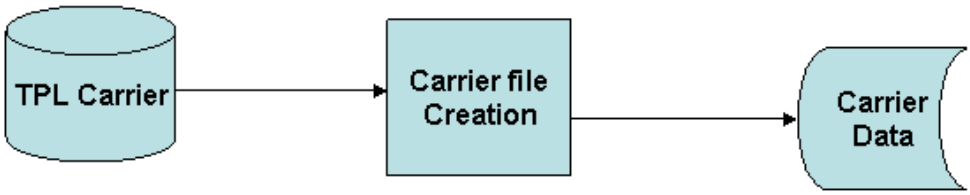
Output file to Passport



2.3.1.8 First Health PBA Interface Batch process

This is a daily process that produces a file of TPL Carrier information and sends the file to the First Health PBA.

Output file to First Health PBA



2.3.1.9 TPL Contractor Interface process

This process allows for the receipt of TPL Resource as well as TPL Billing information from the TPL contractor. The TPL Resource and Billings file is updated to include this information. Various reports are created to identify add, updates, and any records that may have been bypassed due to errors.

The following TPL Resource reports are produced:

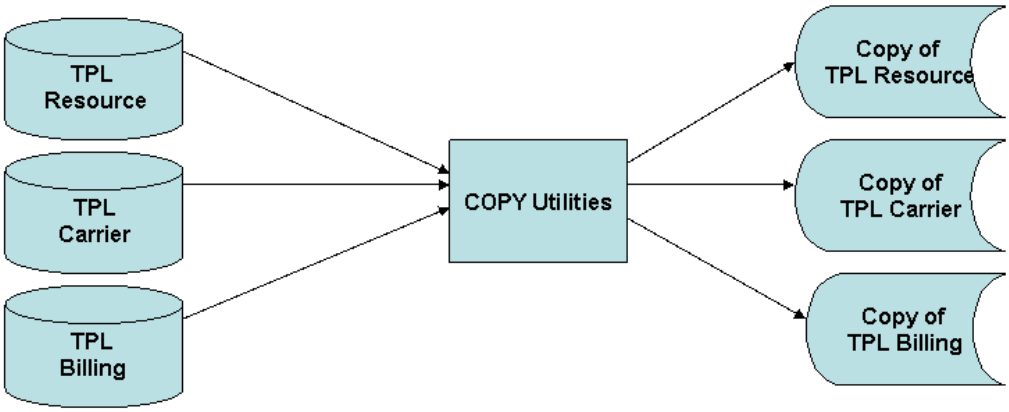
Technical Name	Title	Narrative
TPL-0490-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5'	This report lists policies added (in the form of levels of coverage) to the TPL resource file from data supplied by the TPL contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL contractor report here.
TPL-0491-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Error Report	This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process. This report list record code `5` errors from attempts to load policies (levels of coverage) to the TPL Resource file.
TPL-0492-R	Policies Added From PCG Contractor Data	This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for

Technical Name	Title	Narrative
	For TPL Source Indicator 'X' - Record Code '5' - Managed Care Only	policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL Contractor report here. Managed Care only.
TPL-0500-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7'	This reports lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '7' from the TPL Contractor report here.
TPL-0501-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7' Error Report	This report lists record code '7' errors from attempts to load policies (levels of coverage) to the TPL resource file.
TPL-0510-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9'	This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '9' from the TPL Contractor report here.
TPL-0511-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Error Report	This report lists record code '9' errors from attempts to load policies (levels of coverage) to the TPL resource file.
TPL-0520-R	TPL Resource Record Updates From TPL Contractor Data - Record Code '6' Only	This report lists policies changed from data supplied by the TPL contractor, record code '6' only.
TPL-0521-R	TPL Resource Record Updates From PCG	This report lists errors by error number and error message for levels of coverage.

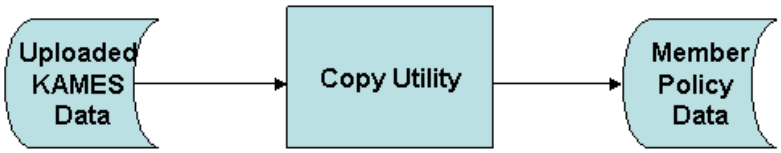
Technical Name	Title	Narrative
	Contractor Data	
TPL-0530-R	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only	This report lists policies changed (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies changed, coverage's changed, and amount to be paid to the contractor. Only record code '8' from the TPL Contractor report here.
TPL-0531-R	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' - Error Report	This report lists record code '8' errors from attempts to load policies (levels of coverage) to the TPL resource file.
TPL-0900-R	Commercial Insurance Datamatch Report	This report lists updates to be applied to the TPL Resource File as a result of the Commercial Insurance Datamatch Tape update process.
TPL-0901-R	Commercial Insurance Datamatch Error Report	This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process.
TPL-1230-M	Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' Only Activity	This report lists record code 'P' verification activity and provides various statistical data on what percentages were paid with the count of claims and the total amount within these groupings. This report also lists coverage type counts and provides a total count of all coverage types.
TPL-1240-M	Policies Added From PCG Contractor Data For TPL Source Indicator 'W' - Record Code 'P' and 'Q' - Error	This report lists record codes 'P' and 'Q' verification errors and provides various member, carrier, policy, and coverage error information, totaling the error counts.

2.3.1.10 Output Absent Parent File to PCG (Public Consulting Group)

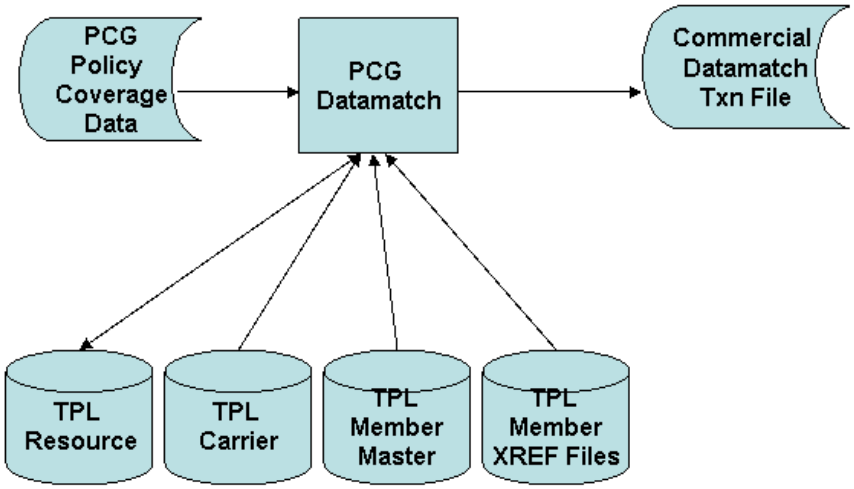
2.3.1.11 Output Copy of TPL and MMIS to PCG (Public Consulting Group)



2.3.1.12 Output KAMES Member Policy Information to PCG (Public Consulting Group)



2.3.1.13 Output Commercial Insurance Datamatch to PCG (Public Consulting Group)

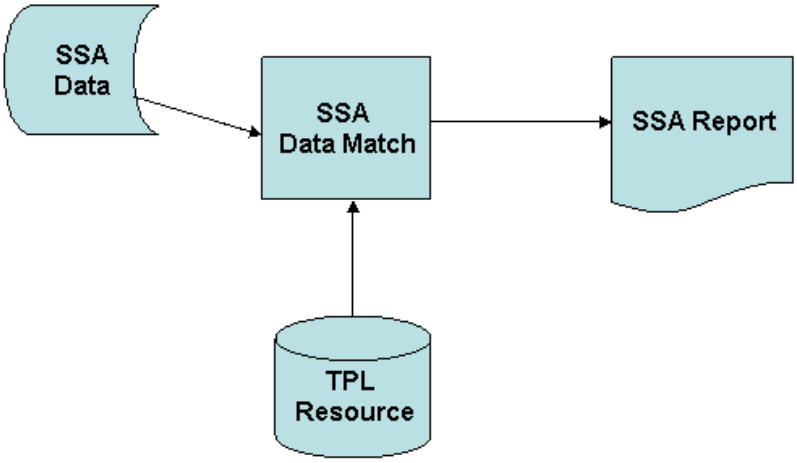


2.3.1.14 SSA File Interface process

On a weekly basis, the Social Security office sends a tape that identifies those members having TPL benefits. The process produces the SSA Interface report.

Technical Name	Title	Narrative
TPL-0320-W	TPL Information Statement (SSA-8019-U2-Form)	This report lists all information sent on the SSA-8019-U2 tape. The TPL unit updates the TPL Resource File with information from this report.

2.3.1.15 Input File from the SSA (Social Security Administration)



2.3.1.16 Worker's Comp Interface process

The Department of Workers' Claims in the Commonwealth Labor Cabinet sends a file containing worker's compensation information. This file is forwarded to the TPL Contractor for processing. On a quarterly basis, the Third Party Contractor produces a file of members who have become eligible within the last quarter to send to the Department of Workers' Claims in the Commonwealth Labor Cabinet. The report produced is the Worker's Compensation Quarterly Eligibility Report.

Third Party Liability Maintenance

2.3.1.17 Process Description

Identifying liable third parties and obtaining reimbursement from them for paid services protects the Kentucky Department for Medicaid Services' (DMS) status as a payer of last resort. Appropriate cost avoidance allows for effective use of DMS resources, increasing member access to quality health care. Maintaining accurate resource information is essential in making sure claims are appropriately cost avoided and billed to an active third-party resource when one is available. Data captured includes the policy number, insurance carrier or health plan ID, effective dates and services covered.

The TPL Unit receives TPL information from the following sources:

- Members,
- Claim forms, and
- Interfaces/data matches with TPL Contractor, State and Federal Health Insurance program coverage files.

2.3.1.18 interChange Narrative

The Third Party Liability Maintenance is supported within interChange by a series of panels, reports, letters, and batch processes. TPL information is updated via several different methods:

2.3.1.19 Members

The following panels are used to add/update TPL Resource information for members:

Technical Name	Title	Narrative
TPL.AddtionalPoliciesPanel.ascx	Additional Policies	This panel 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.
TPL.TPLCarrierPanel.ascx	Other-Carrier	The carrier panel contains information about other insurance companies that may have issued policies which cover 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 panel. The correspondence address is used for all non-facsimile correspondence but is not used by financial. Use the contact name to address all questions concerning the policy and carrier. Navigation Path: [TPL] - [Related Data] - [Other] - [Carrier]
TPL.ChronoNotesPanel.ascx	Chronological Note	This panel contains free-form notes entered by the user or batch processes pertaining to the case, TPL resource, or TPL billings. Navigation Path: [TPL - Search] - [(select row from search results)] - [Chronological Note] OR [TPL - Information] - [Chronological Note]
TPL.CopayDeductible	Codes-Copay Deductible	Use the Copay/Deductible panel to add, update, or delete a copay/deductible code or description. Navigation Path: [TPL] - [Related Data] - [Codes] - [Copay Deductible]
TPL.TPLCarrierCorrespondenceAddressPanel.ascx	Other-Correspondence Address	The carrier correspondence panel contains information about the other insurance company's mailing address if it is different than the billing address. Navigation Path: [TPL] - [Related Data] - [Other] - [Carrier] - [Correspondence Address]
TPL.Dependents	Dependents of	The Dependents of Policy panel lists all dependents of

Technical Name	Title	Narrative
OfPolicyPanel.ascx	Policy	the member's policy. Navigation Path: [TPL - Search] - [(select row from search results)] - [Dependents Of Policy] OR [TPL - Information] - [Dependents Of Policy]
TPL.TPLEmployerPanel.ascx	Other-Employer	This panel has all possible information for TPL Employer data. Navigation Path: [TPL] - [Related Data] - [Other] - [Employer]
TPL.VerificationLetterHistoryPanel.ascx	Policy Letter History	The Verification Letter History panel displays all verification letters sent to the member. Navigation Path: [TPL - Search] - [(select row from search results)] - [Verification Letter History] OR [TPL - Information] - [Verification Letter History]
TPL.Policy Type	Codes-Policy Type	This panel identifies the type of insurance policy that the member is covered under. Navigation Path: [TPL] - [Related Data] - [Codes] - [Policy Type]
TPL.PolicyholderPanel.ascx	Other-Policyholder	The policyholder panel contains information about the policyholder of a policy. A policyholder may hold a policy which covers multiple members. Keeping this data on a separate panel allows the data to be maintained once instead of for each member covered by the policy. If the policyholder is also a member, the policyholder data is obtained from the member panel; no policyholder record would be created. Navigation Path: [TPL] - [Related Data] - [Other] - [Policy Holder]
TPL.Suspect	Codes-Suspect	This panel identifies the possible values for the TPL suspect code. Navigation Path: [TPL] - [Related Data] - [Codes] - [Suspect]
TplBase.BaseInformation	TPL Base Information	This panel lists the base information about TPL Resource and links to other TPL related information. Navigation Path: [TPL - Search] - [(select row from search results)] - [Base Information] OR [TPL -

Technical Name	Title	Narrative
		Information] - [Base Information]
TPL.CoveragePanel.ascx	TPL Coverage	The TPL Coverage Panel allows the user to select coverages to apply to the TPL policy. Navigation Path: [TPL - Search] - [(select row from search results)] - [Coverage] OR [TPL - Information] - [Coverage]
TPL.TPLResourceInformation.ascx	TPL Information	The TPL Information panel shows high level TPL information for the member that the user has selected. Navigation Path: [TPL - Search] - [(select row from search results)] OR [TPL] - [Information]
TPL.TPLResourceInformation	TPL Maintenance	The TPL Maintenance panel contains links to open other panels in the TPL Information page. Navigation Path: [TPL - Search] - [(select row from search results)] OR [TPL] - [Information]
TPL.TplMiniSearchPanel.ascx	TPL Mini Search	The TPL Mini Search panel allows the user to search by TPL ID. Navigation Path: [TPL - Search] - [(select row from search results)] - [Search] OR [TPL - Information] - [Search]
TPL.PolicyLetterPanel.ascx	TPL Policy Letter	The TPL Policy Letter panel allows the user to select a letter to send for the policy. Navigation Path: [TPL - Search] - [(select row from search results)] - [Policy Letter] OR [TPL - Information] - [Policy Letter]
TPL.Search.ascx	Search	Use the TPL Search panel to access a member's TPL records. The user will be able to inquire members with TPL. On the Search panel different combinations can be used to inquire on the member's TPL record. Navigation Path: [TPL] - [Search] - [TPL Search]
TPL.SearchResults	Search Results	Use the TPL Search Results panel to access a member's TPL records. Navigation Path: [TPL] - [Search] - [TPL Search] - [search]

2.3.1.20 Claim Forms
Potential TPL can be identified through TPL information on the claim that the provider sends in for reimbursement.

2.3.1.21 Potential TPL for Follow-up report
A weekly, system generated report that identifies all unduplicated paid or denied encounters with an amount greater than zero in the TPL payment field and the member has no insurance information on the TPL tables. Once a member reports, they are flagged and do not report again for 60 days.

2.3.1.22 837 Transaction Discrepancy report
A weekly, system generated report that identifies all unduplicated paid or denied claims (received in the HIPAA approved 837 transaction) with an amount greater than zero in the TPL payment field and the member has no insurance information on the TPL tables. When a member reports, they are flagged and do not report again for 60 days.

2.3.1.23 Interfaces/Data Matches
See Third Party Liability Interfaces

2.3.1.24 Reports and Letters
The following are the reports and letters that help maintain Third Party Liability resource information:

Technical Name	Title	Narrative
TPL-0017-R	Carriers By Employer - online	The TPL Carrier by Employer report is an on-line report. It identifies which insurance carriers an employer subscribes to. The TPL Team will specify the employer and the report lists all of carriers associated with them. To generate report: Click Reports page navigation bar that opens the report criteria panel, the user enters a Carrier number or selects from a drop down list of carriers and hits a submit button.
TPL-0018-R	Employers By Carrier - online	The TPL Employer by Carrier report is an on-line report. This report identifies which employers subscribe to a certain insurance company. The TPL Team will specify the insurance carrier and the report lists all of their employers. To generate report: Click Reports page navigation bar that opens the report criteria panel, the user enters a Carrier number or selects from a drop down list of carriers and hits a submit button.

Technical Name	Title	Narrative
TPL-0019-R	Members By Carrier - online	The TPL Members by Carrier report is an on-line report. This report identifies which members have coverage with a carrier. The user specifies the insurance carrier by name or number. All active and inactive members associated with the carrier displays on the report. To generate report: Click Reports page navigation bar that opens the report criteria panel, the user enters a Carrier number or selects from a drop down list of carriers and hits a submit button.
TPL-0020-R	Carriers By Member - online	The TPL Carrier By Member report is an on-line report. This report identifies the carriers a member has an insurance policy with. To generate report: Click Reports page navigation bar that opens the report criteria panel, the user enters a Carrier number or selects from a drop down list of carriers and hits a submit button.
TPL-0021-Q	TPL Carrier Master File - Alpha	The TPL Carrier Master File - Alpha is a system generated quarterly report. This report identifies all carriers and self-insured employers currently on the TPL Carrier table in alphabetical order.
TPL-0023-W	Potential TPL for Follow-Up	The Potential TPL for Follow-up is a system generated weekly report. This report identifies all unduplicated claims paid or denied with an amount > 0 in the TPL payment field and the member has no insurance information on the TPL tables. Once a member reports, they are flagged and will not report again for 60 days. The sort order for this report is by provider number and then members by provider.
TPL-0024-M	Verification Letter Follow-Up - online	This online report allows the user to view or print a list of verification letters that were previously sent. This list includes when the letter was sent, to whom, and for which member. This report is accessed from the TPL Report Menu panel by clicking the Verification Follow-Up link. Pressing this link displays the Verification Letter Follow-Up panel.
TPL-0040-W	837 Transactions Discrepancy	This report displays the TPL information from the 837 HIPAA transactions where no TPL was found on the TPL Resource table for the member.

Technical Name	Title	Narrative
TPL-0300-R	TPL Resource Updates - Carrier Termination Process	This report displays the updates to the TPL Resource File due to carriers terminated.
TPL-0301-R	TPL Resource Updates - Carrier Termination Error	This report displays the errors found during the carrier termination process on the TPL Resource file, no updates are made.
TPL-0310-W	KAMES Claim Medicaid Eligible Members	KAMES sends the TPL Team an upload file weekly of deceased members. The TPL Team match this file against the Member Master file and produce a report of the data KAMES sends of the records found for each member which was Medicaid eligible sometime during the two years prior to death and have waiver or LTC segments.
TPL-0311-W	KAMES Claim Error	KAMES sends the TPL Team an upload file weekly of deceased members. The TPL Team matches this file against the Member Master file to produce a report of the errors. Reasons for error are: if the member is not on file; name mismatch (last 5 first 4); date of death does not match. It is reported an error, but the member is processed.
TPL-0320-W	TPL Information Statement (SSA-8019-U2-Form)	This report lists information transmitted on SSA-8019-U2 tape. The TPL unit updates the TPL Resource File with information from this report.
TPL-0330-W	KAMES PA-40 Tape	This report lists all public assistance information transmitted to KAMES. The TPL unit updates the TPL Resource File with information from this report.
TPL-0340-W	TPL Matrix Summary	This report summarizes the contents of the TPL Matrix File. Subject to change dependent upon TPL cost avoidance matrix review.
TPL-0420-M	DCSE Datamatch	This report lists the adds applied to the TPL Resource File as a result of the DCSE datamatch update process.
TPL-0421-M	DCSE Datamatch II	This report lists the updates applied to the TPL Resource File as a result of the DCSE datamatch update process.

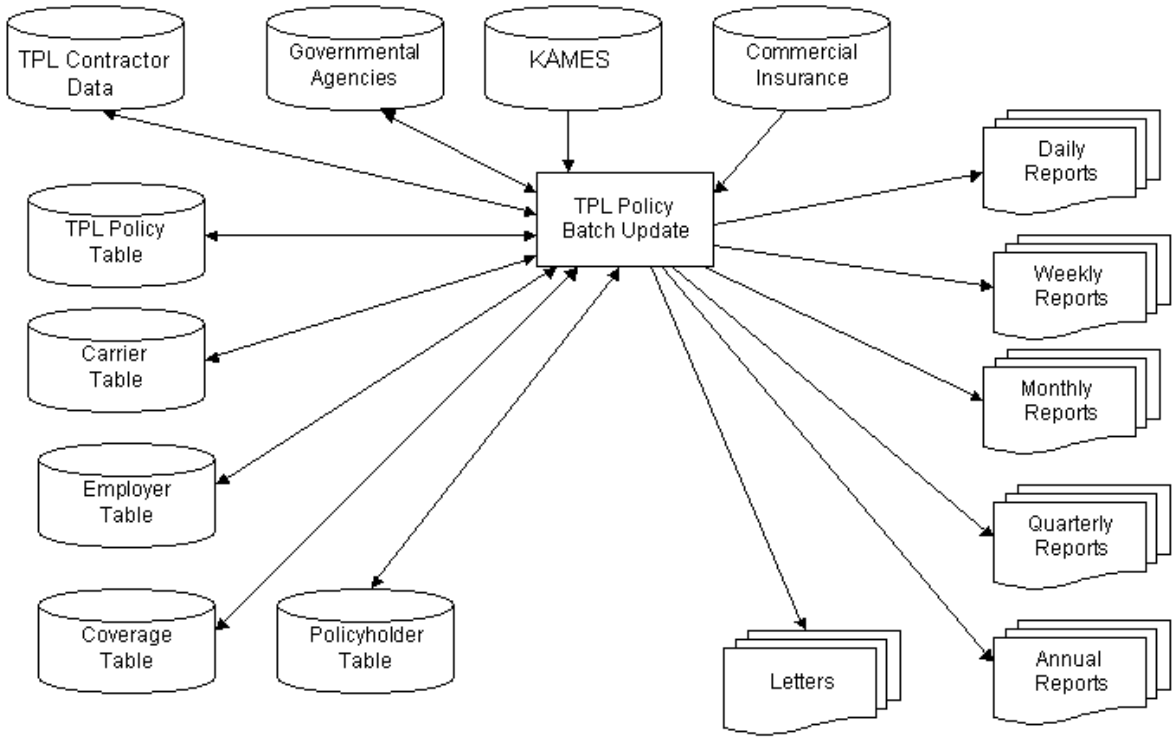
Technical Name	Title	Narrative
TPL-0422-M	DCSE Datamatch III	This report lists the errors found during processing the adds/updates to the TPL Resource File as a result of the DCSE datamatch update process.
TPL-0490-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5'	This report lists policies added (in the form of levels of coverage) to the TPL resource file from data supplied by the TPL contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL contractor report here.
TPL-0491-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' Error	This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process. This report lists records rejected from the KYMT4310 process. This report list record code `5` errors from attempts to load policies (levels of coverage) to the TPL Resource file.
TPL-0492-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'X' - Record Code '5' - Managed Care Only	This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '5' from the TPL Contractor report here. Managed Care only.
TPL-0500-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7'	This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '7' from the TPL Contractor report here.
TPL-0501-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Y' - Record Code '7' Error	This report lists records that were rejected from the tpl0540r process. This report lists record code '7' errors from attempts to load policies (levels of coverage) to the TPL resource file.

Technical Name	Title	Narrative
TPL-0510-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9'	This report lists policies added (in the form of levels of coverage) to the TPL Resource file from data supplied by the TPL Contractor. Totals are generated for policies loaded, coverage's loaded, and amount to be paid to the contractor. Only record code '9' from the TPL Contractor reports here.
TPL-0511-R	Policies Added From PCG Contractor Data For TPL Source Indicator 'Z' - Record Code '9' Error	This report lists records that were rejected from the tpl0540r process. This report lists record code '9' errors from attempts to load policies (levels of coverage) to the TPL resource file.
TPL-0520-R	TPL Resource Record Updates From TPL Contractor Data - Record Code '6' Only	This report lists policies changed from data supplied by the TPL contractor, record code '6' only. This report lists various member and carrier detail information, totaling up coverages and policies. The second portion of this report lists the payment percentage, PCG fee, counts and amounts, totaling up counts and amounts.
TPL-0521-R	TPL Resource Record Updates From PCG Contractor Data	This report lists basic member and carrier data, including errors by error number and error message for levels of coverage that program tpl0521r attempted to change on the TPL Resource file.
TPL-0530-R	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' Only	This report lists policies changed from data supplied by the TPL contractor, record code '8' only. This report lists various member and carrier detail information, totaling up coverages and policies. The second portion of this report lists the payment percentage, PCG fee, counts and amounts, totaling up counts and amounts.
TPL-0531-R	TPL Resource Record Updates From PCG Contractor Data - Record Code '8' - Error	This report lists records that were rejected from the tpl0540r process. This report lists record code '8' errors from attempts to load policies (levels of coverage) to the TPL resource file.
TPL-0540-R	Aged PCG Levels of Coverage Load	This report lists coverage totals by categories of groups of days. The report also lists the count of coverage's loaded for each group of days (that is, 0 days, 1 - 90 days and so on). It also provides total loads without zero days.

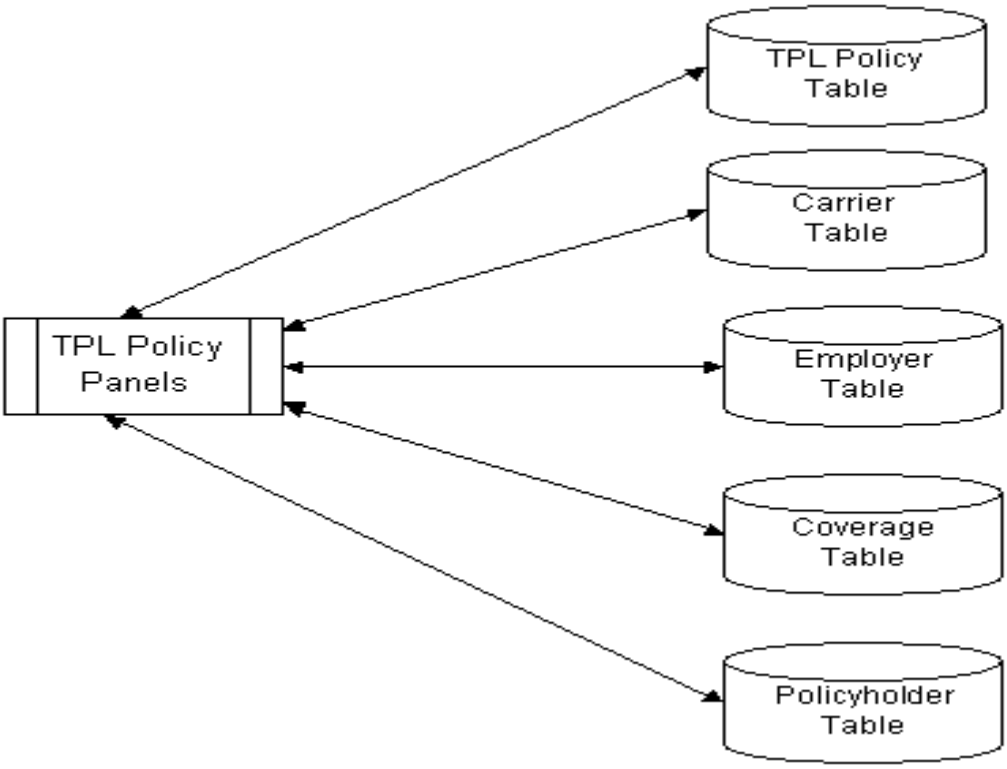
Technical Name	Title	Narrative
TPL-0900-R	Commercial Insurance Datamatch	This report lists updates to be applied to the TPL Resource File as a result of the Commercial Insurance Datamatch Tape update process. Commercial Insurance Datamatch report provides detailed carrier and member information totaling coverage 01, 02 and 03 counts by carrier.
TPL-0901-R	Commercial Insurance Datamatch Error	This report lists rejected updates that occurred as a result of the Commercial Insurance Datamatch Tape update process. Commercial Insurance Datamatch Error report provides member info and error reason, listing subtotals and combined totals of eligibility edits and carrier active error counts.
TPL-3001-M	TPL Possible Medicare Eligibles	The Possible Medicare Eligibles report reads the member paid crossover claim files. If a member has a crossover claim that paid, the Medicare table in eligibility is checked to see if the member has Medicare A or Medicare B. The members who do not have Medicare A or B show up on the Possible Medicare Eligibles report.
TPL-9007-W	Verification Letter	This letter is printed and sent to a carrier when insurance information for a member is put online but not verified.
TPL-9008-W	Discrepancy Letter	This letter is printed during the TPL Discrepancy process and sent to the provider if a claim is filed indicating some type of insurance coverage exists, but there is no resource information online.
TPL-9523-R	Member Questionnaire	This letter is generated when information regarding TPL is needed from the member.

2.3.1.25 Process flow

The process flow diagrams below provide a visual representation of the maintenance of TPL policy information. The TPL resource information may be updated by various sources. This represents the various sources that can update this information through the batch process.



This flow represents the TPL Resource information that can be updated through the TPL Policy panels.



2.3.2 Third Party Liability HIPP Maintenance

2.3.2.1 Process Description

Third Party Liability Health Insurance Premium Payment (HIPP) information is used by the Commonwealth to reduce Medicaid expenditures by purchasing health insurance for members where it is deemed cost effective. The program pays for health insurance for Medicaid-eligible people with access to employer-based insurance when it is proven cost-effective to do so. Thus, HIPP is an employer Buy-In program for insurance, and is available to the Medicaid population broadly, not only to a specific group.

Identifying HIPP resources and ensuring that the premiums are paid correctly are the two main functions of HIPP.

The TPL Unit receives TPL HIPP information from the following sources:

- Members; and,
- Employers.

The information is usually received in the form of a response to a letter sent to the above mentioned entities.

Payment of premiums for HIPP resources are performed based upon user entered payment information.

2.3.2.2 interChange Narrative

The Third Party Liability HIPP Maintenance is supported within interChange by a series of panels, reports, letters, and batch processes.

TPL HIPP information is updated via several different methods:

2.3.2.3 Members and Employers

HIPP Case Search page – Use the HIPP Case Search page to search for HIPP Cases based upon the member or case number. The search results panel displays all of the HIPP case information on file regarding the search criteria that was entered.

HIPP Case Calculation panel – This panel calculates if a member's resource is cost effective for HIPP.

HIPP Case Payment Setup panel – This panel allows the user to set up the premium payment information after a policy is approved for HIPP Buy-In.

HIPP Case Letter History panel – This panel tracks all of the letters that have been sent out for a particular HIPP Resource.

Employer panel – This panel allows the user to view, add, update, or delete employer information.

HIPP Case Chronological Notes panel – This panel allows the user to write information concerning the member (that is, phone calls, updates, and so on.). The user can enter resource chronological notes below the Select button.

HIPP Case Information panel – The HIPP Case Information panel shows high level HIPP information for the HIPP case that the user has selected.

HIPP Case Maintenance – The HIPP Case Maintenance panel contains links to open other panels related to HIPP.

HIPP Case Members – The HIPP Case Member panel allows the user to add or delete members that are covered under the HIPP Policy.

2.3.2.4 HIPP Reports

The following are HIPP reports that help maintain HIPP policies:

Technical Name	Title	Narrative
TPL-0039-M	HIPP Members for Cost Effectiveness Review	The HIPP Members for Cost Effectiveness Review Report is system-generated monthly. The report criteria are based on the member's HIPP Case Re-evaluation date and list those members whose HIPP policies require a scheduled review of the cost-effectiveness of continuing premium payments.
TPL-0042-Q	HIPP Cost-Effectiveness - Quarterly Analysis	The HIPP Cost-effectiveness - Quarterly Analysis Report provides an overview of the activity and potential cost savings impact of the HIPP Program.

Technical Name	Title	Narrative
TPL-0044-W	TPL HIPP Policies For Follow-up	This report is system generated on a weekly basis. The report provides a list of HIPP policies requiring additional research or information prior to purchasing a policy. The policies are identified and reported when a reason code of 10 - "Further Verification Required" is entered on the HIPP Case Calculation panel.
TPL-0050-D	HIPP Policy Cost Effectiveness Summary	This report provides information regarding HIPP policies being evaluated for cost effectiveness. This report summarizes, by policy, the recommendation, expected annual expenditures for HIPP and Medicaid as well as potential net savings for each policy evaluated by the daily cost-effectiveness automated process.
TPL-0290-M	HIPP Monthly Clerk Cost Effective Activity	This report displays the number of policies updated each month by different users.
TPL-1180-W	HIPP Management	This report lists totals related to weekly HIPP processing

2.3.2.5 HIPP Correspondence

HIPP Case Letter panel – Use this panel to request that a HIPP letter be sent to an employer, carrier and/or member for a particular HIPP Resource.

HIPP Letters – The following HIPP Letters are used to gather and verify information, notify employers, carriers, and/or members about the status of their HIPP resource, and notify employers, carriers, and/or members about HIPP Payments.

Technical Name	Title	Narrative
TPL-9020-R	HIPP Policyholder Missing Information on Questionnaire	This letter is created when a user accesses the HIPP Case Letter panel after a HIPP questionnaire is returned from a policyholder (employee) with missing information. This letter is sent to the policyholder.
TPL-9022-R	HIPP Employer Questionnaire	This letter is generated to request information from the employer about a specific policyholder. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.

Technical Name	Title	Narrative
TPL-9024-R	HIPP Employer Missing Information on Questionnaire	This letter is created to request information from the employer about the policyholder when a questionnaire is returned with missing, incomplete or inconsistent data. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.
TPL-9023-D	HIPP Employer Questionnaire - Second Request	This letter is generated to request information from the employer about a specific policyholder. It is produced through a daily batch job. It is generated when no response has been received from the first HIPP Employer Questionnaire and it has been 30 days since the first letter was sent. This letter is sent to the employer.
TPL-9026-R	HIPP Employer Buy-In Letter	This letter is to inform the employer of a Buy-In into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.
TPL-9028-R	HIPP Need Policy Letter to Carrier	This letter is sent to the carrier (insurance company) informing them of the benefits of HIPP. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the carrier/insurance company.
TPL-9030-R	HIPP Re-Eval Employer Verification	This letter is printed to re-evaluate a HIPP policy. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.
TPL-9032-R	HIPP Claim History Request	This letter is printed for a claim history request in order to evaluate HIPP cost-effectiveness. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the insurance company.

Technical Name	Title	Narrative
TPL-9034-R	HIPP Need Policy Letter to Employer	This letter is printed to request a company's health and dental insurance booklets and a Schedule of Benefits. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.
TPL-9036-R	HIPP Policyholder Buy-In	This letter is printed to inform the policyholder that there is a Buy-In into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the policyholder (employee).
TPL-9050-R	HIPP Rejection Notification to a Self Referral	This letter is printed to inform the policyholder they are not eligible for HIPP at this time. A user produces this letter by accessing the HIPP Case Letter panel after it has been determined that HIPP would not be cost-effective. This letter is sent to the policyholder (employee).
TPL-9080-R	HIPP Rejection Notification to Case Worker	This letter is printed to inform the caseworker that HIPP has been rejected for a policyholder. It also includes the reason. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the caseworker.
TPL-9130-R	HIPP Policy Termination Notification to Carrier	This letter is printed to notify the carrier (insurance company) that payment of health insurance premiums for a policyholder will be discontinued. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the carrier/insurance company.
TPL-9140-R	HIPP Cost Effective Notification to Policyholder	This letter is printed to notify the policyholder that their insurance premium is cost effective. The policyholder must submit premium notices to EDS when they are received. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the policyholder (employee) and the eligibility worker.

Technical Name	Title	Narrative
TPL-9145-R	HIPP Cost Effective Notification - Payments to Employer	This letter is printed sent to the policyholder informing them that their insurance premium is cost effective. Premium payments will be made directly to the policyholder's employer. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employee (policyholder) and the eligibility worker.
TPL-9155-R	HIPP Cost Effective Notification to Carrier or Employer	This letter is printed and sent to the policyholder informing them that payments will begin on the policyholder's group health insurance. A weekly batch job will create this letter if a letter 41 or 43 is created. If a letter 41 is created, then the letter 45 is sent to the employee's (policyholder's) insurance company. If a letter 43 is created, then the letter 45 is sent to the employee's (policyholder's) employer.
TPL-9160-R	HIPP Policy Termination Notification to Policyholder	This letter is printed and sent to the policyholder informing them that HIPP will no longer pay the health insurance premium. The reason for the termination will be part of the letter, based upon user-entered codes. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the policyholder (employee).
TPL-9200-R	HIPP Recoup from Policyholder	This letter is printed and sent to the policyholder that a payment was made in error. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the policyholder (employee).
TPL-9202-R	HIPP Debt Set Off Request to Policyholder	This letter is printed and sent to the policyholder that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter. This letter is sent to the policyholder.

Technical Name	Title	Narrative
TPL-9210-R	HIPP Recoup from Employer	This letter informs the employer that a payment was made in error. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the employer.
TPL-9212-R	HIPP Debt Set Off Request to Employer	This letter is printed and sent to the employer to inform that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter. This letter is sent to the employer.
TPL-9220-R	HIPP Recoup from Carrier	This letter printed and sent to the carrier/insurance company to inform that a payment was made in error. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the carrier/insurance company.
TPL-9222-R	HIPP Debt Set Off Request to Carrier	This letter is printed and sent to the carrier/insurance company to inform that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter. This letter is sent to the carrier/insurance company.
TPL-9300-R	HIPP Information Needed to Case Worker	This letter is to request further information from a caseworker in order to evaluate a HIPP referral. It is sent when more information is needed to evaluate a potential HIPP policy. A user produces this letter by accessing the HIPP Case Letter panel. This letter is sent to the caseworker.
TPL-9501-R	HIPP Payment History Letter	This report displays the HIPP payments history for a policy and the recoupment associated with the policy. A user produces this letter by accessing the HIPP Case Letter panel.

Technical Name	Title	Narrative
TPL-9510-R	HIPP Enrollment Notification Form	A HIPP Enrollment Notification Form is mailed to the employer, along with completed insurance enrollment forms, when a request for the member to be enrolled into the group insurance is made by the TPL Team. This form asks the employer to enter the policy number, group number, and first premium due date and then to return the form to the TPL Team as notification of enrollment. This letter is sent to the employer.
TPL-9511-R	HIPP Enrollment Form Request Letter (Case Head)	An Enrollment Form Request Letter is generated to the Case Head when either of the following two situations occur: 1. An add or change to the HIPP policy; or, 2. A case has a future enrollment date which is 60-66 days greater than the HIPP processing date. This letter is sent to the member.
TPL-9512-R	HIPP Enrollment Form Request Follow-up Letter (Case Head)	An Enrollment Form Request Follow-up Letter is generated to the Case Head. This letter is sent to the case head.
TPL-9513-R	HIPP No Premium Request Received In The Last 60 Days Letter(Case Head)	A No Premium Payment Request Received in the Last 60 Days Letter is generated to the Case Head when the HIPP payment setup shows 60-66 days aged. This letter is sent to the case head.
TPL-9514-W	HIPP Remittance Statement	A HIPP Remittance Statement is generated when the payment is generated. This letter is sent to the case head.

2.3.2.6 Premium Payments

HIPP Case Payment Entity panel – Use this panel to add, update or delete the member of the payments for the HIPP Policy.

HIPP Case Payment Setup panel – Use this panel to set up the premium payment information after a policy is approved for HIPP Buy-In.

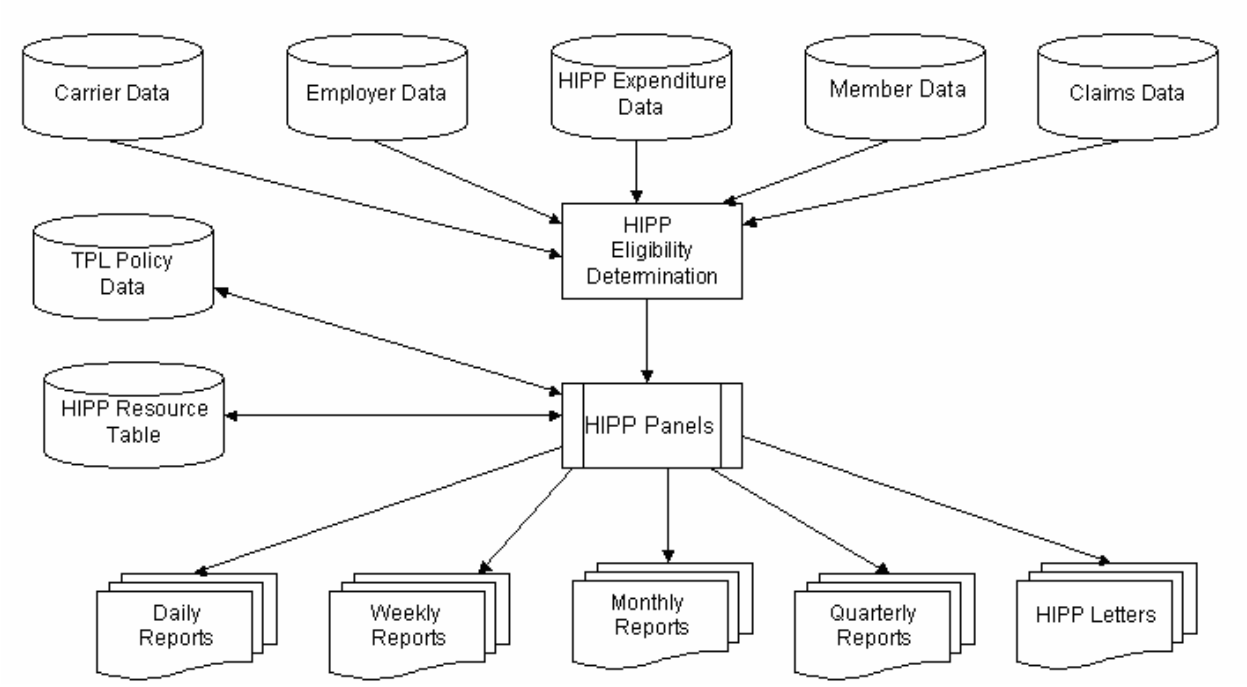
HIPP Case Payment History – Use this panel to access the check information concerning premium payments

HIPP Reports – The following are the HIPP reports that contain premium payment information:

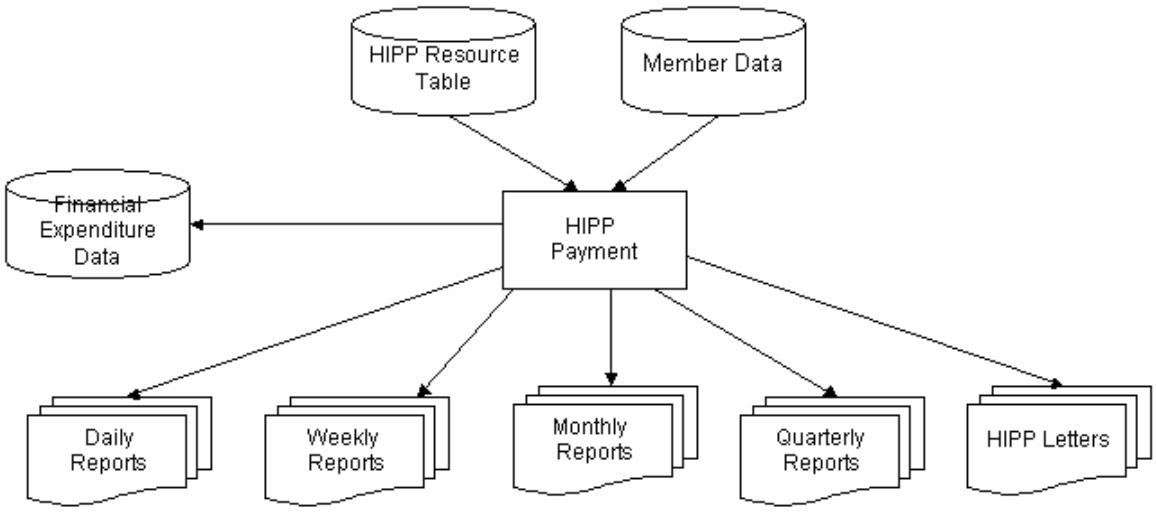
Technical Name	Title	Narrative
TPL-0038-M	HIPP Monthly Payment Detail	The HIPP Monthly Payment Detail Report is system-generated and reflects monthly HIPP activity on an individual member basis. The report details which policies are included for premium payment and the premiums paid on each. The total amount of premiums paid for HIPP members, the number of premiums paid, and the total of reported members are summarized at the end of the report.
TPL-0250-W	HIPP Automated Billing Statement Creation Summary	This report summarizes all billing details on the Policy File that have been added to the Billing Statement File during the weekly cycle. This summary provides a record of those auto-generated billing details by the system.
TPL-0260-W	HIPP Billing Statement Exception	This report identifies billing statements that cannot be processed to completion due to invalid funding information (invalid or missing PCA or Category Of Service), and invalid payee status (payee not authorized to receive a premium payment) or the payment amount not entirely covering a request recoupment.
TPL-0270-W	HIPP Remittance Advice	This report identifies detailed premium payment information which includes premium payment, recoupment, and non-cash recoupment amounts for HIPP. Remittance Advices are produced and mailed weekly.
TPL-0280-W	HIPP Premium Payment RA Register	This report summarizes all HIPP premium payment, recoupment, non-cash recoupment amounts staged for a given financial cycle in sequence by HIPP payee number. One line of this report is generated for each RA/warrant. The report should be retained for one calendar year from the run date for informational and research purposes.
TPL-1150-W	HIPP No Premium Requested Received in 90 Days	This report lists HIPP cases for which no premium request has been received in the last 90 days. HIPP No Premium Requested Received in 90 Days report provides assorted information on member and premium dates.

2.3.2.7 Process flow

The process flow diagram below provides a visual representation of the maintenance of TPL HIPP policy information.



The process flow diagram below provides a visual representation of the maintenance of TPL HIPP Payment information.



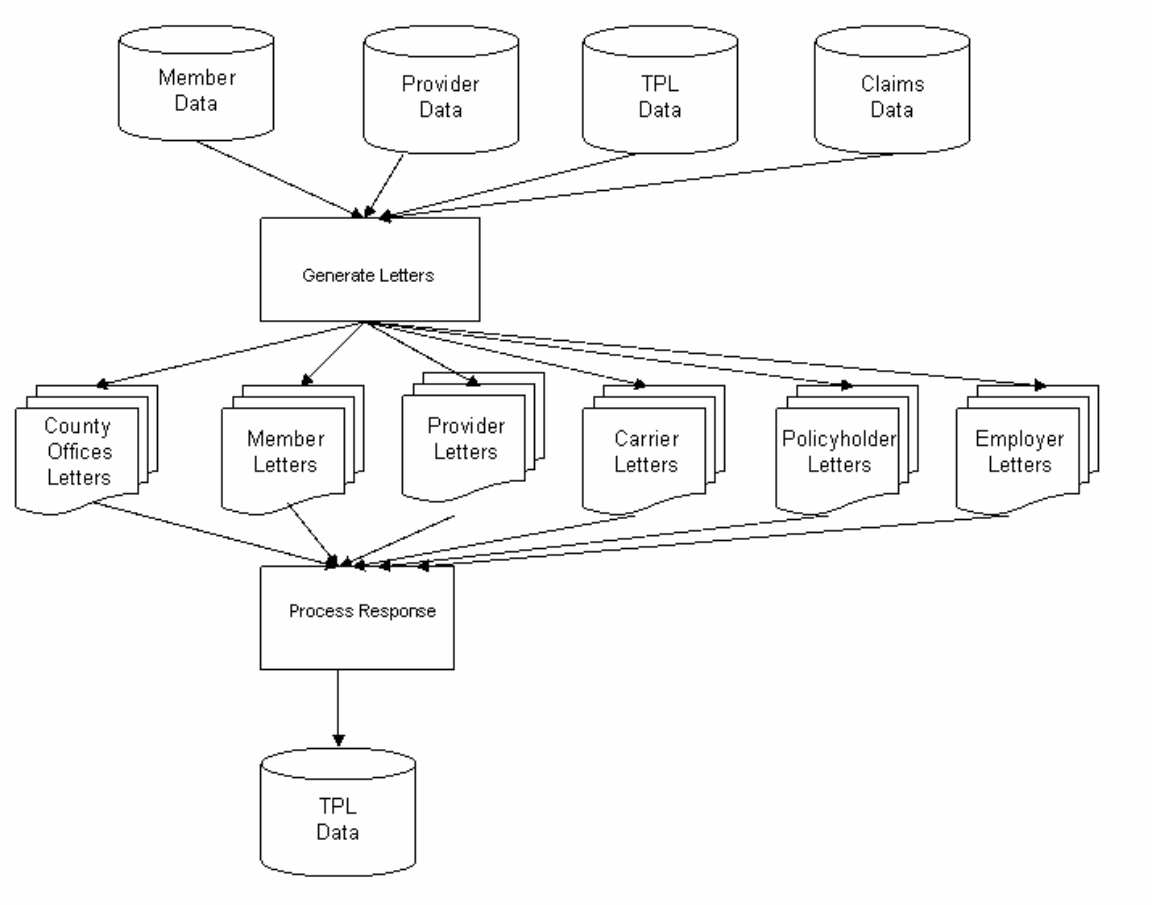
2.3.3 Track all Correspondence with Members, Carriers, Providers and Employers

2.3.3.1 Process Description

Correspondence tracking concerns the various letters and questionnaires sent to various entities in order to verify health insurance coverage, track cases and billings, and determine cost-effectiveness of HIPP.

2.3.3.2 interChange Narrative

interChange supports the correspondence tracking process through use of panels and by a series of reports and batch processes.



2.3.3.3 Correspondence Tracking

1. **Online Letter Request and Tracking** – The user can initiate the tracking of letters by producing a letter from the letter panels. Additionally, the user will go to the various UI panels to track correspondence.

Technical Name	Title	Narrative
TPL.BillingLetter.acsx.cs	Billing Letter	The Billing Letter panel allows the user to select a letter regarding a biling.
TPL.BillingLetterHistory.ascx.cs	Billing Letter History	This panel displays all letters sent for a billing.

Technical Name	Title	Narrative
CasualtyCaseLetter	Case Letter	The Case Letter panel allows the user to select a letter for the case.
CasCaseLettHist	Case Letter History	This panel displays all letters sent for a case.
HIPPLetter	HIPP Case Letter	The HIPP Case Letter panel allows the user to request a HIPP letter to send.
HIPPLetterHistory	HIPP Case Letter History	The HIPP Case Letter History shows all the letters that have been sent out for this HIPP Policy.
TPL.MemberLetter	TPL Member Letter	The TPL Member Letter panel allows the user to request to send the Member Questionnaire.
TPL.MemberLetterHistory.ascx	TPL Member Letter History	The TPL Member Letter History panel displays all Member Questionnaires sent to the Member.
TPL.PolicyLetterPanel.ascx	TPL Policy Letter	The TPL Policy Letter panel allows the user to select a letter to send for the policy.
TPL.VerificationLetterHistoryPanel.ascx	Policy Letter History	The Policy Letter History panel displays all verification letters sent to the Member.

2. **Batch Lnetter Request** – Based upon certain criteria the batch jobs will generate letters.

Tech Name	Title
TPLJD003	TPL Verification Letter and Questionnaire
TPLJD010	Provider Billing follow-up
TPLJD024	Member Questionnaire follow-up
TPLJD035	Accident/Trauma Request for Additional Information follow-up
TPLJD070	HIPP Employer Questionnaire follow-up
TPLJD075	HIPP Enrollment Form Request follow-up
TPLJD086	Policy Verification follow-up
TPLJD089	Member and Provider billings
TPLJD090	Provider billing letters
TPLJD091	Member billing letters
TPLJW002	Policy Verification and Member Questionnaires
TPLJW001	Accident/Trauma Questionnaire
TPLJW020	Casualty Attorney / Insurance Agent Follow-Up Letters
TPLJW080	Accident/Trauma Memo

3. **Letters Created -** The following are the letters that are created in the system:

Technical Name	Title	Narrative
TPL-9000-W	Accident Trauma Memo	This memo is printed and sent to the county to obtain the information from the member if no response is received within 45 days of the original accident/trauma questionnaire.
TPL-9001-W	Casualty Attorney Letter 1	This letter and a list of claims involved in a case are generated online, printed and sent to the attorney.
TPL-9002-W	Casualty Attorney Letter 2	This letter is printed if no response is received within 45 days of the initial letter.
TPL-9003-W	Casualty Insurance Agent Letter 1	This initial carrier/insurance agent letter and a list of claims involved in a case is generated online, printed and sent to the insurance agent.
TPL-9004-W	Casualty Insurance Agent Letter 2	This second carrier/insurance agent letter is generated by the system if no response is received within 45 days of the initial Casualty Insurance Agent letter.
TPL-9005-M	Cost Avoidance Insurance Letter 1	This initial billing letter printed and sent to insurance for retroactive and pay and chase billings.
TPL-9006-M	Cost Avoidance Insurance Letter 2	This letter is printed if there is no response to the first Cost Avoidance letter within 45 days.
TPL-9007-W	Verification Letter	This letter is printed and sent to a carrier when insurance information for a member is put online but not verified.

Technical Name	Title	Narrative
TPL-9008-W	Discrepancy Letter	This letter is printed during the TPL Discrepancy process and sent to the provider if a claim is filed indicating some type of insurance coverage exists, but there is no resource information online..
TPL-9009-M	Medicare Letter	This letter is printed and sent to the providers for the Medicare billing processes.
TPL-9010-W	Accident Trauma Questionnaire	This letter is printed and sent to the member requesting more information concerning an accident and/or injury.
TPL-9011-Q	Insurance Data Share Letter	This letter is printed to request the carrier share their membership data due to the fact that we have sent over 100 billings to that carrier for the year.
TPL-9012-W	Trust Recovery Letter	This letter is printed and sent to the Trustee to inform them of the creation of the Trust case. This letter is sent to the Trustee and is cc'd to OIG.
TPL-9013-W	Trust Recovery Cash Receipt Letter	This letter is printed and sent to the Trustee to acknowledge the receipt of a check to be applied to the Trust case. This letter is sent to the Trustee and is cc'd to OIG.
TPL-9014-W	Trust Recovery Refund Letter	This letter is printed and sent to the Trustee when the Trust sends too much money and accompanies the refund check. This letter is sent to the Trustee and is cc'd to OIG.

Technical Name	Title	Narrative
TPL-9015-D	Policy Verification Followup	This letter is printed and sent to a carrier when the carrier fails to respond to the TPL-9007-W in a timely manner.
TPL-9015-D	Case Accident Trauma Questionnaire Follow-up	This letter is printed and sent to the member requesting information concerning an accident and/or injury if the member has not responded to the TPL-9010-W.
TPL-9020-R	HIPP Policyholder Missing Information on Questionnaire	This letter is generated when a user accesses the HIPP Letter window when a HIPP questionnaire is returned from a policyholder (employee) with missing information. This letter is sent to the policyholder.
TPL-9022-R	HIPP Employer Questionnaire	This letter is generated to request information from the employer about a specific policyholder. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the employer.
TPL-9023-D	HIPP Employer Questionnaire - Second Request	This letter is generated to request information from the employer about a specific policyholder. It is produced through a daily batch job. It is generated when no response has been received from the first HIPP Employer Questionnaire and it has been 30 days since the first letter was sent.
TPL-9024-R	HIPP Employer Missing Information on Questionnaire	This letter is generated to request information from the employer about the policyholder when a questionnaire is returned with missing, incomplete or inconsistent data. The letter is generated in the HIPP Letter window. This letter is sent to the employer.

Technical Name	Title	Narrative
TPL-9026-R	HIPP Employer Buy-In Letter	This letter is generated to inform the employer of a buy-in into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the employer.
TPL-9028-R	HIPP Need Policy Letter to Carrier	This letter is printed and sent to the carrier (insurance company) informing them of the benefits of HIPP. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the carrier/insurance company.
TPL-9030-R	HIPP Re-Eval Employer Verification	This letter is printed to re-evaluate a HIPP policy. A user produces this letter by accessing the HIPP Letter window. This letter is sent to the employer.
TPL-9032-R	HIPP Claim History Request	This letter is printed for a claim history request in order to evaluate HIPP cost-effectiveness. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the insurance company.
TPL-9034-R	HIPP Need Policy Letter to Employer	This letter is printed to request a company's health and dental insurance booklets and a Schedule of Benefits. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the employer.

Technical Name	Title	Narrative
TPL-9036-R	HIPP Policyholder Buy-In	This letter is printed to inform the policyholder that there is a buy-in into HIPP. HIPP will begin paying premium payments on a policy, but more information is required. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the policyholder (employee).
TPL-9050-R	HIPP Rejection Notification to a Self Referral	This letter is printed to inform the policyholder they are not eligible for HIPP at this time. A user generates this letter by accessing the HIPP Letter window after it has been determined that HIPP would not be cost-effective. This letter is sent to the policyholder (employee).
TPL-9080-R	HIPP Rejection Notification to Case Worker	This letter is printed to inform the caseworker that HIPP has been rejected for a policyholder. It will also include the reason. A user will generate this letter by accessing the HIPP Letter window. This letter is sent to the caseworker.
TPL-9130-R	HIPP Policy Termination Notification to Carrier	This letter is printed to notify the carrier (insurance company) that payment of health insurance premiums for a policyholder will be discontinued. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the carrier/insurance company.

Technical Name	Title	Narrative
TPL-9140-R	HIPP Cost Effective Notification to Policyholder	This letter is printed to notify the policyholder that their insurance premium is cost effective. The policyholder must submit premium notices to EDS when they are received. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the policyholder (employee) and the eligibility worker.
TPL-9145-R	HIPP Cost Effective Notification - Payments to Employer	This letter is printed and sent to the policyholder informing them that their insurance premium is cost effective. Premium payments will be made directly to the policyholder's employer. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the employee (policyholder) and the eligibility worker.
TPL-9155-R	HIPP Cost Effective Notification to Carrier or Employer	This letter is printed and sent to the policyholder informing them that payments will begin on the policyholder's group health insurance. A weekly batch job produces this letter if the HIPP Cost-Effective Notification to the Policyholder letter or HIPP Cost Effective Notification - Payments to Employer letter is produced. If a HIPP Cost-Effective Notification to the Policyholder letter is produced, then this letter is sent to the employee's (policyholder's) insurance company. If a HIPP Cost Effective Notification - Payments to Employer letter is produced, then this letter is sent to the employee's (policyholder's) employer.

Technical Name	Title	Narrative
TPL-9160-R	HIPP Policy Termination Notification to Policyholder	This letter is printed and sent to the policyholder informing them that HIPP will no longer pay the health insurance premium. The reason for the termination will be part of the letter, based upon user-entered codes. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the policyholder (employee).
TPL-9200-R	HIPP Recoup from Policyholder	This letter is to inform the policyholder(employee) that a payment was made in error. A user will create this letter by accessing the HIPP Letter window.
TPL-9202-R	HIPP Debt Set Off Request to Policyholder	This letter is printed and sent to the policyholder to inform that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter.
TPL-9210-R	HIPP Recoup from Employer	This letter printed and is sent to the is to employer that a payment was made in error. A user generates this letter by accessing the HIPP Letter window.
TPL-9212-R	HIPP Debt Set Off Request to Employer	This letter printed and sent to the employer to inform that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter.

Technical Name	Title	Narrative
TPL-9220-R	HIPP Recoup from Carrier	This letter printed and sent to the carrier/insurance company to inform that a payment was made in error. A user generates this letter by accessing the HIPP Letter window.
TPL-9222-R	HIPP Debt Set Off Request to Carrier	This letter is printed and sent to the carrier/insurance company to inform that they have received two notices advising them that they owe the Medical Assistance Program money. They were paid an amount in error through the HIPP program and they will be referred to the State Accounts Receivable Debt Setoff Program if payment is not received by the due date shown on the letter.
TPL-9300-R	HIPP Information Needed to Case Worker	This letter is printed and sent to request further information from a caseworker in order to evaluate a HIPP referral. It is sent when more information is needed to evaluate a potential HIPP policy. A user generates this letter by accessing the HIPP Letter window. This letter is sent to the caseworker.
TPL-9501-R	HIPP Payment History Letter	This report displays the HIPP payments history for a policy and the recoupments associated with the the policy. This letter can be generated from the TPL Case Calculation window.
TPL-9510-R	HIPP Enrollment Notification Form	A HIPP Enrollment Notification Form is mailed to the employer, along with completed insurance enrollment forms, when a request for the member to be enrolled into the group insurance is made by the TPL Team. This form asks the employer to enter the policy number, group number, and first premium due date and then to return the form to the TPL Team as notification of enrollment.

Technical Name	Title	Narrative
TPL-9511-R	HIPP Enrollment Form Request Letter (Case Head)	An Enrollment Form Request Letter is generated to the Case Head when either of the following two situations occur: 1. An add or changeto the HIPP policy. 2. A case has a future enrollment date which is 60-66 days greater than the HIPP processing date.
TPL-9512-R	HIPP Enrollment Form Request Follow-up Letter (Case Head)	An Enrollment Form Request Follow-up Letter is generated to the Case Head
TPL-9513-R	HIPP No Premium Request Received In The Last 60 Days Letter(Case Head)	A No Premium Payment Request Received in the Last 60 Days Letter is generated to the Case Head when the following situation occurs: When HIPP payment setup shows 60-66 days aged.
TPL-9514-W	HIPP Remittance Statement	A HIPP Remittance Statement is generated when the payment is generated.
TPL-9515-R	Absent Parent Questionnaire	This letter is created to request questionnaire information from the member about their dependents.
TPL-9516-R	Absent Parent-Employer Questionnaire	Absent parent employer questionnaires are generated monthly for all add and update transactions from the file received from the Division Of Child Support Enforcement.
TPL-9517-R	Estate Recovery Statement	This statement is used by TPL to attest that the fiscal agent's records of Medicaid payments are authentic representations of the Kentucky Medicaid Program claims paid.

Technical Name	Title	Narrative
TPL-9518-R	Estate Recovery Letter	This letter is created to recover against a member's estate for payments made on their behalf for nursing home or community based services.
TPL-9519-R	Estate Recovery Probate Letter	The Estate Recovery Probate Letter is created to recovery the estate of the deceased member.
TPL-9520-R	Member Billing Letter	This letter is generated when the carrier denies a TPL billing due to paying the Member.
TPL-9521-W	Member Billing Follow-Up Letter	This follow-up letter is generated when the Member fails to respond to the Member billing letter.
TPL-9522-R	Provider Billing Letter	This letter is generated when the carrier denies a TPL billing due to paying the Provider.
TPL-9523-R	Member Questionnaire	This letter is generated when information regarding TPL is needed from the member.
TPL-9524-D	Member Questionnaire Follow-up	This letter is generated when the Member fails to respond to the Member questionnaire.
TPL-9530-R	Case Accident Trauma Request for Additional Information	This letter is generated when the user needs more information regarding an Accident/Trauma case. It is sent to the member.
TPL-9535-R	Case Accident Trauma Request for Additional Info Ltr 2nd request	This letter is generated when member fails to respond the initial request for information.
TPL-9540-R	Manual Check Refund	This letter is generated when the user creates an expenditure.

Technical Name	Title	Narrative
TPL-9550-R	Case Tracking Single Member Affidavit	The user will generate this letter to attest to the total amounts paid by Medicaid on behalf of the member listed.
TPL-9551-R	Case Tracking Birthing Affidavit	The user will generate this letter to attest to the total amounts paid for prenatal care and birthing expenses by Medicaid on behalf of the member listed.
TPL-9560-R	Member Claim Form Request	This letter is generated when the carrier requires a completed claim form from the carrier.
TPL-9570-R	Policy Release Form	This letter is generated when the carrier requires the member's permission to release information.

2.3.4 Third Party Liability Recoveries

2.3.4.1 Process Description

The purpose of Third Party Resources (TPL) Recoveries is to ensure that Medicaid is the payor of last resort. Third party resources are health care insurance policies and other insurance coverage(s) that have primary responsibility for the costs of health care services needed and received by the member. Third party insurance information is identified through applications and data matches with external information systems. Members are compared to these external data sources to "match" the member records with insurance policies. Insurance information collected in these data matches is recorded. Use the information to avoid payments for services covered by other insurance, notify contractors of other insurance coverage, and to monitor and report TPL recovery activity.

Processes include:

- Identifying TPL resources through data matching with external sources;
- Add TPL insurance policy and coverage information to member records;
- Report TPL cost avoidance;
- Case Tracking; and,
- TPL Billings – EDS generated/TPL Contractor generated.

2.3.4.2 interChange Narrative

The TPL Participant Recoveries process is supported within interChange by a series of panels, reports, and batch processes allowing Medicaid to identify claims paid by Medicaid and subsequently seek reimbursement from the liable third parties.

Data Matches

See Third Party Liability Interfaces.

Policy and Coverage Updates

See Third Party Liability Maintenance.

Cost Avoidance Reporting

The following are reports that identify and accumulate the cost avoided amount of claims for a specific time frame:

Technical Name	Title	Narrative
TPL-0016-M	TPL Cost Avoidance	For State tracking purposes, the TPL Cost Avoidance Report lists totals for claims with TPL Collections and Claims Denied for TPL.
TPL-0033-M	TPL Cost Avoidance Summary - CMS Calculation	Use this report to calculate the average monthly cost avoidance savings due to private insurance for the state's Medicaid program. The "Total Cost Savings" figure is summed for the three months of each quarter. Created in TPLJM005.
TPL-0390-M	Cost Savings Report	To report the amount cost-avoided due to the Commercial datamatch process.
TPL-0391-M	Third Party Contractor Cost Savings Report	To report the amount cost-avoided due to Third Party Contractor Commercial datamatch process.

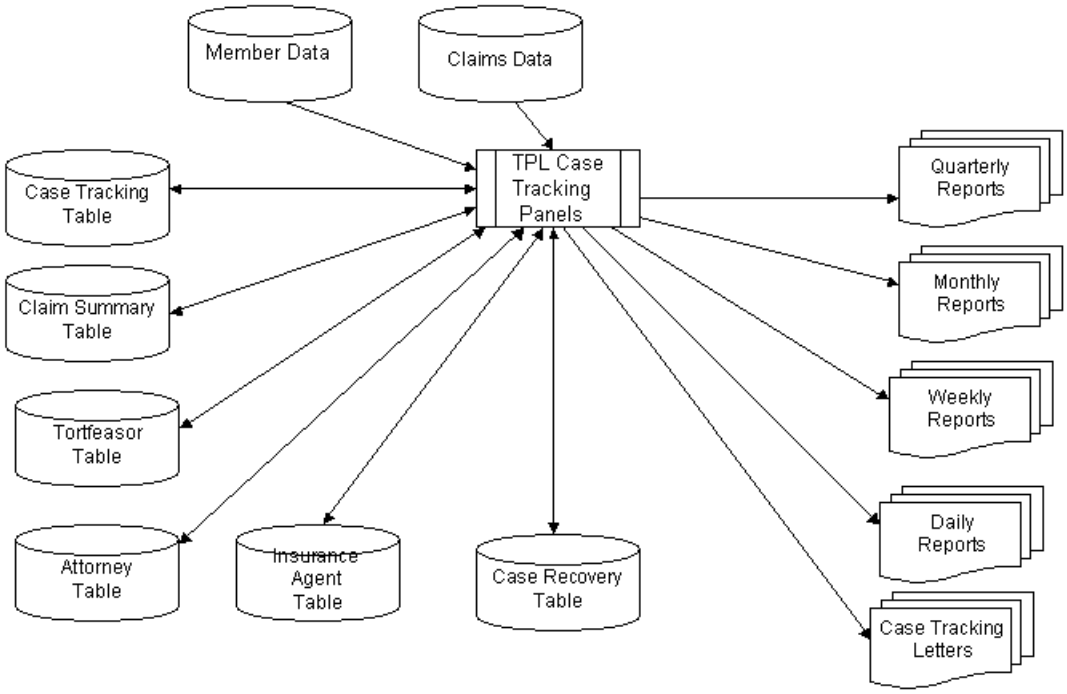
Technical Name	Title	Narrative
TPL-0550-Q	Cost Avoidance Report For PCG	This report identifies all claims which were denied due to third-party resources as a result of the TPL Contractor updates (source code 'X') to the TPL Resource File.
TPL-0551-Q	Cost Avoidance Report For PCG MSE - Source Codes 'Y' and 'Z'	This report identifies all claims which were denied due to third-party resources as a result of the TPL Contractor updates (source codes 'Y' and 'Z') to the TPL Resource File.
TPL-0570-M	Medicare Denied Report	This report identifies claims which were denied due to Medicare coverage. These claims appear on the report 120 days after being denied.
TPL-0920-M	TPL Denied Claims Report	This report identifies all claims which were denied due to third-party resources. These claims appear on the report 120 days after being denied.

2.3.4.3 Case Tracking

Case Tracking and Recovery occurs when other entities are suspected as being liable for claims Medicaid has paid. The Case Tracking section of interChange has been established to allow flexible creation of cases which can then be classified as Estate Recovery, Accident Trauma (that is, Personal Injury), Child Support, or any additional case type as needed by individual states.

2.3.4.4 Process Flow

The process flow diagram below provides a visual representation of the case tracking process. Case tracking occurs when other entities are suspected as being liable for claims Medicaid has paid. Cases include: Estate Recovery, Accident/Trauma, and Birth Expenditure, and so on.



2.3.4.5 Panels

The following are the panels that help maintain the cases:

Technical Name	Title	Narrative
TPL.Attorney	Attorney	Use the Attorney panel to search, display and update attorney information. The user has the ability to enter the attorney number, attorney name, or a combination of the two fields to view the attorneys on the database. Navigation Path: [TPL] - [Related Data] - [Other] - [Attorney]
AttorneyFirm	Attorney Firm	Use the Case Tracking Attorney panel to add, update or delete attorney information of the accident/injury case. Navigation Path: [TPL] - [Related Data] - [Other] - [Attorney Firm Name]
CaseSettlement	Case Recovery	Use the Case Recovery panel to select the tortfeasor associated with a particular settlement. A case can have many tortfeasors and, consequently, many settlements. It is therefore necessary to associate the correct settlement with the correct tortfeasor. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Case Recovery]]
TPL.CaseStatus	Case Status	This represents the valid status codes of a TPL case and its attendant description. Navigation Path: [TPL] - [Related Data] - [Codes] - [Case Status]
TPL.CasualtyCase.CaseTrackingClaim	Case Tracking Claim	The Case Tracking Claim panel displays those claims that have been associated to a case. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Case Tracking Claim]]

Technical Name	Title	Narrative
CaseTrackingClaimsSearch	Case Tracking Claims Search	The Case Tracking Claims Search panel limits the claims history to determine which claims are related to a specific incident. In conjunction with a valid Member ID, the user can enter any displayed search criteria or any combination thereof, to expedite the claims researching process. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Case Tracking Claim]] - [Add]
CaseTrackingClaimsSrchRslt	Case Tracking Claims Search Results	Use the Case Tracking Claims Search Results panel to view the itemized list of claims related to a specific case. Navigation Path: [TPL] - [TPL Case Search] - [Search]
TPL.CaseType	Case Type	Represents a TPL case type and its description. Navigation Path: [TPL] - [Related Data] - [Codes] - [Case Type]
CasualtyCaseLetter	Case Letter	The Case Letter panel allows the user to select a letter for the case. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Case Letter]]
CasCaseLettHist	Case Letter History	This panel displays all letters sent for a case. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Case Letter History]]
CasualtyCaseMiniSearch	Case Mini Search	Displayed at the top of the Case Tracking Information Page the Case Mini Search allows a user to re-enter search criteria. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [search] - [(select row from search results)] - [Mini Search]

Technical Name	Title	Narrative
CasualtyCaseSearch	Case Search	The Case Search panel determines if a lead has previously been received on a specific case. Search options are: Member ID, SSN, member last name with first name, member last name with any other field, tortfeasor, last name, case no., and member date of birth with at least one other field. Enter one, or a combination, of the data displayed on this panel. Navigation Path: [TPL] - [Case] - [TPL Case Search]
CasualtyCaseSearchResults	Case Search Results	The Case Search Results panel creates a listing of the search performed. The user can select an item on the list by double-clicking it. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [Search]
CasCaseTrackBaseInfo	Case Tracking Base Information	Use the Case Tracking Base Information panel to record fundamental information about a specific case. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Base Information]]
CasualtyCaseTrackInfo	Case Tracking Information	Use the Case Tracking Base Information panel to view fundamental information about a specific case. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [search] - [(select row from search results] - [TPL Case Tracking Information]
CasualtyCaseTrackMaint	Case Tracking Maintenance	This panel contains links to open various panels for case tracking maintenance. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [search] - [(select row from search results)] - [TPL Case Tracking Maintenance]
TPL.InsuranceAgent	Insurance Agent	This panel has all possible information for Insurance Agent data. Navigation Path: [TPL] - [Related Data] - [Other] - [Insurance Agent]

Technical Name	Title	Narrative
RelatedCases	Related Cases	Use the Related Case panel to inquire about other open cases related to that member. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Related Cases]]
TPL.Tortfeasor	Tortfeasor	Information about the person who is liable for the case. Used to send liens, letters, and to receive payments. Navigation Path: [TPL] - [Related Data] - [Other] - [Tortfeasor]
TortfeasorCaseXref	Tortfeasor Case Xref	The Tortfeasor/Case Xref panel displays all tortfeasors associated with a case as well as each Tortfeasor's Information, Attorney Information and Insurance Agent Information. Navigation Path: [TPL] - [Case] - [TPL Case Search] - [(select row from search results)] - [Case Tracking Maintenance [Tortfeasor Case Xref]]

2.3.4.6 Reports

The following are reports that help maintain and identify the cases that are in the TPL system:

Technical Name	Title	Narrative
TPL-0004-M	Case Activity Summary	The Case Activity Summary (TPL-0004-M) report, gives a summary of the number of cases that have been reviewed, opened, or closed and the dollar amount collected for the reporting period.
TPL-0005-M	TPL Case Review By Analyst	The TPL Case Review by Analyst (TPL-0005-M) is a system-generated report of the total cases, which are set for follow-up review next month. It is organized by analyst for ease in distribution of case research. A summary total page is provided at the end of the report. Created in job TPLJM002.
TPL-0009-W	Accident Trauma	The Accident Trauma Report is a weekly report. CMS requires TPL to use the accident/trauma report in order to identify and pursue possible recovery cases. The report is driven by the member claim history. The report cumulates and extracts paid claims with an accident indicator or claims if the first two diagnosis codes are within the range defined for accident/trauma, 800.00-999.9. The claims will not report until the cumulative accident/trauma claim paid amounts for the member exceed $250.00. An Accident Trauma questionnaire will automatically be produced for each member to facilitate research and follow-up. Once a member is reported, they will not report again for 150 days in order to preclude redundancy.

Technical Name	Title	Narrative
TPL-0027-M	Case Collections	The Case Collections report is a system generated monthly report. This report lists all case collections from the first day of the month to the last day of the month. The totals reported are for all cases in which the date of settlement is within the reporting period. A summary total is provided at the end of the report. The data on the report is balanced to the ADJ-0002-D Daily Deposit Log and the ADJ-0001-D Daily Check Log. The summary total is provided to the EDS Finance Unit for the CMS-64.9a Third Party Liability Reporting. Line 1(b)(2) of the CMS-64.9a reflects the payments made to EDS for cases. The information is reported for all cases in which the date of settlement is within the reporting month. Note: The batch report is maintained on CRLD; however, there is a TPL-0027 online report, which is accessed through the TPL Reports menu item.
TPL-0027-Q	Case Collections Quarterly	The Case Collections Quarterly report is a system generated quarterly report. This report lists all case collections from the first day of the month to the last day of the month (per quarter). The totals reported are for all cases in which the date of settlement is within the reporting period. A summary total is provided at the end of the report. The data on the report is balanced to the ADJ-0002-D Daily Deposit Log and the ADJ-0001-D Daily Check Log. The summary total is provided to the EDS Finance Unit for the CMS-64.9a Third Party Liability Reporting. Line 1(b)(2) of the CMS-64.9a reflects the payments made to EDS for cases. The information is reported for all cases in which the date of settlement is within the reporting month. Note: The batch report is maintained on CRLD; however, there is a TPL-0027 online report, which is accessed through the TPL REPORTS menu item.

Technical Name	Title	Narrative
TPL-0027-A	Case Collections Annual	The Case Collections Annual report is a system generated annual report. This report lists all case collections for the calendar year. The totals reported are for all cases in which the date of settlement is within the reporting period. A summary total is provided at the end of the report. The data on the report is balanced to the ADJ-0002-D Daily Deposit Log and the ADJ-0001-D Daily Check Log. The summary total is provided to the EDS Finance Unit for the CMS-64.9a Third Party Liability Reporting. Line 1(b)(2) of the CMS-64.9a reflects the payments made to the TPL Team for cases. The information is reported for all cases in which the date of settlement is within the reporting month. Note: The batch report is maintained on CRLD; however, there is a TPL-0027 online report, which is accessed through the TPL REPORTS menu item.
TPL-0610-D	TPL Member Histories	This report determines the amounts due Medicaid for manual billings. This report provides great detail on claim with TPL including detail or line item information.
TPL-0620-W	TPL Estate Recovery History Profiles	This report provides detailed information regarding claims including detail or line item information for Estate recoveries.
TPL-0621-W	TPL Estate Recovery Claims Summary	This report displays a claims total summary by member reported on the TPL-0620-W report. It provides summary information about the member claim date and claim amount paid, totaling amount and indicating how many letters to print for estate recovery claims.
TPL-0622-W	TPL Estate Recovery Claims Summary With KCL Claim Detail	This report displays a claims total summary by member with KCL Claim Detail information from the TPL-0310-W report. It provides detailed information about estate record and eligibility.
TPL-0630-W	TPL Trust Recovery History Profiles	This report provides detailed information about the member, carrier, provider and claim header and line item on trust recovery cases.

Technical Name	Title	Narrative
TPL-0631-W	TPL Trust Recovery Claims Summary	This report gives a claims total summary by member reported on the TPL-0630-W report. This report provides summarized member, claim from and to dates, claim paid amount, totaling this amount and total letters to print for trust recovery claims as a result of this processing.
TPL-0640-W	TPL Estate Recovery Claims Summary 2	This report gives a claims total summary once the TPL cases file is read by member reported on the TPL-0620-W. It provides summary information about the member claim date and claim amount paid, totaling amount and indicating how many letters to print for estate recovery claims.
TPL-0641-W	TPL Estate Recovery Error	This report gives the errors for members not processed. It provides summary member information, claim dates, and error message.
TPL-0642-W	TPL Estate Recovery Processing	This report gives the Estate Recovery GOT dump of all the data sent. It provides detailed member, eligibility, claim amount summary, and executor information.
TPL-0643-W	TPL Estate Recovery Low Threshold	This report gives the member from the GOT data that was bypassed due to low threshold. The billing records were still added to the file, but no letter is generated. It provides summary member information, claim dates, claim amount paid.
TPL-0650-W	TPL Trust Recovery Claims Summary 2	This report gives a claims total summary once the TPL cases file is read by member reported on the TPL-0630-W. It provides summary information about the member claim dates and claim amount paid, totaling amount and indicating how many letters to print for trust recovery cases.
TPL-0651-W	TPL Trust Recovery Error	This report gives the trust recovery errors for members not processed. It provides summary member information, claim dates, and error message.
TPL-9000-W	Accident Trauma Memo	This memo is printed and sent to the county to obtain the information from the member if no response is received within 45 days of the original accident/trauma questionnaire.
TPL-9001-W	Casualty Attorney Letter 1	This letter and a list of claims involved in a case are generated online, printed and sent to the attorney.

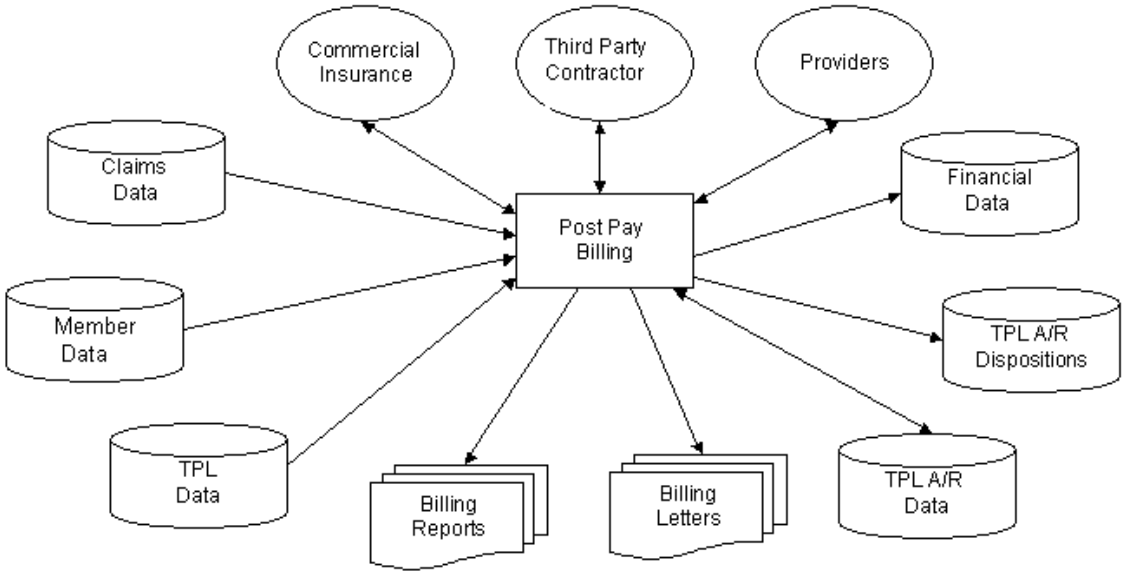
Technical Name	Title	Narrative
TPL-9002-W	Casualty Attorney Letter 2	This letter is printed if no response is received within 45 days of the initial Case Attorney letter.
TPL-9003-W	Casualty Insurance Agent Letter 1	This initial carrier/insurance agent letter and a list of claims involved in a case is generated online, printed and sent to the insurance agent.
TPL-9004-W	Casualty Insurance Agent Letter 2	This second carrier/insurance agent letter is generated by the system if no response is received within 45 days of the initial Case Insurance Agent letter.
TPL-9010-W	Accident Trauma Questionnaire	This letter is printed and sent to the member requesting more information concerning an accident and/or injury.

2.3.4.7 TPL Billings

TPL billings is the process where attempts are made to recover funds from third parties when TPL resources are identified retroactively or for mandated "pay-and-chase" payments for claims that have been previously paid. For the Commonwealth, billings are initialized by EDS, but re-billings are handled by the TPL contractor.

2.3.4.8 Process Flow

The process flow diagrams below provide a visual representation of the post pay billing process. The billing process includes retroactive recoveries as well as the Pay-and-Chase process. Various entities may be billed including: Commercial insurance, providers, and so on.



2.3.4.9 Panels

The following are the panels that allow for the maintenance of the TPL Post Pay recovery process:

Technical Name	Title	Narrative
ARBaseInformation	Billings Base Information	The Billings Base Information panel lists the base information about billings. Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search] - [search] - [(select row from search results)] - [TPL Billings Maintenance [Base Information]]
ARChronoNotes	Billings Chronological Notes	Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search] - [search] - [(select row from search results)] - [TPL Billings Maintenance [Chronological Note]] Navigation Path: [TPL Billings Disposition] - [TPL Billings Search] - [(select row from search results)] - [TPL Billings Maintenance [Billings Chronological Note]]
ARDispositionSearch	Billings Disposition Search	The Billings Disposition Search panel allows the user to search for a billing. Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search]
ARDispositionSearchResults	Billings Disposition Search Results	The Billings Disposition Search Results panel displays those billings that met the criteria of the search entered on Billings Disposition Search panel. Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search] - [Search] Note: If no results are displayed in the Search Results panel, then the top part of this panel should not be shown.
ARDispositionSummary	Billings Disposition Summary	Use the Billings Disposition Summary panel to view the existing dispositions for a billing. Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search] - [search] - [(select row from search results)] - [TPL Billings Maintenance [Billings Disposition Summary]]
TPLARInfo	Billings Information	The Billings Information panel shows high level billings information for the billing the user has selected. Navigation Path: [TPL] - [Billings Disposition] - [Billings

Technical Name	Title	Narrative
		Disposition Search] - [search] - [(select row from search results)] - [TPL Information]
TPLARMaintenance	Billings Maintenance	The Billings Maintenance panel contains links to open other panels in the Billings Information page. Navigation Path: [TPL] - [Billings Disposition] - [Billings Disposition Search] - [search] - [(select row from search results)] - [TPL Billings Maintenance]
TPL.BillingMedia	Billing Media	The Billing Media panel lists billing media values and descriptions. Navigation Path: [TPL] - [Related Data] - [Codes] - [Billing Media]
TPL.Carrier	Carrier	The carrier table contains information about other insurance companies that may have issued policies which cover 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 panel. The correspondence address is used for all non-facsimile correspondence but is not used by financial. The contact name is the person to address all questions concerning the policy and carrier. Navigation Path: [TPL] - [Related Data] - [Other] - [Carrier]
TPL.Employer	Employer	This panel has all possible information for TPL Employer data. Navigation Path: [TPL] - [Related Data] - [Other] - [Employer]
TPL.ThresholdType	Threshold Type	This panel identifies the threshold type. Navigation Path: [TPL] - [Related Data] - [Other] - [Threshold Type]

2.3.4.10 Reports

The following are reports and letters that help maintain and identify the billings that are in the TPL system:

Technical Name	Title	Narrative

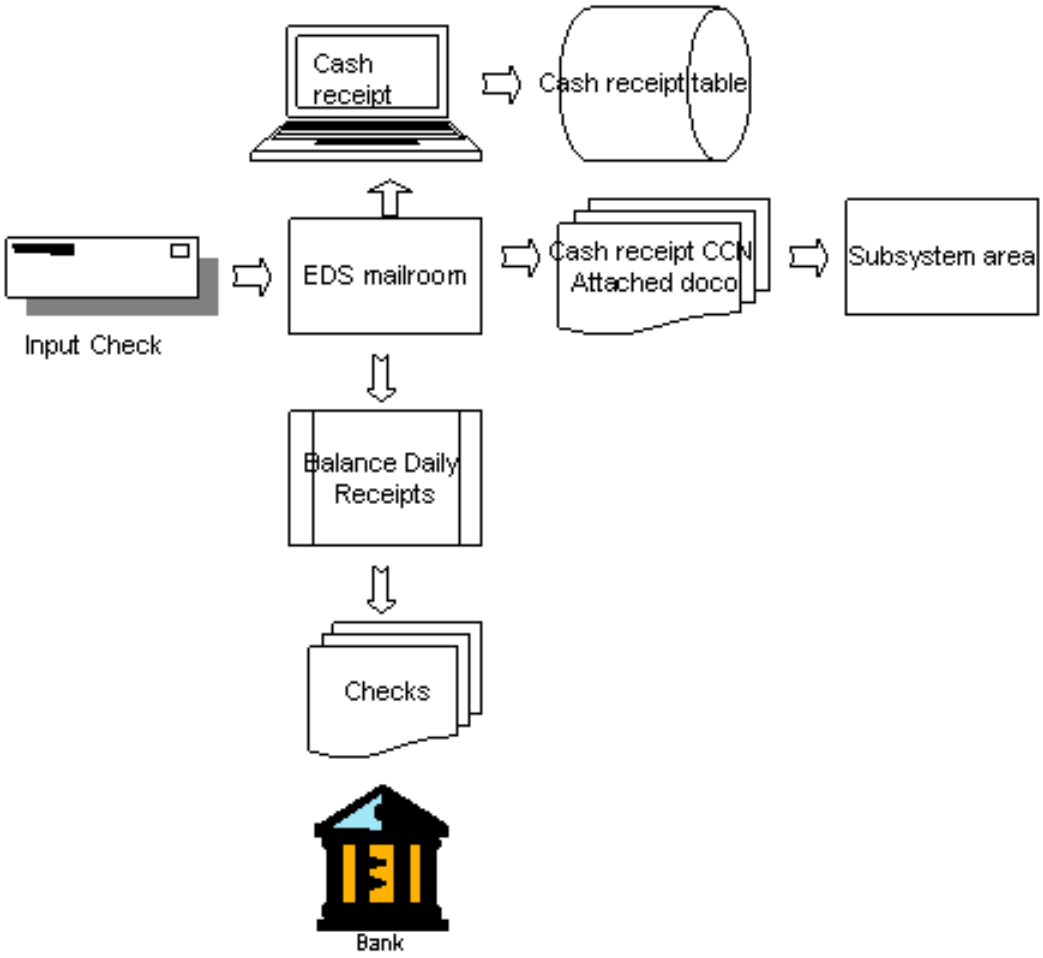
Technical Name	Title	Narrative
TPL-0025-M	Retroactive TPL Report	The Billing Summary is a system generated report. This report will summarize each health billing project including totals billed by carrier.
TPL-0025-W	Pay and Chase Report - Court Ordered	The Pay-and-Chase Report - Court Ordered is a weekly system generated report. This report summarizes each health billing project including totals billed by carrier.
TPL-0026-R	Pharmacy Billing Facsimile	The Pharmacy Billing claim facsimile is system generated. This report identifies an active TPL resource with an "E" (pharmacy) coverage code and report that member's pharmacy claims which have been paid by Medicaid. This is sent to the carriers.
TPL-0030-Q	TPL Recovery Activity by Coverage Type - QTD	This report is a quarterly summary of financial recovery activity categorized by insurance coverage type. Created in TPLJQ004
TPL-0035-R	UB-92 Billing Facsimile	The UB-92 Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes A (Hospital), C (Major Medical), F (Cancer), G (Skilled Nursing Home), H (Home Health), K (Mental Health-Hospital), L (Indemnity) O (Medicare Supplement), Q (Medical/ Major Medical) and Z (Intermediate Care Facility ICF) and member's claims which have been paid by Medicaid. Note that this is a Forms Flash and, therefore, does not have a layout.
TPL-0036-R	Dental Billing Facsimile	The Dental Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes D (Dental) and member's claims which have been paid by Medicaid. Once the claims have been reported they are flagged and not billed again. Note that this is a Forms Flash and, therefore, does not have a layout.

Technical Name	Title	Narrative
TPL-0037-R	CMS-1500 Billing Facsimile	The CMS-1500 Billing is a system generated post payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes B (Medical), C (Major Medical), F (Cancer), I (Optical), K (Mental Health), P (Medicare Supplement for Part B) and Q (Medical/ Major Medical) and member's claims which have been paid by Medicaid. Once the claims have been reported they are flagged and not billed again. Note that this is a Forms Flash and, therefore, does not have a layout.
TPL-0370-M	TPL Exclusions Report	Use this report for paid claims which meet the exception on the TPL Matrix File for Pay and Bill.
TPL-0400-M	TPL Carrier Collection	This report provides totals for claims, and for the amount billed, collected, and denied for each carrier.
TPL-0740-D	Cash Control Non-Medicaid Child Support	This report displays and summarizes the Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file. It also prints the CCN header information.
TPL-9005-M	Cost Avoidance Insurance Letter 1	This initial billing letter is printed and sent to insurance carrier for retroactive and pay and chase billings.

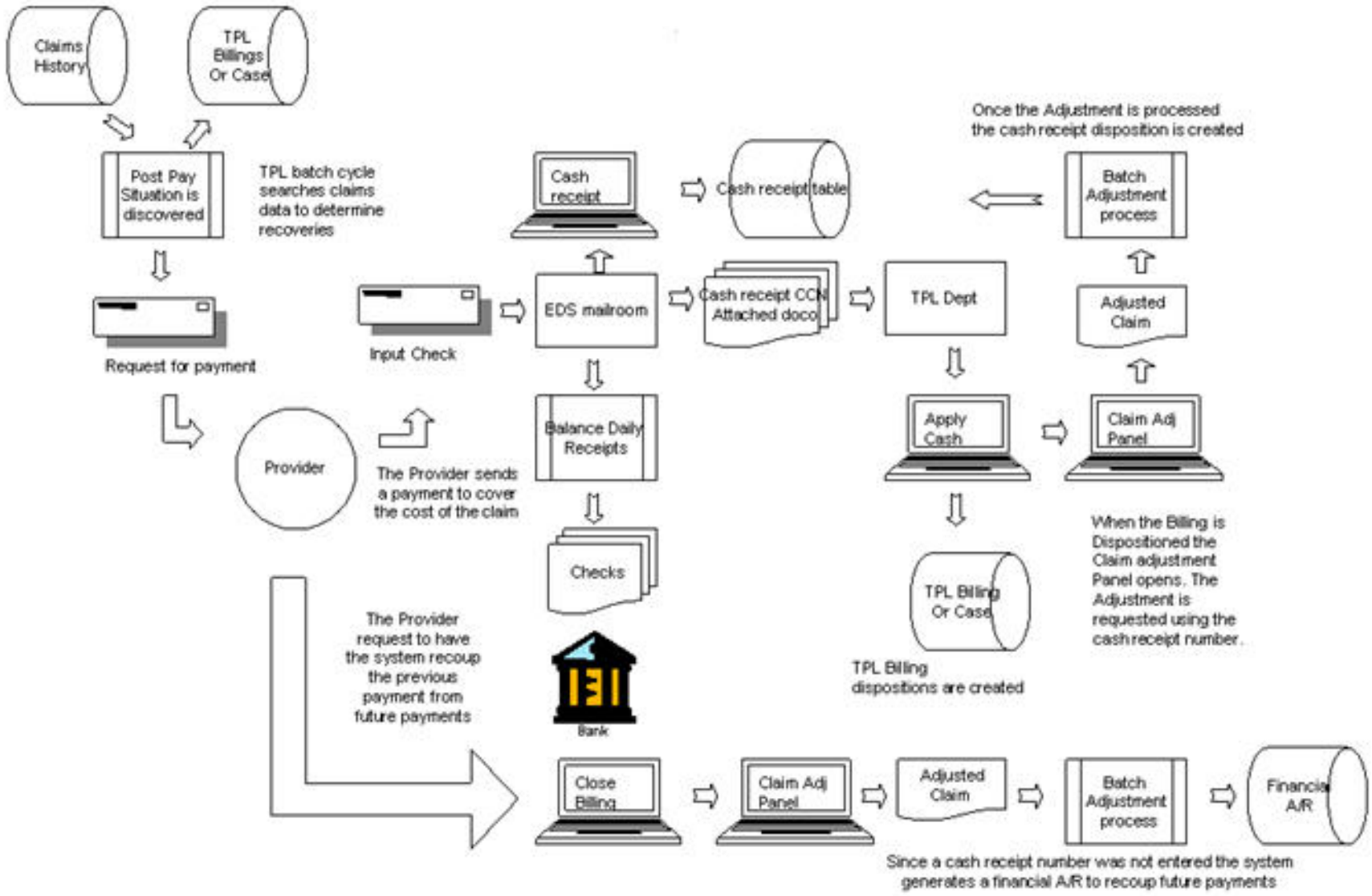
2.3.4.11 Financial and TPL Recoveries

The process flow diagrams below provide a visual representation of the flow of data between Financial and TPL concerning TPL recoveries.

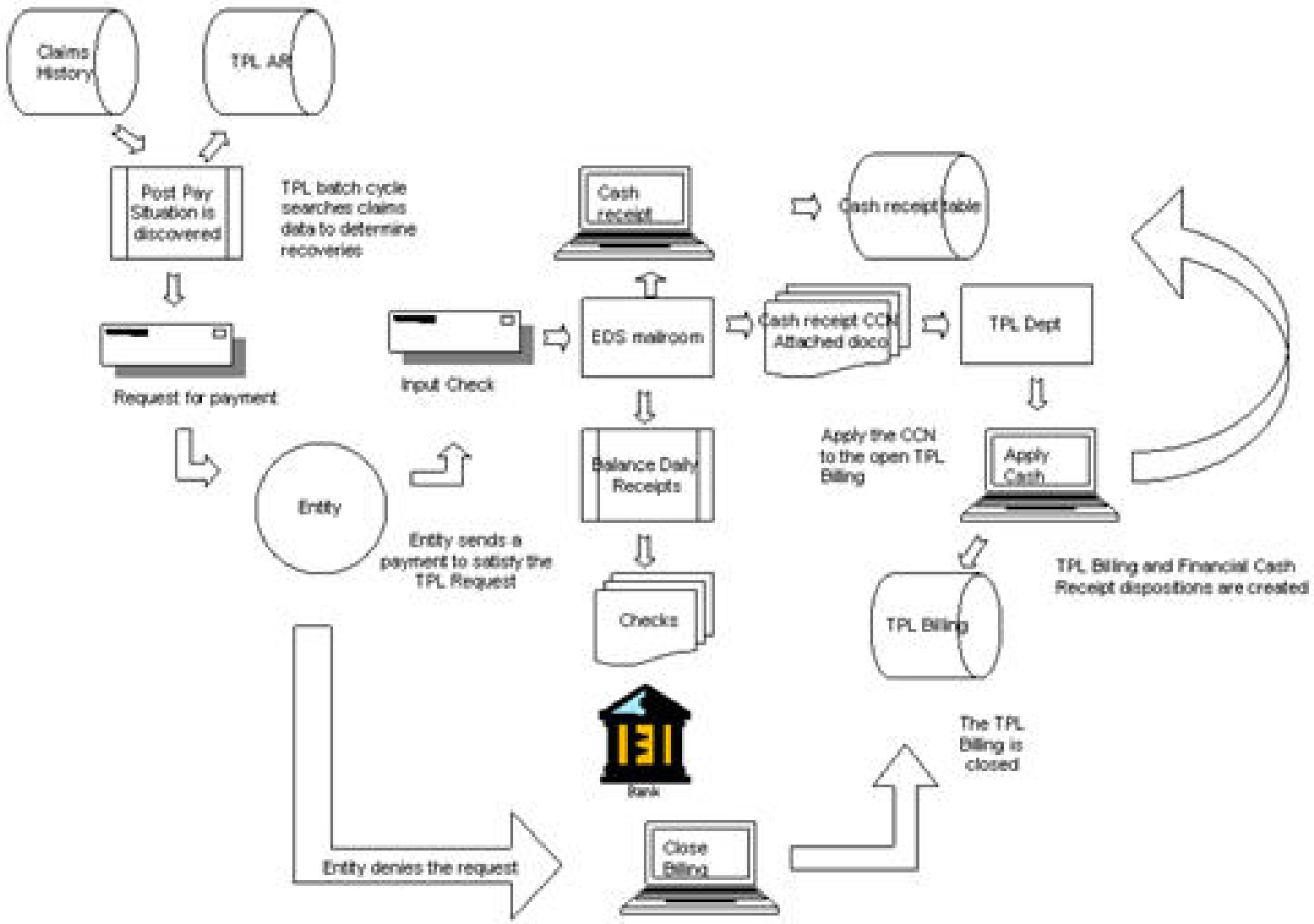
Cash Receipt Process



TPL Recoveries – Medicare Claim Recovery

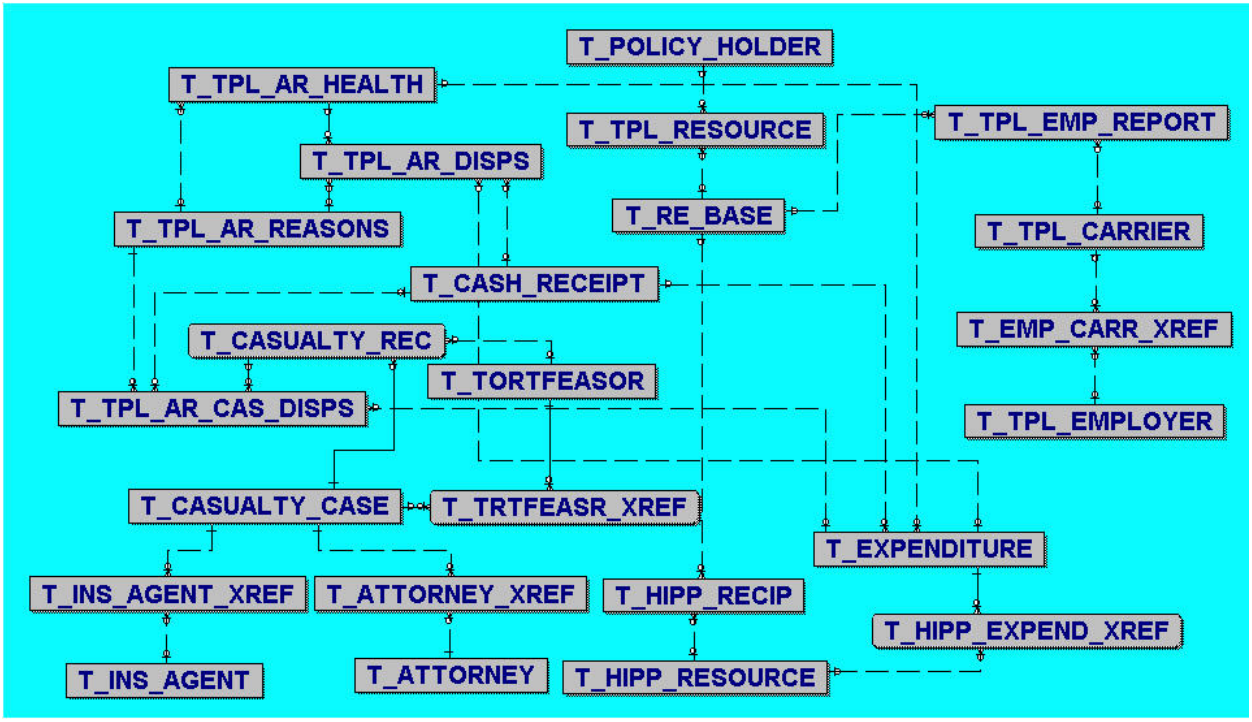


TPL Recoveries – Non Medicare/Post Pay/Retro/Case/HIPP



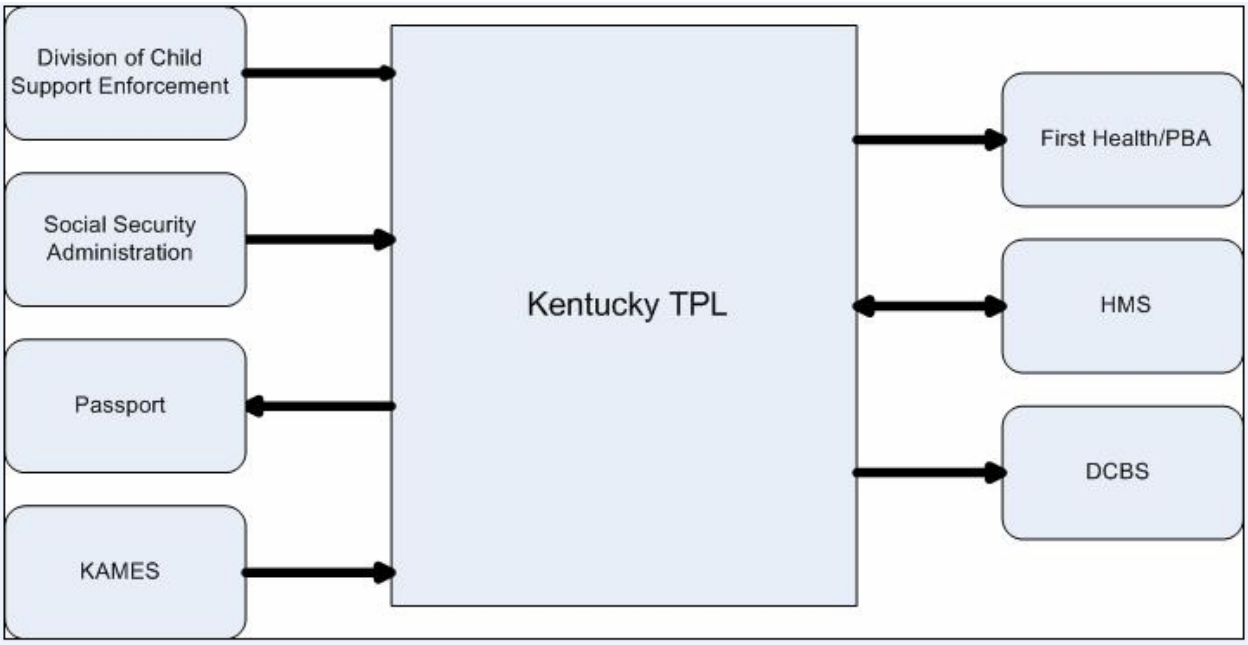
2.4 Data Model

The following data model gives a view of the entities within this subsystem.



2.4.1 External System Interfaces

The following context diagrams gives a view of the entities with which this subsystem interfaces.



2.5 Job Scripts

2.5.1 TPLJA001 - updates t_ave_exp_avge at State Fiscal Year End

2.5.1.1 Detailed Job Script Information

Unix Script:	TPLJA001
Description:	Populate the following tables at Commonweatlh Fiscal Year End: • T_AVE_EXP_AVGE

Job Step:	js 010-tpl001a.sc
Description:	update T_AVE_EXP_AVGE table
Input/Output Files:	

2.5.2 TPLJA002 - updates t_ave_exp_diag at State Fiscal Year End

2.5.2.1 Detailed Job Script Information

Unix Script:	TPLJA002
Description:	Populate the following tables at Commonweatlh Fiscal Year End: • T_AVE_EXP_DIAG

Job Step:	js 010-tpl001a.sc
Description:	update T_AVE_EXP_DIAG table
Input/Output Files:	

2.5.3 TPLJA1042 - Yearly Child Support Recovery report

2.5.3.1 Detailed Job Script Information

Unix Script:	TPLJA1042	
Description:	Yearly Child Support Recovery report	
Job Step:		js 010-tpl1040m
Description:		Child Support Recovery Yearly report
Input/Output Files:		
tpl1042a.rpt	O	This file contains a report which gives summary totals for the fiscal year by county of all Child Support cases on the TPL Billing file.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.4 TPLJA136 - Casualty Recovery Annual Job

2.5.4.1 Detailed Job Script Information

Unix Script:	TPLJA136	
Description:	The job script TPLJA136 to produce Annual Casualty Recovery report.	
Job Step:		js 010-tpl1050m
Description:		This job step executes program tpl1050m to produce Annual Casualty Recovery Report.
Input/Output Files:		
tpl1052a.rpt	O	This file contains a report which gives summary totals for the fiscal year for all Attorney Casualty Cases on the TPL Billing file.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.5 TPLJA139 - Non-Attorney Casualty Recovery Annual Job

2.5.5.1 Detailed Job Script Information

Unix Script:	TPLJA139	
Description:	Create Non-Attorney Casualty Recovery Annual Report	
Job Step:		js 010-tpl1060m
Description:		Create TPL-1062-A Annual Non-Attorney Casualty Recovery Report
Input/Output Files:		
tpl1062a.rpt	O	This file contains a report which gives summary totals for the fiscal year for all Non-Attorney Casualty Cases on the TPL Billing file.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.6 TPLJA186 - PCG Add Recoveries - Bill Type '15' SFY Report

2.5.6.1 Detailed Job Script Information

Unix Script:	TPLJA186	
Description:	The job script TPLJA186 creates the PCG Add Recoveries Report for Bill Type '15' SFY.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce PCG Add Recoveries - Bill Type '15' (TPL-1086-A)
Input/Output Files:		
tpl1086a.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process for SFY End. Details are listed by CCN. Bill type '15' billing records are input to this program.

2.5.7 TPLJA187 - PCG Add MSE(Identified) Recoveries- Bill Type '17' SFY End Report

2.5.7.1 Detailed Job Script Information

Unix Script:	TPLJA187	
Description:	The job script TPLJA187 produces the Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End Report.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce Bill Type '17' - PCG MSE (Identified) Recoveries - SFY End Report (TPL-1087-A).
Input/Output Files:		
tpl1087a.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process for the SFY End. Details are listed by CCN. Bill type '17' billing records are input to this program.

2.5.8 TPLJA188 - PCG MSE (Enforcement) Recoveries Bill Type '18' - SFY End Report

2.5.8.1 Detailed Job Script Information

Unix Script:	TPLJA188	
Description:	The job script TPLJA188 produces the PCG MSE (Enforcement) Recoveries Bill Type '18' - SFY End Report.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce Bill Type '18' - PCG MSE (Enforcement) Recoveries-SFY End report (TPL-1088-A).
Input/Output Files:		
tpl1088a.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process for SFY End. Details are listed by CCN. Bill type '18' billing records are input to this program.

2.5.9 TPLJA305 - TPL Recovery annual report

2.5.9.1 Detailed Job Script Information

Unix Script:	TPLJA305	
Description:	Create report for casualty, estate, and trust Recovery information.	
Job Step:		js 010-tpl0305m
Description:		Create the annual recovery report.
Input/Output Files:		
tpl305m3.rpt	O	This report lists all collections for the calendar year.
Job Step:		js 020-copy2routedir
Description:		Copy the report to COLD.
Input/Output Files:		
tpl305m3.rpt	I	This report lists all collections for the calendar year.

2.5.10 TPLJA645 - Estate Recovery Case Activity Yearly Summary

2.5.10.1 Detailed Job Script Information

Unix Script:	TPLJA645
Description:	Creates the Estate Recovery Case Activity Yearly Summary report, TPL-0004-A..
Job Step:	js 010-tpl0645m
Description:	Create the Estate Recovery Activity Yearly Summary report, TPL-0004-A.
Input/Output Files:	
Job Step:	js 020-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.11 TPLJA745 - Trust Recovery Case Activity Yearly Summary

2.5.11.1 Detailed Job Script Information

Unix Script:	TPLJA745
Description:	Creates the Trust Recovery Case Activity Yearly Summary report, TPL-1072-A.
Job Step:	js 010-tpl0745m
Description:	Create the Trust Recovery Activity Yearly Summary report, TPL-1072-A.
Input/Output Files:	
Job Step:	js 020-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.12 TPLJD001 - Create ETP Transaction Report

2.5.12.1 Detailed Job Script Information

Unix Script:	TPLJD001
Description:	Create a report containing Eligibility Transaction Process (ETP) information.

Job Step:		js 010-dd
Description:		Convert input file to ASCII (currently commented out)
Input/Output Files:		
tplps2txn.tmp	I	PS2 Transaction File Input (EBCDIC format)
tpd00101.tmp	O	PS2 Transaction File Input (Convert to ascii format)
Job Step:		js 020-otsortd
Description:		Sort ETP Transaction File
Input/Output Files:		
tpl0001d.ctl	I	Sort PS2 Transaction File control file
tplps2txn.tmp	I	PS2 Transaction File Input (EBCDIC format)
tpd00101.srt	O	Sorted PS2 Transaction File
Job Step:		js 030-tpl0001d
Description:		Write ETP Transaction Report File
Input/Output Files:		
tpd00101.srt	I	Sorted PS2 Transaction File
tpd00101.rpt	O	PS2 Transaction Report File
Job Step:		js 040-lp
Description:		Send Report to Print (currently commented out)
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpd00101.rpt	I	PS2 Transaction Report File
Job Step:		js 050-copy2crld
Description:		Send Report to COLD
Input/Output Files:		

tpd00101.rpt	I	PS2 Transaction Report File
TPL0001D	O	COLD REPORT

2.5.13 TPLJD003 - TPL Verification Letter and Questionnaire

2.5.13.1 Detailed Job Script Information

Unix Script:	TPLJD003		
Description:	This report identifies records where a TPL questionnaire and cover letter is required to be sent.		
Job Step:		js 010-tpl9037r	
Description:		Run program to create the report	
Input/Output Files:			
t_letter_request_TPL9007W	O	TPL Verfication Letter and Questionaire	
tpd00302.wrk	O	work file	

2.5.14 TPLJD010 – Member And Provider Billing Followup Process

2.5.14.1 Detailed Job Script Information

Unix Script:	TPLJD010
Description:	This job processes member and provider follow-up billings

2.5.15 TPLJD020 - Absent Parent Follow-Up Letter

2.5.15.1 Detailed Job Script Information

Unix Script:	TPLJD020
Description:	Produce TPL Absent Parent Follow-Up Letters
Job Step:	js 010-tpl0020d
Description:	Produce TPL Absent Parent Follow-Up Letters
Input/Output Files:	

2.5.16 TPLJD024 - Member Verification Follow-Up

2.5.16.1 Detailed Job Script Information

Unix Script:	TPLJD024
Description:	Job script for Member Verification Follow-Up

Job Step:	js 010-tpl0024d
Description:	Execute tpl0024d program to create Member Verification Follow-Up letter
Input/Output Files:	

2.5.17 TPLJD035 - Execute the Accident Trauma Request for Additional Information (2nd letter) Follow-up Letter on a daily basis.

2.5.17.1 Detailed Job Script Information

Unix Script:	TPLJD035
Description:	Executes the Accident Trauma Request for Additional Information (2nd letter) Follow-up Letter on a daily basis.
Job Step:	js 010-tpl0035d
Description:	Execute the Accident Trauma Request for Additional Information (2nd letter) Follow-up Letter program.
Input/Output Files:	

2.5.18 TPLJD050 - HIPP Policy Cost Effectiveness Summary Process

2.5.18.1 Detailed Job Script Information

Unix Script:	TPLJD050	
Description:	This process creates the HIPP Policy Cost Effectiveness Summary Report.	
Job Step:		js 010-xmlpunld
Description:		Extract the data needed for the report.
Input/Output Files:		
tpd05001.ctl	I	The XML control card that unloads data for the HIPP Policy Cost Effectiveness Summary report.
tpd05001.dat	O	Data file for the HIPP Policy Cost Effectiveness Summary report.
Job Step:		js 020-tpl0050d
Description:		Create the report.
Input/Output Files:		
tpd05001.rpt	I	The HIPP Policy Cost Effectiveness Summary report.
tpd05001.dat	O	Data file for the HIPP Policy Cost Effectiveness Summary report.
Job Step:		js 030-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
tpd05001.rpt	I	The HIPP Policy Cost Effectiveness Summary report.
Job Step:		js 040-tpl0051d
Description:		Update system parameter table.
Input/Output Files:		

2.5.19 TPLJD060 - Carrier File to First Health

2.5.19.1 Detailed Job Script Information

Unix Script:	TPLJD060	
Description:	Create the carrier text file to send to First Health.	
Job Step:		js 010-tpl0060d
Description:		Create the carrier text file to send to First Health.
Input/Output Files:		
tpl0060d.dat	O	TPL Carrier file sent to First Health on a daily basis.
Job Step:		js 020-cp
Description:		Copy the file to the $DATADIR/tpl/output directory with the name EDI is looking for when making the transfer.
Input/Output Files:		

2.5.20 TPLJD070 - HIPP Follow up letter

2.5.20.1 Detailed Job Script Information

Unix Script:	TPLJD070
Description:	Execute tpl0070d to create HIPP Follo-Up letter TPL-9023-D.
Job Step:	js 010-tpl0070d
Description:	Execute tpl0070d to create HIPP Follow-Up letter TPL-9023-D.
Input/Output Files:	

2.5.21 TPLJD075 - Create HIPP Follow-Up letter TPL-9512-D

2.5.21.1 Detailed Job Script Information

Unix Script:	TPLJD075
Description:	Execute tpl0075d to create the TPL-9512-D HIPP Enrollment Form Request Follow-Up Letter (Case Head).
Job Step:	js 010-tpl0075d
Description:	Execute tpl0075d to create HIPP Follow-Up letter TPL-9512-D.
Input/Output Files:	

2.5.22 TPLJD080 - Create TPL Resource File to MCO (daily)

2.5.22.1 Detailed Job Script Information

Unix Script:	TPLJD080
Description:	Create a daily process to create and send the TPL Resource file.

Job Step:		js 010-tpl0080d
Description:		Create the TPL Resource file to send to the Managed Care Organization.
Input/Output Files:		
tpl0080d.dat	O	This file contains TPL Resource info sent to the Managed Care Organization (daily).
Job Step:		js 020-zip
Description:		Compress the Resource file.
Input/Output Files:		
tpl0080d.dat	I	This file contains TPL Resource info sent to the Managed Care Organization (daily).
PDSKX.R8860SA.EDID834.ZIP	O	This file contains daily TPL Resource information sent to MCO in a compressed format.
Job Step:		js 030-mv
Description:		Move the file to the ftp directory.
Input/Output Files:		
PDSKX.R8860SA.EDID834.ZIP	I	This file contains daily TPL Resource information sent to MCO in a compressed format.

2.5.23 TPLJD084 - Execute Accident Trauma Follow-up on a daily basis

2.5.23.1 Detailed Job Script Information

Unix Script:	TPLJD084
Description:	Executes the Accident Trauma Follow-up process on a daily basis

Job Step:	js 010-tpl0084d
Description:	Execute Accident Trauma Follow-up program
Input/Output Files:	

2.5.24 TPLJD086 - Create Policy Verification Follow-up Letter

2.5.24.1 Detailed Job Script Information

Unix Script:	TPLJD086
Description:	This job executes Policy Verification Follow-up on a daily basis to create corresponding TPL-9015-D follow-up letters as needed.
Job Step:	js 010-tpl0086d
Description:	Run Policy Verification Follow-up Letter program
Input/Output Files:	

2.5.25 TPLJD089 – Member And Provider Billing Process

2.5.25.1 Detailed Job Script Information

Unix Script:	TPLJD089
Description:	This job creates provider billing letter(s) (TPL-9522-R) and/or recipient billing letter(s) (TPL-9520-R)

2.5.26 TPLJD090 - TPL Provider Billing Letters

2.5.26.1 Detailed Job Script Information

Unix Script:	TPLJD090
Description:	Daily process which requests Provider billing letter.

Job Step:	js 010-tpl0090d
Description:	Execute tpl0090d
Input/Output Files:	

2.5.27 TPLJD091 - TPL Member Billing Letters

2.5.27.1 Detailed Job Script Information

Unix Script:	TPLJD091
Description:	Daily process to request the Member Billing Letters.

Job Step:	js 010-tpl0091d
Description:	execute tpl0091d
Input/Output Files:	

2.5.28 TPLJD185 - HIPP Duplicate Active Member Id Job

2.5.28.1 Detailed Job Script Information

Unix Script:	TPLJD185
Description:	This JOB produces a report which lists HIPP cases in pending or premium payment status which have the same Member ID as other cases which are also in pending or premium payment status.

Job Step:		js 010-tpl1185d.sc
Description:		Execute program tpl1185d.sc to produce a report identifying HIPP cases in pending or premium payment status which have the same Member ID as other cases which are also in pending or premium payment status.
Input/Output Files:		
tpl1185d.rpt	O	HIPP Duplicate active member id report.
Job Step:		js 020-copy2routedir
Description:		Copy HIPP Duplicate Active Member Id Repor to COLD
Input/Output Files:		
tpl1185d.rpt	I	HIPP Duplicate active member id report.

2.5.29 TPLJD200 - Insert rows to T_TPL_LTR_RESP_XREF

2.5.29.1 Detailed Job Script Information

Unix Script:	TPLJD200
Description:	Decription: Insert rows to T_TPL_LTR_RESP_XREF where AK_LETTER_REQUEST is NULL, joining T_LG_LETTER_REQUEST and T_LG_LETTER_TEMPLATE on SAK_LETTER.

Job Step:		js 010-tpld0200.sql
Description:		SQL which inserts into T_TPL_LTR_RESP_XREF
Input/Output Files:		
tpld0200.log	O	Result from TPLJD200 job running SQL member tpld0200.sql.

2.5.30 TPLJD221 - Spanlink Transactions Questionnaire Activity Daily

2.5.30.1 Detailed Job Script Information

Unix Script:	TPLJD221	
Description:	The job script TPLJD221 produces the Spanlink Transactions Questionnaire Activity Daily.	
Job Step:		js 010-tpl1210d
Description:		This job step js 010 executes program tpl1210d to produce Spanlink Transactions Questionnaire Activity Daily (TPL-1210-D).
Input/Output Files:		
tpl1210d.rpt	O	This file contains a report which lists all updates to the questionnaire screens which are made online through the Spanlink Automated Voice Response System.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.31 TPLJD250 - Update sak_tpl_julian

2.5.31.1 Detailed Job Script Information

Unix Script:	TPLJD250
Description:	Updates sak_tpl_julian in t_system_keys to the current date + 1 day

Job Step:	js 010-tpld0250.sql
Description:	execute sql script to update sak_tpl_julian
Input/Output Files:	

2.5.32 TPLJD310 - KAMES Estate Recovery processing

2.5.32.1 Detailed Job Script Information

Unix Script:	TPLJD310
Description:	Accept and process the incoming interface from KAMES that updates Estate Recovery information.
Job Step:	js 010-dos2unix
Description:	convert file from DOS to UNIX
Input/Output Files:	
Job Step:	js 020-tpl0310d
Description:	process the incoming KAMES interface file
Input/Output Files:	
Job Step:	js 030-copy2routedir
Description:	copy the reports to CRLD
Input/Output Files:	
Job Step:	js 040-rm
Description:	remove the input file from the FTP directory
Input/Output Files:	

2.5.33 TPLJD415 - Daily letters to be printed

2.5.33.1 Detailed Job Script Information

Unix Script:	TPLJD415	
Description:	Creates the Daily letters to be printed report	
Job Step:		js 010-tpl0415d
Description:		Produce Questionnaires/Letters report.
Input/Output Files:		
tpl0415d.rpt	O	This file provides a detail listing of 8 different TPL Questionnaires and Letters printed today. These are the same letters as reported by the legacy report KYMT2410.

2.5.34 TPLJD610 - TPL Member Histories Report Generator

2.5.34.1 Detailed Job Script Information

Unix Script:	TPLJD610	
Description:	Create the TPL Member Histories report.	
Job Step:		js 010-xmlpunld
Description:		Create extract file for input to next job step.
Input/Output Files:		
tpl0610d.rpt	O	This file contains a report used to determine the amounts due Medicaid for manual billings.
Job Step:		js 020-tpl0610d
Description:		TPL Member Histories, creates report TPL-0610-D
Input/Output Files:		
Job Step:		js 030-copy2routedir
Description:		Copy to report directory.
Input/Output Files:		

2.5.35 TPLJD620 - TPL Estate Recovery History Profile Report Generator

2.5.35.1 Detailed Job Script Information

Unix Script:	TPLJD620
Description:	Create the TPL Estate Recovery History Profile report.
Job Step:	js 010-xmlpunld
Description:	Create extract file for input into next job step.
Input/Output Files:	
Job Step:	js 020-tpl0610d
Description:	TPL Estate Recovery History Profiles, creates report TPL-0620-D.
Input/Output Files:	
Job Step:	js 030-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.36 TPLJD630 - TPL Trust Recovery History Profile Report Generator

2.5.36.1 Detailed Job Script Information

Unix Script:	TPLJD630
Description:	Create the TPL Trust Recovery History Profile report.
Job Step:	js 010-xmlpunld
Description:	Create extract file for input into next job step.
Input/Output Files:	
Job Step:	js 020-tpl0610d
Description:	TPL Trust Recovery History Profiles, creates report TPL-0630-D.
Input/Output Files:	
Job Step:	js 030-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.37 TPLJD650 - TPL Trust Recovery Claims and Errors

2.5.37.1 Detailed Job Script Information

Unix Script:	TPLJD650
Description:	Create TPL Trust Recovery Claims Summary TPL-0631-D, and TPL Trust Recovery Error TPL-0651-D reports.

Job Step:	js 010-tpl0650d
Description:	Report processing for TPL-0650-W and TPL-0651-W

Input/Output Files:

tpl0650w.rpt	O	This file contains a report which gives a claims total summary once the billing file is read by member reported on the TPL-0630-W.
tpl0651w.rpt	O	This file contains a report that gives the errors for members not processed.

2.5.38 TPLJD740 - Cash Control Non-Medicaid Child Support

2.5.38.1 Detailed Job Script Information

Unix Script:	TPLJD740
Description:	Create Cash Control Non-Medicaid Child Support TPL-0740-D report.

Job Step:		js 010-tpl0740d
Description:		Report processing for TPL-0740-D
Input/Output Files:		
tpl0740d.rpt	O	This file contains a report which displays and summarizes the Cash Control refund reason codes 14, 15, 16 and 17 applied daily to the Cash Control file. It also prints the CCN header information at the time the report is run.

2.5.39 TPLJD999 - FTP HMS Reports

2.5.39.1 Detailed Job Script Information

Unix Script:	TPLJD999
Description:	This job sweeps the /ftp/tpl/outbound/pcg directory for report files that need to be FTP'ed. It renames the reports with the date and timestamp, then zip them up for transfer.
Job Step:	js 010-mv
Description:	Rename all report files in the directory, giving them a date and timestamp and .dat extension.
Input/Output Files:	
Job Step:	js 020-zip
Description:	Zip up all of the report (.dat) files.
Input/Output Files:	

2.5.40 TPLJM002 - Monthly Case Review by Analyst

2.5.40.1 Detailed Job Script Information

Unix Script:	TPLJM002	
Description:	This job executes on a monthly basis. It is used to create the Monthly Case Review by Analyst.	
Job Step:		js 010-jck.273
Description:		This Jackson Structure creates the following TPL report: Monthly Case Review by Analyst.
Input/Output Files:		
tpm00206.rpt	O	TPL Monthly Casualty Case Review
Job Step:		js 020-lp
Description:		Print Reports (currently commented out)
Input/Output Files:		
tpm00206.rpt	I	TPL Monthly Casualty Case Review
Job Step:		js 030-COLD Report Storage and Indexing
Description:		Create a COLD copy
Input/Output Files:		
tpm00206.rpt	I	TPL Monthly Casualty Case Review
TPL0005M	O	COLD REPORT

2.5.41 TPLJM004 - TPL Casualty Collections

2.5.41.1 Detailed Job Script Information

Unix Script:	TPLJM004	
Description:	This report is used to calculate the monthly casualty collections for the TPL Unit.	
Job Step:		js 010-tpl0027m
Description:		Run program TPL0027M
Input/Output Files:		
t_tpl_casualty.dat	O	TPL Casualty work file
tpm00401.rpt	O	Casualty Collections
Job Step:		js 020-lp
Description:		Print Reports (currently commented out)
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpm00401.rpt	I	Casualty Collections
Job Step:		js 030-copy2routedir
Description:		Create a COLD copy
Input/Output Files:		
tpm00401.rpt	I	Casualty Collections
TPL0027M	O	COLD REPORT

2.5.42 TPLJM005 - TPL Cost Avoidance Summary - CMS Calculation

2.5.42.1 Detailed Job Script Information

Unix Script:	TPLJM005
Description:	This report is used to calculate the average monthly cost avoidance savings due to private insurance.

Job Step:	js 010-oraload.sh
Description:	Unloads T_RE_ELIG, T_TPL_RESOURCE, T_RE_PMP_ASSIGN, T_TE_MEDICARE_A, T_RE_LOC

Input/Output Files:

tpl00501.ctl	I	Unload cost avoidance job tables
tpl00502.sql	I	SQL to download T_RE_ELIG
tpl00503.sql	I	SQL to download T_TPL_RESOURCE
tpl00504.sql	I	SQL to download T_RE_MEDICARE_A
tpl00506.sql	I	SQL to download T_RE_LOC
tpl00507.sql	I	SQL to download T_RE_MEDICARE_B
t_re_elig.dat	O	member load data file for the MMIS table that contains the member's program eligibility segments. An eligibility segment specifies a period of time that the member is eligible for a Medical Assistance program coverage. Each eligibility segment is maintained by an effective date and end date.
t_re_loc.dat	O	member load data file for the MMIS table that is the level of care information for a member. A member may have different levels of care over time. Each level of care segment is maintained by effective and stop date. Each segment contains a level of care code and, if applicable, the long term care provider number. Both Nursing Home and Personal Care are tracked on this table.
t_re_medicare_a.dat	O	member load data file for the MMIS table that is used to determine when the member is enrolled in Part A Medicare.
t_re_medicare_b.dat	O	member load data file for the MMIS table that is used to determine when the member is enrolled in Part B Medicare.
t_tpl_resource.dat	O	TPL load data file for table that contains information about TPL policy. A TPL policy is any entity other than

		Medicaid that could be responsible for payment of medical benefits for a Medicaid beneficiary.
Job Step:		js 020-dbunload
Description:		Unloads all Medicaid eligible people from T_RE_ELIG
Input/Output Files:		
tpl005elg.dat	I	Unloaded elig file of Medicaid eligibles
Job Step:		js 025-dbunload
Description:		Execute the DBUNLOAD for T_HIST_DIRECTORY
Input/Output Files:		
tpl00508.sql	I	DBUNLOAD for T_HIST_DIRECTORY control card
tpl00336.wrk	O	Work file
tpl005hst.dat	O	Unloaded file of T_HIST_DIRECTORY
Job Step:		js 030-otsortd
Description:		Sorts the T_TPL_RESOURCE by SAK_RECIP
Input/Output Files:		
t_tpl_resource.dat	I	TPL load data file for table that contains information about TPL policy. A TPL policy is any entity other than Medicaid that could be responsible for payment of medical benefits for a Medicaid beneficiary.
tpl00502.ctl	I	Sort by SAK_RECIP control card
tpl00507.srt	O	Sorted TPL resource file by SAK_RESOURCE
Job Step:		js 040-otsortd
Description:		Sorts the T_HIST_DIRECTORY by SAK_RECIP
Input/Output Files:		
tpl00506.ctl	I	Sort the T_HIST_DIRECTORY by SAK_RECIP control card
tpl005hst.dat	I	Unloaded file of T_HIST_DIRECTORY
tpl00501.srt	O	Sorted T_HIST_DIRECTORY file
Job Step:		js 050-cat
Description:		Concatenates Elimination Files
Input/Output Files:		

t_re_elig.dat	I	member load data file for the MMIS table that contains the member's program eligibility segments. An eligibility segment specifies a period of time that the member is eligible for a Medical Assistance program coverage. Each eligibility segment is maintained by an effective date and end date.
t_re_loc.dat	I	member load data file for the MMIS table that is the level of care information for a member. A member may have different levels of care over time. Each level of care segment is maintained by effective and stop date. Each segment contains a level of care code and, if applicable, the long term care provider number. Both Nursing Home and Personal Care are tracked on this table.
t_re_medicare_a.dat	I	member load data file for the MMIS table that is used to determine when the member is enrolled in Part A Medicare.
t_re_medicare_b.dat	I	member load data file for the MMIS table that is used to determine when the member is enrolled in Part B Medicare.
tpl00502.wrk	O	Concatenated file of T_RE_ELIG, T_RE_PMP_ASSIGN, T_RE_MEDICARE_A, T_RE_MEDICARE_B, and T_RE_LOC.
Job Step:		js 060-otsortd
Description:		Sorts the concatenated elimination files by SAK_RECIP
Input/Output Files:		
tpl00502.ctl	I	Sort by SAK_RECIP control card
tpl00502.wrk	I	Concatenated file of T_RE_ELIG, T_RE_PMP_ASSIGN, T_RE_MEDICARE_A, T_RE_MEDICARE_B, and T_RE_LOC.
tpl00502.srt	O	Sorted concatenated elimination files
Job Step:		js 070-waapdsut
Description:		WAAP to subtract elimination files from history
Input/Output Files:		
tpl00501.srt	I	Sorted T_HIST_DIRECTORY file
tpl00502.srt	I	Sorted concatenated elimination files
tpw00501.ctl	I	WAAP to subtract elimination files from history control card

tpl00503.wrk	O	History file with elimination files removed
Job Step:		js 080-otsortd
Description:		Sorts the Medicaid Eligible members by SAK_RECIP
Input/Output Files:		
tpl00502.ctl	I	Sort by SAK_RECIP control card
tpl005elg.dat	I	Unloaded elig file of Medicaid eligibles
tpl00504.srt	O	Sorted file of Medicaid eligible members
Job Step:		js 090-waapdsut
Description:		WAAP matches history with elimination file and removes matches (SAK_RECIP) from the history
Input/Output Files:		
tpl00503.wrk	I	History file with elimination files removed
tpl00504.srt	I	Sorted file of Medicaid eligible members
tpw00502.ctl	I	WAAP matches history control card
tpl00505.wrk	O	File of history with elimination file with matches (SAK_RECIP) from the history removed
Job Step:		js 100-waapdsut
Description:		WAAP matches Medicaid eligible members with elimination file and removes matches (SAK_RECIP) from the Medicaid eligible file.
Input/Output Files:		
tpl00502.srt	I	Sorted concatenated elimination files
tpl00504.srt	I	Sorted file of Medicaid eligible members
tpw00503.ctl	I	WAAP match Medicaid eligible members control card
tpl00506.wrk	O	File of Medicaid eligible members with those members who had a match on the elimination files removed
Job Step:		js 110-waapdsut
Description:		WAAP to match the saks from MEDICAID ELIGIBLE with TPL
Input/Output Files:		
tpl00506.wrk	I	File of Medicaid eligible members with those members

		who had a match on the elimination files removed
tpl00507.srt	I	Sorted TPL resource file by SAK_RESOURCE
tpw00504.ctl	I	WAAP to match the saks from MEDICAID ELIGIBLE with TPL control card
tpl00508.wrk	O	File of medicaid eligible members with a TPL resource record
Job Step:		js 120-waapdsut
Description:		WAAP to match the saks from HISTORY with TPL
Input/Output Files:		
tpl00505.wrk	I	File of history with elimination file with matches (SAK_RECIP) from the history removed
tpl00507.srt	I	Sorted TPL resource file by SAK_RESOURCE
tpw00505.ctl	I	WAAP to match the saks from HISTORY with TPL control card
tpl00509.wrk	O	File of members from history with a TPL resource record
Job Step:		js 130-dbunload
Description:		Execute the DBUNLOAD for T_PD_PHYS_HDR table. Execute the DBUNLOAD for T_PD_DNTL_HDR table. Execute the DBUNLOAD for T_PD_UB92_HDR table. Execute the DBUNLOAD for T_PD_PHARM_HDR table.
Input/Output Files:		
tpl00501.sql	I	DBUNLOAD for paid claim tables control card
tpl00336.wrk	O	Work file
tpl005dtl.dat	O	Unloaded T_PD_DNTL_HDR table
tpl005phm.dat	O	Unloaded T_PD_PHARM_HDR table
tpl005phy.dat	O	Unloaded T_PD_PHYS_HDR table
tpl005ub9.dat	O	Unloaded T_PD_UB92_HDR table
Job Step:		js 140-cat
Description:		Concatenates Payment Amount Files
Input/Output Files:		

tpl005dtl.dat	I	Unloaded T_PD_DNTL_HDR table
tpl005phm.dat	I	Unloaded T_PD_PHARM_HDR table
tpl005phy.dat	I	Unloaded T_PD_PHYS_HDR table
tpl005ub9.dat	I	Unloaded T_PD_UB92_HDR table
tpl00510.wrk	O	Concatenated payment amount files
Job Step:		js 150-otsortd
Description:		Sorts the payment amt file by SAK_CLAIM
Input/Output Files:		
tpl00503.ctl	I	Sort payment amt file by SAK_CLAIM control card
tpl00510.wrk	I	Concatenated payment amount files
tpl00510.srt	O	Sorted payment amount files
Job Step:		js 160-otsortd
Description:		Sorts the history file by SAK_CLAIM
Input/Output Files:		
tpl00504.ctl	I	Sort history file by SAK_CLAIM control card
tpl00509.wrk	I	File of members from history with a TPL resource record
tpl00509.srt	O	Sorted history file
Job Step:		js 170-waapdsut
Description:		WAAP the history file with the payment amount file
Input/Output Files:		
tpl00509.srt	I	Sorted history file
tpl00510.srt	I	Sorted payment amount files
tpw00506.ctl	I	WAAP history file with payment amt file control card
tpl00511.wrk	O	Combined history and payment file
Job Step:		js 180-cat
Description:		Concatenates paid history with all Medicaid eligible members
Input/Output Files:		

tpl00508.wrk	I	File of medicaid eligible members with a TPL resource record
tpl00511.wrk	I	Combined history and payment file
tpl00512.wrk	O	Concatenated paid history with all medicaid elig members
Job Step:		js 190-otsortd
Description:		Sorts paid history + Medicaid elig population by SAK_RECIP
Input/Output Files:		
tpl00505.ctl	I	Sorts paid history + Medicaid elig population by sSAK_RECIP ontrol card
tpl00512.wrk	I	Concatenated paid history with all medicaid elig members
tpl00512.srt	O	Sorted paid history + medicaid elig population
Job Step:		js 200-tpl0033h
Description:		Run program for the Report
Input/Output Files:		
tpl00512.srt	I	Sorted paid history + medicaid elig population
naterror.tmp00502.log	O	
tpm00501.rpt	O	Cost Avoidance Summary - HCFA Calculation
tpm00501.xml	O	xml file
tpm00505.wrk	O	work file
Job Step:		js 210-lp
Description:		Print Reports - currently commented out
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpm00501.rpt	I	Cost Avoidance Summary - HCFA Calculation
Job Step:		js 220-COLD Report Storage and Indexing
Description:		Create a COLD copy
Input/Output Files:		

tpm00501.rpt	I	Cost Avoidance Summary - HCFA Calculation
TPL0033M	O	COLD REPORT

2.5.43 TPLJM008 - TPL Cost Recovery Summary - CMS Calculation

2.5.43.1 Detailed Job Script Information

Unix Script:	TPLJM008	
Description:	This report is a monthly summary of all cost recovery and collection results which are TPL related. This job produces an extract file.	
Job Step:		js 010-dbunload
Description:		Execute the DBUNLOAD for T_TPL_LAST_REPTD table
Input/Output Files:		
t_tpl_last.dat	O	Unloaded TPL last reported table
Job Step:		js 020-dbunload
Description:		Execute the DBUNLOAD for T_TPL_AR_DISPS table
Input/Output Files:		
t_ins_coll.dat	O	Unloaded T_TPL_AR_DISPS table
Job Step:		js 030-dbunload
Description:		Execute the DBUNLOAD for T_ADJ_UB92_XREF table (currently commented out)
Input/Output Files:		
t_adj_ub92_tpl.dat	O	Unloaded UB adjustments
Job Step:		js 040-dbunload
Description:		Execute the DBUNLOAD for T_ADJ_PHRM_XREF table (currently commented out)
Input/Output Files:		
t_adj_phrm_tpl.dat	O	Unloaded pharmacy adjustments table
Job Step:		js 050-dbunload
Description:		Execute the DBUNLOAD for T_ADJ_PHYS_XREF table (currently commented out)
Input/Output Files:		
t_adj_phys_tpl.dat	O	Unloaded medical adjustments table
Job Step:		js 060-dbunload
Description:		Execute the DBUNLOAD for T_ADJ_DENT_XREF

		table (currently commented out)
Input/Output Files:		
t_adj_dent_tpl.dat	O	Unloaded dental adjustments table
Job Step:		js 070-dbunload
Description:		Execute the DBUNLOAD for T_ACCT_REC table (currently commented out)
Input/Output Files:		
t_acct_rec_manual_tpl.dat	O	Unloaded T_ACCT_REC table
Job Step:		js 080-otsortd
Description:		Execute the OTSORTD for the tpl offsets (currently commented out)
Input/Output Files:		
t_acct_rec_manual_tpl.dat	I	Unloaded T_ACCT_REC table
t_adj_dent_tpl.dat	I	Unloaded dental adjustments table
t_adj_phrm_tpl.dat	I	Unloaded pharmacy adjustments table
t_adj_phys_tpl.dat	I	Unloaded medical adjustments table
t_adj_ub92_tpl.dat	I	Unloaded UB adjustments
tpm00801.ctl	I	Sort control card for TPLJM008
tpm00802.srt	O	Sorted table unload files
Job Step:		js 090-dbunload
Description:		Execute the DBUNLOAD for T_CASH_RCPT_DISP table (currently commented out)
Input/Output Files:		
t_cash_rcpt_disp.dat	O	Financial load data cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment would represent a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments and money returned in error.
Job Step:		js 100-tpl0034m
Description:		Runs program TPL0034M

Input/Output Files:		
t_cash_rcpt_disp.dat	I	Financial load data cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment would represent a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments and money returned in error.
t_ins_coll.dat	I	Unloaded T_TPL_AR_DISPS table
t_tpl_casualty.dat	I	TPL Casualty work file
t_tpl_last.dat	I	Unloaded TPL last reported table
tpm00802.srt	I	Sorted table unload files
naterror.tpo00801.log	O	Natural error file
tpo00801.rpt	O	Cost Recovery Summary - HCFA Calculation
tpo00801.xml	O	xml file
tpo00802.wrk	O	work file
tpo00803.wrk	O	work file
tpo00805.wrk	O	work file
Job Step:		js 110-lp
Description:		Print Reports (currently commented out)
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpo00801.rpt	I	Cost Recovery Summary - HCFA Calculation
Job Step:		js 120-copy2routedir
Description:		Create a COLD copy
Input/Output Files:		
tpo00801.rpt	I	Cost Recovery Summary - HCFA Calculation
TPL0034M	O	COLD REPORT
Job Step:		js 130-rm
Description:		Remove tempda files

Input/Output Files:		
t_acct_rec_manual_tpl.dat	I	Unloaded T_ACCT_REC table
t_adj_dent_tpl.dat	I	Unloaded dental adjustments table
t_adj_phrm_tpl.dat	I	Unloaded pharmacy adjustments table
t_adj_phys_tpl.dat	I	Unloaded medical adjustments table
t_adj_ub92_tpl.dat	I	Unloaded UB adjustments
t_cash_rcpt_disp.dat	I	Financial load data cash receipt disposition accounts for the money received from an entity. When a provider returns money because of claims that were overpaid, each claim adjustment would represent a cash receipt disposition. Other disposition types include TPL payments, accounts receivable payments and money returned in error.
t_ins_coll.dat	I	Unloaded T_TPL_AR_DISPS table
t_tpl_casualty.dat	I	TPL Casualty work file
t_tpl_last.dat	I	Unloaded TPL last reported table

2.5.44 TPLJM009 - TPL Casualty Composite Report and Case Activity Summary Report

2.5.44.1 Detailed Job Script Information

Unix Script:	TPLJM009	
Description:	This job is used to create casualty reports.	
Job Step:		js 010-jck.1467
Description:		Creates the reports
Input/Output Files:		
tpm00204.rpt	O	Final Monthly Casualty Composite
tpm00205.rpt	O	Case Activity Summary
Job Step:		js 020-lp
Description:		Print Reports (currently commented out)
Input/Output Files:		
tpm00204.rpt	I	Final Monthly Casualty Composite
tpm00205.rpt	I	Case Activity Summary
Job Step:		js 030-cat
Description:		Send reports to COLD
Input/Output Files:		
tpm00204.rpt	I	Final Monthly Casualty Composite
tpm00205.rpt	I	Case Activity Summary
TPL0004M	O	COLD REPORT

2.5.45 TPLJM011 - TriCare Retro Billing - Physician Extract

2.5.45.1 Detailed Job Script Information

Unix Script:	TPLJM011	
Description:	This job processes the TriCare billings for the physician claims, create and insert AR health and disp files into the appropriate tables.	
Job Step:		js 010-oraload.sh
Description:		Get the claims belonging to CHAMPUS members that could be billed if edits are passed.
Input/Output Files:		
tpm01101.ctl	I	TriCare physician claims control card.
tpw01101.sql	I	SQL file to unload T_PD_PHYS_HDR table.
t_phys_11_hdr.dat	O	TriCare Billings Physician claim input file
Job Step:		js 013-tpl0030w
Description:		Insert null terminators for character fields.
Input/Output Files:		
t_phys_11_hdr.dat	I	TriCare Billings Physician claim input file
tpw01101.dat	O	TriCare physician claims for pay and chase.
Job Step:		js 015-otsortd
Description:		Sort the output by SAK_RECIP.
Input/Output Files:		
tpw01101.dat	I	TriCare physician claims for pay and chase.
tpw01102.ctl	I	Sort card
tpw01101.srt	O	TPL Weekly TriCare sorted output file.

2.5.46 TPLJM012 - TriCare Retro Billing - UB92 Extract

2.5.46.1 Detailed Job Script Information

Unix Script:	TPLJM012	
Description:	This job processes the TriCare billings for the UB claims, create, and insert AR health and disp files into the appropriate tables.	
Job Step:		js 010-oraload.sh
Description:		Get the claims belonging to CHAMPUS members that could be billed if edits are passed.
Input/Output Files:		
tpw01201.ctl	I	This is the control card to unload the UB TriCare data.
tpw01201.sql	I	SQL file to unload T_PD_UB92_HDR table.
t_ub92_12_hdr.dat	O	TriCare UB Claims Input File
Job Step:		js 013-tpl0030w
Description:		Insert null terminators for character fields.
Input/Output Files:		
t_ub92_12_hdr.dat	I	TriCare UB Claims Input File
tpw01201.dat	O	TriCare UB claims for pay and chase.
Job Step:		js 015-otsortd
Description:		Sort the output by SAK_RECIP.
Input/Output Files:		
tpw01102.ctl	I	Sort card
tpw01201.dat	I	TriCare UB claims for pay and chase.
tpw01201.srt	O	TriCare UB sorted output file.

2.5.47 TPLJM013 - TriCare Retro Billing - Pharmacy Extract

2.5.47.1 Detailed Job Script Information

Unix Script:	TPLJM013
Description:	This job is used to create the pharmacy claims file for the TriCare retro billing. It also creates updates for the TPL Health A/R file and TPL A/R Health disposition file that is inserted into the tables from another job.

Job Step:		js 010-oraload.sh
Description:		Extract claims belonging to CHAMPUS members.
Input/Output Files:		
tpw01301.ctl	I	TPL TriCare pharmacy claims extract control card.
tpw01301.sql	I	SQL to unload T_PD_PHARM_HDR table.
t_phrm_11_hdr.dat	O	TriCare pharmacy claim extracts
Job Step:		js 013-tpl0030w
Description:		Insert null terminators into extracted character fields.
Input/Output Files:		
t_phrm_11_hdr.dat	I	TriCare pharmacy claim extracts
tpw01301.dat	O	TriCare Pharmacy claims for pay and chase.
Job Step:		js 015-otsortd
Description:		Sort the output by SAK_RECIP.
Input/Output Files:		
tpw01102.ctl	I	Sort card
tpw01301.dat	I	TriCare Pharmacy claims for pay and chase.
tpw01301.srt	O	Sorted TPL TriCare pharmacy claims extract.

2.5.48 TPLJM014 - TriCare Retro Billing Claim Facsimiles

2.5.48.1 Detailed Job Script Information

Unix Script:	TPLJM014	
Description:	This job script determines which TriCare physician, UB and pharmacy claims to bill and create the TriCare facsimiles and billing summary report.	
Job Step:		js 010-cat
Description:		Combine all CHAMPUS claim extract files.
Input/Output Files:		
tpw01101.dat	I	TriCare physician claims for pay and chase.
tpw01201.dat	I	TriCare UB claims for pay and chase.
tpw01301.dat	I	TriCare Pharmacy claims for pay and chase.
tpw01400.dat	O	Concatenated TriCare extract files (physician, UB and pharmacy)
Job Step:		js 015-otsortd
Description:		Sort the combined extract file by SAK_RECIP.
Input/Output Files:		
tpw01102.ctl	I	Sort card
tpw01400.dat	I	Concatenated TriCare extract files (physician, UB and pharmacy)
tpw01400.srt	O	Sorted TriCare extract files (physician, UB and pharmacy)
Job Step:		js 020-tplf0003
Description:		Determine which combined claims should be billed.
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpw01400.srt	I	Sorted TriCare extract files (physician, UB and pharmacy)
tpw01402.dat	O	Concatenated output file for physician and UB for TriCare facsimilies.
tpw01403.dat	O	TriCare Pharmacy Retro Summ Recs File
tpw01404.dat	O	TriCare A/R Updates File

tpw01405.dat	O	TriCare A/R Disps Update File
tpw01406.dat	O	TriCare Pharmacy Output File
tpw01407.dat	O	TriCare Pharmacy Error File
Job Step:		js 025-xml_db
Description:		Update the TPL A/R and A/R Disp tables.
Input/Output Files:		
tpw01404.dat	I	TriCare A/R Updates File
tpw01405.dat	I	TriCare A/R Disps Update File
Job Step:		js 027-rm
Description:		Remove the claim extract files.
Input/Output Files:		
t_phrm_11_hdr.dat	I	TriCare pharmacy claim extracts
t_phys_11_hdr.dat	I	TriCare Billings Physician claim input file
t_ub92_12_hdr.dat	I	TriCare UB Claims Input File
Job Step:		js 030-otsortd
Description:		Sort the pharmacy retro summ recs file.
Input/Output Files:		
tpw01302.ctl	I	TriCare Pharmacy Sort Control File
tpw01403.dat	I	TriCare Pharmacy Retro Summ Recs File
tpw01403.srt	O	Sorted TriCare Pharmacy Retro Summ Recs File
Job Step:		js 035-tpl0013w
Description:		Create the pharmacy WPS file.
Input/Output Files:		
tpw01403.srt	I	Sorted TriCare Pharmacy Retro Summ Recs File
tpw01408.dat	O	This is the TriCare WPS NFS formatted billing file that is uploaded to WPS.
Job Step:		js 037-mail
Description:		Send email notification via mailx to TPL_WPS alias that WPS file is ready for upload.

Input/Output Files:		
tpw01408.dat	I	This is the TriCare WPS NFS formatted billing file that is uploaded to WPS.
tpw01409.dat	O	TPLJW014 mail message file
Job Step:		js 040-tplf1535
Description:		Delete from retro summ rec table.
Input/Output Files:		
Job Step:		js 050-cat
Description:		Concatenate all TPL retro files.
Input/Output Files:		
tpw01402.dat	I	Concatenated output file for physician and UB for TriCare facsimilies.
tpw01403.dat	I	TriCare Pharmacy Retro Summ Recs File
tpw01401.dat	O	Concatenated TriCare retro summr recs files (physician, UB and pharmacy)
Job Step:		js 060-jck.1356
Description:		Insert the retro summ recs.
Input/Output Files:		
tpw01401.dat	I	Concatenated TriCare retro summr recs files (physician, UB and pharmacy)
Job Step:		js 065-cat
Description:		Concatenates all TPL Retro files except pharmacy.
Input/Output Files:		
tpw01102.dat	I	TPL Weekly TriCare Retro Summ Rec for all claim type except pharmacy
tpw01202.dat	I	TriCare Billings Retro Summ Rec File
tpw01402.dat	O	Concatenated output file for physician and UB for TriCare facsimilies.
Job Step:		js 067-tplf1000
Description:		Separate the paper and electronic claims so that the paper claims can be sent through the facsimilies pgm.

Input/Output Files:		
tpw01402.dat	I	Concatenated output file for physician and UB for TriCare facsimilies.
tpw01410.dat	O	Paper Claim file sent to jck.629
tpw01411.dat	O	Electronic Claim file
Job Step:		js 070-otsortd
Description:		Sort the non-pharmacy retro summ rec file.
Input/Output Files:		
tpm04002.ctl	I	TPL Retro Summ Rec Sort Control Card
tpw01410.dat	I	Paper Claim file sent to jck.629
tpw01402.srt	O	Sorted input file for TriCare Billings facsimiles.
Job Step:		js 080-jck.629
Description:		Create the claim facsimiles.
Input/Output Files:		
tpw01402.srt	I	Sorted input file for TriCare Billings facsimiles.
tpw01401.rpt	O	TriCare Facsimile Output File for physician and UB92.
Job Step:		js 090-lbmsprnt
Description:		Perform lbmsprnt job for Physician and UB92.
Input/Output Files:		
tpw01401.rpt	I	TriCare Facsimile Output File for physician and UB92.
Job Step:		js 100-jck.509
Description:		Create the Retro Billing Summary Report.
Input/Output Files:		
tpw01402.rpt	O	Billing Summary Report File
Job Step:		js 110-lbmsprnt
Description:		Print the Retro Billing Summary Report - currently commented out.
Input/Output Files:		
tpw01402.rpt	I	Billing Summary Report File

Job Step:		js 120-copy2routedir
Description:		Create a CRLD copy of reports.
Input/Output Files:		
tpw01402.rpt	I	Billing Summary Report File
TPL0025R	O	COLD REPORT
Job Step:		js 125-ibmtape
Description:		Create a Champus Tape - currently commented out.
Input/Output Files:		
tpw01303.dat	I	TriCare Pharmacy Retro Summ Recs File
Job Step:		js 130-mt
Description:		Rewind tape - currently commented out.
Input/Output Files:		

2.5.49 TPLJM016 - TPL Cost Avoidance Statistics Report

2.5.49.1 Detailed Job Script Information

Unix Script:	TPLJM016
Description:	This job creates the TPL Cost Avoidance Statistics report which tracks monthly totals and trends on claims which are cost avoided due to TPL and to respond to CMS surveys.

Job Step:		js 010-jck.1867
Description:		Run LBMS process to extract the mother claims.
Input/Output Files:		
tpm01606a.srt	I	Sorted adjustment file
tpm01607.dat	O	Net pay file
Job Step:		js 013-otsortd
Description:		Sort the new adjustment file
Input/Output Files:		
tpm01601p.srt	I	Adjustment file
tpm01603d.ctl	I	Sort adjustment file control card
tpm01601q.srt	O	Sorted adjustment file
Job Step:		js 015-otsortd
Description:		Sort the new adjustment file
Input/Output Files:		
tpm01603b.ctl	I	Sort new adjustment file control card
tpm01607.dat	I	Net pay file
tpm01607.srt	O	Sorted adjustment file
Job Step:		js 020-tpl016ma
Description:		Execute program to create a new mother file
Input/Output Files:		
tpm01601q.srt	I	Sorted adjustment file
tpm01607.srt	I	Sorted adjustment file
naterror.tpm01610.log	O	Natural error file

tpm01610.wrk	O	work file
Job Step:		js 025-otsortd
Description:		Sort the new paid-adjustment file
Input/Output Files:		
tpm01603.ctl	I	Sort new paid-adjustment file control card
tpm01610.wrk	I	work file
tpm01610.srt	O	Sorted paid adjustment file
Job Step:		js 030-tpl0017n
Description:		Run programs TPL0017M, TPL0016M - generate TPL Cost Avoidance Statistics Report
Input/Output Files:		
tpm01604d.srt	I	Sort of TPL deny claims
tpm01605d.srt	I	work file
tpm01610.srt	I	Sorted paid adjustment file
naterror.tpm01601.log	O	Natural error file
tpm01607.wrk	O	work file
	O	
Job Step:		js 040-tpl0016m
Description:		Write the TPL-0016-M report
Input/Output Files:		
tpm01604d.srt	I	Sort of TPL deny claims
tpm01607.wrk	I	work file
tpm01610.srt	I	Sorted paid adjustment file
naterror.tpm01602.log	O	Natural error file
tpm01601.rpt	O	Cost Avoidance Statistics Report
tpm01601.xml	O	xml file
tpm01608.wrk	O	work file
Job Step:		js 060-lp
Description:		Print Reports - currently commented out

Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpm01601.rpt	I	Cost Avoidance Statistics Report
Job Step:		js 070-copy2routedir
Description:		Create a COLD copy
Input/Output Files:		
tpm01601.rpt	I	Cost Avoidance Statistics Report

2.5.50 TPLJM020 - TPL Commercial Rebilling - Claims Processing

2.5.50.1 Detailed Job Script Information

Unix Script:	TPLJM020	
Description:	This job is used to determine if a TPL account receivable can be rebilled. It also updates the TPL Health A/R file and TPL Health A/R Disp file.	
Job Step:		js 010-xmlpunld
Description:		Creates extract of claims that could be rebilled
Input/Output Files:		
tpm02001.ctl	I	Control file with SQL to extract claims to be rebilled for TPL commercial billing
t_ar_clm_srt.dat	O	Sorted TPL A/R claim file
Job Step:		js 020-tpl0020m
Description:		Determine if claim should be rebilled
Input/Output Files:		
t_ar_clm_srt.dat	I	Sorted TPL A/R claim file
tpm02001.dat	O	Retro Summ Recs for physician, dental, and UB claims.
tpm02002.dat	O	Retro Summ Recs for pharmacy claims.
tpm02003.dat	O	Rebilling information that updates TPL A/R Health records.
tpm02004.dat	O	Rebilling information that updates TPL A/R disposition records.
Job Step:		js 030-xml_db
Description:		Update T_TPL_AR_HEALTH and T_TPL_AR_DISPS tables
Input/Output Files:		
tpm02003.dat	I	Rebilling information that updates TPL A/R Health records.
tpm02004.dat	I	Rebilling information that updates TPL A/R disposition records.

2.5.51 TPLJM021 - TPL Commercial Rebilling - Create Facsimiles for UB92, Physician and Dental Claims

2.5.51.1 Detailed Job Script Information

Unix Script:	TPLJM021	
Description:	This job is used to create the claim facsimiles for the TPL retro rebilling.	
Job Step:		js 010-otsortd
Description:		Sort the output file created in js20 of tpljq005 for Physician, UB92, and Dental claims.
Input/Output Files:		
tpm02001.dat	I	Retro Summ Recs for physician, dental, and UB claims.
tpm02101.ctl	I	Sort Physician, UB92, Dental claims from TPLJQ005 control cards
tpm02101.srt	O	Sorted physician, UB92, and dental claims for rebilling
Job Step:		js 020-jck.1605
Description:		Creates the claim facsimiles for PHYS, UB and DNTL
Input/Output Files:		
tpm02101.srt	I	Sorted physician, UB92, and dental claims for rebilling
tpm02102.rpt	O	Final physician, UB92, and dental claims facsimilies to be rebilled
Job Step:		js 030-copy2routedir
Description:		Print Facsimiles for Physician, Dental and UB
Input/Output Files:		
tpm02102.rpt	I	Final physician, UB92, and dental claims facsimilies to be rebilled

2.5.52 TPLJM022 - TPL Commercial Rebilling - Create Facsimiles for Pharmacy Claims

2.5.52.1 Detailed Job Script Information

Unix Script:	TPLJM022
Description:	This job is used to create the pharmacy claim facsimiles for the TPL retro rebilling.

Job Step:		js 010-otsortd
Description:		Pharmacy claims.
Input/Output Files:		
tpm02002.dat	I	Retro Summ Recs for pharmacy claims.
tpm02101.ctl	I	Sort Physician, UB92, Dental claims from TPLJQ005 control cards
tpm02201.srt	O	Sorted pharmacy claims for rebilling
Job Step:		js 020-jck.724
Description:		Creates the claim facsimiles for Pharmacy.
Input/Output Files:		
tpl_bc_bs.ctl	I	Blue Cross Blue Shield Carriers for jck.724
tpm02201.srt	I	Sorted pharmacy claims for rebilling
tpm02202.rpt	O	Final pharmacy claim facsimilies to be rebilled
Job Step:		js 030-copy2routedir
Description:		Print Facsimiles for Pharmacy
Input/Output Files:		
tpm02202.rpt	I	Final pharmacy claim facsimilies to be rebilled

2.5.53 TPLJM023 - TPL Commercial Rebilling - Update the A/R, A/R Disp and Retro Summ Recs Tables

2.5.53.1 Detailed Job Script Information

Unix Script:	TPLJM023
Description:	This job is used to update the following tables: TPL Health A/R file, TPL Health A/R Disp, and TPL Retro Summ recs.

Job Step:		js 010-tplf1535
Description:		Delete Retro Summary Recs table
Input/Output Files:		
Job Step:		js 015-cat
Description:		Concat the retro summ rec input files
Input/Output Files:		
tpm02001.dat	I	Retro Summ Recs for physician, dental, and UB claims.
tpm02002.dat	I	Retro Summ Recs for pharmacy claims.
tpm02301.dat	O	Concatenated retro summ rec file
Job Step:		js 020-jck.1356
Description:		Inserts into the Retro Summ Recs File
Input/Output Files:		
tpm02301.dat	I	Concatenated retro summ rec file

2.5.54 TPLJM024 - TPL Commercial Rebilling - Summary Reports

2.5.54.1 Detailed Job Script Information

Unix Script:	TPLJM024	
Description:	This job is used to create the Rebilling Summary Report.	
Job Step:		js 010-jck.509
Description:		Creates the Retro Rebilling Summary Report
Input/Output Files:		
tpm02402.rpt	O	Final Retro Rebilling Summary report
Job Step:		js 020-lp
Description:		Print Retro Rebilling Summary Report - currently commented out
Input/Output Files:		
tpm02402.rpt	I	Final Retro Rebilling Summary report
Job Step:		js 030-copy2routedir
Description:		Create a COLD copy
Input/Output Files:		
tpm02402.rpt	I	Final Retro Rebilling Summary report
TPL0025R	O	COLD REPORT

2.5.55 TPLJM030 - TPL Commercial Retro Billing - Physician Claim Extract

2.5.55.1 Detailed Job Script Information

Unix Script:	TPLJM030
Description:	This monthly job creates the physician claim extracts for TPL retro billings.

Job Step:		js 005-cat
Description:		Create the executing sysin member (commented out)
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm03001.tmp	O	Temporary Sak File containing Medicare Part A & B, & TriCare saks
Job Step:		js 010-oraload.sh
Description:		Create claim extracts for retro billing
Input/Output Files:		
tpm03001.sql	I	sql to unload T_PHYS_HDR table
tpm03002.ctl	I	Oraload control card to create extracts of claims for TPL retro billings
t_phys_hdr.dat	O	TPL Physician claim extract for weekly billings.
Job Step:		js 013-tpl0030w
Description:		Insert null terminators for character fields.
Input/Output Files:		
t_phys_hdr.dat	I	TPL Physician claim extract for weekly billings.
tpm03007.dat	O	Null terminated TPL physician claim extracts for weekly billings.
Job Step:		js 015-otsortd
Description:		Sort the output by SAK_RECIP (commented out)
Input/Output Files:		
tpm03007.dat	I	Null terminated TPL physician claim extracts for weekly billings.

tpw01102.ctl	I	Sort card
tpw03001.srt	O	Sorted output file created by control card tpw01102.ctl

2.5.56 TPLJM031 - TPL Commercial Retro Billing - Dental Claim Extract

2.5.56.1 Detailed Job Script Information

Unix Script:	TPLJM031
Description:	This monthly job creates the dental claim extracts for TPL retro billings.

Job Step:		js 005-cat
Description:		Create the executing sysin member (commented out)
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm03101.tmp	O	Temporary control card file
Job Step:		js 010-oraload.sh
Description:		Unload dental claim extracts.
Input/Output Files:		
tpm03101.ctl	I	Control card to create extracts dental claims for TPL retro billings
tpm03101.sql	I	sql to unload T_DNTL_HDR table
t_dntl_hdr.dat	O	TPL dental claims extract for retro billings.
	O	
Job Step:		js 013-tpl0030w
Description:		Insert null terminators into extract file.
Input/Output Files:		
t_dntl_hdr.dat	I	TPL dental claims extract for retro billings.
tpm03101.dat	O	Null terminated TPL dental claims extract for retro billings.
Job Step:		js 015-otsortd
Description:		Sort the output by SAK_RECIP (commented out)
Input/Output Files:		
tpm03101.dat	I	Null terminated TPL dental claims extract for retro billings.

tpw01102.ctl	I	Sort card
tpw03101.srt	O	Null terminated TPL dental claim extract file sorted by SAK_RECIP

2.5.57 TPLJM032 - TPL Commercial Retro Billing - UB92 Claim Extract

2.5.57.1 Detailed Job Script Information

Unix Script:	TPLJM032	
Description:	This monthly job creates the UB claim extracts for TPL retro billings.	
Job Step:		js 005-cat
Description:		Create the executing sysin member - currently commented out
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm03201.tmp	O	concatenated work file with TriCare, Medicare A and Medicare B
Job Step:		js 010-oraload.sh
Description:		Unload UB claim extracts.
Input/Output Files:		
tpm03201.ctl	I	control file to call sql to unload T_UB92_HDR table
tpm03201.sql	I	sql to unload T_UB92_HDR table
t_ub92_hdr.dat	O	TPL UB claims extract for retro billings.
Job Step:		js 013-tpl0030w
Description:		Insert null terminators into UB claim extract file.
Input/Output Files:		
t_ub92_hdr.dat	I	TPL UB claims extract for retro billings.
tpm03201.dat	O	Null terminated TPL UB claims extract file.
Job Step:		js 015-otsortd
Description:		sort the output by SAK_RECIP - currently commented out
Input/Output Files:		
tpm03201.dat	I	Null terminated TPL UB claims extract file.
tpw01102.ctl	I	Sort card

tpw03201.srt	O	TPL UB claims extract sorted by SAK_RECIP

2.5.58 TPLJM033 - TPL Commercial Retro Billing - Pharmacy Claim Extract

2.5.58.1 Detailed Job Script Information

Unix Script:	TPLJM033	
Description:	This monthly job creates the pharmacy claim extracts for TPL retro billings.	
Job Step:		js 005-cat
Description:		Create the executing sysin member - currently commented out
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm03301.tmp	O	concatenated work file with TriCare, Medicare A and Medicare B
Job Step:		js 010-oraload.sh
Description:		Unload pharmacy claim extract.
Input/Output Files:		
tpm03301.ctl	I	control file call sql to unload T_PHRM_HDR table
tpm03301.sql	I	sql to unload T_PHRM_HDR table.
t_phrm_hdr.dat	O	TPL pharmacy claims extract for retro billings.
Job Step:		js 013-tpl0030w
Description:		Insert null terminators into pharmacy claim extract.
Input/Output Files:		
t_phrm_hdr.dat	I	TPL pharmacy claims extract for retro billings.
tpm03301.dat	O	Null terminated TPL pharmacy claims extract for retro billings.
Job Step:		js 015-otsortd
Description:		sort the output by SAK_RECIP - currently commented out
Input/Output Files:		
tpm03301.dat	I	Null terminated TPL pharmacy claims extract for retro billings.

tpw01102.ctl	I	Sort card
tpw03301.srt	O	TPL pharmacy claims extract for retro billings sorted by SAK_RECIP.

2.5.59 TPLJM034 - TPL Commercial Retro Billing Claim Facsimiles

2.5.59.1 Detailed Job Script Information

Unix Script:	TPLJM034
Description:	This job creates the physician, dental, UB92, and pharmacy retro billings. The job determines which claims to bill, creates the claim facsimiles, updates the T_TPL_AR_HEALTH and T_TPL_AR_DISPS tables and creates the Commercial Billings Summary Report.

Job Step:		js 005-cat
Description:		Create the Med A,B, & CHAMPUS sysin member
Input/Output Files:		
tpl_TriCare.ctl	I	This control file contains the TriCare SAK_CARRIER.
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm03001.tmp	O	Temporary Sak File containing Medicare Part A & B, & TriCare saks
Job Step:		js 010-cat
Description:		Combine the physician, dental,UB and pharmacy extract files.
Input/Output Files:		
tpm03007.dat	I	Null terminated TPL physician claim extracts for weekly billings.
tpm03101.dat	I	Null terminated TPL dental claims extract for retro billings.
tpm03201.dat	I	Null terminated TPL UB claims extract file.
tpm03301.dat	I	Null terminated TPL pharmacy claims extract for retro billings.
tpm03400.dat	O	Concatenated Commercial Retro Billing extract files (physician, dental, UB92, & pharmacy)
Job Step:		js 015-otsortd
Description:		Sort the combined extract file by sak_recip.
Input/Output Files:		
tpm01102.ctl	I	Sort control card to sort the combined extract file by sak_recip

tpm03400.dat	I	Concatenated Commercial Retro Billing extract files (physician, dental, UB92, & pharmacy)
tpm03400.srt	O	Sorted Commercial Retro Billing extract files (physician, dental, UB & pharmacy)
Job Step:		js 020-tplf0001
Description:		Determine which claims should be billed.
Input/Output Files:		
tpm03001.tmp	I	Temporary Sak File containing Medicare Part A & B, & TriCare saks
tpm03400.srt	I	Sorted Commercial Retro Billing extract files (physician, dental, UB & pharmacy)
tpm03402.dat	O	Combined retro summ recs file for retro billings (physician, dental, UB92)
tpm03403.dat	O	Retro Billing AR Health XML File
tpm03404.dat	O	Retro Billing AR Disps XML File
tpm03405.dat	O	Retro summ recs file for pharmacy retro billings
tpm03406.dat	O	Retro Billing Error File
tpm03409.dat	O	Retroactive TPL Claim extract for Commercial/Tricare billings
Job Step:		js 025-xml_db
Description:		Update/Insert the TPL A/R & A/R Disp tables.
Input/Output Files:		
tpm03403.dat	I	Retro Billing AR Health XML File
tpm03404.dat	I	Retro Billing AR Disps XML File
Job Step:		js 027-rm
Description:		Remove the claims extract files.
Input/Output Files:		
t_dntl_hdr.dat	I	TPL dental claims extract for retro billings.
t_phrm_hdr.dat	I	TPL pharmacy claims extract for retro billings.
t_phys_hdr.dat	I	TPL Physician claim extract for weekly billings.
t_ub92_hdr.dat	I	TPL UB claims extract for retro billings.

Job Step:		js 030-otsortd
Description:		Sort the pharmacy retro summ rec file.
Input/Output Files:		
tpm03405.dat	I	Retro summ recs file for pharmacy retro billings
tpm04003.ctl	I	Sort input file
tpm03405.srt	O	Sorted Retro summ recs file for pharmacy retro billings
Job Step:		js 032-otsortd
Description:		Sort the Retroactive TPL Claim extract for Provider Type 24 by num_icn
Input/Output Files:		
tpm03409.dat	I	Retroactive TPL Claim extract for Commercial/Tricare billings
tpm05007.ctl	I	Sort control card for Retroactive TPL Medicare A DMERC claims for Provider Type 24. This control member sorts by num_icn.
tpm03409.srt	O	Sorted Retroactive TPL Claim extract for Commercial/Tricare billings
Job Step:		js 033-tpl0751m
Description:		Runs report program tpl0751m that reports on Retroactive TPL claims for Provider Type 24.
Input/Output Files:		
tpm03409.srt	I	Sorted Retroactive TPL Claim extract for Commercial/Tricare billings
tpm03409.rpt	O	Retroactive TPL Claims for Provider Type 24 Report for Commercial/Tricare billings
Job Step:		js 034-copy2routedir
Description:		Create CRLD Copy of TPL-0751-M (Retroactive TPL Report for Provider Type 24)
Input/Output Files:		
tpm03409.rpt	I	Retroactive TPL Claims for Provider Type 24 Report for Commercial/Tricare billings
Job Step:		js 035-jck.724
Description:		Create the facsimiles for pharmacy.

Input/Output Files:		
tpl_bc_bs.ctl	I	Blue Cross Blue Shield Carriers for jck.724
tpm03405.srt	I	Sorted Retro summ recs file for pharmacy retro billings
tpm03402.rpt	O	Retro Billing Summary Report
tpm03470p.rpt	O	TPL Pharmacy billing Summary report
tpm03480p.rpt	O	TPL pharmacy listing detail
tpm03481p.rpt	O	TPL pharmacy billing listing summary
Job Step:		js 037-lbmsprnt2
Description:		Perform lbmsprnt for pharmacy facsimiles
Input/Output Files:		
tpm03402.rpt	I	Retro Billing Summary Report
Job Step:		js 038-copy2routedir
Description:		Send to COLD - currently commented out
Input/Output Files:		
tpm03402.rpt	I	Retro Billing Summary Report
Job Step:		js 040-tplf1535
Description:		Delete from retro summ recs table
Input/Output Files:		
Job Step:		js 050-cat
Description:		Concatenate the retro summ recs files (pharmacy + phys, ub92, dental)
Input/Output Files:		
tpm03402.dat	I	Combined retro summ recs file for retro billings (physician, dental, UB92)
tpm03405.dat	I	Retro summ recs file for pharmacy retro billings
tpm03401.dat	O	Combined retro summ recs file for retro billings (all files)
Job Step:		js 060-jck.1356
Description:		Insert retro summ recs records
Input/Output Files:		

tpm03401.dat	I	Combined retro summ recs file for retro billings (all files)
Job Step:		js 069-tplf1000
Description:		Separate the paper and electronic claims so that the paper claims can be sent through the facsimilies pgm.
Input/Output Files:		
tpm03402.dat	I	Combined retro summ recs file for retro billings (physician, dental, UB92)
tpm03407.dat	O	Paper Claim file sent to jck.629
tpm03408.dat	O	Electronic Claim file
Job Step:		js 070-otsortd
Description:		Sort the retro summ recs file.
Input/Output Files:		
tpm03407.dat	I	Paper Claim file sent to jck.629
tpm04002.ctl	I	TPL Retro Summ Rec Sort Control Card
tpm03401.srt	O	Sorted Retro Summ Recs File for Retro Billings (pharmacy claims excluded)
Job Step:		js 075-cat
Description:		Concatenates all TPL Retro files excluding pharmacy - currently commented out
Input/Output Files:		
tpw03002.dat	I	TPL Weekly Retro Summ Rec output file created by tplf0001.
tpw03102.dat	I	TPL weekly dental retro summ recs file.
tpw03202.dat	I	TPL Retro Summ Recs File for UB claims.
tpm03402.dat	O	Combined retro summ recs file for retro billings (physician, dental, UB92)
Job Step:		js 080-jck.629
Description:		Create the claim facsimiles
Input/Output Files:		
tpm03401.srt	I	Sorted Retro Summ Recs File for Retro Billings (pharmacy claims excluded)

tpm03401.rpt	O	Retro Billings Claims Facsimiles
tpm03470.rpt	O	TPL Billing Facsimile Summary
tpm03480.rpt	O	TPL Billing listing detail
tpm03481.rpt	O	TPL Billing Listing Summary
Job Step:		js 090-lbmsprnt2
Description:		Perform lbmsprnt for dental, physician, and UB facsimiles
Input/Output Files:		
tpm03401.rpt	I	Retro Billings Claims Facsimiles
Job Step:		js 100-jck.509
Description:		Create the commercial billings report
Input/Output Files:		
tpm03403.rpt	O	create the commercial billings report
Job Step:		js 110-lp
Description:		Print Retro Billing Summary Report - currently commented out
Input/Output Files:		
tpm03402.rpt	I	Retro Billing Summary Report
Job Step:		js 120-copy2routedir
Description:		Create a CRLD copy of the report
Input/Output Files:		
tpm03403.rpt	I	create the commercial billings report
Job Step:		js 121-cat
Description:		Concatenate TPL Billing Facsimile report files
Input/Output Files:		
tpm03470.rpt	I	TPL Billing Facsimile Summary
tpm03470p.rpt	I	TPL Pharmacy billing Summary report
tpm03480.rpt	I	TPL Billing listing detail
tpm03480p.rpt	I	TPL pharmacy listing detail
tpm03481.rpt	I	TPL Billing Listing Summary

tpm03481p.rpt	I	TPL pharmacy billing listing summary
tpmr3470.rpt	O	
tpmr3470p.rpt	O	Concatenated TPL Facsimile Billing pharmacy report
Job Step:		js 122-copy2routedir
Description:		Create a CRLD copy of the reports
Input/Output Files:		
tpmr3470.rpt	O	
tpmr3470p.rpt	O	Concatenated TPL Facsimile Billing pharmacy report

2.5.60 TPLJM038 - HIPP Monthly Payment Detail

2.5.60.1 Detailed Job Script Information

Unix Script:	TPLJM038	
Description:	This job produces the HIPP Monthly Payment Detail report.	
Job Step:		js 010-tpl0038m
Description:		Execute program tpl0038m to create the HIPP Monthly Payment Detail report, TPL-0038-M.
Input/Output Files:		
tpm03801.rpt	O	HIPP Monthly Payment Detail report, TPL-0038-M.
Job Step:		js 020-copy2crld
Description:		Send copy to COLD.
Input/Output Files:		
tpm03801.rpt	I	HIPP Monthly Payment Detail report, TPL-0038-M.

2.5.61 TPLJM039 - HIPP Policyholders for Cost Effectiveness Review

2.5.61.1 Detailed Job Script Information

Unix Script:	TPLJM039	
Description:	This job produces the HIPP Policyholders for Cost Effectiveness Review report.	
Job Step:		js 010-tpl0039m
Description:		Execute program tpl0039m to create the HIPP Policyholders for Cost Effectiveness Review report, TPL-0039-M.
Input/Output Files:		
tpm03901.rpt	O	HIPP Policyholders for Cost Effectiveness Review report, TPL-0039-M.
Job Step:		js 020-copy2crld
Description:		Send copy to COLD.
Input/Output Files:		
tpm03901.rpt	I	HIPP Policyholders for Cost Effectiveness Review report, TPL-0039-M.

2.5.62 TPLJM050 - Medicare - Part A Recovery Provider Letters and Billings

2.5.62.1 Detailed Job Script Information

Unix Script:	TPLJM050
Description:	Create letters to send to providers requesting refunds when Medicare Part A coverage is discovered retroactively. This job also creates a file to produce the TPL Medicare Recovery Med A report.

Job Step:		js 010-xmlpunld
Description:		selects data
Input/Output Files:		
tpm05001.ctl	I	This is the control card which contains the selection criteria for extracting claims for Medicare A billings
tpm05001.dat	O	This file contains claims to be billed to providers when Medicare Part A coverage is discovered retroactively.
Job Step:		js 020-tpl0050m
Description:		tpl0050m.sc
Input/Output Files:		
tpm05001.dat	I	This file contains claims to be billed to providers when Medicare Part A coverage is discovered retroactively.
tpm05002.dat	O	File containing xml for T_TPL_AR_HEALTH records
tpm05003.dat	O	xml file that updates T_TPL_AR_HEALTH
tpm05004.dat	O	xml file that inserts into T_TPL_AR_DISP
tpm05006.dat	O	flat file that contains report data for tpl0071m
tpm05007.dat	O	Retroactive TPL Medicare A DMERC claims for Provider Type 24.
Job Step:		js 030-xml_db
Description:		loads files
Input/Output Files:		
tpm05002.dat	I	File containing xml for T_TPL_AR_HEALTH records
tpm05003.dat	I	xml file that updates T_TPL_AR_HEALTH
tpm05004.dat	I	xml file that inserts into T_TPL_AR_DISP
Job Step:		js 035-otsortd

Description:		sort the Retroactive TPL Claim extract for Medicare Part A DMREC by num_icn
Input/Output Files:		
tpm05007.ctl	I	Sort control card for Retroactive TPL Medicare A DMERC claims for Provider Type 24. This control member sorts by num_icn.
tpm05007.dat	I	Retroactive TPL Medicare A DMERC claims for Provider Type 24.
tpm05007.srt	O	Retroactive TPL Medicare A DMERC claims for Provider Type 24.
Job Step:		js 040-tpl0751m
Description:		This runs report program tpl0751m that reports on Medicare A DMERC claims for Provider Type 24.
Input/Output Files:		
tpm05007.srt	I	Retroactive TPL Medicare A DMERC claims for Provider Type 24.
tpm05007.rpt	O	Retroactive TPL Medicare A DMERC claims for Provider Type 24.
Job Step:		js 045-copy2routedir
Description:		Create CRLD Copy of TPL-0751-M report
Input/Output Files:		
tpm05007.rpt	I	Retroactive TPL Medicare A DMERC claims for Provider Type 24.

2.5.63 TPLJM051 - Medicare - TPL Medicare Recovery - MED A Report

2.5.63.1 Detailed Job Script Information

Unix Script:	TPLJM051	
Description:	This is a monthly TPL job that creates the TPL-0071-M Report. This report is TPL Medicare Recovery - MED A.	
Job Step:		js 010-tpl0071m
Description:		creates report
Input/Output Files:		
tpm05006.dat	I	flat file that contains report data for tpl0071m
tpm05101.rpt	O	Report TPL-0071-M for Medicare A claims
Job Step:		js 020-sed
Description:		Create CRLD copy
Input/Output Files:		
rbt24630.ctl	I	Control file used to strip Xerox formatting from invoices
tpm05101.rpt	I	Report TPL-0071-M for Medicare A claims
tpm05101.cold	O	TPL report TPL-0071-M COLD copy
Job Step:		js 030-copy2routedir
Description:		prints report to cold
Input/Output Files:		
djdefmt2b.ctl	I	Print control file specifying Xerox Format 2B.
tpm05101.rpt	I	Report TPL-0071-M for Medicare A claims
Job Step:		js 040-copy2routedir
Description:		create a CRLD copy of TPL-0071-M if in Production
Input/Output Files:		
tpm05101.cold	I	TPL report TPL-0071-M COLD copy
TPL-0071-M	O	COLD REPORT

2.5.64 TPLJM060 - Medicare Part B billings

2.5.64.1 Detailed Job Script Information

Unix Script:	TPLJM060	
Description:	This script runs the processing for the creation of the Medicare B tape that is sent to the Medicare carrier.	
Job Step:		js 010-xmlpunld
Description:		Get all claims belonging to Medicare B members
Input/Output Files:		
tpm06001.ctl	I	This is the control card which contains the selection criteria for extracting claims for Medicare B billings.
tpm06001.dat	O	All claims belonging to Medicare B members
Job Step:		js 015-otsortd
Description:		Sort output by member
Input/Output Files:		
tpm06001.ctl	I	This is the control card which contains the selection criteria for extracting claims for Medicare B billings.
tpw01102.ctl	I	Sort card
tpm06001.srt	O	TPL Monthly Medicare Part B sorted output file
Job Step:		js 020-tplf0002
Description:		Determine if the Medicare Claim should be billed
Input/Output Files:		
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm06001.srt	I	TPL Monthly Medicare Part B sorted output file
tpm06002.dat	O	TPL Medicare Part B NSF Output File
tpm06003.dat	O	TPL Medicare Part B Retro Summ Rec Output File
tpm06004.dat	O	TPL Medicare Part B AR Output File
tpm06005.dat	O	TPL Medicare AR DISP Output File
tpm06006.dat	O	TPL Medicare Part B Sak Output File for HIPAA 835
tpm06008.dat	O	TPL Medicare Part B Formatted NSF File
tpm06009.dat	O	Retroactive TPL Medicare B claims for Provider Type 24.

Job Step:		js 030-xml_db
Description:		Update/Insert into the TPL A/R & A/R Disp tables
Input/Output Files:		
tpm06004.dat	I	TPL Medicare Part B AR Output File
tpm06005.dat	I	TPL Medicare AR DISP Output File
Job Step:		js 032-otsortd
Description:		sort the Retroactive TPL Claim extract for Medicare Part B by num_icn
Input/Output Files:		
tpm05007.ctl	I	Sort control card for Retroactive TPL Medicare A DMERC claims for Provider Type 24. This control member sorts by num_icn.
tpm06009.dat	I	Retroactive TPL Medicare B claims for Provider Type 24.
tpm06009.srt	O	Retroactive TPL Medicare B claims for Provider Type 24.
Job Step:		js 033-tpl0751m
Description:		This runs report program tpl0751m that reports on Medicare B claims for Provider Type 24.
Input/Output Files:		
tpm06009.srt	I	Retroactive TPL Medicare B claims for Provider Type 24.
tpm06009.rpt	O	Retroactive TPL Medicare B claims for Provider Type 24.
Job Step:		js 034-copy2routedir
Description:		Create CRLD Copy of TPL-0751-M report for Medicare Part B for provider type 24
Input/Output Files:		
tpm06009.rpt	I	Retroactive TPL Medicare B claims for Provider Type 24.
Job Step:		js 040-tplf1535
Description:		Delete from Retro Summ Rec Table
Input/Output Files:		
Job Step:		js 050-jck.1356
Description:		Insert Retro Summ Rec
Input/Output Files:		

tpm06003.dat	I	TPL Medicare Part B Retro Summ Rec Output File
Job Step:		js 060-jck.510
Description:		Create the Retro Billing Summary Report
Input/Output Files:		
tpm06001.rpt	O	TPL Medicare Part B Retro Billing Summary Report
Job Step:		js 065-copy2routedir
Description:		Submit Retro Billing Summary Report to COLD
Input/Output Files:		
tpm06001.rpt	I	TPL Medicare Part B Retro Billing Summary Report
Job Step:		js 070-otsortd
Description:		Sort Medicare Part B records created in js20
Input/Output Files:		
tpm06002.ctl	I	TPL Medicare Part B NSF Sort Card
tpm06002.dat	I	TPL Medicare Part B NSF Output File
tpm06002.srt	O	TPL Medicare Part B NSF Sort Output File
Job Step:		js 080-tplf0005
Description:		Create Medicare Part B Billing Records
Input/Output Files:		
tpm06002.srt	I	TPL Medicare Part B NSF Sort Output File
tpm06008.dat	O	TPL Medicare Part B Formatted NSF File
Job Step:		js 085-mail
Description:		Notify operator via mailx to create the tape. - currently commented out
Input/Output Files:		
Job Step:		js 090-ibmtape
Description:		Creates the Billing records Tape - currently commented out
Input/Output Files:		
tpm06008.dat	I	TPL Medicare Part B Formatted NSF File

Job Step:	js 100-mt
Description:	Rewind tape - currently commented out
Input/Output Files:	

2.5.65 TPLJM070 - Medicare - Part B DMERC Recovery Provider Letters and Billings

2.5.65.1 Detailed Job Script Information

Unix Script:	TPLJM070
Description:	Create letters to send to providers requesting refunds for DME services when Medicare Part B coverage is discovered retroactively. This job also produces a data file used to produce the TPL Medicare Recovery - MED B DMERC report.

Job Step:		js 010-xmlpunld
Description:		Create claim extracts for Medicare B DMERC billings
Input/Output Files:		
tpm07001.ctl	I	This is the control card which contains the selection criteria for extracting claims for Medicare B DMERC billings.
tpm07001.dat	O	This file contains those claims to be billed to the provider for Medicare B DMERC.
Job Step:		js 020-tpl0070m
Description:		This is the Medicare B DMERC billings program
Input/Output Files:		
tpm07001.dat	I	This file contains those claims to be billed to the provider for Medicare B DMERC.
tpm07002.dat	O	This file contains rows that are inserted into T_TPL_AR_HEALTH.
tpm07003.dat	O	This file contains rows that are updated in the T_TPL_AR_HEALTH.
tpm07004.dat	O	This file contains rows that are inserted into T_TPL_AR_DISPS.
tpm07006.dat	O	This file contains data that are used for the TPL Medicare Recovery Report.
tpm07007.dat	O	Retroactive TPL Medicare B DMERC claims for Provider Type 24.
Job Step:		js 030-xml_db
Description:		run xml_db utility to load tables
Input/Output Files:		
tpm07002.dat	I	This file contains rows that are inserted into T_TPL_AR_HEALTH.

tpm07003.dat	I	This file contains rows that are updated in the T_TPL_AR_HEALTH.
tpm07004.dat	I	This file contains rows that are inserted into T_TPL_AR_DISPS.

2.5.66 TPLJM071 - Medicare - TPL Medicare Recovery - MED B DMERC Report

2.5.66.1 Detailed Job Script Information

Unix Script:	TPLJM071
Description:	This is a monthly job that creates the TPL Medicare Recovery Report. This report is TPL-0071-M, TPL Medicare Recovery - MED B DMERC.

Job Step:		js 010-tpl0071m
Description:		Create report
Input/Output Files:		
tpm07006.dat	I	This file contains data that are used for the TPL Medicare Recovery Report.
tpm07101.rpt	O	This is the TPL Medicare Recovery Report TPL-0071-M
Job Step:		js 020-sed
Description:		Create CRLD Copy
Input/Output Files:		
rbt24630.ctl	I	Control file used to strip Xerox formatting from invoices
tpm07101.rpt	I	This is the TPL Medicare Recovery Report TPL-0071-M
tpm07101.cold	O	TPL report TPL-0071-M CRLD copy
Job Step:		js 030-lp
Description:		Print report - currently commented out
Input/Output Files:		
djdefmt2b.ctl	I	Print control file specifying Xerox Format 2B.
tpm07101.rpt	I	This is the TPL Medicare Recovery Report TPL-0071-M
Job Step:		js 040-copy2routedir
Description:		create a CRLD copy of TPL-0071-M
Input/Output Files:		
tpm07101.cold	I	TPL report TPL-0071-M CRLD copy
TPL-0071-M	O	COLD REPORT

2.5.67 TPLJM072 - Medicare - Part A and Part B DMERC Rebillings

2.5.67.1 Detailed Job Script Information

Unix Script:	TPLJM072
Description:	This is a monthly job that rebills Med A Claims after 60 days. This job also produces a data file used to produce the TPL Medicare Recovery - Rebillings report.

Job Step:		js 010-oraload.sh
Description:		Unload the T_TPL_AR_HEALTH joining on T_TPL_AR_CLAIM_XREF.
Input/Output Files:		
tpm07201.ctl	I	Unload the T_TPL_AR_HEALTH joining on T_TPL_AR_CLAIM_XREF.
tpm07201.sql	I	SQL to download T_TPL_AR_HEALTH
t_ar_clm.dat	O	TPL A/R claim file
Job Step:		js 020-tpl0072m
Description:		Program that rebills claims.
Input/Output Files:		
t_ar_clm.dat	I	TPL A/R claim file
tpm07201.dat	O	xml file that updates T_TPL_AR_HEALTH.
tpm07202.dat	O	xml file that inserts into T_TPL_AR_DISP.
tpm07203.dat	O	flat file that contains report data for tpl0071m
Job Step:		js 030-xml_db
Description:		run xml_db utility to load tables.
Input/Output Files:		
tpm07201.dat	I	xml file that updates T_TPL_AR_HEALTH.
tpm07202.dat	I	xml file that inserts into T_TPL_AR_DISP.

2.5.68 TPLJM073 - Medicare - TPL Medicare Recovery - Rebillings Report

2.5.68.1 Detailed Job Script Information

Unix Script:	TPLJM073	
Description:	This is a monthly job that reports on rebilled claims. This report is TPL-0071-M, TPL Medicare Recovery - Rebillings.	
Job Step:		js 010-tpl0071m
Description:		creates report
Input/Output Files:		
tpm07203.dat	I	flat file that contains report data for tpl0071m
tpm07301.rpt	O	Report TPL-0071-M for Rebilled Med A and Med B DMERC claims
Job Step:		js 020-sed
Description:		Create CRLD Copy
Input/Output Files:		
rbt24630.ctl	I	Control file used to strip Xerox formatting from invoices
tpm07301.rpt	I	Report TPL-0071-M for Rebilled Med A and Med B DMERC claims
tpm07301.cold	O	TPL Report CRLD copy
Job Step:		js 030-lp
Description:		Print Report - TPL-0071-M - currently commented out
Input/Output Files:		
djdefmt2b.ctl	I	Print control file specifying Xerox Format 2B.
tpm07301.rpt	I	Report TPL-0071-M for Rebilled Med A and Med B DMERC claims
Job Step:		js 040-copy2routedir
Description:		create a CRLD copy of TPL-0071-M if in Production/model
Input/Output Files:		
tpm07301.cold	I	TPL Report CRLD copy
TPL-0071-M	O	COLD REPORT

2.5.69 TPLJM079 - Create TPL Resource File to MCO (monthly)

2.5.69.1 Detailed Job Script Information

Unix Script:	TPLJM079	
Description:	Create a monthly process to create and send the TPL Resource file.	
Job Step:		js 010-tpl0080d
Description:		Create the TPL Resource file to send to the Managed Care Organization.
Input/Output Files:		
tpl0079m.dat	O	This file contains TPL Resource information sent to the Managed Care Orgranization (monthly).
Job Step:		js 020-zip
Description:		Compress the Resource file.
Input/Output Files:		
tpl0079m.dat	I	This file contains TPL Resource information sent to the Managed Care Orgranization (monthly).
PDSKX.R8860SA.EDIM834.ZIP	O	This file contains monthly TPL Resource information sent to MCO in a compressed format.
Job Step:		js 030-mv
Description:		Move the file to the ftp directory.
Input/Output Files:		
PDSKX.R8860SA.EDIM834.ZIP	I	This file contains monthly TPL Resource information sent to MCO in a compressed format.

2.5.70 TPLJM090 - Medicare - 835 Inbound Transactions and Medicare B Reports

2.5.70.1 Detailed Job Script Information

Unix Script:	TPLJM090	
Description:	This job processes the inbound 835 transactions	
Job Step:		js 010-tpl0090m
Description:		Process the 835 transactions
Input/Output Files:		
tpm09101.dat	O	835 inbound transaction discrepancy file
tpm09201.dat	O	835 inbound transaction check not received file
tpm09301.dat	O	835 inbound transaction update file
Job Step:		js 020-otsortd
Description:		Sort update file
Input/Output Files:		
tpl0093m.ctl	I	Sort control card
tpm09301.dat	I	835 inbound transaction update file
tpm09301.srt	O	835 inbound transaction Update sorted file
Job Step:		js 030-tpl0093m
Description:		Create update report
Input/Output Files:		
tpm09301.srt	I	835 inbound transaction Update sorted file
tpm09301.rpt	O	835 inbound transaction update report file
Job Step:		js 040-otsortd
Description:		Sort discrepancy file
Input/Output Files:		
tpl0091m.ctl	I	Sort control card
tpm09101.dat	I	835 inbound transaction discrepancy file
tpm09101.srt	O	835 inbound transaction sorted discrepancy file
Job Step:		js 050-tpl0091m
Description:		Create discrepancy report

Input/Output Files:		
tpm09101.srt	I	835 inbound transaction sorted discrepancy file
tpm09101.rpt	O	835 inbound transaction discrepancy report file
Job Step:		js 060-otsortd
Description:		Sort Check Not Received file
Input/Output Files:		
tpl0092m.ctl	I	Sort control card
tpm09201.dat	I	835 inbound transaction check not received file
tpm09201.srt	O	835 inbound transaction check not received sorted file
Job Step:		js 070-tpl0092m
Description:		Create Check Not Received report
Input/Output Files:		
tpm09201.srt	I	835 inbound transaction check not received sorted file
tpm09201.rpt	O	835 inbound transaction check not received report
Job Step:		js 080-lp
Description:		Print discrepancy report - currently commented out
Input/Output Files:		
tpm09101.rpt	I	835 inbound transaction discrepancy report file
tpm09201.rpt	I	835 inbound transaction check not received report
tpm09301.rpt	I	835 inbound transaction update report file
Job Step:		js 090-copy2routedir
Description:		create a CRLD copy
Input/Output Files:		
tpm09101.rpt	I	835 inbound transaction discrepancy report file
tpm09201.rpt	I	835 inbound transaction check not received report
tpm09301.rpt	I	835 inbound transaction update report file
TPL0091M	O	COLD REPORT
TPL0092M	O	COLD REPORT

TPL0093M	O	COLD REPORT
Job Step:		js 100-rm
Description:		delete no longer needed files
Input/Output Files:		
tpm09101.srt	I	835 inbound transaction sorted discrepancy file
tpm09201.srt	I	835 inbound transaction check not received sorted file
tpm09301.srt	I	835 inbound transaction Update sorted file

2.5.71 TPLJM100 - Maintain TPL Monthly Cycle Date

2.5.71.1 Detailed Job Script Information

Unix Script:	TPLJM100	
Description:	This job updates the system parms table with the range of dates for the TPL monthly cycle.	
Job Step:		js 010-tpl0001m
Description:		Execute TPL0001M
Input/Output Files:		
naterror.tpl01001.log	O	Natural error file

2.5.72 TPLJM101 - TPL Monthly Recoveries

2.5.72.1 Detailed Job Script Information

Unix Script:	TPLJM101
Description:	This job creates a report that includes total number of casualty cases and monthly recoveries associated with those cases, total number of A/Rs and monthly recoveries associated with those A/Rs, and total monthly recoveries for TPL.

Job Step:		js 010-tpl0101m
Description:		Create TPL Monthly Recoveries report.
Input/Output Files:		
tpm10101.rpt	O	TPL Monthly Recoveries Report
Job Step:		js 020-lp
Description:		Print the report - currently commented out
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpm10101.rpt	I	TPL Monthly Recoveries Report
Job Step:		js 030-copy2routedir
Description:		Create a CRLD copy of report
Input/Output Files:		
tpm10101.rpt	I	TPL Monthly Recoveries Report
TPL0101M	O	COLD REPORT

2.5.73 TPLJM103 - Medicare - Non-Responsive Provider Report

2.5.73.1 Detailed Job Script Information

Unix Script:	TPLJM103
Description:	This report displays all of the providers who were sent letters for refunds/recoupments for claims that were paid by Medicaid but should have been paid by Medicare.

Job Step:		js 005-cat
Description:		Concatenate the TPL Medicare Part A & B files into one
Input/Output Files:		
tpl_medicare_a.ctl	I	This sysin card contains one sak, Medicare Part A
tpl_medicare_b.ctl	I	This sysin card contains one sak, Medicare Part B
tpm10301.wrk	O	This data file is created by concatenating the TPL Medicare Part A & Part B carrier sak sysins together.
Job Step:		js 010-tpl0103m
Description:		Create Medicare Non-Responsive Provider Report.
Input/Output Files:		
tpm10301.wrk	I	This data file is created by concatenating the TPL Medicare Part A & Part B carrier sak sysins together.
tpm10302.wrk	I	work file
tpm10301.rpt	O	Medicare Non-Responsive Provider report file
Job Step:		js 020-lp
Description:		Print the report. (commented out)
Input/Output Files:		
djdefmt1.ctl	I	Print control file specifying Xerox Format Landscape 132col 66lines
tpm10301.rpt	I	Medicare Non-Responsive Provider report file
Job Step:		js 030-copy2routedir
Description:		Send report to COLD
Input/Output Files:		
tpm10301.rpt	I	Medicare Non-Responsive Provider report file
TPL0103M	O	COLD REPORT

2.5.74 TPLJM1040 - Child Support Recovery Monthly

2.5.74.1 Detailed Job Script Information

Unix Script:	TPLJM1040	
Description:	Monthly Child Support Recovery report	
Job Step:		js 010-tpl1040m
Description:		Child Support Recovery Monthly report
Input/Output Files:		
tpl1040m.rpt	O	This file contains a report of the detail account of all Child Support Cases on the TPL Billing file that are in an open status for the reporting month sorted by Carrier ID (county). It reports any recoveries by member within the month and the outstanding balance on each case.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.75 TPLJM130 - TPL Recovery Case Report

2.5.75.1 Detailed Job Script Information

Unix Script:	TPLJM130
Description:	Job to create the following reports: TPL Estate Recovery Cases Closed TPL Trust Recovery Cases Closed TPL EstateTrust Recovery Case Not Found

Job Step:	js 010-tpl1030m
Description:	This job step js 010 executs program tpl1030m to create TPL Estate Recovery Cases Closed, TPL Trust Recovery Cases Closed, TPL EstateTrust Recovery Case Not Found (TPL-1030-M, TPL-1031-M, TPL-1032-M) reports.

Input/Output Files:

tpl1030m.rpt	O	This file contains a report which gives detail information of the month of all Estate Recovery Cases Closed on the Estate Recovery Member Letter File.
tpl1031m.rpt	O	This file contains a report which gives detail information of the month of all Trust Recovery Cases Closed on the Trust Recovery Member Letter File.
tpl1032m.rpt	O	This file contains a report which gives the case number if not found on the Estate or Trust Recovery Letter files of cases that were closed.

2.5.76 TPLJM134 - Casualty Recovery Monthly Report

2.5.76.1 Detailed Job Script Information

Unix Script:	TPLJM134	
Description:	The job script TPLJM134 creates Monthly Casualty Recovery Report	
Job Step:		js 010-tpl1050m
Description:		Execute program tpl1050m to produce casualty recovery report (TPL-1050-M), and output file for PCG.
Input/Output Files:		
tpl1050m.dat	O	This file contains the TPL-1050-M report in data file format for PCG
tpl1050m.rpt	O	This file contains a report which reads the billing file and report a detail account of all Attorney Casualty Cases on the TPL Billing file that are in an open status for the reporting month and reports any recoveries by member within the month and the outstanding balance on each case.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		
Job Step:		js 030-cp
Description:		Copy the output file for PCG to a new name and move it to the ftp directory.
Input/Output Files:		

2.5.77 TPLJM137 - Non-Attorney Casualty Recovery Monthly Report

2.5.77.1 Detailed Job Script Information

Unix Script:	TPLJM137
Description:	The job script TPLJM137 creates Non-Attorney Casualty Recovery Monthly Report

Job Step:		js 010-tpl1060m
Description:		This job step js 010 executs program tpl1060m to produce Non-Attorney Casualty Recovery Report (TPL-1060-M).
Input/Output Files:		
tpl1060m.rpt	O	This file contains a report which reads the billing file and report a detail account of all Non-Attorney Casualty Cases on the TPL Billing file that are in an open status for the reporting month and reports any recoveries by member within the month and the outstanding balance on each case.
Job Step:		js 020-copy2routedir
Description:		Copy report to COLD
Input/Output Files:		

2.5.78 TPLJM140 - Monthly PCG Carrier Info

2.5.78.1 Detailed Job Script Information

Unix Script:	TPLJM140	
Description:	Create the monthly TPL Carrier information file for PCG.	
Job Step:		js 010-tpl0140m
Description:		Execute the program which creates the TPL Carrier file for PCG.
Input/Output Files:		
tpl0140m.dat	O	This file contains TPL Carrier information later forwarded to PCG.
Job Step:		js 020-cp
Description:		Copy the file to a new name and move it to the ftp directory.
Input/Output Files:		
tpl0140m.dat	I	This file contains TPL Carrier information later forwarded to PCG.
tpl0140m.pcg	O	This file contains the TPL Carrier file which is sent to PCG.

2.5.79 TPLJM141 - Monthly PCG Resource Info

2.5.79.1 Detailed Job Script Information

Unix Script:	TPLJM141	
Description:	Create the monthly TPL Resource information file for PCG.	
Job Step:		js 010-tpl0141m
Description:		Execute the program which creates the TPL Resource file for PCG.
Input/Output Files:		
tpl0141m.dat	O	This file contains TPL Resource information later forwarded to PCG.
Job Step:		js 020-cp
Description:		Copy the file to a new name and move it to the ftp directory.
Input/Output Files:		
tpl0141m.dat	I	This file contains TPL Resource information later forwarded to PCG.
tpl0141m.pcg	O	This file contains TPL Resource information sent to PCG.

2.5.80 TPLJM150 - Update Quarterly Parameter

2.5.80.1 Detailed Job Script Information

Unix Script:	TPLJM150
Description:	This job updates the TPLCURQT parameter in the T_SYSTEM_PARMS table.

Job Step:	js 010-tpl0150m
Description:	Update the TPLCURQT parm.

Input/Output Files:		
naterror.tpl0150m.log	O	Program tpl0150m natural error log

2.5.81 TPLJM161 - TPL Cost Recovery - Unload Paid Claims

2.5.81.1 Detailed Job Script Information

Unix Script:	TPLJM161	
Description:	This job extracts the paid claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01601.log	O	Log file
Job Step:		js 020-sqldba
Description:		Set environment variables for last quarter history partition
Input/Output Files:		
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01602.log	O	Log file
Job Step:		js 030-dbunload
Description:		Execute the DBUNLOAD for last month PHARMACY PAID HEADER
Input/Output Files:		
tplpdpharm.sql	I	DBUNLOAD for paid pharmacy header SQL control card
t_pd_tpl_pharm.dat	O	Unloaded last month pharmacy paid header
tpm01601.sql	O	Control card containing sql to find the owner ID for current history directory table to be extracted
Job Step:		js 040-dbunload
Description:		Execute the DBUNLOAD for last month UB PAID HEADER
Input/Output Files:		
tplpdub92.sql	I	DBUNLOAD for paid UB header SQL control card
t_pd_tpl_ub92.dat	O	Unloaded last month UB paid header

tpm01602.sql	O	Control card containing sql to get current Quarter History Partiton
Job Step:		js 050-dbunload
Description:		Execute the DBUNLOAD for last month DENTAL PAID HEADER
Input/Output Files:		
tplpddent.sql	I	DBUNLOAD for paid dental header SQL control card
t_pd_tpl_dent.dat	O	Unloaded last month dental paid header
tpm01603.sql	O	Control card containing sql to get last month's dental paid header
Job Step:		js 060-dbunload
Description:		Execute the DBUNLOAD for last month PHYSICIAN PAID HEADER
Input/Output Files:		
tplpdphys.sql	I	DBUNLOAD for paid physician header SQL control card
t_pd_tpl_phys.dat	O	Unloaded last month physician paid header
tpm01604.sql	O	Control card containing sql to get last month's physician paid header
Job Step:		js 080-otsortd
Description:		Execute the OTSORTD for the paid TPL claims
Input/Output Files:		
t_pd_tpl_dent.dat	I	Unloaded last month dental paid header
t_pd_tpl_pharm.dat	I	Unloaded last month pharmacy paid header
t_pd_tpl_phys.dat	I	Unloaded last month physician paid header
t_pd_tpl_ub92.dat	I	Unloaded last month UB paid header
tpm01603.ctl	I	Sort new paid-adjustment file control card
tpm01601p.srt	O	Adjustment file
Job Step:		js 090-rm
Description:		Remove all temporary files and control cards
Input/Output Files:		
t_pd_tpl_dent.dat	I	Unloaded last month dental paid header

t_pd_tpl_pharm.dat	I	Unloaded last month pharmacy paid header
t_pd_tpl_phys.dat	I	Unloaded last month physician paid header
t_pd_tpl_ub92.dat	I	Unloaded last month UB paid header
tpm01601.log	I	Log file
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01602.log	I	Log file
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01603.sql	I	Control card containing sql to get last month's dental paid header
tpm01604.sql	I	Control card containing sql to get last month's physician paid header

2.5.82 TPLJM162 - TPL Cost Recovery - Unload Adjusted Claims

2.5.82.1 Detailed Job Script Information

Unix Script:	TPLJM162	
Description:	This job extracts the adjusted claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01603.log	O	Log file
Job Step:		js 020-sqldba
Description:		Set environment variables for last quarter history partition
Input/Output Files:		
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01604.log	O	Log file
Job Step:		js 030-dbunload
Description:		Execute the DBUNLOAD for last month adjustments for PHARM HEADER
Input/Output Files:		
tplpdphys.sql	I	DBUNLOAD for paid physician header SQL control card
t_pd_tpl_pharm.dat	O	Unloaded last month pharmacy paid header
tpm01606.sql	O	Control card containing sql to get last month's pharmacy adjustment header
Job Step:		js 040-dbunload
Description:		Execute the DBUNLOAD for last month UB ADJ Header
Input/Output Files:		
tpladjub92.sql	I	DBUNLOAD for adjusted UB header SQL control card
t_pd_tpl_ub92.dat	O	Unloaded last month UB paid header
tpm01607.sql	O	Control card containing sql to get last month's UB

		adjustment header
Job Step:		js 050-dbunload
Description:		Execute the DBUNLOAD for last month DENTAL ADJ HEADER
Input/Output Files:		
tpladjdent.sql	I	DBUNLOAD for adjusted dental header SQL control card
t_pd_tpl_dent.dat	O	Unloaded last month dental paid header
tpm01608.sql	O	Control card containing sql to get last month's dental adjustment header
Job Step:		js 060-dbunload
Description:		Execute the DBUNLOAD for last month PHYSICIAN ADJ HEADER
Input/Output Files:		
tpladjphys.sql	I	DBUNLOAD for adjusted physician header SQL control card
t_pd_tpl_phys.dat	O	Unloaded last month physician paid header
tpm01609.sql	O	Control card containing sql to get last month's physician adjustment header
Job Step:		js 080-otsortd
Description:		Execute the OTSORTD for the paid adjusted TPL claims
Input/Output Files:		
t_pd_tpl_dent.dat	I	Unloaded last month dental paid header
t_pd_tpl_pharm.dat	I	Unloaded last month pharmacy paid header
t_pd_tpl_phys.dat	I	Unloaded last month physician paid header
t_pd_tpl_ub92.dat	I	Unloaded last month UB paid header
tpm01603a.ctl	I	Sort control card for adjusted TPL claims
tpm01606a.srt	O	Sorted adjustment file
Job Step:		js 090-rm
Description:		Remove all temporary files and control cards
Input/Output Files:		
t_pd_tpl_dent.dat	I	Unloaded last month dental paid header

t_pd_tpl_pharm.dat	I	Unloaded last month pharmacy paid header
t_pd_tpl_phys.dat	I	Unloaded last month physician paid header
t_pd_tpl_ub92.dat	I	Unloaded last month UB paid header
tpm01603.log	I	Log file
tpm01604.log	I	Log file
tpm01606.sql	I	Control card containing sql to get last month's pharmacy adjustment header
tpm01607.sql	I	Control card containing sql to get last month's UB adjustment header
tpm01608.sql	I	Control card containing sql to get last month's dental adjustment header
tpm01609.sql	I	Control card containing sql to get last month's physician adjustment header

2.5.83 TPLJM163 - TPL Cost Recovery - Unload Denied Claims

2.5.83.1 Detailed Job Script Information

Unix Script:	TPLJM163
Description:	This job extracts the denied claims for monthly cost avoidance reports.

Job Step:		js 060-waapdsut
Description:		Execute a WAAP to eliminate -1 saks
Input/Output Files:		
t_deny_tpl_dent.dat	I	Denied Dental claims
t_deny_tpl_phys.dat	I	Denied physician claims
t_deny_tpl_ub92.dat	I	Denied UB claims
tpm01602d.wrk	I	Work file
tpm01605.ctl	I	WAAP control card to eliminate -1 SAKs
tpm01603d.wrk	O	Concatenated denied claims
Job Step:		js 070-otsortd
Description:		Execute the OTSORTD for the deny TPL claims
Input/Output Files:		
tpm01603.ctl	I	Sort new paid-adjustment file control card
tpm01603d.wrk	I	Concatenated denied claims
tpm01604d.srt	O	Sort of TPL deny claims
Job Step:		js 075-cat
Description:		Copy curr month deny srt file to the past month family
Input/Output Files:		
tpm01604d.srt	I	Sort of TPL deny claims
tpm01604d.dat	O	current month's deny file and past months deny file
Job Step:		js 080-otsortd
Description:		Execute the OTSORTD for the deny TPL claims
Input/Output Files:		
tpm01603.ctl	I	Sort new paid-adjustment file control card
tpm01604d.dat	I	current month's deny file and past months deny file

tpm01604d.bak	O	Sort the TPL deny claims
tpm01605d.srt	O	work file
Job Step:		js 090-rm
Description:		Remove all temporary files and control cards
Input/Output Files:		
t_deny_tpl_dent.dat	I	Denied Dental claims
t_deny_tpl_phys.dat	I	Denied physician claims
t_deny_tpl_ub92.dat	I	Denied UB claims
tpm01603a.log	I	Log file
tpm01603a_1.log	I	Log file
tpm01603b.log	I	Log file
tpm01603b_1.log	I	Log file
tpm01603c.log	I	Log file
tpm01603c_1.log	I	Log file
tpm01612.sql	I	Control card containing sql to get last month's UB denied header
tpm01613.sql	I	Control card containing sql to get last month's dental denied header
tpm01614.sql	I	Control card containing sql to get last month's physician denied header

2.5.84 TPLJM163_a - TPL Cost Recovery - Unload Denied UB92 Claims

2.5.84.1 Detailed Job Script Information

Unix Script:	TPLJM163_a	
Description:	This job extracts the denied UB claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01603a.log	O	Log file
Job Step:		js 020-sqldba
Description:		Set environment variables for last quarter history partition
Input/Output Files:		
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01603a_1.log	O	Log file
Job Step:		js 030-dbunload
Description:		Execute the DBUNLOAD for last month UB DENY HEADER
Input/Output Files:		
tpldnyub92.sql	I	DBUNLOAD for denied UB header SQL control card
t_deny_tpl_ub92.dat	O	Denied UB claims
tpm01612.sql	O	Control card containing sql to get last month's UB denied header

2.5.85 TPLJM163_b - TPL Cost Recovery - Unload Denied Dental Claims

2.5.85.1 Detailed Job Script Information

Unix Script:	TPLJM163_b	
Description:	This job extracts the denied Dental claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01603b.log	O	Log file
Job Step:		js 020-sqldba
Description:		Set environment variables for last quarter history partition
Input/Output Files:		
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01603b_1.log	O	Log file
Job Step:		js 040-dbunload
Description:		Execute the DBUNLOAD for last month DENT DENY HEADER
Input/Output Files:		
tpldnydent.sql	I	DBUNLOAD for denied dental header SQL control card
t_deny_tpl_dent.dat	O	Denied Dental claims
tpm01613.sql	O	Control card containing sql to get last month's dental denied header

2.5.86 TPLJM163_c - TPL Cost Recovery - Unload Denied Physicians Claims

2.5.86.1 Detailed Job Script Information

Unix Script:	TPLJM163_c	
Description:	This job extracts the denied Physician's claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01601.sql	I	Control card containing sql to find the owner ID for current history directory table to be extracted
tpm01603c.log	O	Log file
Job Step:		js 020-sqldba
Description:		Job Script: get hist files and dates js20 - Set environment variables for last quarter history partition
Input/Output Files:		
tpm01602.sql	I	Control card containing sql to get current Quarter History Partiton
tpm01603c_1.log	O	Log file
Job Step:		js 050-dbunload
Description:		Execute the DBUNLOAD for last month PHYS DENY HEADER
Input/Output Files:		
tpldnyphys.sql	I	DBUNLOAD for denied physician header SQL control card
t_deny_tpl_phys.dat	O	Denied physician claims
tpm01614.sql	O	Control card containing sql to get last month's physician denied header

2.5.87 TPLJM163_d - TPL Cost Recovery - Unload Denied Pharmacy Claims

2.5.87.1 Detailed Job Script Information

Unix Script:	TPLJM163_d	
Description:	This job extracts the denied pharmacy claims for monthly cost avoidance reports.	
Job Step:		js 010-sqldba
Description:		Find the owner ID for current history directory table to be extracted.
Input/Output Files:		
tpm01603d.log	O	Log file
Job Step:		js 020-sqldba
Description:		Job Script: get hist files and dates js20 - Set environment variables for last quarter history partition
Input/Output Files:		
tpm01603d_1.log	O	Log file
Job Step:		js 050-dbunload
Description:		Execute the DBUNLOAD for last month Phrm DENY HEADER
Input/Output Files:		
t_deny_tpl_phrm.dat	O	Denied Pharmacy claims

2.5.88 TPLJM170 - TPL Info to DCBS

2.5.88.1 Detailed Job Script Information

Unix Script:	TPLJM170
Description:	This job produces a file containing all TPL Resource records with policy segments which have been added to the file and which have been deleted or end-dated during the current reporting month.

Job Step:		js 010-tpl0170m
Description:		Execute tpl0170m to create the 'Add' extract for delivery to DCBS.
Input/Output Files:		
tpl0170m.dat	O	TPL Resource information updates to the Department of Social Insurance
Job Step:		js 020-cp
Description:		Copy the file to the $DATADIR/tpl/output directory and give it the name EDI is looking for.
Input/Output Files:		
Job Step:		js 030-tpl0171m
Description:		Execute tpl0171m to create the 'Ended' extract for delivery to DCBS.
Input/Output Files:		
Job Step:		js 040-cp
Description:		Copy the file to the $DATADIR/tpl/output directory and give it the name EDI is looking for.
Input/Output Files:		

2.5.89 TPLJM180 - PCG Add Recoveries - Bill Type '15' Report

2.5.89.1 Detailed Job Script Information

Unix Script:	TPLJM180	
Description:	The job script TPLJM180 creates the PCG Add Recoveries Report for Bill Type '15'.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce PCG Add Recoveries - Bill Type '15' (TPL-1080-M)
Input/Output Files:		
tpl1080m.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process. Details are listed by CCN. Bill type '15' billing records are input to this program.

2.5.90 TPLJM181 - PCG MSE (Identified) Recoveries - Bill Type '17' Report

2.5.90.1 Detailed Job Script Information

Unix Script:	TPLJM181	
Description:	The job script TPLJM181 creates the PCG MSE (Identified) Recoveries-Month End Report for Bill Type '17'.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce PCG MSE (Identified) Recoveries Report - Bill Type '17' (TPL-1081-M)
Input/Output Files:		
tpl1081m.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process. Details are listed by CCN. Bill type '17' billing records are input to this program.

2.5.91 TPLJM181_b - PCG MSE (Enforcement) Recoveries Bill Type '18' - report

2.5.91.1 Detailed Job Script Information

Unix Script:	TPLJM181_b	
Description:	The job script TPLJM181_b produces the PCG MSE (Enforcement) Recoveries Bill Type '18' - end of month report.	
Job Step:		js 010-tpl1080m
Description:		This job step js 010 executes program tpl1080m to produce Bill Type '18' - PCG MSE (Enforcement) Recoveries-Month End report (TPL-1082-M)
Input/Output Files:		
tpl1082m.rpt	O	This file contains a report which lists the amount recovered from billing records created through the PCG Adds Process. Details are listed by CCN. Bill type '18' billing records are input to this program.

2.5.92 TPLJM220 - Create process to close billings

2.5.92.1 Detailed Job Script Information

Unix Script:	TPLJM220	
Description:	Automatically close a billing after 180 days if there has been no activity on the billing record.	
Job Step:		js 010-xmlpunld
Description:		Creates extract of claims that could be closed
Input/Output Files:		
tpm02201.ctl	I	Control file to fetch records to close the TPL billings in job TPLJM220
t_ar_clm_srt1.dat	O	TPL AR claims extract file to close the billing using tpl0220m.sc program in job TPLJM220
Job Step:		js 020-tpl0220m
Description:		Automatically close a billing after 180 days if there has been no activity on the billing record.
Input/Output Files:		
t_ar_clm_srt1.dat	I	TPL AR claims extract file to close the billing using tpl0220m.sc program in job TPLJM220
$DATDIR/tpm02203.dat	O	Output file created in JS 20 using tpl0220m.sc program to update the t_tpl_ar_health table for closing the billings. The cde_reason is set to 26 for closing the TPL billings.
$DATDIR/tpm02204.dat	O	Output file created in JS 20 using tpl0220m.sc program to update the t_tpl_ar_disps table for closing the billings. The cde_reason is set to 26 for closing the TPL billings.
Job Step:		js 030-xml_db
Description:		Updates the TPL A/Rs and adjustment dispostions.
Input/Output Files:		
$DATDIR/tpm02203.dat	I	Output file created in JS 20 using tpl0220m.sc program to update the t_tpl_ar_health table for closing the billings. The cde_reason is set to 26 for closing the TPL billings.
$DATDIR/tpm02204.dat	I	Output file created in JS 20 using tpl0220m.sc program to update the t_tpl_ar_disps table for closing the billings. The cde_reason is set to 26 for closing the

		TPL billings.

2.5.93 TPLJM225 - Billings Closed By Third Party Contractor Monthly Report

2.5.93.1 Detailed Job Script Information

Unix Script:	TPLJM225	
Description:	The job script TPLJM225 to produce Billings Closed By Third Party Contractor monthly report.	
Job Step:		js 010-tpl1250m
Description:		This job step js 010 executes program tpl1250m to produce Billings Closed By Third Party Contractor (TPL-1250-M).
Input/Output Files:		
tpl1250m.rpt	O	This file contains a report which lists all the closed billings by the contractor.
Job Step:		js 020-tpl1250m
Description:		This job step js 020 executes copy2routedir for COLD
Input/Output Files:		

2.5.94 TPLJM250 - Medicare - Possible Medicare Eligibles Report

2.5.94.1 Detailed Job Script Information

Unix Script:	TPLJM250	
Description:	This monthly TPL job produces the report TPL-3001-M (Possible Medicare Eligibles).	
Job Step:		js 010-cat
Description:		Takes in the sequential datasets created during the month and copies them to a backup dataset. These datasets where created in TPLJW240 and contain possible medicare eligible members.
Input/Output Files:		
tpl24001.dat	I	Sequential disk file
tpl25001.dat	O	work file
Job Step:		js 015-otsortd
Description:		Sorts the data file by SSN.
Input/Output Files:		
tpl25001.dat	I	work file
tplp301.ctl	I	Control card to sort data file.
tpl25001.srt	O	Data file sorted by SSN.
Job Step:		js 020-tplp301b
Description:		Reads the dataset created in js15 and reports the members on theTPL-3001-M report.
Input/Output Files:		
tpl25001.srt	I	Data file sorted by SSN.
tpl25001.rpt	O	This file contains print file that produces a report.
Job Step:		js 030-lp
Description:		Print report (commented out)
Input/Output Files:		
tpl24001.dat	I	Sequential disk file
Job Step:		js 040-rm
Description:		Deletes the sequential datasets created during the month

		in the TPLJW240 job.
Input/Output Files:		
tpl25001.rpt	I	This file contains print file that produces a report.
TPL3001M	O	PS/2 cycle date
Job Step:		js 050-copy2routedir
Description:		Send copy to COLD
Input/Output Files:		

2.5.95 TPLJM290 - HIPP Clerk Cost Effective Activity

2.5.95.1 Detailed Job Script Information

Unix Script:	TPLJM290	
Description:	This job produces the HIPP Clerk Cost Effective Activity report.	
Job Step:		js 010-xmlpunld
Description:		The XML control card to unload data for the HIPP Monthly Clerk Cost Effective Activity report.
Input/Output Files:		
tpm29001.ctl	I	The XML control card to unload data for the HIPP Clerk Cost Effective Activity report.
tpm29001.dat	O	Data file for the HIPP Clerk Cost Effective Activity report.
Job Step:		js 020-tpl0290m
Description:		Execute program tpl0290m to produce the HIPP Monthly Clerk Cost Effective Activity report, TPL-0290-M.
Input/Output Files:		
tpm29001.dat	I	Data file for the HIPP Clerk Cost Effective Activity report.
tpm29001.rpt	O	The HIPP Clerk Cost Effective Activity report.
Job Step:		js 030-copy2routedir
Description:		Send copy to COLD.
Input/Output Files:		
tpm29001.rpt	I	The HIPP Clerk Cost Effective Activity report.

2.5.96 TPLJM300 - TPL Resource File to DCS

2.5.96.1 Detailed Job Script Information

Unix Script:	TPLJM300	
Description:	Create a monthly process to send TPL Resource add/updates information for that month to the Division of Child Support Enforcment.	
Job Step:		js 010-xmlpunld.sh
Description:		Use xmlpunload to create the file for program input
Input/Output Files:		
tpl0300m.dat	O	An extract of TPL Resource information sent to the Department of Child Support Enforcement.
Job Step:		js 020-tpl0300m
Description:		Create the extract file to send to DCSE
Input/Output Files:		
Job Step:		js 030-cp
Description:		Copy the file to the $DATADIR/tpl/output directory with the name EDI is looking for
Input/Output Files:		

2.5.97 TPLJM305 - TPL Recovery Info to DMS & monthly report

2.5.97.1 Detailed Job Script Information

Unix Script:	TPLJM305
Description:	Create a monthly process to send TPL Recovery information to the Department for Medicaid Services. This includes Casualty, Estate, and Trust Recovery information. Create monthly recovery report.

Job Step:		js 010-tpl0305m
Description:		Create the monthly casualty, estate, trust recovery files to send to DMS. Create the monthly recovery report.
Input/Output Files:		
tpl305m1.dat	O	This file contains casualty recovery information to be sent to DMS.
tpl305m1.rpt	O	This report lists all collections from the first day of the month to the last day of the month.
tpl305m2.dat	O	This file contains estate recovery information to be sent to DMS.
tpl305m3.dat	O	This file contains trust recovery information to be sent to DMS.
Job Step:		js 020-copy2routedir
Description:		Copy the report to COLD.
Input/Output Files:		
tpl305m1.rpt	I	This report lists all collections from the first day of the month to the last day of the month.

2.5.98 TPLJM370 - TPL Exclusions

2.5.98.1 Detailed Job Script Information

Unix Script:	TPLJM370
Description:	Create the TPL Exclusions report.

Job Step:		js 010-tpl0370m
Description:		Create the TPL Exclusions report.
Input/Output Files:		
tpl0370m.rpt	O	This file contains TPL Exclusions. This report is used to report paid claims which meet the exception on the TPL Matrix File for 'Pay and Bill'.

2.5.99 TPLJM390 - Cost Savings

2.5.99.1 Detailed Job Script Information

Unix Script:	TPLJM390
Description:	Create the Cost Savings and Third Party Contractor Cost Savings Reports.

Job Step:		js 010-xmlpunld
Description:		Dbunload the t_system_parms for AIMCYCYR, AIMCYCMO.
Input/Output Files:		
tpl0390m.ctl	I	This file extracts date parms from t_system_parms used in later jobsteps.
tpl390m1.wrk	O	This file contains the output from the control card tpl0390m.ctl.
Job Step:		js 020-cat
Description:		Extract the parm dates from the previous jobstep.
Input/Output Files:		
tpl390m1.wrk	I	This file contains the output from the control card tpl0390m.ctl.
tpl390m2.wrk	O	This file holds the extracted parm dates from the work file tpl390m1.wrk.
Job Step:		js 030-sed
Description:		Extract the parm dates from the work file and insert into queries.
Input/Output Files:		
tpl390m1.sql	I	This query extracts all TPL claims.
tpl390m2.sql	I	This query extracts PCG claims.
tpl390m2.wrk	I	This file holds the extracted parm dates from the work file tpl390m1.wrk.
tpl390m1_dp.sql	O	This query extracts TPL claims with the replaced date parm fields.
tpl390m2_dp.sql	O	This query extracts PCG claims with the replaced date parm fields.
Job Step:		js 035-cp
Description:		Copy SQL file to the directory the unload process is set-

		up to look for it in.
Input/Output Files:		
Job Step:		js 040-oraload
Description:		Unload TPL Denied Claims data (TPL).
Input/Output Files:		
tpl390m1.ctl	I	This control card runs the TPL query tpl390m1_dp.sql.
tpl390m1_dp.sql	I	This query extracts TPL claims with the replaced date parm fields.
t_tpl_deny_tpl.dat	O	This file is created from the TPL claims query tpl390m1_dp.sql.
Job Step:		js 045-cp
Description:		Copy SQL file to the directory the unload process is set-up to look for it in.
Input/Output Files:		
Job Step:		js 050-oraload
Description:		Unload TPL Denied Claims data (PCG).
Input/Output Files:		
tpl390m2.ctl	I	This control card runs the PCG query tpl390m2_dp.sql.
tpl390m2_dp.sql	I	This query extracts PCG claims with the replaced date parm fields.
t_tpl_deny_pcg.dat	O	This file is created from the PCG query tpl390m2_dp.sql.
Job Step:		js 060-tpl0390m
Description:		Create the Cost Savings and Third Party Contractor Cost Savings Reports.
Input/Output Files:		
t_tpl_deny_pcg.dat	I	This file is created from the PCG query tpl390m2_dp.sql.
t_tpl_deny_tpl.dat	I	This file is created from the TPL claims query tpl390m1_dp.sql.
tpl390m1.rpt	O	This file contains the TPL Cost Savings report.
tpl390m2.rpt	O	This file contains the Third Party Contractor Cost Savings report.

Job Step:		js 070-copy2routedir
Description:		Copy the reports to COLD.
Input/Output Files:		
tpl390m1.rpt	I	This file contains the TPL Cost Savings report.
tpl390m2.rpt	I	This file contains the Third Party Contractor Cost Savings report.

2.5.100 TPLJM420 - DCS Services Data Match Report Generator

2.5.100.1 Detailed Job Script Information

Unix Script:	TPLJM420
Description:	Division of Child Support Services Enforcment Datamatch Job
Job Step:	js 010-cp
Description:	Copy the inbound vendor file to $DATADIR, making it generational.
Input/Output Files:	
Job Step:	js 020-tpl0420m
Description:	DCSE Svc creates reports TPL-0420-M, TPL-0421-M, TPL-0422-M.
Input/Output Files:	
Job Step:	js 025-cp
Description:	Copy the outbound vendor file to a backup.
Input/Output Files:	
Job Step:	js 030-copy2routedir
Description:	Copy the reports to COLD.
Input/Output Files:	
Job Step:	js 040-zip
Description:	Zip the vendor file and move it to the FTP directory.
Input/Output Files:	
Job Step:	js 050-rm
Description:	Remove the inbound vendor file from the FTP directory.
Input/Output Files:	

2.5.101 TPLJM570 - Medicare Denied Report Generator

2.5.101.1 Detailed Job Script Information

Unix Script:	TPLJM570
Description:	Job script TPLJM570 produces TPL Medicare Denied montly report.

Job Step:		js 010-sed
Description:		Set SQL begin and end date parms for claims unload.
Input/Output Files:		
tpl0570m.rpt	O	This file contains claims which were denied due to Medicare coverage. These claims appear on the report 120 days after being denied.
Job Step:		js 015-cp
Description:		Copy SQL file to the directory the unload process is set-up to look for it in.
Input/Output Files:		
Job Step:		js 020-oraload
Description:		Unload Medicare Denied claims.
Input/Output Files:		
Job Step:		js 030-tpl0920m
Description:		Execute program to process data.
Input/Output Files:		
Job Step:		js 040-otsortd
Description:		Sort out duplicates.
Input/Output Files:		
Job Step:		js 050-otsortd
Description:		Sort by Provider and ICN.
Input/Output Files:		
Job Step:		js 060-tpl0921m
Description:		Execute tpl0921m to create the TPL-0570-M report.
Input/Output Files:		
Job Step:		js 080-copy2routedir

Description:	Copy report to CRLD.
Input/Output Files:	

2.5.102 TPLJM645 - Estate Recovery Case Activity Monthly Summary

2.5.102.1 Detailed Job Script Information

Unix Script:	TPLJM645
Description:	Creates the Estate Recovery Case Activity Monthly Summary report, TPL-0004-M.
Job Step:	js 010-tpl0645m
Description:	Create the Estate Recovery Activity Monthly Summary report, TPL-0004-M.
Input/Output Files:	
Job Step:	js 020-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.103 TPLJM745 - Trust Recovery Case Activity Monthly Summary

2.5.103.1 Detailed Job Script Information

Unix Script:	TPLJM745
Description:	Creates the Trust Recovery Case Activity Monthly Summary report, TPL-1070-M.
Job Step:	js 010-tpl0745m
Description:	Create the Trust Recovery Activity Monthly Summary report, TPL-1070-M.
Input/Output Files:	
Job Step:	js 020-copy2routedir
Description:	Copy to report directory.
Input/Output Files:	

2.5.104 TPLJM751 - Retroactive TPL Claims

2.5.104.1 Detailed Job Script Information

Unix Script:	TPLJM751
Description:	Create report for Retroactive TPL Claims for Provider Type 24

Job Step:	js 010-tpl0751m
Description:	This job step js 010 executes program tpl0751m to produce Retroactive TPL Claims for Provider Type 24 (TPL-0751-M).

Input/Output Files:		
tpl0751m.rpt	O	This file contains a report which lists all claims that are Provider type '24' that are excluded from the TPL Retroactive process.

2.5.105 TPLJM760 - Monthly Carrier Billing Detail

2.5.105.1 Detailed Job Script Information

Unix Script:	TPLJM760
Description:	The job script TPLJM760 produces the Monthly Carrier Billing Detail report.

Job Step:		js 010-tpl0760m
Description:		This job step js 010 executes program tpl0760m to produce the Monthly Carrier Billing Detail (TPL-0760-M)
Input/Output Files:		
tpl0760m.rpt	O	This file contains a report which provides the number and dollar amount of 1st billed, rebilled and open claims billed to insurance carriers on a monthly basis.

2.5.106 TPLJM810 - Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15

2.5.106.1 Detailed Job Script Information

Unix Script:	TPLJM810
Description:	The job script TPLJM810 produces the Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15

Job Step:	js 010-tpl0810m
Description:	This job step js 010 executes program tpl0810m to produce Cash Control Non-Medicaid Child Support Refund Reasons 14 and 15 (TPL-0810-M)

Input/Output Files:

tpl0810m.rpt	O	This file contains a report which displays and summarizes the Cash Control refund reason codes 14 and 15 applied for the month to the Cash Control file. It also prints the CCN header information at the time the report is run.

2.5.107 TPLJM820 - Cash Control Managed Care Non-Medicaid Child Support Refunds

2.5.107.1 Detailed Job Script Information

Unix Script:	TPLJM820
Description:	The job script TPLJM820 produces Cash Control Managed Care Non-Medicaid Child Support Refunds report.

Job Step:	js 010-tpl0820m
Description:	This job step js 010 executes program tpl0820m to produce Cash Control Managed Care Non-Medicaid Child Support Refunds (TPL-0820-M)

Input/Output Files:

tpl0820m.rpt	O	This file contains a report which displays and summarizes the Cash Control refund reason codes 16 and 17 applied for the month to the Cash Control file. It prints the CCN header information at the time the report is run. This Child Support Refund report lists detailed child support payment info including dates and amounts providing a subtotal and total of CCN amounts by each reason code. Also provides total post amount by provider.

2.5.108 TPLJM890 - Billing Follow-up - Amounts Over $1000

2.5.108.1 Detailed Job Script Information

Unix Script:	TPLJM890	
Description:	The job script TPLJM890 produces the Billing Follow-up - Amounts Over $1000 - end of month report.	
Job Step:		js 010-tpl0890m
Description:		This job step js 010 executes program tpl0890m to produce Billing Follow-up Amounts Over $1000 (TPL-0890-M)
Input/Output Files:		
tpl0890m.rpt	O	This file contains a report which lists billing records which are greater than $1,000 and have had no activity for 90 days.

2.5.109 TPLJM920 - TPL Denied Claims

2.5.109.1 Detailed Job Script Information

Unix Script:	TPLJM920	
Description:	The job script TPLJM920 produces TPL Denied Claims report.	
Job Step:		js 010-sed
Description:		Set SQL begin and end date parms for claims unload.
Input/Output Files:		
tpl0920m.rpt	O	This file contains a report which identifies all claims which were denied due to third-party resources. These claims appear on the report 120 days after being denied.
Job Step:		js 015-cp
Description:		Copy SQL file to the directory the unload process is set-up to look for it in.
Input/Output Files:		
Job Step:		js 020-oraload
Description:		Unload Medicare Denied claims.
Input/Output Files:		
Job Step:		js 030-tpl0920m
Description:		Execute program to process data.
Input/Output Files:		
Job Step:		js 040-otsortd
Description:		Sort out duplicates.
Input/Output Files:		
Job Step:		js 050-otsortd
Description:		Sort by Provider and ICN.
Input/Output Files:		
Job Step:		js 060-tpl0921m
Description:		Execute tpl0921m to create the TPL-0920-M report.
Input/Output Files:		
Job Step:		js 080-copy2routedir

Description:	Copy report to CRLD.
Input/Output Files:	

2.5.110 TPLJM930 - Paternity Follow-up

2.5.110.1 Detailed Job Script Information

Unix Script:	TPLJM930	
Description:	The job script TPLJx999 that produces all open paternity billing records which have had no activity for 30 days.	
Job Step:		js 010-tpl0930m
Description:		This job step js 010 executes program tpl0930m to produce report description (TPL-0930-M)
Input/Output Files:		
tpl0930m.rpt	O	This file contains a report which lists all open paternity billing records which have had no activity for 30 days.

2.5.111 TPLJM970 - PCG2 Contingency Fee Reports

2.5.111.1 Detailed Job Script Information

Unix Script:	TPLJM970	
Description:	The job script TPLJM971 produces PCG2 Contingency Fee monthly reports TPL-0970-M and TPL-0971-M	
Job Step:		js 010-tpl0970m
Description:		This job step js 010 executes program tpl0970m to produce PCG2 Contingency Fee monthly reports (TPL-0970-M and TPL-0971-M).
Input/Output Files:		
tpl0970m.rpt	O	This file contains a report which lists all recoveries which were posted during the month to PCG billing records.
tpl0971m.rpt	O	This file contains a report which lists all recoveries which were posted during the month to PCG (contract #2) billing records.

2.5.112 TPLJM981 - Monthly PCG Commercial Refund Reports

2.5.112.1 Detailed Job Script Information

Unix Script:	TPLJM981	
Description:	The job script TPLJM981 produces the Monthly PCG Commercial Refund Reports TPL-0981-M and TPL-0982-M.	
Job Step:		js 010-tpl0981m
Description:		This job step js 010 executes program tpl0981m to produce 2 reports with Monthly PCG Refund information (TPL-0981-M and TPL-0982-M)
Input/Output Files:		
tpl0981m.rpt	O	This file contains a report which is used to track commercial refunds when PCG bills erroneously. DMS uses this report to ensure the contingency fee deducts the appropriate fee from payments to PCG.
tpl0982m.rpt	O	This file contains a report which is used to track commercial refunds when PCG (contract #2) bills erroneously. DMS uses this report to ensure the contingency fee deducts the appropriate fee from payments to PCG (contract #2).

2.5.113 TPLJM990 - TPL PCG2 Contingency Fee Reports

2.5.113.1 Detailed Job Script Information

Unix Script:	TPLJM990	
Description:	This job script TPLJM990 produces TPL PCG2 Contingency Fee reports for batch ranges 61-65 and 71-75.	
Job Step:		js 010-tpl0990m
Description:		This job step js 010 executes program tpl0990m to produce TPL PCG2 Contingency reports for batch ranges 61-65 and 71-75 (TPL-0990-M and TPL-0991-M).
Input/Output Files:		
tpl0990m.rpt	O	This file contains a report which lists all recoveries which were posted during the month to Non-PCG billing records with a CCN batch range of 61-65.
tpl0991m.rpt	O	This file contains a eport which lists all recoveries which were posted during the month to Non-PCG billing records with a CCN batch range of 71-75

2.5.114 TPLJMMEDB - Medicare - Unload Med B Member Claims to a Flat File

2.5.114.1 Detailed Job Script Information

Unix Script:	TPLJMMEDB
Description:	This job executes the export utility to copy tables from the online database to an export file. This file contains paid physician claims belonging to members with Medicare B coverage.

Job Step:		js 010-oraload.sh
Description:		Export Tables from the On-line database
Input/Output Files:		
tplm0500.ctl	I	Unload Medicare Part B claims control card
tpl.log	O	Log file in the data directory

2.5.115 TPLJO003 - Worker's Compensation Data Match Report

2.5.115.1 Detailed Job Script Information

Unix Script:	TPLJO003
Description:	This request job is used to create the Workers comp data match report.

Job Step:		js 010-tplc0495
Description:		Creates the Workers Compensation Report
Input/Output Files:		
tplparm.ctl	I	TPL control card used in memory mapping logic.
tpo00301.dat	I	Worker's comp file
tpo00301.wrk	O	work file
tpo00302.rpt	O	Workers' Compensation Data Match
Job Step:		js 020-copy2routedir
Description:		Send report to COLD.
Input/Output Files:		
tpo00302.rpt	I	Workers' Compensation Data Match

2.5.116 TPLJO020 - Process Absent Parent Canceled Court Order Ind

2.5.116.1 Detailed Job Script Information

Unix Script:	TPLJO020
Description:	CO Placeholder - Accept absent parent canceled court order information from the Division of Child Support Enforcement.

2.5.117 TPLJO110 - Medicare/TRICARE On Request Reports

2.5.117.1 Detailed Job Script Information

Unix Script:	TPLJO110
Description:	The job produces the Medicare/TRICARE and Contractor Current on request reports. It also produces Medicare/TRICARE and Contractor Rejected Transactions on request reports.

Job Step:		js 010-cp
Description:		Copies *tpl01110.tpl files to GDG
Input/Output Files:		
PCG Billing file from EDI directory	I	PCG Billing file from EDI directory, contains either TRICARE/MEDICARE billing data or PCG Billing Data
tpl1110.dat	O	TPL contractor datamatch billing records. Contains ICN, Recipient, Provider Number, Policy Number, FDOS, LDOS and Billing Amount, and so on. INPUT file
Job Step:		js 020-tpl1110r
Description:		Produces the Tricare/Medicare and Contractor Billing Reports(TPL-1110-R and TPL-1111-R are Medicare-Tricare Current and Error Reports), (TPL-1112-R and TPL-1113-R are Contractor Current and Error Reports)
Input/Output Files:		
tpl1110.dat	I	TPL contractor datamatch billing records. Contains ICN, Recipient, Provider Number, Policy Number, FDOS, LDOS and Billing Amount, and so on. INPUT file
tpl1110r.rpt	O	This file contains a report which identifies all billing records created from the PCG Medicare/TriCare Tape.
tpl1111r.rpt	O	This file contains a report which identifies all rejected records from the PCG Medicare/TriCare Tape.
tpl1112r.rpt	O	This file contains a report which identifies all records that were added to the TPL Billing File from the PCG Datamatch Update Tape.
tpl1113r.rpt	O	This file contains a report which identifies all rejected records from the PCG Datamatch Update Tape.
Job Step:		js 030-copy2routedir
Description:		TriCare / Contractor Accepted / Rejected Billing Transactions to COLD

Input/Output Files:		
tpl1110r.rpt	I	This file contains a report which identifies all billing records created from the PCG Medicare/TriCare Tape.
tpl1111r.rpt	I	This file contains a report which identifies all rejected records from the PCG Medicare/TriCare Tape.
tpl1112r.rpt	I	This file contains a report which identifies all records that were added to the TPL Billing File from the PCG Datamatch Update Tape.
tpl1113r.rpt	I	This file contains a report which identifies all rejected records from the PCG Datamatch Update Tape.
Job Step:		js 040-rm
Description:		Delete all input files associated with PCG Billings, that have been processed.
Input/Output Files:		
PCG Billing file from EDI directory	I	PCG Billing file from EDI directory, contains either TRICARE/MEDICARE billing data or PCG Billing Data

2.5.118 TPLJO1230_N - Policies Updated and Added From PCG Contractor Data, TPL Source Code Indicator 'W' - Record Code 'P'. No data base update.

2.5.118.1 Detailed Job Script Information

Unix Script:	TPLJO1230_N
Description:	Policies Updated and Added From PCG Contractor Data, TPL Source Code Indicator 'W' - Record Code 'P'.

Job Step:		js 005-otsortd
Description:		Sort the input file by ID_MEDICAID, CDE_CARRIER, NUM_TPL_POLICY, and CDE_COVERAGE
Input/Output Files:		
Job Step:		js 010-tpl0490r
Description:		Policies and Resource updates from PCG Contractor Data, 'W' 'P' creates reports TPL-1230-R, TPL-1240-R
Input/Output Files:		
tpl1230m.rpt	O	This file contains a report which lists policies added or updated (in the form of levels of coverage) on the tpl resource file from data supplied by the tpl contractor. Totals are generated for policies loaded or updated, coverages loaded or updated, and the amount to be paid to the contractor. Only record code 'P' from the tpl contractor reports here.
tpl1240m.rpt	O	This report lists record code `P` and 'Q' errors from attempts to load or update policies (levels of coverage) to the TPL Resource file.
Job Step:		js 020-copy2routedir
Description:		Send reports to COLD
Input/Output Files:		

2.5.119 TPLJO1230_Y - Policies Updated and Added From PCG Contractor Data, TPL Source Code Indicator 'W' - Record Code 'P'. With data base update.

2.5.119.1 Detailed Job Script Information

Unix Script:	TPLJO1230_Y
Description:	Policies Updated and Added From PCG Contractor Data, TPL Source Code Indicator 'W' - Record Code 'P'. With data base update.

Job Step:		js 005-otsortd
Description:		Sort the input file by ID_MEDICAID, CDE_CARRIER, NUM_TPL_POLICY, and CDE_COVERAGE
Input/Output Files:		
Job Step:		js 010-tpl0490r
Description:		Policies and Resource updates from PCG Contractor Data, 'W' 'P' creates reports TPL-1230-R, TPL-1240-R, update data base, and produce response file.
Input/Output Files:		
tpl1230m.rpt	O	This file contains a report which lists policies added or updated (in the form of levels of coverage) on the tpl resource file from data supplied by the tpl contractor. Totals are generated for policies loaded or updated, coverages loaded or updated, and the amount to be paid to the contractor. Only record code 'P' from the tpl contractor reports here.
tpl1240m.rpt	O	This report lists record code `P` and 'Q' errors from attempts to load or update policies (levels of coverage) to the TPL Resource file.
Job Step:		js 020-copy2routedir
Description:		Send reports to COLD
Input/Output Files:		
Job Step:		js 030-cp
Description:		Copy the output file to a new name and move it to the ftp directory.
Input/Output Files:		

2.5.120 TPLJO300 - TPL Resource updates - carrier termination process

2.5.120.1 Detailed Job Script Information

Unix Script:	TPLJO300	
Description:	Create the carrier termination - tpl resource update reports.	
Job Step:		js 010-xmlpunld
Description:		Create a temp file of all resources for all terminated carriers, sorted by carrier.
Input/Output Files:		
tpl0300o.dat	O	Lists resources for all terminated carriers, sorted by carrier id.
Job Step:		js 020-tpl0300o
Description:		Create the carrier termination - tpl resource update reports.
Input/Output Files:		
tpl0300o.dat	I	Lists resources for all terminated carriers, sorted by carrier id.
tpl0300o.rpt	O	This file contains the TPL resource updates - carrier termination process.
tpl0301o.rpt	O	This file contains the TPL resource update errors - carrier termination process.
Job Step:		js 030-copy2routedir
Description:		Copy the reports to the "route rpt" directory (COLD).
Input/Output Files:		
tpl0300o.rpt	I	This file contains the TPL resource updates - carrier termination process.
tpl0301o.rpt	I	This file contains the TPL resource update errors - carrier termination process.