



**EPSDT Subsystem
User Manual**
Kentucky MMIS Project

*Cabinet for Health and Family Services
Department for Medicaid Services*

May 19, 2010

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1 Introduction

This user manual is designed to cover the information necessary to perform the tasks of the EPSDT functional area.

This manual covers the following areas:

- Subsystem Overview,
- Getting Started,
- Procedures,
- Panels,
- Reports,
- Letters;
- Glossary of Terms:
- interChange Navigational Overview;
- EPSDT How To Guide;
- How to Use Audit Functionality; and
- How to Use Help Functions.

1.1 User Manual Audience

This manual is designed to serve the needs of the following staff:

- System and Functional Area Users; and,
- System Testers.

1.2 Table of Contents Help Function

The Table of Contents (TOC), in the PDF document, contains a user-friendly point and click capability. When the user moves the mouse over a section name in the TOC, the pointer changes from a hand to a pointing finger. When the user clicks, while it is a pointing finger, it takes them to that section."

2 EPSDT Overview

Early and periodic screening, diagnosis and treatment (EPSDT) is a proactive medical services program for Medicaid eligible and KCHIP eligible members under the age of 21. Its goal is to prevent illness, complications and the need for long-term treatment by screening and detecting health problems in the early stages. The EPSDT subsystem supports the Commonwealth in the timely initiation and delivery of services as well as the following New KY MMIS EPSDT goals:

- Provide Kentucky medical assistance to Medicaid eligible and KCHIP eligible members under the age of 21 through a program of continuing health screenings and treatment services with the objective of early detection of potentially chronic or disabling health conditions and when identified, refer the member to appropriate specialists;
- Reduce overall program costs by reducing more serious problems later through early identification and treatment; and,
- Maximize the impact of federal funds for the provisions of health care to Kentucky-eligible members under the age of 21.

The New KY MMIS provides the tools necessary to effectively administer, monitor and provide EPSDT information to Medicaid eligible and KCHIP eligible members (those under the age of 21). It also supports the Commonwealth in the timely initiation and delivery of services.

Key advantages of the client/server New KY MMIS include the following:

- Easy updates to EPSDT processing and easy access to view data through user-driven, rules-based tables that drive EPSDT, which make it easier to maintain and identify individuals eligible for EPSDT programs;
- Automatic generation of EPSDT notices to EPSDT and KCHIP eligible members, informing them of upcoming screenings, follow-up notices for missed appointments and immunization shot tracking for parents; and,
- Report production, for tracking and monitoring purposes, that meets federal and Commonwealth reporting requirements.

Additionally, the flexible design of the interChange MMIS, your New KY MMIS, makes it responsive to changing processing requirements or reporting needs based on program changes.

Additional information about EPSDT is available on the Centers for Medicare and Medicaid Services web site at::

<http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/>

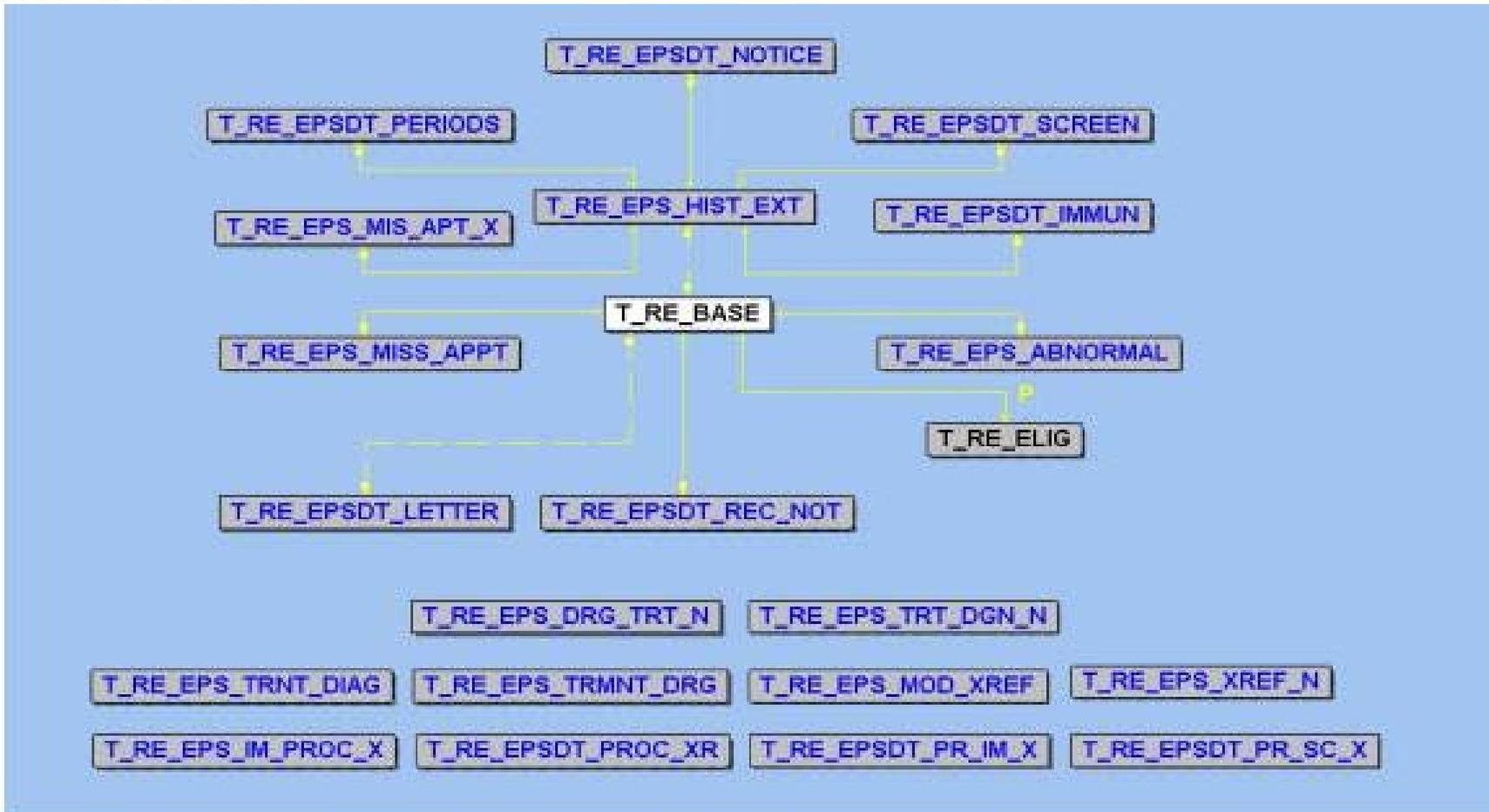
2.1 Data Model

This section explains the EPSDT data model illustrated below.

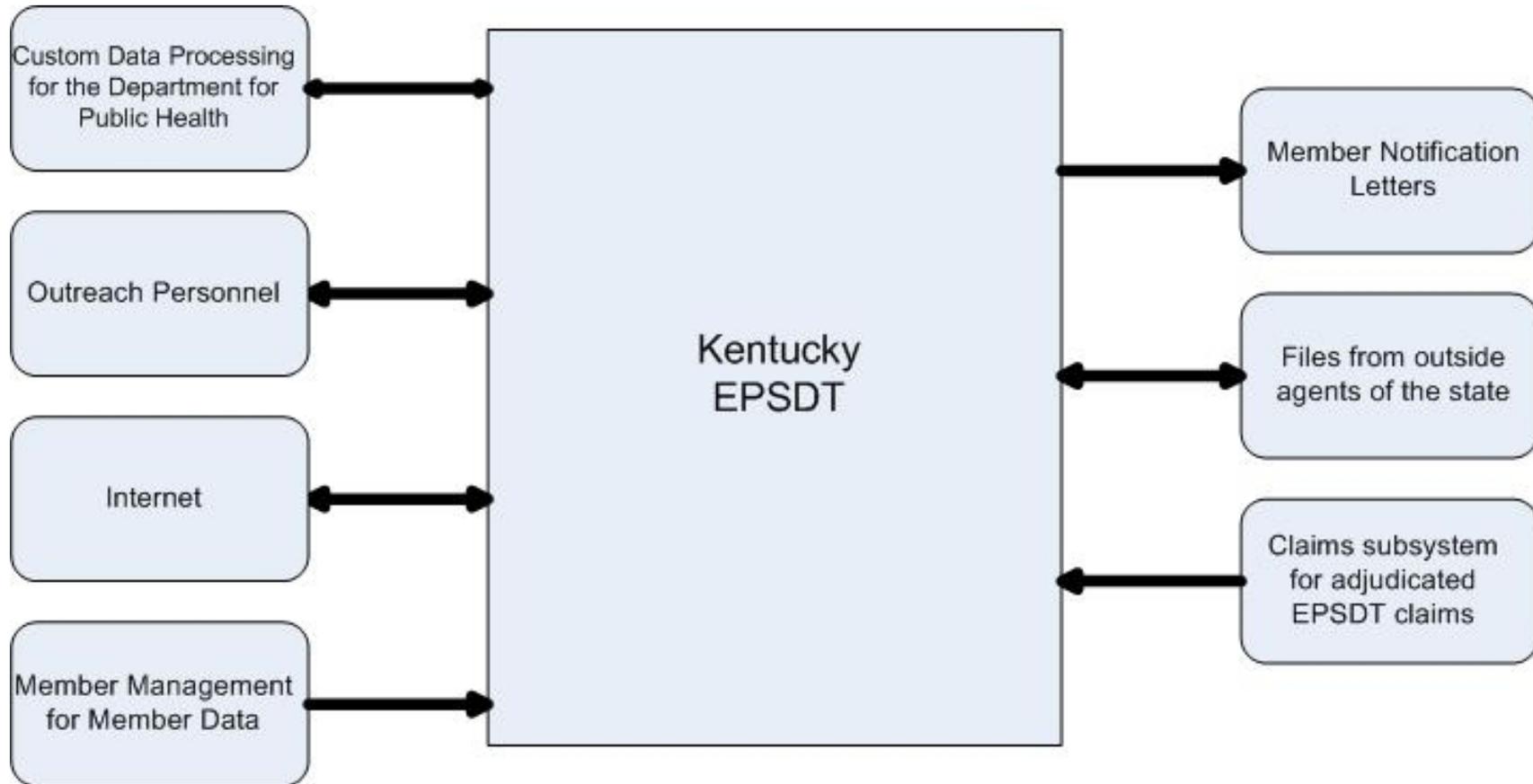
2.1.1 Data Model Diagram

The following content is an example of the type of information that appears in the finished documents. Each field on the diagram is defined.

2.1.1.1 EPSDT Data Model



2.2 External System Interfaces



3 Getting Started

3.1 System Access

A user with access to the EPSDT system can access EPSDT in interChange. If you do not have access and require access please contact your Manager.

3.2 Accessing the EPSDT Subsystem

To access the EPSDT subsystem in interChange MMIS, click on the interChange icon which takes you to the home page and then click on EPSDT.

change.kymmis.com/kentucky/Default.aspx

 mzwt9@eds.kyxix.edsmhg.com [window 5] Tuesday, November 13, 2007

[Site E](#) [KyHealth Choices](#) [Click Here To Open New Window](#)

[Home](#) [Claims](#) [Reference](#) [Provider](#) [Member](#) [Financial](#) [EPSDT](#) [TPL](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [CTMS](#) [Site](#)

Contact Information

For any issues with this application, please contact the Unicenter ServicePlus Service Desk.

Phone Number:
502-209-3221

Welcome to the New Kentucky MMIS

Kentucky interChange Website - Production site E

Welcome to the Kentucky interChange Website. This is Production site E, Release MMIS.7.10.2. This site was installed at 11:33 PM EDT on Tuesday, October 30, 2007.

 Saturday, November 18, 2006

[KyHealth Choices](#)

[Home](#) [Claims](#) [Reference](#) [Provider](#) [Member](#) [Financial](#) [EPSDT](#) [TPL](#) [Managed Care](#) [MAR](#) [Prior Authorization](#) [CTMS](#) [Security](#) [Site](#) [Admin](#) [Host](#)

[search](#) [information](#) [provider search](#) [related data](#)

EPSDT Screening Search

Member ID [Search]

Records 20

3.2.1.1 EPSDT Menu Selections

Field	Description
Search	Allows user to search for information using Member's ID.
Information	Allows user to access Abnormalities, Member Comments and Notices.
Provider Search	Allows user to search using Provider Number.
Related Data	Allows user to access Dental Schedule, Periodicity Screening Schedule, Schedule Keys, Vaccine Schedule, Outreach Personnel request, Schedule Footnotes and Treatment Definition.

4 Pages and Panels

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

Each of the interChange (iCE) panels contain a button on the panel title bar showing a question mark, that provides the user with a hyperlink to the corresponding PWB documentation for the panel that the user has displayed. Information contained in the PWB includes a sample layout and list of the fields with descriptions.

As appropriate, each field with a small arrow next to the drop down list box allows the user to select or view all values that the field can contain. The majority of the values are also defined in the related data panel for the system area being displayed.

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

Note to users:

Each panel is numbered, with corresponding field information. The valid values are listed in the New KY MMIS Code Value Book.

4.1 PAGE: EPSDT Screening Search

4.1.1 Description

Use the EPSDT Screening Search Page to view screening claim history and immunization claim history performed for EPSDT and KCHIP eligible members.

4.1.2 Technical Name:

EPSDT.EPSDTSearch

4.1.3 Web Page Name

EPSDTSRCH

4.1.4 EPSDT Screening Search Layout

The screenshot shows the top section of the 'EPSDT Screening Search' web page. It features a dark blue header with the title 'EPSDT Screening Search' and a help icon. Below the header is a light blue search area containing a text input field labeled 'Member ID' with a '[Search]' button to its right. To the right of the search area is a 'Records' dropdown menu currently set to '20'. On the far right of the search area are two blue buttons: 'search' and 'clear'.

4.1.5 PANEL: EPSDT Mini Search

4.1.5.1 Description

Use the EPSDT Mini Search panel to enter the member's ID and perform an inquiry search on the member's EPSDT data.

4.1.5.2 Technical Name

EPSDT.MiniSearch

4.1.5.3 Panel Name

EPSDTMiniSrch

4.1.5.4 EPSDT Mini SearchLayout



After performing a search on the EPSDT search panel and navigating to the information page this panel provides the user the ability to select a member by entering a member ID.

In order to perform this function the user should:

- STEP 1. Enter the member ID in the mini search panel.
- STEP 2. Click the search button and the new member information is displayed.

4.1.5.5 Extra Features

This panel has no extra features.

4.1.5.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Member ID	Member ID for next member search	Field	Character	12	N/A	N/A

4.1.5.7 Button Descriptions

Field No.	Button	Description
2	Search	Clicking the Search button returns search results based on the search criteria.

Field No.	Button	Description
3	Clear	Clicking the Clear button clears the Member ID field.
4	Adv Search	Clicking Advanced Search opens the main search panel.

4.1.5.8 Field Edits

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

4.1.6 PANEL: EPSDT Search Results

4.1.6.1 Description

Use the EPSDT Search Results panel to view the EPSDT and KCHIP screening claim history and immunization claim history performed for EPSDT and KCHIP eligible members. In addition to the claims history, the member’s last screening dates can be viewed as well as a Service/Prior Authorization (PA) indicator which informs the viewer that the member has a PA on file. An EPSDT/KCHIP indicator toggles from EPSDT to KCHIP informing the viewer that the member is either EPSDT or KCHIP. This indicator displays to the right of the PA indicator.

4.1.6.2 Technical Name

EPSDT.SearchResults

4.1.6.3 Panel Name

EPSDTSrchRsIts

4.1.6.4 EPSDT Search Results Layout

The screenshot displays the 'EPSDT Screening Search' interface. At the top, there is a search bar with 'Member ID' set to '0000000000' and a 'Records' dropdown set to '20'. On the right, there are 'search' and 'clear' buttons, and two red numbers '13' and '14'. Below the search bar are several filter tabs labeled 1 through 6: 'Last Dental', 'Last Hearing', 'Last Medical' (with date '06/15/2006'), 'Last Vision' (with date '06/01/2006'), 'PA : YES', and 'EPSDT/KCHIP' (with 'KCHIP' selected). Below the filters is a table titled 'Search Results' with columns: ICN, DOS, Provider Number, Procedure Code, Modifiers, and Claim Status. The table contains 20 rows of data. At the bottom right of the table, there is a pagination control showing '1 2 Next >'.

ICN	DOS	Provider Number	Procedure Code	Modifiers	Claim Status
2007039002154	20060615	60000000	99211		P
2007039002474	20060615	60000000	99211		P
2007043001358	20060615	60000000	99211		P
2007043001928	20060615	60000000	99211		P
2007043002387	20060615	60000000	99211		P
2007043002861	20060615	60000000	99211		P
2007043003336	20060615	60000000	99211		P
2007044001399	20060615	60000000	99211		P
2007044001406	20060615	60000000	99202		P
2007045002788	20060615	60000000	99211		P
2007045002804	20060615	60000000	99202		P
2007047001480	20060615	60000000	99211		P
2007051001176	20060615	60000000	99211		P
2007058001284	20060615	60000000	99211		P
2007058002040	20060615	60000000	99211		P
2007060003181	20060601	60000000	92002		P
2007060003182	20070201	60000000	90645		P
2007060003189	20060615	60000000	99211		P
2007060003623	20060601	60000000	92002		P
2007060003624	20070201	60000000	90645		P

The user can continue to view the data by selecting the “Next” link at the bottom right of the panel or return to previous data by selecting the “Prev” link. The user can also review additional results by selecting a page number at the bottom of the panel, if applicable. The ICN, Member ID and Procedure Code fields are hyperlinked. Clicking one of the hyperlinked items will bring up an additional browser window, displaying the corresponding information. Clicking anywhere else on the row (not on a hyperlinked item) selects the row.

STEP 1. The EPSDT Search Results panel is displayed after the user enters a Member ID number and presses the search button on the EPSDT Screening Search panel.

STEP 2. The user can navigate through the Search Results data by selecting the Next button, Prev button and going to each individual page by number.

4.1.6.5 Extra Features

This panel has no extra features.

4.1.6.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Last Dental	The Member's last dental screening	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_CURR_SCRN	DTE_LAST_DENTAL
2	Last Hearing	The Member's last hearing screening	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_CURR_SCRN	DTE_LAST_HEARING
3	Last Medical	The Member's last medical screening	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_CURR_SCRN	DTE_LAST_MEDICAL
4	Last Vision	The Member's last vision screening	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_HIST_EXT	DTE_LAST_VISION
5	PA	The Service/Prior Authorization (PA) indicator informs the viewer that the member has a PA on file.	Field	Character	3	Check and Display field	None

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
6	EPSDT/ KCHIP	The EPSDT/KCHIP indicator toggles from EPSDT to KCHIP informing the viewer that the member is either EPSDT or KCHIP.	Field	Character	5	Check and Display field	None
7	ICN	Lists records by ICN.	Listview	Number	13	T_HIST_DIRECTO RY	NUM_ICN
8	DOS	Lists records by date of service.	Listview	Date (CCYY/MM/DD)	8	T_RE_EPS_HIST_ EXT	DTE_FIRST_SVC
9	Provider Number	Lists records by Provider ID number.	Listview	Number	9	T_PR_PROV	ID_PROVIDER
10	Procedure Code	Lists record by Procedure Code.	Listview	Number	5	T_PROC	CDE_PROC
11	Modifiers	Lists records by Modifier type(s).	Listview	Character	2	T_RE_EPS_HIST_ EXT	CDE_PROC_MOD
12	Claim Status	List status of the claim after the claim has been adjudication.	Listview	Character	15	T_RE_EPS_HIST_ EXT	IND_PAID_DENIED

4.1.6.7 Button Descriptions

Field No.	Button	Description
13	Search	Clicking the Search button returns search results based on the search criteria.
14	Clear	Clicking the Clear button clears the Member ID field.

4.1.6.8 Field Edits

Field	Field Type	Error Code	Error Message	To Correct
-------	------------	------------	---------------	------------

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

4.2 PAGE: EPSDT Member Information

4.2.1 Description

This is the EPSDT Member Information page. This is the access point to the Abnormalities, Member Comments, and Notices Panels.

4.2.2 Technical Name

EPSDT.EPSDTInformation

4.2.3 Web Page Name

EPSDTInfo

4.2.4 EPSDT Member Information Layout

The screenshot displays a web application interface with a blue header and a light blue main area. The header contains the text "EPSDT Member Information" on the left and navigation controls "Top", "Nav", "?", "A", and "X" on the right. Below the header, there are two input fields labeled "Member ID" and "Name". The main area is divided into two sections. The top section has a blue header with "EPSDT Maintenance" on the left and "Select an area to add or modify" on the right, with navigation controls "Prefs", "Top", "Bot", "?", and "X" on the far right. Below this header, there are three links: "Abnormalities", "Member Comments", and "Notices". The bottom section of the main area contains two buttons labeled "save" and "cancel".

4.2.5 PANEL: EPSDT Member Information

4.2.5.1 Description

Use the EPSDT Member Information panel to view the member information.

4.2.5.2 Panel Name

EPSDTMemberInfo

4.2.5.3 EPSDT Member Information Layout



This panel is displayed after the user identifies the member by typing the current ID or doing a search on the EPSDT Mini Search panel as described in section 4.1.2. This panel identifies the EPSDT member by current ID and name.

4.2.5.4 Extra Features

This panel has no extra features.

4.2.5.5 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Member ID	The member's Medicaid ID number.	Field	Character	12	T_RE_BASE	ID_MEDICAID
2	Name	Member name.	Field	Character	30	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST

4.2.5.6 Field Edits

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

4.2.6 PANEL: EPSDT Maintenance

4.2.6.1 Description

The EPSDT Maintenance panel is the access point for the EPSDT member maintenance panels. Click the hyperlink of the panel to access and the panel displays.

4.2.6.2 Technical Name

EPSDT.Maintenance

4.2.6.3 Panel Name

EPSDTMaintnce

4.2.6.4 EPSDT MaintenanceLayout



This panel provides the user easy access to the Abnormalities, Member Comments, and Notices panels by selecting the appropriate link.

NOTE: The “save” and “cancel” buttons are only used in conjunction with other panels.

4.2.6.5 Extra Features

This panel has no extra features.

4.2.6.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Abnormalities	Activates the Abnormalities display, and update panel.	Hyperlink	N/A	0	N/A	N/A
2	Member Comments	Activates the Member Comments display, and update panel.	Hyperlink	N/A	0	N/A	N/A
3	Notices	Activates the Notices display, and update panel.	Hyperlink	N/A	0	N/A	N/A

4.2.6.7 Field Edits

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

4.2.7 PANEL: Member EPSDT Abnormalities

4.2.7.1 Description

Use this panel to view the abnormality history for an EPSDT or KCHIP member. The data populated to this panel is based on the Notes field on the 837P and the “Reserved for Local Use” field on the CMS-1500 claim and the diagnosis. If a valid referral value is billed in the Notes field on the 837P or in the “Reserved for Local Use” field on the CMS-1500 and the diagnosis is not a well check, then the diagnosis detail displays on this panel. The data on this panel is archived every 24 months based on the date of service billed on the claim.

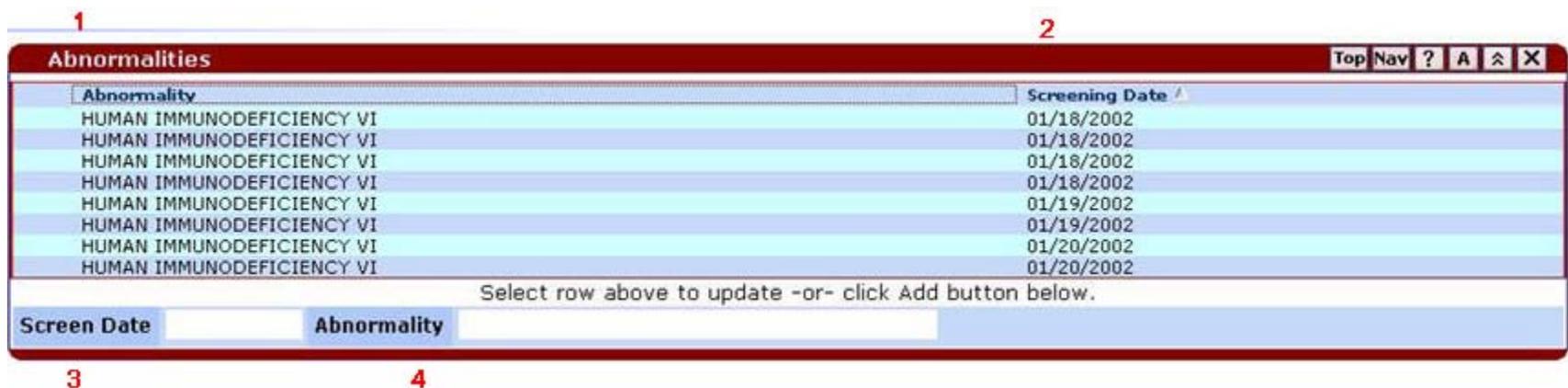
4.2.7.2 Technical Name

EPSDT.Abnormalities

4.2.7.3 Panel Name

EPSDTAbnrml

4.2.7.4 Member EPSDT Abnormalities Layout



View

- STEP 1 After performing a search on the EPSDT search panel and navigating to the EPSDT Maintenance panel, the user selects the Abnormalities link.
- STEP 2 All abnormalities identified through claims submission are displayed for the member identified.
- STEP 3 Select a row by clicking on it one time.

4.2.7.5 Extra Features

This panel has no extra features.

4.2.7.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Abnormality [list]	The abnormality identified during an EPSDT screening based on the claim information.	Listview	Character	30	T_RE_EPS_ABNORMAL	DSC_6
2	Screening Date [list]	The date the abnormality was identified based on the claim information.	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_ABNORMAL	DATE_PAID
3	Screen Date [detail]	The date the abnormality was identified.	Field	Date (MM/DD/CCYY)	8	T_RE_EPS_ABNORMAL	DATE_PAID
4	Abnormality [detail]	A short description of the abnormality identified during an EPSDT screening.	Field	Character	30	T_RE_EPS_ABNORMAL	DSC_6

4.2.7.7 Field Edits

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

4.2.8 PANEL: EPSDT Member Comments

4.2.8.1 Description

Use this panel to maintain a repository of comments for EPSDT and KCHIP eligible members. The data are stored in the database for future reference.

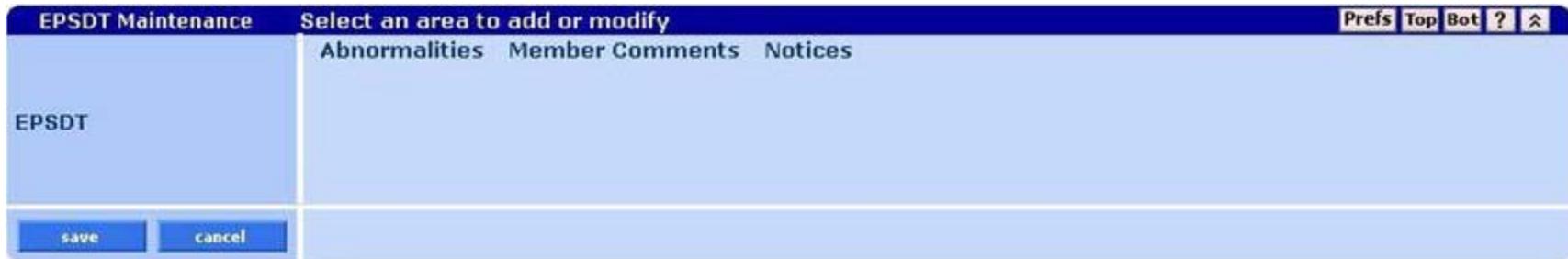
4.2.8.2 Technical Name

EPSDT.Note

4.2.8.3 Panel Name

EPSDTNote

4.2.8.4 EPSDT Member Comments Layout



Update

STEP 1 The user selects a row to update ensuring that the proper row is highlighted when selected.

STEP 2 The current data is populated in the note fields allowing the user to add data to an existing comment.

STEP 3 The user then selects the save button on the maintenance/navigation panel. Once saved, the comment data is read-only and cannot be changed by the user.

Add

STEP 1 The user selects the add button.

STEP 2 The user then adds the data in the note data and note fields.

STEP 3 The user then selects the save button on the maintenance/navigation panel. Once saved, the comment data is read-only and cannot be changed by the user.

4.2.8.5 Extra Features

This panel has no extra features.

4.2.8.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Note Date [list]	The date the note is entered.	Field	Date (MM/DD/CCYY)	8	T_RE_EPS_COMMENTS	DTE_ADDED
2	Note - First Line [list]	This first line of the note entered.	Field	Character	4000	T_RE_EPS_COMMENTS	DSC_COMMENT
3	Note Date [details]	The date the note is entered.	Listview	Date (MM/DD/CCYY)	8	T_RE_EPS_COMMENTS	DTE_ADDED
4	Note [details]	The note related to the Member.	Listview	Character	4000	T_RE_EPS_COMMENTS	DSC_COMMENT S

4.2.8.7 Button Descriptions

Field No.	Button	Description
5	add	Clicking the add button will add a row to the schedule

4.2.8.8 Field Edits

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

4.2.9 PANEL: Member EPSDT Notices

4.2.9.1 Description

Use this panel to view the history of notices sent to EPSDT and KCHIP eligible members. This panel displays only those notices generated automatically through the EPSDT monthly process that produces the notices.

4.2.9.2 Technical Name

EPSDT.Notices

4.2.9.3 Panel Name

EPSDTNotices

4.2.9.4 Member EPSDT Notices Layout



STEP 1 After performing a search on the EPSDT search panel and navigating to the EPSDT Maintenance panel, the user selects the Notices link.

STEP 2 All notices sent to the member identified are displayed for the member identified.

4.2.9.5 Extra Features

This panel has no extra features.

4.2.9.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Notice	The type of EPSDT notices sent to the Member.	Field	Alphanumeric	30	T_RE_EPSDT_NOTICE	DSC_NOTICE
2	Date Sent	The date the EPSDT notice is sent to the Member.	Field	Date (MM/DD/CCYY)	8	T_RE_EPSDT_REC_NOT	DTE_LETTER_SENT
3	Age	The Member's age at the time the notice was sent. Y = Year, M = Month	Field	Number	3	N/A	Calculated Field

4.2.9.7 Field Edits

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

4.3 PAGE: EPSDT Provider Search

4.3.1.1 Description

Use the EPSDT Provider Search page to enter the provider number and/or service location and perform an inquiry search on the provider's EPSDT screening claims performed.

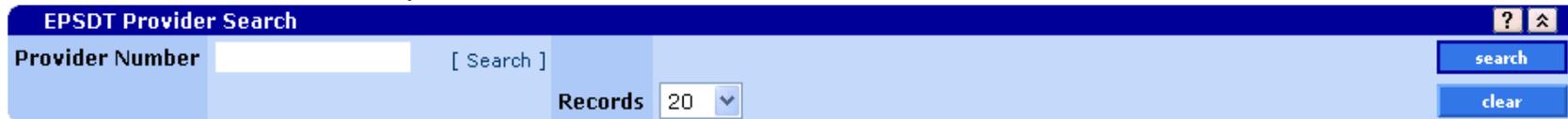
4.3.1.2 Technical Name

EPSDT.Provider Search

4.3.1.3 Web Page Name

ProviderSearchPage

4.3.1.4 EPSDT Provider Search Layout



The screenshot shows a web form titled "EPSDT Provider Search". It features a search input field labeled "Provider Number" with a "[Search]" button to its right. Below the input field, there is a "Records" label followed by a dropdown menu showing "20". On the right side of the form, there are two buttons: "search" and "clear".

STEP 1. The user enters a provider number.

STEP 2 Select the search button to perform the search or select clear to erase the data in the fields. The results of this search appear on the EPSDT Provider Results panel described in section 4.3.2.

4.3.2 PANEL: EPSDT Provider Results

4.3.2.1 Description

Use the EPSDT Provider Search panel to view EPSDT screening claim history and immunization claim history performed for EPSDT and KCHIP eligible members by provider number and/or service location.

4.3.2.2 Technical Name

EPSDT.ProvSearchResults

4.3.2.3 Panel Name

EPSDTProvSrchrslts

4.3.2.4 EPSDT Provider Results Layout

1	2	3	4	5	6	7
ICN	Member ID	DOS	Paid Date	Procedure Code	Modifiers	Claim Status
4006111040009	00 00000000	20060222	20060512	00520	AA GC	P
4006020034673	00 00000000	20060202	20060421	00740	AA GC	P
4005130003681	00 00000000	20050404	20050610	01120	AA GC	P
4002002003019	00 00000000	20010724	20020111	90645	26	P
4002002003019	00 00000000	20010724	20020110	90700	26	P

1 2 3 4 5 6 7 8 9 10 ... Next >

This panel is the result of the EPSDT Provider Search. The user can continue to view the data by selecting the “Next” link at the bottom right of the panel or return to previous data by selecting the “Prev” link. The user can also review additional results by selecting a page number at the bottom of the panel, if applicable. The ICN, Member ID and Procedure Code fields are hyperlinked. Clicking one of the hyperlinked items will bring up an additional browser window, displaying the corresponding information. Clicking anywhere else on the row (not on a hyperlinked item) selects the row.

4.3.2.5 Extra Features

This panel has no extra features.

4.3.2.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	ICN	Lists records by ICN.	Listview	Number	13	T_HIST_DIRECTORY	NUM_ICN
2	Member ID	List records by the member's Medicaid ID number.	Listview	Character	12	T_RE_BASE	ID_MEDICAID
3	DOS	Lists records by date of service.	Listview	Date (CCYYMMDD)	8	T_RE_EPS_HIST_EXT	DTE_FIRST_SVC
4	Paid Date	List records by the paid date.	Listview	Date (CCYYMMDD)	8	T_RE_EPS_HIST_EXT	DATE_PAID
5	Procedure Code	Lists records by Procedure Code.	Listview	Number	5	T_PROC	CDE_PROC
6	Modifiers	Lists records by Modifier type(s).	Listview	Character	2	T_RE_EPS_HIST_EXT	CDE_PROC_MOD
7	Claim Status	Lists records by the status of the claim.	Listview	Character	12	T_RE_EPS_HIST_EXT	IND_PAID_DENIED

4.3.2.7 Field Edits

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

4.4 PAGE: EPSDT Related Data

4.4.1 Description

Use the EPSDT Related Data page to access the following panels:

- Dental Schedule;
- Periodicity Screening Schedule;
- Schedule Keys;
- Vaccine Schedule;
- Outreach Personnel Request;
- Schedule Footnotes; and,
- Treatment Definition.

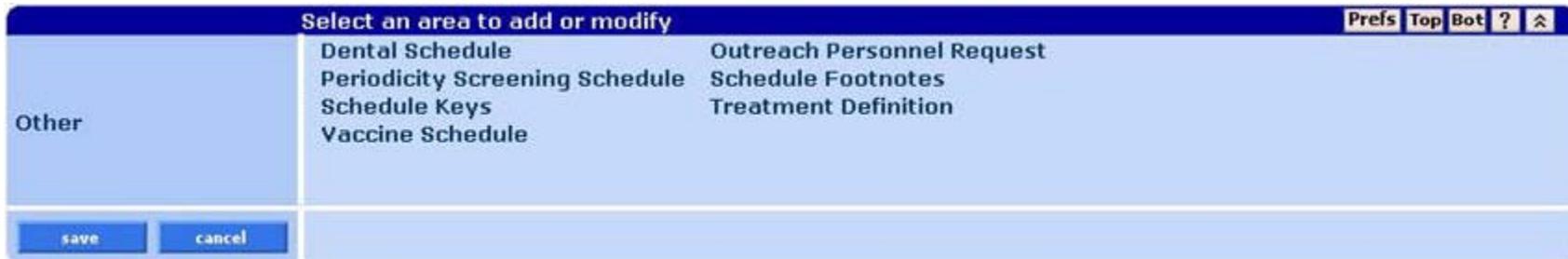
4.4.2 Technical Name

EPSDT.RelatedData

4.4.3 Web Page Name

RelatedData

4.4.4 EPSDT Related Data Layout



This navigational page allows the user to view EPSDT related data by selecting the appropriate link. Each link is described in detail in this manual.

4.4.5 PANEL: EPSDT Dental Periodicity Schedule

4.4.5.1 Description

Use the Commonwealth of Kentucky Dental Schedule to determine when a member is due for an EPSDT Dental Screening. Only authorized users with update privileges may add new information or modify existing data. Navigation Path: [EPSDT] - [Related Data] - [Dental Schedule]

4.4.5.2 Technical Name

EPSDT.Dental Periodicity Schedule

4.4.5.3 Panel Name

DentalSchedule

4.4.5.4 EPSDT Dental Periodicity Schedule Layout

Dental Schedule [Top] [New] [?] [A] [E] [X]

Description	M6-12	M12-24	Y2-6	Y6-12	Y12-21
Oral Hygiene Counseling (2)	P	P	P	P	P
Injury Prevention Counseling (1)	P	P	P	P	P
Dietary Counseling (4)	P	P	P	P	P
Counseling for Non-nutritive H	P	P	P	P	P
Fluoride Supplementation (6)	S	-	-	S	-
Assess Oral Growth & Developme	P	P	P	P	P
Clinical Oral Exam	P	P	P	P	P
Prophylaxis and Topical Fluori	-	-	P	P	P
Radiographic Assessment (9)	-	P	P	P	P
Treatment of Dental Injury	P	P	P	P	P
Assessment & Treatment of Deve	-	-	P	P	P
Substance Abuse Counseling	-	-	-	P	P
Referral for regular and Pero	-	-	-	-	P
Anticipatory Guidance (10)	P	P	P	P	P
Dental Assessment	-	-	-	-	-

1 Select row above to update -or- click Add button below.

2 Description

3 M6-12

4 M12-24

5 Y6-12

6 Y12-21

7

8

View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Dental Schedule** link.

Update

- STEP 1 The user selects a row to update ensuring that the proper row is highlighted when selected.
- STEP 2 The current data is populated in the schedule fields allowing the user to add data to an existing schedule.
- STEP 3 The user then selects the save button on the maintenance/navigation panel. Once saved, the schedule data is read-only and cannot be changed by the user.

Add

- STEP 1 The user selects the add button.
- STEP 2 The user then adds the data in the schedule description and schedule fields.
- STEP 3 The user then selects the save button on the maintenance/navigation panel. Once saved, the schedule data is read-only and cannot be changed by the user.

Delete

- STEP 1 The user selects the row to be deleted ensuring that it is highlighted.
- STEP 2 Selecting the delete button deletes the highlighted row.

4.4.5.5 Extra Features

This panel has no extra features.

4.4.5.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Screening Description Rows	A description of all EPSDT screening components with valid values to include from the Dental Schedule	Field	Character	30	T_RE_EPSDT_SCREEN	DSC_SCREEN
2	M6-12	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed. Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Drop Down List Box	1	T_RE_EPSDT_SCREEN	INFANCY
3	M12-24	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed. Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Drop Down List Box	1	T_RE_EPSDT_SCREEN	LATEINFANCY
4	Y2-6	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed. Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Drop Down List Box	1	T_RE_EPSDT_SCREEN	PRESCHOOL

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
5	Y6-12	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed. Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Drop Down List Box	1	T_RE_EPSDT_SCREEN	SCHOOL AGED
6	Y12-21	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed. Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Drop Down List Box	1	T_RE_EPSDT_SCREEN	ADOLESCENCE

4.4.5.7 Button Descriptions

Field No.	Button	Description
7	Delete	Clicking the delete button will remove a row from the schedule
8	Add	Clicking the add button will add a row to the schedule

4.4.5.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
7	Add	Button	1	Add was Unsuccessful. Unable to Add the current item	Description is required
8	Delete	Button	1	Delete was Unsuccessful. Unable to delete the current item	Description is required
1	Screening Description Rows	Field	1	Description is required	Please enter EPSDT screening description

Field No.	Field	Field Type	Error Code	Error Message	To Correct
1	Screening Description Rows	Field	11	Description already used	Correct description to a unique value
2	Screening Period Columns	Field	1	M6-12 is required	Select a value for M6-12
4	Screening Period Columns	Field	2	Y2-6 is required	Select a value for Y2-6
5	Screening Period Columns	Field	3	Y6-12 is required	Select a value for Y6-12
6	Screening Period Columns	Field	4	Y12-21 is required	Select a value for Y12-21
3	Screening Period Columns	Field	11	M12 -24 is required	Select a value for M12-24

4.4.6 PANEL: EPSDT Periodicity Screening Schedule

4.4.6.1 Description

Use the American Academy of Pediatrics (AAP) Periodicity Schedule to determine when a member is due for an EPSDT screening. Only authorized users with update privileges may add new information or modify existing data. The delete button is hidden from view except by authorized users.

4.4.6.2 Technical Name

EPSDT.PeriodicityScreeningSchedule

4.4.6.3 Panel Name

EPSDTPeriodicityS

4.4.6.4 EPSDT Periodicity Screening Schedule Layout

1 **2**

Description	Prenatal	Newborn	D2-3	M1	M2	M4	M6	M9	M12	M15	M18	M24	Y3	Y4	Y5	Y6	Y8	Y10	Y11	Y12	Y13	Y14	Y15	Y16	Y17	Y18	Y19	Y20	Y21	
History Initial/Interval	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Height and Weight	-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Head Circumference	-	P	P	P	P	P	P	P	P	P	P	P	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Blood Pressure	-	-	-	-	-	-	-	-	-	-	-	-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	
Vision	-	S	-	S	S	S	S	S	S	S	S	S	O	O	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S	
Hearing	-	O	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S	
Developmental/Behavioral	-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Physical Examination	-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Hereditary/Metabolic Screening	-	<	P	>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Immunization	-	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

1 2 3 Next >

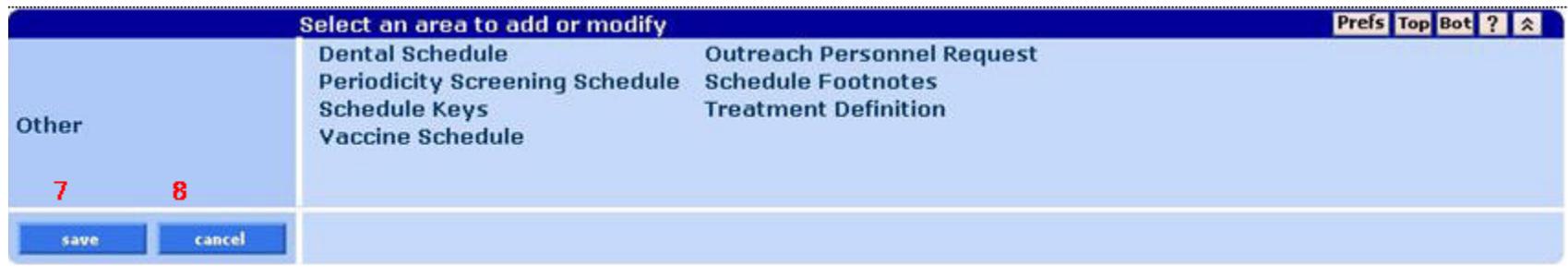
Select row above to update -or- click Add button below.

3 **4**

Description	3				
Prenatal	-	Newborn	-	D2-3	-
M1	-	M2	-	M4	-
M6	-	M9	-	M12	-
				M15	-
M18	-	M24	-	Y3	-
Y4	-			Y5	-
Y6	-	Y8	-	Y10	-
Y11	-	Y12	-		
Y13	-	Y14	-	Y15	-
Y16	-	Y17	-	Y18	-
Y19	-	Y20	-	Y21	-

5 **6**

delete add



View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Periodicity Screening Schedule** link.

Update

- STEP 1 Select a screening description row on the Periodicity Screening Schedule and ensure the proper row is highlighted.
- STEP 2 The screening description row selected populates the screening period information with the current data. This data can then be modified with the new value.
- STEP 3 After updating the screening period data, the user selects save on the upper related data panel.

Add

- STEP 1 The user selects the add button.
- STEP 2 The user then adds the data in the screening period information fields.
- STEP 3 The user then selects the save button on the maintenance/navigation panel.

Delete

STEP 1 The user selects the row to be deleted ensuring that it is highlighted.

STEP 2 Selecting the delete button deletes the highlighted row.

4.4.6.5 Extra Features

This panel has no extra features.

4.4.6.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Screening Description Rows	A description of all EPSDT screening components with valid values to include the following: Health History Assessment, Height/Weight, Head Circumference, Blood Pressure, and Hearing Screening.	Field	Alpha-numeric	30	T_RE_EPSDT_SCREEN	DSC_SCREEN
2	Screening Period Columns	A description of all EPSDT Screening Period Columns defining the age or age range in which a member should have a screening component performed.	Field	N/A	0	N/A	N/A
3	Description	A description of an EPSDT screening component.	Field	Alpha-numeric	30	T_RE_EPSDT_SCREEN	DSC_SCREEN
4	Screening Indicators	Field's valid values include: X, S, O, -, 3, 4, >, and <.	Field	Alpha-numeric	1	T_RE_EPSDT_PR_SC_X	IND_PRFRM_SCRN

4.4.6.7 Button Descriptions

Field No.	Button	Description
5	Delete	Clicking the delete button will remove a row from the schedule
6	Add	Clicking the add button will add a row to the schedule
7	Save	Saves any changes or additions made to a panel on the Related Data page.

Field No.	Button	Description
8	Cancel	Cancel all unsaved changes applied to all panels on the Related Data page.

4.4.6.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
3	Screening Description Rows	Field	4114	EPSDT screening description is missing	Please enter EPSDT screening description
4	Screening Indicators	Field	4113	Valid values are X, S, C, O, -, 3	Verify data entry. Valid values are X, S, C, -, 3, 4, >, and <.

4.4.7 PANEL: EPSDT Schedule Keys

4.4.7.1 Description

This panel contains the valid key values used to define the Periodicity and Vaccine Schedules.

4.4.7.2 Technical Name

EPSDT.ScheduleKeys.ascx

4.4.7.3 Panel Name

Schedule Keys

4.4.7.4 EPSDT Schedule Keys Layout



View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Schedule Keys** link.
- STEP 4 The user is able to view the keys used to define the Periodicity and Vaccine schedules.

4.4.7.5 Extra Features

This panel has no extra features.

4.4.7.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Key	This field contains the valid key values used to define the Periodicity and Vaccine Schedules.	Listview	Character	1	T_CDE_SCH_KEYS	CDE_FOOTNOTE_KEY
2	Description	A Detailed description of the key values used to define on the Periodicity and Vaccine Schedule.	Listview	Character	500	T_CDE_SCH_KEYS	DSC_FOOTNOTE_KEY
3	Key	This field contains the valid key values used to define the Periodicity and Vaccine Schedules.	Field	Character	1	T_CDE_SCH_KEYS	CDE_FOOTNOTE_KEY
4	Description	A Detailed description of the key values used to define on the Periodicity and Vaccine Schedule.	Field	Character	500	T_CDE_SCH_KEYS	DSC_FOOTNOTE_KEY

4.4.7.7 Field Edits

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

4.4.8 PANEL: EPSDT Vaccine Schedule

4.4.8.1 Description

Use this panel to view the Commonwealth-established immunization schedule recommended for Medicaid eligible children under the age of 21. Only authorized users with update privileges may add new information or modify existing data. The delete button is hidden from view except for authorized users.

4.4.8.2 Technical Name

EPSDT.VaccineSchedule

4.4.8.3 Panel Name

EPSDTVaccineSched

4.4.8.4 EPSDT Vaccine Schedule Layout

The screenshot displays the 'Vaccine Schedule' panel. At the top, there is a table with columns for Description, Birth, M1, M2, M4, M6, M12, M15, M18, M24, Y4-Y6, Y11-Y12, and Y13-Y18. The table lists various vaccines such as Hepatitis B #1, Hepatitis B #2, Hepatitis B #3, Hepatitis B Catch Up, DTP, DTP Catch Up, Haemophilus influenzae type b, Inactivated Poliovirus, MMR #1, and MMR #2. Below the table, there is a form for updating a selected row, with fields for Description, Birth, M1, M2, M4, M6, M12, M15, M18, M24, Y4-Y6, and Y13-Y12. The form includes dropdown menus for each field. At the bottom right of the form, there are 'delete' and 'add' buttons. The interface also includes navigation controls like 'Top Nav ? A ↕ X' and '1 2 Next >'.

View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Vaccine Schedule** link.

Update

- STEP 1 Select a vaccine schedule row on the Vaccine Schedule panel and ensure the proper row is highlighted.
- STEP 2 The vaccine schedule row selected populates the vaccine schedule fields with the current data. This data can then be modified with the new value.
- STEP 3 After updating the vaccine schedule data, the user selects save on the upper related data panel.

Add

- STEP 1 The user selects the add button.
- STEP 2 The user then adds the data in the vaccine schedule fields.
- STEP 3 The user then selects the save button on the maintenance/navigation panel.

Delete

- STEP 1 The user selects the row to be deleted ensuring that it is highlighted.
- STEP 2 Selecting the delete button deletes the highlighted row.

4.4.8.5 Extra Features

This panel has no extra features.

4.4.8.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Description	A description of an EPSDT vaccine type.	Field	Alphanumeric	30	T_RE_EPSDT_SCREEN	DSC_SCREEN

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
2	Vaccine Period Columns	A description of all EPSDT Screening Period Columns defining the age or age range in which a vaccine should be administered.	Label	Alphanumeric	0	N/A	N/A
3	Vaccine Description Rows	A description of all EPSDT vaccine types.	Field	Alphanumeric	30	T_RE_EPSDT_SCREEN	DSC_SCREEN
4	Vaccine Indicators	This field's valid values are to include: X, S, C, -, 3, 4, >, and	Field	Alphanumeric	1	T_RE_EPSDT_PR_SC_X	IND_PRFRM_S CRN

4.4.8.7 Button Descriptions

Field No.	Button	Description
5	Delete	Clicking the delete button will remove a row from the schedule.
6	Add	Clicking the add button will add a row to the schedule.

4.4.8.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
6	Add	Button	1	Add was Unsuccessful. Unable to Add the current item	A description is required.
5	Delete	Button	1	Delete was Unsuccessful. Unable to delete the current item	Description is required.
3	Vaccine Description Rows	Field	1	Description is required.	Please enter EPSDT screening description.

Field No.	Field	Field Type	Error Code	Error Message	To Correct
3	Vaccine Description Rows	Field	11	Description already used	Correct description to a unique value.

4.4.9 PANEL: Outreach Personnel Request

4.4.9.1 Description

Use this panel to inquire, add, delete, or update Outreach Personnel Requests. Outreach Personnel are those individuals and organizations contracted to contact and ensure that eligible members are informed of the EPSDT service and are current on their EPSDT screenings. Only authorized users with update privileges may add new information or modify existing data. The delete button is hidden from view except for authorized users.

4.4.9.2 Technical Name

EPSDT.Outreach Personnel Request

4.4.9.3 Panel Name

EPSDTOutReach

4.4.9.4 Outreach Personnel Request Layout

Outreach Personnel Request Top Nav ? A ↕ X

Outreach ID 0123456789 Outreach Office Name 9 10

Search Results

Outreach ID	Outreach Office Name	Address 1	Address 2	City	State	Zip Code	Zip Code4
0123456789	EDS	PO BOX 802	5400 LEGACY DR.	PLANO	TX	75024	1234

-Outreach - Type changes below.

1 Outreach ID 0123456789

2 Outreach Office Name EDS

3 Address 1 PO BOX 802

4 Address 2 5400 LEGACY DR.

5 City PLANO

6 State TX

7 Zip 75024 1234 8

11 12

View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Outreach Personnel Request** link.

Search

- STEP 1 The user enters an Outreach ID number or Outreach office name and then selects the search button.

Update

- STEP 1 Select an outreach personnel record on the Outreach Personnel Request panel and ensure the proper row is highlighted.
- STEP 2 The outreach personnel row selected populates the personnel fields with the current data. This data can then be modified with the new value.
- STEP 3 After updating the personnel record, the user selects save on the upper related data panel.

Add

- STEP 1 The user selects the add button.
- STEP 2 The user enters the data for the new record and selects the save button on the Related Data panel.

Delete

- STEP 1 The user selects the row to be deleted ensuring that it is highlighted.
- STEP 2 Selecting the delete button deletes the highlighted row.

4.4.9.5 Extra Features

This panel has no extra features.

4.4.9.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Outreach ID	The Outreach caseworker identification number.	Field	Number	9	T_RE_EPS_OUTREACH	ID_OUTREACH
2	Outreach Office Name	The name of the outreach office.	Field	Alphanumeric	50	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
3	Address 1	The physical address of the outreach office.	Field	Alphanumeric	30	T_RE_EPS_OUTREACH	ADR_STREET_1
4	Address 2	The physical address of the outreach office.	Field	Alphanumeric	30	T_RE_EPS_OUTREACH	ADR_STREET_2
5	City	The city in which the outreach office is located.	Field	Alphanumeric	18	T_RE_EPS_OUTREACH	ADR_CITY
6	State	The state in which the outreach office is located.	Field	Drop Down	2	T_RE_EPS-OUTREACH	ADR_STATE
7	Zip	The outreach office zip code .	Field	Number	9	T_RE_EPS_OUTREACH	ADR_ZIP_CODE
8	ZipCode4	The outreach office Zip code 4 digit suffix	Field	Number	4	T_RE_EPS_OUTREACH	ADR_ZIP_CODE_4

4.4.9.7 Button Descriptions

Field No.	Button	Description
9	Search	Initiates search for record based on entered criteria.
10	Clear	Clears search fields so that a new search may be conducted.
11	Delete	Clicking the delete button will remove a row from the schedule
12	Add	Clicking the add button will add a row to the schedule

4.4.9.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
1	Outreach ID	Field	1	Outreach ID must be 10 digits in length	Enter a valid Outreach ID.
2	Outreach Office Name	Field	1	Outreach Office Name is required	Enter Outreach Office Name.
3	Address 1	Field	1	Address 1 is required	Enter Address 1.
5	City	Field	1	City is required	Enter City.
6	State	Field	1	State is required	Enter State.
7	Zip	Field	1	Zip Code is required	Enter Zip Code.

4.4.10 PANEL: EPSDT Schedule Footnotes

4.4.10.1 Description

This panel stores the footnotes associated to the EPSDT screening components and vaccines defined on the Periodicity and Vaccine Schedules.

4.4.10.2 Technical Name

EPSDT.ScheduleFootnotes

4.4.10.3 Panel Name

Schedule Footnotes

4.4.10.4 EPSDT Schedule Footnotes Layout



View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Schedule Footnotes** link.

Update

- STEP 1 Select an footnote row on the Schedule Footnotes panel and ensure the proper row is highlighted.
- STEP 2 The footnote record selected populates the footnote fields with the current data. This data can then be modified with the new value.
- STEP 3 After updating the footnote, the user selects save on the upper related data panel.

Add

- STEP 1 The user selects the add button.
- STEP 2 The user enters the data for the new footnote record and selects the save button on the Related Data panel.

Delete

- STEP 1 The user selects the row to be deleted ensuring that it is highlighted.
- STEP 2 Selecting the delete button deletes the highlighted row.

4.4.10.5 Extra Features

This panel has no extra features.

4.4.10.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Footnote key	The footnote number associated to the EPSDT screening components and vaccines defined on the Periodicity and Vaccine Schedules.	Field	Character	3	T_CDE-SCH_FNOTES	CDE_FOOTNOTE

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
2	Footnote Type	The type of Schedule the footnote is intended to be attached to. Footnote type "P" are Periodicity schedule footnotes and Footnote type "V" are Vaccine Schedule footnotes	Field	Character	1	T_CDE_SCH_FNOTES	SCDE_FNOTE_IND
3	Footnote Description	A detailed description of the footnote associated to the EPSDT screening components and vaccines defined on the Periodicity or Vaccine Schedules.	Field	Character	3000	T_CDE_SCH_FNOTES	DSC_FOOTNOTE

4.4.10.7 Button Descriptions

Field No.	Button	Description
4	Delete	Clicking the delete button will remove a row from the schedule
5	Add	Clicking the add button will add a row to the schedule

4.4.10.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
1	Footnote key	Field	1001	Footnote key is required	Enter the footnote number from the Periodicity Screening Schedule or Vaccine Schedule
1	Footnote key	Field	1002	A duplicate record cannot be saved	The footnote number already exists on the footnotes panel, please correct

4.4.11 PANEL: EPSDT Treatment Definition

4.4.11.1 Description

Use this panel to inquire, update, add or delete the valid procedure codes or diagnosis codes used to tracked abnormalities. This panel defines the treatment categories for the abnormality that appears on various EPSDT and KCHIP reports. Only authorized users with update privileges may add new information or modify existing data. The delete button is hidden from view except for authorized users.

4.4.11.2 Technical Name

EPSDT.Treatment Definition

4.4.11.3 Panel Name

EPSDTTreatDef

4.4.11.4 EPSDT Treatment Definition Layout

1 2 3 4 5 6

Treatment Definition Top Nav ? A ✖ X

Procedure From Code	Procedure To Code	Procedure From Mod1	Procedure To Mod1	Procedure From Mod2	Procedure To Mod2
0001T	0003F	kk	kk	kk	kk
0004F	0005F	vv	vv	vv	vv

-Procedure Code Range - Select row to delete, click Add to insert.

7 Procedure From Code [Search]

9 Procedure From Mod1

11 Procedure From Mod2

13 Date Effective

15 Cardiac*

18 Family Planning*

21 Hearing*

24 Mental Health*

27 Other*

8 Procedure To Code [Search]

10 Procedure To Mod1

12 Procedure To Mod2

14 Date End

16 Dental*

19 Genito-Urinary*

22 Hemoglobin*

25 Neurology*

28 Sickle Cell*

17 Ent-Respiratory*

20 Growth,Endocr*

23 Lead*

26 Orthopedic*

29 Vision*

34 **35**

Diagnosis Top Nav ? A ✖ X

Diagnosis From Code	Diagnosis To Code
0011	0011

-Diagnosis Code Range - Select row above to update -or- click Add button below.

30 Diagnosis From Code [Search]

32 Date Effective

Cardiac*

Family Planning*

Hearing*

Mental Health*

Other*

31 Diagnosis To Code [Search]

33 Date End

Dental*

Genito-Urinary*

Hemoglobin*

Neurology*

Sickle Cell*

Ent-Respiratory*

Growth,Endocr*

Lead*

Orthopedic*

Vision*

34 **35**

View

- STEP 1 Select **EPSDT** in the main menu.
- STEP 2 Click on **Related Data** in the sub-menu below EPSDT.
- STEP 3 Select the **Treatment Definition** link.

Update

- STEP 1 The user selects a row on the Procedure Code Range or Diagnosis Code Range and ensures the row is highlighted.
- STEP 2 The fields are populated below with the current data allowing the user to modify the current data.
- STEP 3 The user then selects the Save button on the Related Data pane to save the changes.

Add

- STEP 1 The user selects the add button for the procedure code or diagnosis code.
- STEP 2 Data is added in the appropriate fields for either procedure code or diagnosis code ranges.
- STEP 3 The user selects the save button on the Related Data panel to save the changes.

Delete

- STEP 1 To delete a row on the Procedure Code Range or Diagnosis Code Range, the user highlights the row to be deleted.
- STEP 2 The user selects the delete button.

4.4.11.5 Extra Features

This panel has no extra features.

4.4.11.6 Field Descriptions

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
1	Procedure From Code	This procedure code begins the procedure code(s) range that defines the procedure code(s) associated to the treatment category. If a Procedure To Code is defined, the Procedure From Code must be less than or equal to the Procedure From Code.	Field	Alphanumeric	6	T_PROC	CDE_PROC
2	Procedure To Code	This procedure code ends the procedure range that defines the procedure code(s) associated to the treatment category. The code must be greater than or equal to the Procedure From Code.	Field	Alphanumeric	6	T_PROC	CDE_PROC
3	Procedure From Mod1	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	T_RE_EPS_PROC _TRT	CDE_PROC_ FROM_MOD1
4	Procedure To Mod1	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	T_RE_ESP_PROC _TRT	CDE_PROC_ TO_MOD1
5	Procedure From Mod2	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	T_RE_EPS_PROC _TRT	CDE_PROC_ FROM_MOD2
6	Procedure To Mod2	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	T_RE_EPS_PROC _TRT	CDE_PROC_ TO_MOD2

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
7	Procedure From Code	This procedure code begins the procedure code(s) range that defines the procedure code(s) associated to the treatment category. If a Procedure To Code is defined, the Procedure From Code must be less than or equal to the Procedure From Code.	Field	Alphanumeric	6	N/A	N/A
8	Procedure To Code	This procedure code ends the procedure range that defines the procedure code(s) associated to the treatment category. The code must be greater than or equal to the Procedure From Code.	Field	Alphanumeric	6	N/A	N/A
9	Procedure From Mod1	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	N/A	N/A
10	Procedure To Mod1	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	N/A	N/A
11	Procedure From Mod2	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	N/A	N/A
12	Procedure To Mod2	The modifier code used to further describe a procedure.	Field	Alphanumeric	2	N/A	N/A
13	Date Effective (Procedure)	The date that the procedure code is to become effective for the procedure type	Date (MM/DD/CCYY)	Number	8	T_RE_EPS_PROC_TRT	DTE_EFFECTIVE
14	Date End (Procedure)	The last date that the procedure code is in effect for the procedure type.	Date (MM/DD/CCYY)	Number	8	T_RE_EPS_PROC_TRT	DTE_END

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
15	Cardiac	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_CARDIA C
16	Dental	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_DENTAL
17	ENT-Respiratory	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_ENT
18	Family Planning	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_FAMILY_ PLAN
19	Genito-Urinary	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_GEN_UR IN
20	Growth, Endocr	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_GROWT H

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
21	Hearing	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_HEARING
22	Hemoglobin	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_HEMOGLOBIN
23	Lead	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_LEAD
24	Mental Health	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_MENTAL
25	Neurology	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_NEUROLOGIC
26	Orthopedic	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_ORTHOPEDIC

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
27	Other	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_OTHER
28	Sickle Cell	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_SICK_CELL
29	Vision	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.	Check Box	Check Box	0	T_RE_EPS_PROC_TRT	IND_VISION
30	Diagnosis From Code	This diagnosis code begins the diagnosis code(s) range that defines the diagnosis code(s) associated to the treatment category. If a Diagnosis To Code is defined, the Diagnosis From Code must be less than or equal to the Diagnosis From Code.	Field	Alphanumeric	7	T_DIAGNOSIS	CDE_DIAG
31	Diagnosis To Code	This diagnosis code ends the diagnosis range that defines the diagnosis code(s) associated to the treatment category. The code must be greater than or equal to the Diagnosis From Code.	Field	Alphanumeric	7	T_DIAGNOSIS	CDE_DIAG

Field No.	Field	Description	Field Type	Data Type	Length	DB Table	DB Attributes
32	Date Effective	The date that the diagnosis code is to become effective for the diagnosis type in claims processing.	Date (MM/DD/CCYY)	Number	8	T_RE_EPS_DIAG_TRT	DTE_EFFECTIVE
33	Date End	The last date that the diagnosis code is in effect for the diagnosis type in claims processing.	Date (MM/DD/CCYY)	Number	8	T_RE_EPS_DIAG_TRT	DTE_END

4.4.11.7 Button Descriptions

Field No.	Button	Description
34	Delete	Clicking the delete button will remove a row from the schedule.
35	Add	Clicking the add button will add a row to the schedule.

4.4.11.8 Field Edits

Field No.	Field	Field Type	Error Code	Error Message	To Correct
7	Procedure From Code	Field	1	Procedure From Code is required	Enter a valid Procedure From Code.
8	Procedure To Code	Field	1	Procedure To Code is required	Enter a valid Procedure To Code.
9	Procedure From Mod1	Field	1	Procedure From Mod1 is required	Enter a valid Procedure From Mod1.
10	Procedure To Mod1	Field	1	Procedure To Mod1 is required	Enter a valid Procedure To Mod1.
11	Procedure From Mod2	Field	1	Procedure From Mod2 is required	Enter a valid Procedure From Mod2.
12	Procedure To Mod2	Field	1	Procedure To Mod2 is required	Enter a valid Procedure To Mod2.

Field No.	Field	Field Type	Error Code	Error Message	To Correct
15	Cardiac	Check Box	1	Treatment Category - Cardiac is required	Enter a valid Treatment Category – Cardiac.
16	Dental	Check Box	1	Dental is required	Enter a valid Dental.
17	ENT-Respiratory	Check Box	1	ENT-Respiratory is required	Enter a valid ENT-Respiratory.
18	Family Planning	Check Box	1	Family Planning is required	Enter a valid Family Planning.
19	Genito-Urinary	Check Box	1	Genito-Urinary is required	Enter a valid Genito-Urinary.
20	Growth	Check Box	1	Growth is required	Enter a valid Growth.
21	Hearing	Check Box	1	Hearing is required	Enter a valid Hearing.
22	Hemoglobin	Check Box	1	Hemoglobin is required	Enter a valid Hemoglobin.
23	Lead	Check Box	1	Lead is required	Enter a valid Lead.
24	Mental	Check Box	1	Mental is required	Enter a valid Mental.
25	Neurology	Check Box	1	Neurology is required	Enter a valid Neurology.
26	Orthopedic	Check Box	1	Orthopedic is required	Enter a valid Orthopedic.
27	Other	Check Box	1	Other is required	Enter a valid – Other.
28	Sick Cell	Check Box	1	Sick Cell is required	Enter a valid Sickle Cell.
29	Vision	Check Box	1	Vision is required	Enter a valid Vision.
30	Diagnosis From Code	Field	1	Diagnosis From Code is required	Enter a valid Diagnosis From Code.
31	Diagnosis To Code	Field	1	Diagnosis To Code is required	Enter a valid Diagnosis To Code.

5 Reports

This manual contains a sample page for each report for this system with a short description. The last character of the report name indicates the frequency of the report.

- A = ANNUAL
- D = DAILY
- M = MONTHLY
- Q = QUARTERLY
- R = ON REQUEST
- W = WEEKLY
- O = ON REQUEST

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

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

5.1.1 EPS-1020-D -- Duplicate TCN Error

The Duplicated TCN Error Report (EPS-1020-M) identifies duplicate claims (TCN) which normally would have been extracted to the EPSDT History table, however were bypassed because they contained the same TCN as a record which is currently found on the EPSDT History table.

5.1.1.1 Technical Name
EPS-1020-D

5.1.1.2 Sort Order
Member ID Number

5.1.1.3 Distribution
OnBase

5.1.1.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CLAIM SERV DATE	The date on which the first service covered by the claim was rendered.	8	Date (CCYYMMDD)	T_HIST_DIRECTORY	DTE_FIRST_SVC
CLAIM TCN	The unique transaction control number associated with a claim.	13	Number	T_HIST_DIRECTORY	NUM_ICN_FL
CLAIM TRANS TYPE	Indicates weather the claim was an adjustment debit, credit, void or original.	1	Character	T_HIST_DIRECTORY	CDE_CLM_STATUS
CLAIM TYPE	The type of claim.	1	Character	T_HIST_DIRECTORY	CDE_CLM_TYPE
ORIG. MEMBER ID	The member's KY Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
PROV. NUM	The ID number of the provider billing the service.	9	Character	T_PR_PROV	ID_PROVIDER

5.1.1.6 Associated Programs

Program	Description
epsp1020	Create Duplicate TCN Error Report - EPS-1020-M
copy2routedir	Copy Reports to Router

5.1.2 EPS-1305-M -- EPSDT Letter Control

The EPSDT Letter Control (EPS-1305-M) report provides a summary of EPSDT Member Reminder Notice Letters generated and sent to KY Medicaid eligible children who have received or are receiving EPSDT Special Services and who are about to turn 21.

5.1.2.1 Technical Name
EPS-1305-M

5.1.2.2 Sort Order
Date of Birth

5.1.2.3 Distribution
OnBase

Beth Jennings

5.1.2.4 EPS-1305-M -- EPSDT Letter Control Layout

Report : EPS-1305-M
Process : EPSJML30
Location: EPSP1300

COMMONWEALTH OF KENTUCKY (M1)
MEDICAID MANAGEMENT INFORMATION SYSTEM
EPSDT LETTER CONTROL REPORT
AS OF: MONTH YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page: 99999

NAME	DATE OF BIRTH	COUNTY	LETTER TYPE
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX

TOTAL 365 DAY LETTERS: 999,999
TOTAL 180 DAY LETTERS: 999,999
TOTAL 090 DAY LETTERS: 999,999
TOTAL 030 DAY LETTERS: 999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

5.1.2.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county code.	3	Character	T_COUNTY	CDE_COUNTY
DATE OF BIRTH	The member's date of birth.	18	Date (Month DD, CCYY)	T_RE_BASE	DTE_BIRTH
LETTER TYPE	The letter type: 30 day, 90 day, 180 day and 365 day	3	Character	T_RE_EPSDT_NOTICE	IND_LETTER
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
TOTAL 180 DAY LETTERS	The total number of 180 Day - EPSDT Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 30 DAY LETTERS	The total number of 30 Day - EPSDT Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 365 DAY LETTERS	The total number of 365 Day - EPSDT Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 90 DAY LETTERS	The total number of 90 Day - EPSDT Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field

5.1.2.6 Associated Programs

Program	Description
epsp1300	Create EPSDT Member Reminder Notice Letter
copy2routedir	Copy Reports to Router

5.1.3 EPS-1405-M -- IMPACT PLUS Letter Control

The IMPACT PLUS Letter Control (EPS-1405-M) provides a summary of IMPACT PLUS Member Reminder Notice Letters created.

Impact Plus Services are only provided for KY Medicaid eligible children under the age of 21 and are many times provided to children who are also receiving or have received EPSDT Special Services.

The EPSDT Subsystem already had a system in place to identify those children who have received or are receiving EPSDT Special Services and who are about to turn 21 and to generate notices are to those individuals that their EPSDT Services are not covered at the end of the their twenty-first birth month.

Impact Plus needed a similar process and since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generate through the EPSDT Subsystem.

5.1.3.1 Technical Name EPS-1405-M

5.1.3.2 Sort Order Date of Birth

5.1.3.3 Distribution OnBase

Shelley Adams

For readability, the layout displays on the next page.

5.1.3.4 EPS-1405-M -- IMPACT PLUS Letter Control Layout

Report : EPS-1405-M
 Process : EPSJML40
 Location: EPSP1400

COMMONWEALTH OF KENTUCKY (M1)
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 IMPACT PLUS LETTER CONTROL REPORT
 AS OF: MONTH YYYY

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: 99999

NAME	DATE OF BIRTH	COUNTY	LETTER TYPE
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX
XXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	MONTH DD, YYYY	XXX	XXX

TOTAL 365 DAY LETTERS: 999,999
 TOTAL 180 DAY LETTERS: 999,999
 TOTAL 090 DAY LETTERS: 999,999
 TOTAL 030 DAY LETTERS: 999,999

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.3.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county code.	3	Character	T_COUNTY	CDE_COUNTY
DATE OF BIRTH	The member's date of birth.	18	Date (Month DD, CCYY)	T_RE_BASE	DTE_BIRTH
LETTER TYPE	The letter type: 30 day, 90 day, 180 day and 365 day	3	Character	T_RE_EPSDT_NOTICE	IND_LETTER

Field	Description	Length	Data Type	DB Table	DB Attributes
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
TOTAL 180 DAY LETTERS	The total number of 180 Day - IMPACT PLUS Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 30 DAY LETTERS	The total number of 30 Day - IMPACT PLUS Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 365 DAY LETTERS	The total number of 365 Day - IMPACT PLUS Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field
TOTAL 90 DAY LETTERS	The total number of 90 Day - IMPACT PLUS Member Reminder Notice Letters sent during the reporting period.	3	Number	N/A	Calculated Field

5.1.3.6 Associated Programs

Program	Description
epsp1400	Create IMPACT PLUS Member Reminder Notice Letter
copy2routedir	Copy Reports to Router

5.1.4 EPS-1801-Q -- EPSDT Outreach Notification

The EPSDT Outreach Notification (EPS-1801-Q) report lists all the Members that received an EPSDT Outreach Notification Letter. This report is ran quarter at the end of each calendar quartet (March, June, September and December). This report lists all Members under the age of 21 who are KY Medicaid eligible at the time the job runs.

5.1.4.1 Technical Name

EPS-1801-Q

5.1.4.2 Sort Order

Medicaid ID Number

5.1.4.3 Distribution

OnBase

5.1.4.6 Associated Programs

Program	Description
epsp1800	Create Outreach Notification Letter (EPS-1800-Q) and EPSDT Outreach Notification Report (EPS-1801-Q)
copy2routedir	Copy Reports to Router

5.1.5 EPS-1950-M -- EPSDT 1ST Time Prior Authorizations

The EPSDT 1st Time Prior Authorizations (EPS-1950-M) report only identifies those eligible EPSDT members who received their first time EPSDT Special Services Service/Prior Authorizations (Provider Type 45, EPSDT- Related Services) during the reporting month.

5.1.5.1 Technical Name
EPS-1950-M

5.1.5.2 Sort Order
Member SAK

5.1.5.3 Distribution
OnBase

5.1.5.4 EPS-1950-M -- EPSDT 1ST Time Prior Authorizations Layout

Report : EPS-1950-M
Process : EPSJML95
Location: EPSP1950

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
EPSDT MEMBER - 1ST TIME PRIOR AUTHORIZATIONS
AS OF: MONTH YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page: 99999

MEDICAID ID	MEMBER NAME	PA NUMBER	PROVIDER	PROC CODE	MOD	APPRO UNITS
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX
XXXXXXXXXX	XXXXXXXXXX X XXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXX	XX XX	XXX

*** END OF REPORT ***
*** NO DATA THIS RUN ***

5.1.5.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Apprv Units	The number of approved units per the authorized procedure.	3	Number	QTY_UNT_SVC_ATH	T_PA_LINE_ITEM
Medicaid ID	The Member's KY Medicaid ID.	12	Character	ID_MEDICAID	T_RE_BASE
Member Name	The member's name in last, first and middle initial format.	31	Character	NAM_FIRST,NAM_MID_INIT, NAM_LAST	T_RE_BASE
Mod	The first two modifiers billed with the procedure code	4	Character	CDE_PROC_MOD	T_MODIFIER
PA Number	Unique ten-character prior authorization number.	10	Character	PRIOR_AUTH_NUM	T_PA_PAUTH
Proc Code	This is the authorized procedure code for the members first PA.	6	Character	CDE_PROC	T_PROC
Provider	This is the provider's ID number.	9	Character	ID_PROVIDER	T_PR_PROV

5.1.5.6 Associated Programs

Program	Description
epsp1950	Create EPSDT Member - 1st Time PA
copy2routedir	Copy Reports to Router

5.1.6 EPS-4010-M -- Newly Approved EPSDT Cases

The Newly Approved EPSDT Cases (EPS-4010-M) lists Members who received a Comprehensive Information Letter during the reporting month.

5.1.6.1 Technical Name
EPS-4010-M

5.1.6.2 Sort Order
County

5.1.6.3 Distribution
OnBase

5.1.6.4 EPS-4010-M -- Newly Approved EPSDT Cases Layout

Report : EPS-4010-M
Process : EPSJM401
Location: EPSP2001

COMMONWEALTH OF KENTUCKY (M1)
MEDICAID MANAGEMENT INFORMATION SYSTEM
NEWLY APPROVED EPSDT CASES
AS OF: MONTH YYYY

Run Date: MM/DD/YYYY
Run Time: HH:MM:SS
Page: 99999

COUNTY : XXXXXXXXXXXXXXXXXXXXXXXXXXXX
OUTREACH OFFICE NAME: ** NOT ON FILE **
OUTREACH PROVIDER NUMBER: ** NOT ON FILE **

MEMBER NAME CASE NAME	MEMBER NUMBER CASE NUMBER	MEMBER ADDRESS MEMBER PHONE NUMBER	KEMPAC NUMBER KEMPAC NAME
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX (XXX)XXX-XXXX	XXXXXXXXXXXXXXXXXXXX

TOTAL MEMBERS THIS OUTREACH PROVIDER: 999,999,999
TOTAL MEMBERS THIS OUTREACH OFFICE: 999,999,999
TOTAL MEMBERS IN THE STATE: 999,999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

5.1.6.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CASE NAME	The member's case name.	29	Character	NAM_FIRST,NAM_MID_INIT, NAM_LAST	T_RE_CASE
CASE NUMBER	The member's case number.	10	Character	NUM_CASE	T_RE_CASE
COUNTY	The member residing county code and county description.	14	Character	CDE_COUNTY	T_COUNTY
KenPAC NUMBER	The provider's KenPAC number	15	Character	T_PR_IDENTIFIER	ID_PROVIDER
MEMBER ADDRESS	The member's residing address	30	Character	ADR_STREET_1, ADR_STREET_2	T_RE_BASE
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	NAM_FIRST,NAM_MID_INIT, NAM_LAST	T_RE_BASE
MEMBER NUMBER	The member's KY Medicaid ID number	12	Character	ID_MEDICAID	T_RE_BASE
MEMBER PHONE NUMBER	The member's phone number.	10	Character	NUM_PHONE	T_RE_BASE
NAME	The name of the KenPAC provider.	50	Character	ID_PROVIDER	T_PR_PROV
OUTREACH OFFICE NAME	The Outreach Office Name	30	Character	NAM_OUTREACH_OFFICE	T_RE_EPS_OUTREACH
OUTREACH PROVIDER NUMBER	The Outreach Provider Number	10	Character	ID_OUTREACH	T_RE_EPS_OUTREACH

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received	11	Character	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office who received a Comprehensive Information Letter in the reporting month.	11	Character	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker who received a Comprehensive Information Letter in the reporting month	11	Character	N/A	CALCULATED FIELD

5.1.6.6 Associated Programs

Program	Description
epsp2001	Create EPSDT Comprehensive Information Letter (EPS-2001-M) and Newly Approved EPSDT Cases (EPS-4010-M)
epsp4010	Newly Approved EPSDT Cases
copy2routedir	Copy Reports to Router
copy2routedir	Copy Reports to Router

5.1.7 EPS-4015-M -- KCHIP Newly Approved EPSDT Cases

The Newly Approved EPSDT Cases (EPS-4015-M) lists Members who received a Comprehensive Information Letter during the reporting month.

5.1.7.1 Technical Name
EPS-4015-M

5.1.7.2 Sort Order
County

5.1.7.3 Distribution
OnBase

5.1.7.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	CDE_COUNTY	T_COUNTY
MEMBER ADDRESS	The member's residing address including the city, state and zip code.	30	Character	ADR_STREET_1,ADR_STREET_2,ADR_CITY	T_RE_BASE
MEMBER NAME	The member's first name, middle initial and last name.	36	Character	NAM_FIRST,NAM_MIDDLE_INITIAL,NAM_LAST	T_RE_BASE
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	ID_MEDICAID	T_RE_BASE
MEMBER PHONE NUMBER	The member's phone number.	10	Character	NUM_PHONE	T_RE_BASE
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	30	Character	NAM_OUTREACH_OFFICE	T_RE_EPS_OUTREACH
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	10	Character	ID_OUTREACH	T_RE_EPS_OUTREACH
TOTAL MEMBERS IN THE STATE	Total members in the state who received an Information Letter in the reporting month.	9	Number	CALCULATED FIELD	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office who received a Comprehensive Information Letter in the reporting month.	9	Number	CALCULATED FIELD	N/A
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker who received a Comprehensive Information Letter in the reporting month.	9	Number	CALCULATED FIELD	N/A

5.1.7.6 Associated Programs

Program	Description
epsp2051	Create KCHIP Comprehensive Information Letter (EPS-2051-M) and KCHIP Newly Approved EPSDT Cases (EPS-4015-M)
copy2routedir	Copy Reports to Router
epsp4015	Newly Approved KCHIP Cases
copy2routedir	Copy Reports to Router
epsp2051	Create KCHIP Comprehensive Information Letter (EPS-2051-M) and KCHIP Newly Approved EPSDT Cases (EPS-4015-M)
copy2routedir	Copy Reports to Router

5.1.8 EPS-4040-M -- Screening Acceptance List

The Screening Acceptance List (EPS-4040-M) report lists members who are eligible for the EPSDT program and have not yet received their first screening visit.

5.1.8.1 Technical Name
EPS-4040-M

5.1.8.2 Sort Order
County

5.1.8.3 Distribution
OnBase

5.1.8.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS	The member's residing address.	30	Character	T_RE_BASE	ADR_STREET_1,ADR_STREET_2, DR_CI
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_COUNTY	CDE_COUNTY
ELIG DATE	The date the member become newly eligible or reinstated (eligible after two years of ineligibility).	8	Date (MM/DD/CCYY)	T_RE_ELIG	DTE_EFFECTIVE
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
MO ELAPSED SINCE NOTIFICATION	Indicates either 4 or 6 months have elapsed since the member has enrolled in EPSDT, and the member has not yet received an initial medical screening. Indicates either 4 or 6 months have elapsed since the member has enrolled in EPSDT, and the member has not yet received an initial dental screening.	1	Character	N/A	N/A
NAME	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	30	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	10	Character	T_RE_EPS_OUTREACH	ID_OUTREACH

Field	Description	Length	Data Type	DB Table	DB Attributes
PHONE NO.	The member's phone number.	10	Character	T_RE_BASE	NUM_PHONE
SCRN TYPE	Indicates the type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

5.1.8.6 Associated Programs

Program	Description
epsp4040	Create Screening Acceptance List Report - EPS-4040-M
copy2routedir	Copy Reports to Router

5.1.9 EPS-4045-M -- KCHIP Screening Acceptance List

The KCHIP Screening Acceptance List (EPS-4045-M) report lists KCHIP members who are eligible for the EPSDT program and have not yet received the first screening visit.

5.1.9.1 Technical Name

EPS-4045-M

5.1.9.2 Sort Order

County

5.1.9.3 Distribution

OnBase

5.1.9.4 EPS-4045-M -- KCHIP Screening Acceptance List Layout

REPORT : EPS-4045-M	COMMONWEALTH OF KENTUCKY	RUN DATE: MM/DD/CCYY
PROCESS : EPSJM404	MEDICAID MANAGEMENT INFORMATION SYSTEM	RUN TIME: HH:MM
LOCATION: EPSP4040	KCHIP SCREENING ACCEPTANCE LIST	PAGE NO.: 99999
	AS OF: MONTH CCYY	

COUNTY: XXXXXXXXXXXX
 OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXXXXXX
 OUTREACH PROVIDER NUMBER: XXXXXXXXXXXX

MEMBER DATA							MO ELAPSED SINCE		
NAME	MEMBER NUMBER	ADDRESS PHONE NO.	AGE	SEX	BIRTHDATE/ ELIG DATE	SCRN TYPE	4	6	
XXXXXXXXXXXXXXXXX	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX XXX-XXX-XXXX	99	X	MM/DD/CCYY/ MM/DD/CCYY	X	X	X	
XXXXXXXXXXXXXXXXX	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX XXX-XXX-XXXX	99	X	MM/DD/CCYY/ MM/DD/CCYY	X	X	X	
XXXXXXXXXXXXXXXXX	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX XXX-XXX-XXXX	99	X	MM/DD/CCYY/ MM/DD/CCYY	X	X	X	
XXXXXXXXXXXXXXXXX	XXXXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX XXX-XXX-XXXX	99	X	MM/DD/CCYY/ MM/DD/CCYY	X	X	X	

TOTAL MEMBERS THIS OUTREACH PROVIDER: 999,999,999
 TOTAL MEMBERS THIS OUTREACH OFFICE: 999,999,999
 TOTAL MEMBERS IN THE STATE: 999,999,999

5.1.9.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS	The member's residing address.	30	Character	ADR_STREET_1,ADR_STREET_2,ADR_CI	T_RE_BASE
AGE	The member's age calculated from the member's data of birth.	3	Number	CALCULATED FIELD	
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	DTE_BIRTH	T_RE_BASE
COUNTY	The member's residing county.	12	Character	CDE_COUNTY	T_COUNTY
ELIG DATE	The date the member become newly eligible or reinstated (eligible after two years of ineligibility).	8	Date (MM/DD/CCYY)	DTE_EFFECTIVE	T_RE_ELIG
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	ID_MEDICAID	T_RE_BASE
MO ELAPSED SINCE NOTIFICATION	Indicates either 4 or 6 months have elapsed since the member has enrolled in EPSDT, and the member has not yet received an initial medical screening. Indicates either 4 or 6 months have elapsed since the member has enrolled in EPSDT, and the member has not yet received an initial dental screening.	1	Character	N/A	N/A
NAME	The member's first name, middle initial and last name.	36	Character	NAM_FIRST,NAM_MID_INIT,NAM_LAST	T_RE_BASE
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	30	Character	NAM_OUTREACH_OFFICE	T_RE_EPS_OUTREACH

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	10	Character	ID_OUTREACH	T_RE_EPS_OUTREACH
PHONE NO.	The member's phone number.	10	Character	NUM_PHONE	T_RE_BASE
SCRN TYPE	Indicates the type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A
SEX	Indicates the sex of the member.	1	Character	CDE_SEX	T_RE_BASE
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	CALCULATED FIELD	N/A
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	CALCULATED FIELD	N/A
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	CALCULATED FIELD	N/A

5.1.9.6 Associated Programs

Program	Description
eps4045	Create KCHIP Screening Acceptance List
copy2routedir	Copy Reports to Router

5.1.10 EPS-4050-M-- Members Screened

The Member Screened (EPS-4050-M) report lists all members for whom a screening claim was received during the month.

5.1.10.1 Technical Name
EPS-4050-M

5.1.10.2 Sort Order
County

5.1.10.3 Distribution
OnBase

5.1.10.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABNRM?	Indicates an abnormal condition and if follow-up is required. Values are `Y? (no follow-up required), `F? (follow-up required), or `N? (no abnormal condition).	1	Character	N/A	N/A
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC PROVIDER NAME	The KenPAC provider name.	38	Character	T_PR_NAM	NAME
KenPAC PROVIDER NO.	The KenPAC provider ID.	9	Character	T_RP_PROV	ID_PROVIDER
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE

Field	Description	Length	Data Type	DB Table	DB Attributes
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PERFORMING PROVIDER NAME	The performing provider name.	38	Character	T_PR_NAM	NAME
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN DATE	The date on which medical/dental screening exam was rendered.	1	Date (MM/DD/CCYY)	T_RE_EPS_HIST_EXT	DTE_FIRST_SVC
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL DENTAL SCREENED (OFFICE)	Subtotal of members under this outreach office for whom a dental screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL DENTAL SCREENED (STATE)	Total members in the State for whom a dental screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL PHYSICAL SCREENED (OFFICE)	Subtotal of members under this outreach office for whom a medical screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL PHYSICAL SCREENED (STATE)	Total members in the State for whom a medical screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD

5.1.10.6 Associated Programs

Program	Description
epsp4050	Create Members Screened Report (EPS-4050-M)
copy2routedir	Copy Reports to Router

5.1.11 EPS-4055-M -- KCHIP Members Screened

The KCHIP Member Screened (EPS-4055-M) report lists all KCHIP members for whom a screening claim was received during the month.

5.1.11.1 Technical Name
EPS-4055-M

5.1.11.2 Sort Order
County

5.1.11.3 Distribution
OnBase

5.1.11.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABNRM?	Indicates an abnormal condition and if follow-up is required. Values are `Y? (no follow-up required), `F? (follow-up required), or `N? (no abnormal condition).	1	Character	N/A	N/A
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
AGE	The member's age calculated from the member's data of birth.	3	Number		CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC PROVIDER NAME	The KenPAC provider name.	38	Character	T_PR_NAM	NAME
KenPAC PROVIDER NO.	The KenPAC provider ID.	9	Character	T_RP_PROV	ID_PROVIDER
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OU TREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OU TREACH	ID_OUTREACH

Field	Description	Length	Data Type	DB Table	DB Attributes
PERFORMING PROVIDER NAME	The performing provider name.	38	Character	T_PR_NAM	NAME
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN DATE	The date on which medical/dental screening exam was rendered.	1	Date (MM/DD/CCYY)	T_RE_EPS_HIS T_EXT	DTE_FIRST_SVC
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL DENTAL SCREENED (OFFICE)	Subtotal of members under this outreach office for whom a dental screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL DENTAL SCREENED (STATE)	Total members in the State for whom a dental screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL PHYSICAL SCREENED (OFFICE)	Subtotal of members under this outreach office for whom a medical screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD
TOTAL PHYSICAL SCREENED (STATE)	Total members in the State for whom a medical screening claim was received in the reporting month.	9	Number	N/A	CALCULATED FIELD

5.1.11.6 Associated Programs

Program	Description
epsp4055	Create KCHIP Member Screened Report (EPS-4055-M)
copy2routedir	Copy Reports to Router

5.1.12 EPS-4060-M -- Members Due for Rescreening

The Member Due for Rescreening (EPS-4060-M) report lists members due to be rescreened based on the periodicity schedule (for example, those members who received a medical and or dental Periodicity Schedule letter this month).

5.1.12.1 Technical Name

EPS-4060-M

5.1.12.2 Sort Order

County

5.1.12.3 Distribution

OnBase

5.1.12.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC PROVIDER NAME	The KenPAC provider name.	38	Character	T_PR_NAM	NAME
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
MEMBER TELEPHONE	The member's telephone number.	10	Character	T_RE_BASE	NUM_PHONE
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN TYPE	Indicates type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS IN STATE	Total members in the State for who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

5.1.12.6 Associated Programs

Program	Description
epsp4060	Create Letters - EPS-2002-M, EPS-2003-M and Members Due for Rescreening Report - EPS-4060-M
copy2routedir	Copy Reports to Router

5.1.13 EPS-4065-M -- KCHIP Members Due for Rescreening

The KCHIP Member Due for Rescreening (EPS-4065-M) report lists all KCHIP members due to be rescreened based on the periodicity schedule (for example, those members who received a medical and or dental Periodicity Schedule letter this month).

5.1.13.1 Technical Name

EPS-4065-M

5.1.13.2 Sort Order

County

5.1.13.3 Distribution

OnBase

For readability, the layout displays on the next page.

5.1.13.4 EPS-4065-M -- KCHIP Members Due for Rescreening Layout

REPORT : EPS-4065-M

COMMONWEALTH OF KENTUCKY

RUN DATE: MM/DD/CCYY

PROCESS : EPSJM406

MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN TIME: HH:MM

LOCATION: EPSP4065

KCHIP MEMBER DUE FOR RESCREENING

PAGE NO.: 99999

AS OF: MONTH CCYY

COUNTY: XXXXXXXXXXXX
OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXX
OUTREACH PROVIDER NUMBER: XXXXXXXX

Table with columns: MEMBER NAME, ADDRESS, MEMBER NUMBER, BIRTHDATE, SCRN TYPE, MEMBER TELEPHONE, KENPAC PROVIDER NAME. Contains 5 rows of placeholder data.

TOTAL MEMBERS THIS OUTREACH PROVIDER: 999,999,999

TOTAL MEMBERS THIS OUTREACH OFFICE: 999,999,999

*** END OF REPORT ***
*** NOT DATA THIS RUN ***

5.1.13.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC PROVIDER NAME	The KenPAC provider name.	38	Character	T_PR_NAM	NAME
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
MEMBER TELEPHONE	The member's telephone number.	10	Character	T_RE_BASE	NUM_PHONE
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN TYPE	Indicates type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS IN STATE	Total members in the State for who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

5.1.13.6 Associated Programs

Program	Description
epsp4065	Create KCHIP Letters - EPS-2052-M, EPS-2053-M and KCHIP Members Due for Rescreening Report - EPS-4065-M
copy2routedir	Copy Reports to Router

5.1.14 EPS-4070-M -- Member Tracking List

The Member Tracking List (EPS-4070-M) report provides a summary of the most recent EPSDT screening for a member. It is only produced once per screening visit when an abnormal condition requiring follow-up is discovered (for example, abnormal referred).

5.1.14.1 Technical Name

EPS-4070-M

5.1.14.2 Sort Order

County

5.1.14.3 Distribution

OnBase

5.1.14.4 EPS-4070-M -- Member Tracking List Layout

REPORT : EPS-4070-M
 PROCESS : EPSJM407
 LOCATION : EPSP4070

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 MEMBERS TRACKING LIST
 AS OF: MONTH CCYY

RUN DATE: MM/DD/CCYY
 RUN TIME: HH:MM
 PAGE NO.: 99999

COUNTY : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXXXXXX
 OUTREACH PROVIDER NUMBER: XXXXXXXXXXX

PROVIDER: XX

----- MEMBER IDENTIFICATION DATA -----

NAME	MEMBER NUMBER	AGE	SEX	BIRTHDATE	TELEPHONE NUMBER
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99	X	MM/DD/CCYY	XXX - XXX - XXXX

----- MEMBER STATUS -----
 KEMPAC: X OTHER MANAGED CARE: X WAIVER: X

----- IMMUNIZATION STATUS -----
 NO. OF IMMUNIZATIONS

----- HEALTH ASSESSMENT -----

EXAM DATE: MM/DD/CCYY	NORM	ABNRM REF	ABNRM TSTD	01. DPT	999
01. VISION		X	X	02. POLIO	999
02. HEARING	X			03. MMR	999
03. DENTAL		X		04. HIB	999
04. MENTAL HEALTH			X	05. OTHER	999
05. LEAD	X				
06. SICKLE CELL			X		
07. FAMILY PLANNING/PREGNANCY		X			
08. GROWTH/ENDOCRINE/NUTRITION			X		
09. CARDIAC	X				
10. ORTHOPEDIC	X				
11. GENITO-URINARY			X		
12. ENT/RESPIRATORY		X			
13. NEUROLOGY			X		
14. HEMOGLOBIN	X				
15. OTHER		X			

CHILD HEALTH SCREENING INDICATES AN ABNORMALITY HAS BEEN SUSPECTED. APPROPRIATE FOLLOW-UP ACTION SHOULD BE TAKEN.
 TOTAL MEMBERS 999,999,999

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.14.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
EXAM DATE	Date on which the EPSDT exam was rendered.	8	Date (MM/DD/CCYY)	T_RE_EPS_HIST_EST	DTE_FIRST_SVC
HEALTH ASSESSMENT	Indicates results of EPSDT health assessments as follows: NORM - An "X" indicates normal. ABNRMTRTD - An "X" indicates abnormal, treated. ABNRM REF - An "X" indicates abnormal, referred. (Note: The column definitions above apply to all types of assessments listed in the Health Assessment portion of the report.)	1	Character	N/A	N/A
IMMUNIZATION STATUS	Indicates the number of immunizations the child has received. (Note: The above definition applies to all types of immunizations listed in the Immunization Status section of the report.)	1	Character	N/A	N/A
KenPAC	Indicates if member is under the care of KenPAC provider.	1	Character	N/A	N/A
MEMBER ADDRESS	The member's residing address including the city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_I NIT,NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
OTHER MANAGED CARE	Indicates member's other managed care status.	1	Character	N/A	N/A
OUTREACH OFFICE NAME	The Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	The ID of the outreach case worker.	10	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PROVIDER	The billing provider.	50	Character	T_PR_PROV	ID_PROVIDER
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TELEPHONE NUMBER	The member's telephone number.	10	Character	T_RE_BASE	NUM_PHONE
TOTAL MEMBERS	Total members screened in the reporting month	9	Number	N/A	CALCULATED FIELD
WAIVER	Indicates member's waiver status.	1	Character	N/A	N/A

5.1.14.6 Associated Programs

Program	Description
epsp4070	Create Members Tracking List Report (EPS-4070-M)
copy2routedir	Copy Reports to Router

5.1.15 EPS-4075-M -- KCHIP Member Tracking List

The KCHIP Member Tracking List (EPS-4075-M) report provides a summary of the most recent EPSDT screening for a KCHIP member. It is only produced once per screening visit when an abnormal condition requiring follow-up is discovered (for example, abnormal referred).

5.1.15.1 Technical Name

EPS-4075-M

5.1.15.2 Sort Order

County

5.1.15.3 Distribution

OnBase

5.1.15.4 EPS-4075-M -- KCHIP Member Tracking List Layout

```

REPORT   : EPS-4075-M                COMMONWEALTH OF KENTUCKY                RUN DATE: MM/DD/CCYY
PROCESS  : EPSJM407                  MEDICAID MANAGEMENT INFORMATION SYSTEM    RUN TIME:   HH:MM
LOCATION  : EPSP4075                   KCHIP MEMBERS TRACKING LIST              PAGE NO. :   99999
                                           AS OF: MONTH CCYY
    
```

```

COUNTY : XXXXXXXXXXXXXXXXXXXXXXXXXXXX
OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXX
OUTREACH PROVIDER NUMBER: XXXXXXXXXXXX
PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
    
```

```

----- MEMBER IDENTIFICATION DATA -----
----- NAME ----- MEMBER NUMBER AGE SEX BIRTHDATE TELEPHONE NUMBER
----- ADDRESS -----
XXXXXXXXXXXXXXXXXXXX X          XXXXXXXXXXX  99  X  MM/DD/CCYY XXX - XXX - XXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX X XXXX-XXXX
    
```

```

----- MEMBER STATUS -----
KENPAC: X OTHER MANAGED CARE: X WAIVER: X

----- IMMUNIZATION STATUS -----
NO. OF
IMMUNIZATIONS

----- HEALTH ASSESSMENT -----
EXAM DATE: MM/DD/CCYY

                ABNRM  ABNRM
                NORM  REF  TRTD

01. VISION                X  X
02. HEARING                X
03. DENTAL                 X
04. MENTAL HEALTH                X
05. LEAD                    X
06. SICKLE CELL                X
07. FAMILY PLANNING/PREGNANCY    X
08. GROWTH/ENDOCRINE/NUTRITION  X
09. CARDIAC                  X
10. ORTHOPEDIC                X
11. GENITO-URINARY                X
12. ENT/RESPIRATORY            X
13. NEUROLOGY                  X
14. HEMOGLOBIN                X
15. OTHER                      X

01. DPT          999
02. POLIO        999
03. MMR           999
04. HIB           999
05. OTHER         999

CHILD HEALTH SCREENING INDICATES AN ABNORMALITY HAS BEEN SUSPECTED. APPROPRIATE FOLLOW-UP ACTION SHOULD BE TAKEN.
TOTAL MEMBERS          999,999,999
    
```

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.15.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
EXAM DATE	Date on which the EPSDT exam was rendered.	8	Date (MM/DD/CCYY)	T_RE_EPS_HIST_EST	DTE_FIRST_SVC
HEALTH ASSESSMENT	Indicates results of EPSDT health assessments as follows: NORM - An "X" indicates normal. ABNRMTRTD - An "X" indicates abnormal, treated. ABNRM REF - An "X" indicates abnormal, referred. (Note: The column definitions above apply to all types of assessments listed in the Health Assessment portion of the report.)	1	Character	N/A	N/A
IMMUNIZATION STATUS	Indicates the number of immunizations the child has received. (Note: The above definition applies to all types of immunizations listed in the Immunization Status section of the report.)	1	Character	N/A	N/A
KenPAC	Indicates if member is under the care of KenPAC provider.	1	Character	N/A	N/A
MEMBER ADDRESS	The member's residing address including the city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
OTHER MANAGED CARE	Indicates member's other managed care status.	1	Character	N/A	N/A
OUTREACH OFFICE NAME	The Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	The ID of the outreach case worker.	10	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PROVIDER	The billing provider.	50	Character	T_PR_PROV	ID_PROVIDER
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TELEPHONE NUMBER	The member's telephone number.	10	Character	T_RE_BASE	NUM_PHONE
TOTAL MEMBERS	Total members screened in the reporting month	9	Number	N/A	CALCULATED FIELD
WAIVER	Indicates member's waiver status.	1	Character	N/A	N/A

5.1.15.6 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
epsp4075	Create KCHIP Member Tracking List Report (EPS-4075-M)

5.1.16 EPS-4080-M -- Inadequate Care (Well Child Visit)

The Inadequate Care (Well Child Visit) (EPS-4080-M) report lists members considered to be under inadequate care based on EPSDT program guidelines.

5.1.16.1 Technical Name

EPS-4080-M

5.1.16.2 Sort Order

County

5.1.16.3 Distribution

OnBase

5.1.16.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
MEMBER ADDRESS	The member's residing address including the city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
OUTREACH OFFICE NAME	The Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	The ID of the outreach case worker.	10	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PHONE NUMBER	The member's telephone number.	10	Character	T_RE_BASE	NUM_PHONE
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL MEMBERS IN THE STATE	Total members in the state considered to be under inadequate care.	9	Number		CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office considered to be under inadequate care.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker who are considered to be under inadequate care.	9	Number	N/A	CALCULATED FIELD

5.1.16.6 Associated Programs

Program	Description
epsp4080	Create Inadequate Care (Well Child Visit) Report (EPS-4080-M)
copy2routedir	Copy Reports to Router

5.1.17 EPS-4085-M -- KCHIP Inadequate Care (Well Child Visit)

The KCHIP Inadequate Care (Well Child Visit) (EPS-4085-M) report lists KCHIP members considered to be under inadequate care based on KCHIP program guidelines.

5.1.17.1 Technical Name

EPS-4085-M

5.1.17.2 Sort Order

County

5.1.17.3 Distribution

OnBase

5.1.17.4 EPS-4085-M -- KCHIP Inadequate Care (Well Child Visit) Layout

REPORT : EPS-4085-M
PROCESS : EPSJM408
LOCATION: EPSP4085

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
KCHIP INADEQUATE CARE REPORT (WELL CHILD VISIT)
AS OF: MONTH CYY

RUN DATE: MM/DD/CYY
RUN TIME: HH:MM
PAGE NO.: 99999

COUNTY: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXX
OUTREACH PROVIDER NUMBER: XXXXXXXXX

MEMBER NAME	MEMBER NUMBER	AGE	SEX	MEMBER ADDRESS	PHONE NUMBER
XXXXXXXXXX XXXXXXXXXXX X	XXXXXXXXXX	99	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX	XXX-XXX-XXX
XXXXXXXXXX XXXXXXXXXXX X	XXXXXXXXXX	99	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX	XXX-XXX-XXX
XXXXXXXXXX XXXXXXXXXXX X	XXXXXXXXXX	99	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX	XXX-XXX-XXX
XXXXXXXXXX XXXXXXXXXXX X	XXXXXXXXXX	99	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX	XXX-XXX-XXX
XXXXXXXXXX XXXXXXXXXXX X	XXXXXXXXXX	99	X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX	XXX-XXX-XXX

TOTAL MEMBERS THIS OUTREACH PROVIDER: 999,999,999
TOTAL MEMBERS THIS OUTREACH OFFICE: 999,999,999
TOTAL MEMBERS IN THE STATE: 999,999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

5.1.17.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
MEMBER ADDRESS	The member's residing address including the city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NUM_PHONE
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
OUTREACH OFFICE NAME	The Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	The ID of the outreach case worker.	10	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL MEMBERS IN THE STATE	Total members in the state considered to be under inadequate care.	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office considered to be under inadequate care.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker who are considered to be under inadequate care.	9	Number	N/A	CALCULATED FIELD

5.1.17.6 Associated Programs

Program	Description
epsp4085	Create KCHIP Inadequate Care (Well Child Visit)
copy2routedir	Copy Reports to Router

5.1.18 EPS-4510-M-- Children with Referrals That May Be Incomplete

The Children with Referrals That May Be Incomplete (EPS-4510-M) report contains information regarding providers screening children. It lists, by provider, members who have been referred to another provider for a condition and have not yet received treatment. A member's name appears on the report two months and four months after a condition found was referred to another provider for treatment (for example, lists those member's who received a treatment notice this month); appearance of name means that no treatment claim for the condition has been paid by the system.

5.1.18.1 Technical Name

EPS-4510-M

5.1.18.2 Sort Order

County

5.1.18.3 Distribution

OnBase

5.1.18.4 EPS-4510-M -- Children with Referrals That May Be Incomplete Layout

```

REPORT   : EPS-4510-M                               COMMONWEALTH OF KENTUCKY           RUN DATE: MM/DD/CCYY
PROCESS  : EPSJM450                                 MEDICAID MANAGEMENT INFORMATION SYSTEM   RUN TIME:      HH:MM
LOCATION  : EPSP4510                                 CHILDREN WITH REFERRALS THAT MAY BE INCOMPLETE PAGE NO.:      99999
                                                AS OF: MONTH CCYY
    
```

COUNTY: XX

```

PROVIDER NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER PHONE : XXX-XXX-XXXX
SERVICE LOCATION: XX
SERVICE ADDRESS : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX
    
```

--- MEMBER NAME ---	MEMBER ID	AGE IN MONTHS	----- REFERRAL CONDITION -----														
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	999	VIS: X	HEA: X	DEN: X	MEN: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEN: X	ENT: X	NEU: X	HEM: X	OTH: X

5.1.18.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE IN MONTHS	The member's age calculated in months using the member's date of birth.	3	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
MEMBER NAME	The member's last name, first name and middle initial.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
PROVIDER NAME	The billing provider.	50	Character	T_PR_NAM	NAME
PROVIDER PHONE	The billing provider phone number.	10	Character	T_PR_ADR	NUM_PHONE
REFERRAL CONDITIONS	Indicator identifying the status of the referral category (that is:, open or closed) for each category listed (that is:, vision, hearing, dental, and so on).	1	Character	N/A	N/A
SERVICE ADDRESS	The billing provider service location address.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
SERVICE LOCATION	The billing provider service location.	2	Character	T_PR_SVC_LOC	CDE_SERVICE_LOC
STATE TOTAL MEMBERS	Total members in the state who have not yet received treatment and either 4 or 6 months has elapsed since the date of the referral.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS	Total members referred to these providers who have not yet received treatment and either 4 or 6 months has elapsed since the date of the referral.	9	Number	N/A	CALCULATED FIELD

5.1.18.6 Associated Programs

Program	Description
epsp4510	Create Children with Incomplete Referrals That May Be Incomplete Report (EPS-4510-M)
copy2routedir	Copy Reports to Router

5.1.19 EPS-4515-M-- KCHIP Children with Referrals That May Be Incomplete

The KCHIP Children with Referrals That May Be Incomplete (EPS-4515-M) report contains information regarding providers screening KCHIP children. It lists, by provider, KCHIP members who have been referred to another provider for a condition and have not yet received treatment. A member's name appears on the report two months and four months after a condition found was referred to another provider for treatment (for example, lists those member's who received a treatment notice this month); appearance of name means that no treatment claim for the condition has been paid by the system.

5.1.19.1 Technical Name

EPS-4515-M

5.1.19.2 Sort Order

County

5.1.19.3 Distribution

OnBase

5.1.19.4 EPS-4515-M -- KCHIP Children with Referrals That May Be Incomplete Layout

Report : EPS-4515-M
Process : EPSJM450
Location: EPSP4515

COMMONWEALTH OF KENTUCKY
MEDICAID MANAGEMENT INFORMATION SYSTEM
KCHIP CHILDREN WITH REFERRALS THAT MAY BE INCOMPLETE
AS OF: MONTH CCYY

Run Date: MM/DD/CCYY
Run Time: HH:MM:SS
Page: 99999

COUNTY: XXXXXXXXXXXXX

PROVIDER NAME : XXX
PROVIDER PHONE : XXX-XXX-XXXX
SERVICE ADDRESS : XXX
XX
XXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX

--- MEMBER NAME ---	MEMBER ID	AGE IN MONTHS	----- REFERRAL CONDITION -----														
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X
XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X	XXXXXXXXXXXX	999	VIS: X	HEA: X	DEM: X	MEM: X	LEA: X	SIC: X	FPP: X	GRO: X	CAR: X	ORT: X	GEM: X	ENT: X	NEU: X	HEM: X	OTH: X

TOTAL MEMBERS: 999,999,999
STATE TOTAL MEMBERS 999,999,999

*** END OF REPORT ***
*** NO DATA THIS RUN ***

5.1.19.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
AGE IN MONTHS	The member's age calculated in months using the member's date of birth.	3	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
MEMBER NAME	The member's last name, first name and middle initial.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
PROVIDER NAME	The billing provider.	50	Character	T_PR_NAM	NAME
PROVIDER PHONE	The billing provider phone number.	10	Character	T_PR_ADR	NUM_PHONE
REFERRAL CONDITIONS	Indicator identifying the status of the referral category (that is:, open or closed) for each category listed (that is:, vision, hearing, dental, and so on).	1	Character	N/A	N/A
SERVICE ADDRESS	The billing provider service location address.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
SERVICE LOCATION	The billing provider service location.	2	Character	T_PR_SVC_LO C	CDE_SERVICE_LOC
STATE TOTAL MEMBERS	Total members in the state who have not yet received treatment and either 4 or 6 months has elapsed since the date of the referral.	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS	Total members referred to these providers who have not yet received treatment and either 4 or 6 months has elapsed since the date of the referral.	9	Number	N/A	CALCULATED FIELD

5.1.19.6 Associated Programs

Program	Description
copy2routedir	Copy Reports to Router
epsp4515	Create KCHIP Children with Incomplete Referrals That May Be Incomplete (EPS-4515-M)

5.1.20 EPS-4530-M -- Other Immunizations

The Other Immunizations (EPS-4530-M) report contains information regarding providers screening members less than 18 months of age. It lists, by provider, members who were indicated as having incomplete immunizations, but, based on KY Medicaid claims information, do have adequate immunizations. Adequate immunizations are defined as follows:

DPT - 3 at age seven months and 4 at age 18 months

Polio - 2 at age seven months and 3 at age 18 months

MMR - 1 at age 18 months.

HIB - 4 at age 15 months.

5.1.20.1 Technical Name

EPS-4530-M

5.1.20.2 Sort Order

County

5.1.20.3 Distribution

OnBase

For readability, the layout displays on the next page.

5.1.20.4 EPS-4530-M -- Other Immunizations Layout

```

REPORT   : EPS-4530-M                COMMONWEALTH OF KENTUCKY                RUN DATE: MM/DD/CCYY
PROCESS  : EPSJM453                 MEDICAID MANAGEMENT INFORMATION SYSTEM    RUN TIME:   HH:MM
LOCATION  : EPSP4530                 OTHER IMMUNIZATIONS REPORTED            PAGE NO.:   99999
                                           AS OF: MONTH CCYY
    
```

COUNTY: XXXXXXXXXXXXXXXXXXXX

```

PROVIDER NAME   : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER PHONE  : XXX-XXX-XXXX
SERVICE LOCATION: XX
SERVICE ADDRESS : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX XXXX-XXXX
    
```

MEMBER NUMBER	MEMBER NAME	DPT	POLIO	MMR	HIB
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	9	9	9	9

```

TOTAL MEMBERS:          999,999,999
TOTAL STATE MEMBERS    999,999,999
    
```

*** END OF REPORT ***
 *** NOT DATA THIS RUN ***

5.1.20.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
DPT	The number of DPT immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
HIB	The number of HIB immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
MEMBER NAME	The member's last name, first name and middle initial.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
MMR	The number of MMR immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
POLIO	The number of POLIO immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
PROVIDER NAME	The billing provider.	50	Character	T_PR_PROV	ID_PROVIDER
PROVIDER PHONE	The billing provider phone number.	10	Character	T_PR_ADR	NUM_PHONE
SERVICE ADDRESS	The billing provider service location address.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
SERVICE LOCATION	The billing provider service location.	2	Character	T_PR_SVC_LO C	CDE_SERVICE_LOC
STATE TOTAL MEMBERS	Total members in the state who were indicated to have incomplete immunizations	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS	Total members for this provider who were indicated to have incomplete immunizations.	9	Number	N/A	CALCULATED FIELD

5.1.20.6 Associated Programs

Program	Description
epsp4530	Create Other Immunizations Report (EPS-4530-M)
copy2routedir	Copy Reports to Router

5.1.21 EPS-4535-M -- KCHIP Other Immunizations

The KCHIP Other Immunizations (EPS-4535-M) report contains information regarding providers screening KCHIP members less than 18 months of age. It lists, by provider, members who were indicated as having incomplete immunizations, but, based on KY Medicaid claims information, do have adequate immunizations. Adequate immunizations are defined as follows:

DPT - 3 at age seven months and 4 at age 18 months

Polio - 2 at age seven months and 3 at age 18 months

MMR - 1 at age 18 months.

HIB - 4 at age 15 months.

5.1.21.1 Technical Name

EPS-4535-M

5.1.21.2 Sort Order

County

5.1.21.3 Distribution

OnBase

For readability, the layout displays on the next page.

5.1.21.4 EPS-4535-M -- KCHIP Other Immunizations Layout

```

REPORT   : EPS-4535-M                COMMONWEALTH OF KENTUCKY                RUN DATE: MM/DD/CCYY
PROCESS  : EPSJM453                  MEDICAID MANAGEMENT INFORMATION SYSTEM    RUN TIME:   HH:MM
LOCATION  : EPSP4535                  KCHIP OTHER IMMUNIZATIONS REPORTED      PAGE NO.:   99999
                                           AS OF: MONTH CCYY
    
```

COUNTY: XXXXXXXXXXXXXXXXXXXX

```

PROVIDER NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER PHONE : XXX-XXX-XXXX
SERVICE LOCATION: XX
SERVICE ADDRESS : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    
```

MEMBER NUMBER	MEMBER NAME	DPT	POLIO	MMR	HIB
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9	9	9	9

```

TOTAL MEMBERS:          999,999,999
TOTAL STATE MEMBERS    999,999,999
    
```

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.21.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY

Field	Description	Length	Data Type	DB Table	DB Attributes
DPT	The number of DPT immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
HIB	The number of HIB immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
MEMBER NAME	The member's last name, first name and middle initial.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
MEMBER NUMBER	The member's KY Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
MMR	The number of MMR immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
POLIO	The number of POLIO immunizations the member was given, based on KY Medicaid claim data.	1	Number	N/A	CALCULATED FIELD
PROVIDER NAME	The billing provider.	50	Character	T_PR_PROV	ID_PROVIDER
PROVIDER PHONE	The billing provider phone number.	10	Character	T_PR_ADR	NUM_PHONE
SERVICE ADDRESS	The billing provider service location address.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
SERVICE LOCATION	The billing provider service location.	2	Character	T_PR_SVC_LOC	CDE_SERVICE_LOC
STATE TOTAL MEMBERS	Total members in the state who were indicated to have incomplete immunizations	9	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
TOTAL MEMBERS	Total members for this provider who were indicated to have incomplete immunizations.	9	Number	N/A	CALCULATED FIELD

5.1.21.6 Associated Programs

Program	Description
epsp4535	Create KCHIP Other Immunizations Report (EPS-4535-M)
copy2routedir	Copy Reports to Router

5.1.22 EPS-4700-M -- EPSDT Members Screened (By KenPAC Provider)

The EPSDT Members Screened (By KenPAC Provider) (EPS-4700-M) report lists all members for whom a screening claim was received during the month.

5.1.22.1 Technical Name

EPS-4700-M

5.1.22.2 Sort Order

County

5.1.22.3 Distribution

OnBase

5.1.22.4 EPS-4700-M -- EPSDT Members Screened (By KenPAC Provider) Layout

REPORT : EPS-4700-M
COMMONWEALTH OF KENTUCKY
PROCESS : EPSJM470
MEDICAID MANAGEMENT INFORMATION SYSTEM
LOCATION: EPSP4700
EPSDT MEMBER SCREENED REPORT (BY KEMPAC PROVIDER)
AS OF: MONTH CCYY

RUN DATE: MM/DD/CCYY
RUN TIME: HH:MM
PAGE NO.: 99999

COUNTY: XXXXXXXXXXXX
OUTREACH OFFICE NAME: XXXXXXXXXXXXXXXXXXXX
OUTREACH PROVIDER NUMBER: XXXXXXXXX
KEMPAC: XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Table with columns: MEMBER DATA, SCRN, NAME, MEMBER NUMBER, AGE, SEX, BIRTHDATE, TYPE, ABNRM?, SCRN DATE, PROVIDER NUMBER and NAME. Includes address fields and data rows with placeholder text.

TOTAL MEMBERS THIS OUTREACH PROVIDER: 999,999,999
TOTAL MEMBERS THIS OUTREACH OFFICE: 999,999,999
TOTAL MEMBERS IN THE STATE 999,999,999

***** ABNORMAL: N=NONE; R=ABNORMAL REFERRED; T=ABNORMAL TREATED *****

*** END OF REPORT ***
*** NOT DATA THIS RUN ***

5.1.22.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABNRM?	Indicates an abnormal condition and if follow-up is required. Values are `Y? (no follow-up required), `F? (follow-up required), or `N? (no abnormal condition).	1	Character	N/A	N/A
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
AGE	The member's age calculated from the member's data of birth.	3	Number		CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC	The KenPAC provider ID and name.	9	Character	T_PR_PROV	ID_PROVIDER
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUTREACH	NAM_OUTREACH_OFFICE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OUTREACH	ID_OUTREACH
PERFORMING PROVIDER NAME	The performing provider name.	38	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN DATE	The date on which medical/dental screening exam was rendered.	1	Date (MM/DD/CCYY)	T_RE_EPS_CURR_SCRN	DTE_MEDICAL,DTE_DENTAL
SCRN TYPE	Indicates type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

5.1.22.6 Associated Programs

Program	Description
epsp4700	Create EPSDT Member Screened (By KenPAC Provider) - (EPS-4700-M)
copy2routedir	Copy Reports to Router

5.1.23 EPS-4750-M -- KCHIP Members Screened (By KenPAC Provider)

The KCHIP Members Screened (By KenPAC Provider) (EPS-4750-M) report lists all KCHIP members for whom a screening claim was received during the month.

5.1.23.1 Technical Name

EPS-4750-M

5.1.23.2 Sort Order

County

5.1.23.3 Distribution

OnBase

5.1.23.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
ABNRM?	Indicates an abnormal condition and if follow-up is required. Values are `Y? (no follow-up required), `F? (follow-up required), or `N? (no abnormal condition).	1	Character	N/A	N/A
ADDRESS	The member's residing address including city, state and zip code.	89	Character	T_RE_BASE	ADR_STREET_1,ADR_CITY,ADR_STATE
AGE	The member's age calculated from the member's data of birth.	3	Number	N/A	CALCULATED FIELD
BIRTHDATE	The member's date of birth.	8	Date (MM/DD/CCYY)	T_RE_BASE	DTE_BIRTH
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
KenPAC	The KenPAC provider ID and name.	9	Character	T_PR_PROV	ID_PROVIDER
MEMBER NUMBER	The member's KY Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
NAME	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_I NIT,NAM_LAST
OUTREACH OFFICE NAME	Office name within the county that manages the member's case.	20	Character	T_RE_EPS_OUT REACH	NAM_OUTREACH_OFFI CE
OUTREACH PROVIDER NUMBER	ID of the outreach case worker.	9	Character	T_RE_EPS_OUT REACH	ID_OUTREACH
PERFORMING PROVIDER NAME	The performing provider name.	38	Character	T_PR_NAM	NAME

Field	Description	Length	Data Type	DB Table	DB Attributes
PERFORMING PROVIDER NO.	The performing provider ID.	9	Character	T_PR_PROV	ID_PROVIDER
SCRN DATE	The date on which medical/dental screening exam was rendered.	1	Date (MM/DD/CCYY)	T_RE_EPS_CURR_SCRN	DTE_MEDICAL,DTE_DENTAL
SCRN TYPE	Indicates type of screen (M = medical, D = dental, or B = both).	1	Character	N/A	N/A
SEX	Indicates the sex of the member.	1	Character	T_RE_BASE	CDE_SEX
TOTAL MEMBERS IN THE STATE	Total members in the State for whom a screening claim was received.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH OFFICE	Total members under this outreach office enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD
TOTAL MEMBERS THIS OUTREACH PROVIDER	Total members under this outreach case worker enrolled in EPSDT who have not yet received their first screening visit 4 or 6 months after enrollment.	9	Number	N/A	CALCULATED FIELD

5.1.23.6 Associated Programs

Program	Description
epsp4750	Create KCHIP Member Screened (By KenPAC Provider) Report - (EPS-4750-M)
copy2routedir	Copy Reports to Router

5.1.24 EPS-5000-M -- Early and Periodic Screening Providers

The Early and Periodic Screening Providers (EPS-5000-M) report lists, by county, all providers rendering EPSDT services.

5.1.24.1 Technical Name
EPS-5000-M

5.1.24.2 Sort Order
County

5.1.24.3 Distribution
OnBase

For readability, the layout displays on the next page.

5.1.24.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
PROV. NUM	The billing provider's ID number.	9	Character	T_PR_PROVID	PROVIDER
PROVIDER NAME	The billing provider's name.	50	Character	T_PR_NAM	NAME
PROVIDER PHONE	The billing provider's telephone number.	10	Character	T_PR_ADR	NUM_PHONE
SERVICE ADDRESS	The billing provider's service location address including the city, state and zip code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
TOTAL MEMBER	Total members (unduplicated) who received EPSDT exams by this provider at all locations within the county.	4	Number	N/A	CALCULATED FIELD

5.1.24.6 Associated Programs

Program	Description
epsp5000	Create Early and Periodic Screening Provider Report (EPS-5000-M)
copy2routedir	Copy Reports to Router

5.1.25 EPS-5050-M-- Early and Periodic Screening Providers - KCHIP

The Early and Periodic Screening Providers - KCHIP (EPS-5050-M) report lists, by county, all providers rendering EPSDT services to KCHIP members.

5.1.25.1 Technical Name

EPS-5050-M

5.1.25.2 Sort Order

County

5.1.25.3 Distribution

OnBase

For readability, the layout displays on the next page.

5.1.25.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
PROV. NUM	The billing provider's ID number.	9	Character	T_PR_PROVID	PROVIDER
PROVIDER NAME	The billing provider's name.	50	Character	T_PR_NAM	NAME
PROVIDER PHONE	The billing provider's telephone number.	10	Character	T_PR_ADR	NUM_PHONE
SERVICE ADDRESS	The billing provider's service location address including the city, state and zip code.	89	Character	T_PR_ADR	ADR_MAIL_STRT1
TOTAL MEMBER	Total members (unduplicated) who received EPSDT exams by this provider at all locations within the county.	4	Number	N/A	CALCULATED FIELD

5.1.25.6 Associated Programs

Program	Description
epsp5050	Create KCHIP Early and Periodic Screening Providers Report (EPS-5050-M)
copy2routedir	Copy Reports to Router

5.1.26 EPS-5500-A -- CMS-416 Annual EPSDT Participation Report

The CMS-416 Annual EPSDT Participation Report (EPS-5500-A) provides basic information on participation in the child health programs by KY Medicaid members within the State's jurisdiction. This information is used to assess the effectiveness of the State's EPSDT program in terms of the number of children, by age group and basis of KY Medicaid eligibility, which are: 1) provided child health screening services, 2) referred for corrective treatment, and 3) receive dental, hearing, and vision assessments.

There are fourteen lines on the report that provide data, such as, member counts of eligibles, eligibles that received screenings, participation ratios, and eligibles referred for corrective treatment. The data includes fee-for-service and managed care totals.

The member's age reports as their age as of September 30 during each report period. If a child is born after September 30, the child would report in the "Under One Year" age group.

The report period follows the Federal Fiscal calendar year.

5.1.26.1 Technical Name
EPS-5500-A

5.1.26.2 Sort Order
County

5.1.26.3 Distribution
OnBase

Lyriss Cunningham

For readability, the layout displays on the next several pages.

5.1.26.4 EPS-5500-A -- CMS-416 Annual EPSDT Participation Report Layout

Report : EPS-5500-A
 Process : EPSJA416
 Location: EPSP5500

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CMS-416 ANNUAL EPSDT PARTICIPATION REPORT
 REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: ###

COUNTY: XXXXXXXXXXXXX

STATE: KENTUCKY	FY	CCYY	CAT	AGE GROUPS						
			TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
1	TOTAL INDIVIDUALS		CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
	ELIGIBLE FOR EPSDT		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999
2A	STATE PERIODICITY SCHEDULE			5	4	3	2	5	4	2
2B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4	2
2C	ANNUALIZED STATE PERIODICITY SCHEDULE			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3A	TOTAL MONTHS OF ELIGIBILITY		CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999
3B	AVERAGE PERIOD OF ELIGIBILITY		CN	9.99	9.99	9.99	9.99	9.99	9.99	9.99
			MN	9.99	9.99	9.99	9.99	9.99	9.99	9.99
			TOTAL	9.99	9.99	9.99	9.99	9.99	9.99	9.99
4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE		CN	9.99	9.99	9.99	9.99	9.99	9.99	9.99
			MN	9.99	9.99	9.99	9.99	9.99	9.99	9.99
			TOTAL	9.99	9.99	9.99	9.99	9.99	9.99	9.99
5	EXPECTED NUMBER OF SCREENINGS		CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999
6	TOTAL SCREENS RECEIVED		CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999
7	SCREENING RATIO		CN	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%
			MN	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%
			TOTAL	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%

Report : EPS-6600-A
 Process : EPSJA416
 Location: EPSP6600

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CMS-416 ANNUAL EPSDT PARTICIPATION REPORT
 REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: ###

COUNTY: KXXXXXXXXXXXX

STATE: KENTUCKY	FY	CCYY	CAT	AGE GROUPS							
				TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
8	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
9	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
10	PARTICIPANT RATIO	CN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%
		MN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%
		TOTAL	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	999.99%
11	TOTAL ELIGIBLE REFERRED FOR CORRECTIVE TREATMENT	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12A	TOTAL ELIGIBLE RECEIVING ANY DENTAL SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12B	TOTAL ELIGIBLE RECEIVING PREVENTIVE DENTAL SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12C	TOTAL ELIGIBLE RECEIVING DENTAL TREATMENT SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
13	TOTAL ELIGIBLE ENROLLED IN MANAGED CARE	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

(the following is not part of the report)

'County' Line of Report

This line will list the specific county for which the data represents. There are 120 counties that data will be provided for. After the 120th county, this line will read 'COUNTY: ALL', and will contain the grand totals for all 120 counties.

Attachment A

The data in Attachment A includes the procedure codes and criteria used in the CMS-416 report as well as the new screening procedure codes and criteria for EPSDT in the KENTUCKY MMIS system.

Classification Of Totals By Categorically Needy (CN) / Medically Needy (MN):

Categorically and Medically Needy are determined from the member eligibility record. The member eligibility record identifies a unique medical assistance program or benefit plan under which the member participates. Participation in a medical assistance plan that is categorized as "MN" is reported as medically needy. Participation in any plan that is not specifically categorized as medically needy is reported as categorically needy.

It is possible that a member can participate in multiple medical assistance program during the reporting period. In this event, the member will be reported only once since CMS directs that the totals are to be "unduplicated" . "Unduplicated" means that an eligible person is reported only once although he/she may have had more than one period of eligibility during the year. If a person participates in both a categorically needy program and a medically needy program he/she will be reported as medically needy (MN).

Line 3A: Total Months Of Eligibility:

The total months of eligibility is the total of the number of the months during the fiscal year in which the beneficiaries were eligible. This count includes any eligibility within a given month regardless of the actual number of days of eligibility within that month. This is an unduplicated count.

Line 6: Total Screens Received

These include the paid procedures billed that reside within the following procedure code groupings regardless of diagnosis code on the claim:

- 44 - the preventive procedures codes
- 45 - the Local procedure codes (until 10/15/2003) are non-covered
as of DOS = 10/16/2003)
- 80,81,82 - the Dental Screening codes
- 2121 - the Hearing Screening codes
- 2122 - the Vision Screening codes
- 2147 - Selected office or other outpatient visits

Procedure group 44 includes:

99201-99205 (with a well child diagnosis)
99211-99215 (with a well child diagnosis)
99381-99385 99391-99395 99431 99432 99435

Procedure group 45 includes:
Define local codes

procedure group 80 (ADA - any dental service)
D0100-D9999

procedure group 81 (ADAP - preventative dental service)
D1110-D1555

procedure group 82 (ADAT - treatment dental service)
D2110-D9999

Procedure group 2121 includes:
92551-92553 92555-92557 92582 92567

Procedure group 2122 includes:
92002 92004 92012 92014

Line 9: Total Eligibles Receiving At Least One Initial Or Periodic screening:
An unduplicated count of beneficiaries who have received a screening during the fiscal year.
See the applicable screenings codes in Line 6.

Line 11: Total Eligibles Referred for Corrective Treatment
An unduplicated count of beneficiaries who had received treatment during the fiscal and were referred for corrective treatment. These referrals are identified by entries in the t_clm_crc table for EPSDT services that have a condition code of either "S2" or "ST".

Lines 12a, b and c: Dental Assessment Procedures
Individuals receiving: ADA CDT Code

Line 13: Total Eligibles Enrolled in Managed Care
• The PMP table tells us which enrollees are with an MCO.

Line 14: Total number of Screening Blood Lead Tests
• CPT 83655 except with ICD9 of 984.0-.9, E861.5 or E866.0.
• The procedure grouping for BLTE is 2125 which contains the procedure code of 83655.
• The diagnosis grouping for BLTE exclusions is 2030 which contains ICD9 codes of 984.0-.9, E861.5, and E866.0.

5.1.26.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Age Groups (Columns 4, through 10)	These columns display member data by categorically needy, medically needy, and a total of both groups for each line of data appearing on the report, based on the four age groups of under 1, 1-2 years, 3-5 years, 6-9 years, 10-14 years, 15-18 years and 19-20 years.	6	Number (Decimal)	N/A	N/A
Annualized State Periodicity Schedule (Line 2c)	Divide State Periodicity Schedule (2a) by Number Of Years In Age Group (2b). This is the number of screenings expected to be received by and individual in each age group in one year.	4	Number (Decimal)	CALCULATED FIELD	N/A
Average Period of Eligibility (Line 3b)	Divide Total Months of Eligibility (3a) by Total Individuals Eligible For EPSDT (1). Divide that number by 12. This is the portion of the year individuals remain eligible for KY Medicaid. The formula for calculation is: $A/B 12A =$ Total number of months eligible for all members; $B =$ Total number of members	4	Number (Decimal)	CALCULATED FIELD	N/A
CN	These lines report the data for members in the categorically needy basis of the eligibility grouping. All eligible members age 0 through 20 are included as EPSDT eligible in the categorically needy grouping.	7	Number	CALCULATED FIELD	N/A
County	Twelve character field containing the name of a specific county.	12	Character	T_COUNTY	DSC_COUNTY
Expected Number of Screenings per Eligible (Line 4)	This line reflects the expected number of screenings per child per year. The field calculation is Annualized State Periodicity Schedule (2c) times Average Period of Eligibility (3b), for each age group and eligibility category.	4	Number (Decimal)	CALCULATED FIELD	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Expected Number of Screenings(Line 5)	This is the total screenings expected to be provided. Multiply Expected Number of Screenings per Eligible (4) times Total Individuals Eligible For EPSDT (1).	7	Number	CALCULATED FIELD	N/A
MN	These lines report the data for members in the medically needy basis of the eligibility grouping.	1	Number	CALCULATED FIELD	N/A
Number of Years in Age Group (Line 2b)	This is a fixed number reflecting the number of years included in each age group.	4	Number (Decimal)	N/A	N/A
PARTICIPANT RATIO(Line 10)	This ratio indicates the extent to which eligibles are receiving screening services during the year. Calculate as Total Eligibles Receiving At Least One Initial Or Periodic Screening (9) divided by Total Eligibles Who Should Receive At Least One Initial Or Periodic Screening (8).	4	Number (Decimal)	CALCULATED FIELD	N/A
Screening Ratio(Line 7)	This ratio represents the extent to which EPSDT eligibles receive the number of screening services required by the periodicity schedule. This ratio should not be over 100%. Calculate as Total Screens Received (6) divided by Expected Number of Screenings (5).	4	Number (Decimal)	CALCULATED FIELD	N/A
State Periodicity Schedule (Line 2a)	This field displays the state-specific values reflecting the average number of annual initial or periodic screening services for individuals in each age group.	4	Number (Decimal)	N/A	N/A
Total	These lines display totals for both categorically needy and medically needy eligibility groupings, for each of the age groups and lines of data appearing on the report.	7	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Total (Column 3)	This column displays count totals for the seven member age groupings, for each line of data appearing on the report.	7	Number (Decimal)	N/A	N/A
Total Eligibles Enrolled in Managed Care(Line 13)	For informational purposes only. This is the number enrolled in some form of managed care as of 9/30. These people and their services should be included in Lines 1, 6, 8, 11 and 12.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Any Dental Services (Line 12a)	This is the unduplicated count of individuals receiving any dental service (HCPC codes D0100-D9999).	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Dental Treatment Services (Line 12c)	This is the unduplicated count of individuals receiving dental services (HCPC codes D2000-D9999).Note that 12b + 12c does not equal 12a. Also, "unduplicated" applies to each line, so a child could be counted once for 12a and again for 12b.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Preventative Dental Services (Line 12b)	This is the unduplicated count of individuals receiving preventative dental service (HCPC codes D1000-D1999).	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving at Least One Initial or Periodic Screening(Line 9)	This is the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one screen during the year. See attachment A for codes.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Referred for Corrective Treatment(Line 11)	This is the unduplicated count of individuals, including those enrolled in managed care arrangements, who, as a result of at least one health problem identified during screening, including vision and hearing, were scheduled for further services.	7	Number	CALCULATED FIELD	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Eligibles Who Should Receive at Least One Initial or Periodic Screen(Line 8)	This is the number of persons who should receive at least one screening. Use the following calculation: Use the lesser of 1.0 or Expected Number of Screenings per Eligible (4). Multiply this by Total Individuals Eligible For EPSDT (1)	7	Number	CALCULATED FIELD	N/A
Total Individuals Eligible For EPSDT:(Line 1)	These fields display the total number of members, from birth to age 20, determined to be eligible for KY Medicaid. This number includes only the categorically needy, because KY Medicaid does not distinguish the medically needy. An eligible person is reported only once, although he or she may have had more than one period of eligibility during the reporting period.	6	Number	CALCULATED FIELD	N/A
Total Months of Eligibility(Line 3a)	The total months of eligibility for the individuals in Total Individuals Eligible For EPSDT (1).	6	Number	CALCULATED FIELD	N/A
Total Number of Screening Blood Lead Tests(Line 14)	The number of blood lead tests, not including those for people diagnosed or under treatment for lead poisoning. Count only 0 to 5 years old.	7	Number	CALCULATED FIELD	N/A
Total Screens Received(Line 6)	This field displays the combined number of initial and periodic EPSDT screening examinations with dates of service within the fiscal year. The sources of data include reports from continuing care providers and claims paid for such screening services.	7	Number	CALCULATED FIELD	N/A

5.1.26.6 Associated Programs

Program	Description
epsp5500	Create CMS-416 Annual EPSDT Participation Report (EPS-5500-A)
copy2routedir	Copy Reports to Router

5.1.27 EPS-5550-A -- CMS-416 Annual KCHIP Participation Report

The CMS-416 Annual KCHIP Participation Report (EPS-5550-A) provides basic information on participation in the child health programs by KCHIP members within the State's jurisdiction. This information is used to assess the effectiveness of the State's KCHIP program in terms of the number of children, by age group and basis of KCHIP eligibility, which are: 1) provided child health screening services, 2) referred for corrective treatment, and 3) receive dental, hearing, and vision assessments.

There are fourteen lines on the report that provide data, such as, member counts of eligibles, eligibles that received screenings, participation ratios, and eligibles referred for corrective treatment. The data includes fee-for-service and managed care totals.

The member's age reports as their age as of September 30 during each report period. If a child is born after September 30, the child would report in the "Under One Year" age group.

The report period follows the Federal Fiscal calendar year.

5.1.27.1 Technical Name
EPS-5550-A

5.1.27.2 Sort Order
County

5.1.27.3 Distribution
OnBase

Lyriss Cunningham

For readability, the layout displays on the next several pages.

5.1.27.4 EPS-5550-A -- CMS-416 Annual KCHIP Participation Report Layout

Report : EPS-5550-A
 Process : EPSJA416
 Location: EPSP5550

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CMS-416 ANNUAL KCHIP PARTICIPATION REPORT
 REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: ###

COUNTY: XXXXXXXXXXXX

STATE: KENTUCKY	FY CCYY	CAT	AGE GROUPS							
			TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
1	NUMBER OF INDIVIDUALS ELIGIBLE FOR KCHIP	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
2A	STATE PERIODICITY SCHEDULE			5	4	3	2	5	4	2
2B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4	2
2C	ANNUALIZED STATE PERIODICITY SCHEDULE			5.00	2.00	1.00	0.50	1.00	1.00	1.00
3A	TOTAL MONTHS OF ELIGIBILITY	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
3B	AVERAGE PERIOD OF ELIGIBILITY	CN	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
		MN	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
		TOTAL	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
		MN	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
		TOTAL	9.99	9.99	9.99	9.99	9.99	9.99	9.99	9.99
5	EXPECTED NUMBER OF SCREENINGS	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
6	TOTAL SCREENS RECEIVED	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
		TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
7	SCREENING RATIO	CN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%
		MN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%
		TOTAL	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%

Report : EPS-5550-A
 Process : EPSJA416
 Location: EPSP5550

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 CMS-416 ANNUAL KCHIP PARTICIPATION REPORT
 REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/YYYY
 Run Time: HH:MM:SS
 Page: ###

COUNTY: XXXXXXXXXXXX

STATE: KENTUCKY	FY	CCYY	CAT	AGE GROUPS							
				TOTAL	< 1	1 - 2	3 - 5	6 - 9	10 - 14	15 - 18	19 - 20
8	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
9	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
10	PARTICIPANT RATIO	CN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%	
			MN	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%
			TOTAL	999.99%	99.99%	999.99%	99.99%	999.99%	99.99%	999.99%	999.99%
11	TOTAL ELIGIBLE REFERRED FOR CORRECTIVE TREATMENT	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12A	TOTAL ELIGIBLE RECEIVING ANY DENTAL SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12B	TOTAL ELIGIBLE RECEIVING PREVENTIVE DENTAL SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
12C	TOTAL ELIGIBLE RECEIVING DENTAL TREATMENT SERVICES	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
13	TOTAL ELIGIBLE ENROLLED IN MANAGED CARE	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
			MN	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
			TOTAL	999,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

(the following is not part of the report)

'County' Line of Report

This line will list the specific county for which the data represents. There are 120 counties that data will be provided for. After the 120th county, this line will read 'COUNTY: ALL', and will contain the grand totals for all 120 counties.

Attachment A

The data in Attachment A includes the procedure codes and criteria used in the CMS-416 report as well as the new screening procedure codes and criteria for KCHIP in the KENTUCKY MMIS system.

Classification Of Totals By Categorically Needy (CN) / Medically Needy (MN):
Categorically and Medically Needy are determined from the member eligibility record. The member eligibility record identifies a unique medical assistance program or benefit plan under which the member participates. Participation in a medical assistance plan that is categorized as "MN" is reported as medically needy. Participation in any plan that is not specifically categorized as medically needy is reported as categorically needy.

It is possible that a member can participate in multiple medical assistance program during the reporting period. In this event, the member will be reported only once since CMS directs that the totals are to be "unduplicated". "Unduplicated" means that an eligible person is reported only once although he/she may have had more than one period of eligibility during the year. If a person participates in both a categorically needy program and a medically needy program he/she will be reported as medically needy (MN).

Line 3A: Total Months Of Eligibility:

The total months of eligibility is the total of the number of the months during the fiscal year in which the beneficiaries were eligible. This count includes any eligibility within a given month regardless of the actual number of days of eligibility within that month. This is an unduplicated count.

Line 6: Total Screens Received

These include the paid procedures billed that reside within the following procedure code groupings regardless of diagnosis code on the claim:

- 44 - the preventive procedures codes
- 45 - the Local procedure codes (until 10/15/2003) are non-covered
as of DOS = 10/16/2003)
- 80,81,82 - the Dental Screening codes
- 2121 - the Hearing Screening codes
- 2122 - the Vision Screening codes
- 2147 - Selected office or other outpatient visits

Procedure group 44 includes:

99201-99205 (with a well child diagnosis)
99211-99215 (with a well child diagnosis)
99381-99385 99391-99395 99431 99432 99435

Procedure group 45 includes:
Define local codes

procedure group 80 (ADA - any dental service)
D0100-D9999

procedure group 81 (ADAP - preventative dental service)
D1110-D1555

procedure group 82 (ADAI - treatment dental service)
D2110-D9999

Procedure group 2121 includes:
92551-92553 92555-92557 92582 92567

Procedure group 2122 includes:
92002 92004 92012 92014

Line 9: Total Eligibles Receiving At Least One Initial Or Periodic screening:
An unduplicated count of beneficiaries who have received a screening during the fiscal year.
See the applicable screenings codes in Line 6.

Line 11: Total Eligibles Referred for Corrective Treatment
An unduplicated count of beneficiaries who had received treatment during the fiscal and were referred for corrective treatment. These referrals are identified by entries in the t_clm_crc table for KCHIP services that have a condition code of either "S2" or "ST".

Lines 12a, b and c: Dental Assessment Procedures
Individuals receiving: ADA CDT Code

Line 13: Total Eligibles Enrolled in Managed Care
• The PMP table tells us which enrollees are with an MCO.

Line 14: Total number of Screening Blood Lead Tests
• CPT 83655 except with ICD9 of 984.0-.9, E861.5 or E866.0.
• The procedure grouping for BLTE is 2125 which contains the procedure code of 83655.
• The diagnosis grouping for BLTE exclusions is 2030 which contains ICD9 codes of 984.0-.9, E861.5, and E866.0.

5.1.27.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
Age Groups (Columns 4, through 10)	These columns display member data by categorically needy, medically needy, and a total of both groups for each line of data appearing on the report, based on the four age groups of under 1, 1-2 years, 3-5 years, 6-9 years, 10-14 years, 15-18 years and 19-20 years.	6	Number (Decimal)	N/A	N/A
Annualized State Periodicity Schedule (Line 2c)	Divide State Periodicity Schedule (2a) by Number Of Years In Age Group (2b). This is the number of screenings expected to be received by and individual in each age group in one year.	4	Number (Decimal)	CALCULATED FIELD	N/A
Average Period of Eligibility (Line 3b)	Divide Total Months of Eligibility (3a) by Total Individuals Eligible For EPSDT (1). Divide that number by 12. This is the portion of the year individuals remain eligible for KY Medicaid. The formula for calculation is: $A/B 12A =$ Total number of months eligible for all members; $B =$ Total number of members	4	Number (Decimal)	CALCULATED FIELD	N/A
CN	These lines report the data for members in the categorically needy basis of the eligibility grouping. All eligible members age 0 through 20 are included as EPSDT eligible in the categorically needy grouping.	7	Number	CALCULATED FIELD	N/A
County	Twelve character field containing the name of a specific county.	12	Character	T_COUNTY	DSC_COUNTY
Expected Number of Screenings per Eligible (Line 4)	This line reflects the expected number of screenings per child per year. The field calculation is Annualized State Periodicity Schedule (2c) times Average Period of Eligibility (3b), for each age group and eligibility category.	4	Number (Decimal)	CALCULATED FIELD	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Expected Number of Screenings(Line 5)	This is the total screenings expected to be provided. Multiply Expected Number of Screenings per Eligible (4) times Total Individuals Eligible For EPSDT (1).	7	Number	CALCULATED FIELD	N/A
MN	These lines report the data for members in the medically needy basis of the eligibility grouping.	1	Number	CALCULATED FIELD	N/A
Number of Years in Age Group (Line 2b)	This is a fixed number reflecting the number of years included in each age group.	4	Number (Decimal)	N/A	N/A
PARTICIPANT RATIO(Line 10)	This ratio indicates the extent to which eligibles are receiving screening services during the year. Calculate as Total Eligibles Receiving At Least One Initial Or Periodic Screening (9) divided by Total Eligibles Who Should Receive At Least One Initial Or Periodic Screening (8).	4	Number (Decimal)	CALCULATED FIELD	N/A
Screening Ratio(Line 7)	This ratio represents the extent to which EPSDT eligibles receive the number of screening services required by the periodicity schedule. This ratio should not be over 100%. Calculate as Total Screens Received (6) divided by Expected Number of Screenings (5).	4	Number (Decimal)	CALCULATED FIELD	N/A
State Periodicity Schedule (Line 2a)	This field displays the state-specific values reflecting the average number of annual initial or periodic screening services for individuals in each age group.	4	Number (Decimal)	N/A	N/A
Total	These lines display totals for both categorically needy and medically needy eligibility groupings, for each of the age groups and lines of data appearing on the report.	7	Number	N/A	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Total (Column 3)	This column displays count totals for the seven member age groupings, for each line of data appearing on the report.	7	Number (Decimal)	N/A	N/A
Total Eligibles Enrolled in Managed Care(Line 13)	For informational purposes only. This is the number enrolled in some form of managed care as of 9/30. These people and their services should be included in Lines 1, 6, 8, 11 and 12.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Any Dental Services (Line 12a)	This is the unduplicated count of individuals receiving any dental service (HCPC codes D0100-D9999).	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Dental Treatment Services (Line 12c)	This is the unduplicated count of individuals receiving dental services (HCPC codes D2000-D9999).Note that 12b + 12c does not equal 12a. Also, "unduplicated" applies to each line, so a child could be counted once for 12a and again for 12b.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving Preventative Dental Services (Line 12b)	This is the unduplicated count of individuals receiving preventative dental service (HCPC codes D1000-D1999).	7	Number	CALCULATED FIELD	N/A
Total Eligibles Receiving at Least One Initial or Periodic Screening(Line 9)	This is the unduplicated count of individuals, including those enrolled in managed care arrangements, who received at least one screen during the year. See attachment A for codes.	7	Number	CALCULATED FIELD	N/A
Total Eligibles Referred for Corrective Treatment(Line 11)	This is the unduplicated count of individuals, including those enrolled in managed care arrangements, who, as a result of at least one health problem identified during screening, including vision and hearing, were scheduled for further services.	7	Number	CALCULATED FIELD	N/A

Field	Description	Length	Data Type	DB Table	DB Attributes
Total Eligibles Who Should Receive at Least One Initial or Periodic Screen(Line 8)	This is the number of persons who should receive at least one screening. Use the following calculation: Use the lesser of 1.0 or Expected Number of Screenings per Eligible (4). Multiply this by Total Individuals Eligible For EPSDT (1)	7	Number	CALCULATED FIELD	N/A
Total Individuals Eligible For EPSDT:(Line 1)	These fields display the total number of members, from birth to age 20, determined to be eligible for KY Medicaid. This number includes only the categorically needy, because KY Medicaid does not distinguish the medically needy. An eligible person is reported only once, although he or she may have had more than one period of eligibility during the reporting period.	6	Number	CALCULATED FIELD	N/A
Total Months of Eligibility(Line 3a)	The total months of eligibility for the individuals in Total Individuals Eligible For EPSDT (1).	6	Number	CALCULATED FIELD	N/A
Total Number of Screening Blood Lead Tests(Line 14)	The number of blood lead tests, not including those for people diagnosed or under treatment for lead poisoning. Count only 0 to 5 years old. Attachment A lists the procedure codes that should be included for calculation on this line.	7	Number	CALCULATED FIELD	N/A
Total Screens Received(Line 6)	This field displays the combined number of initial and periodic EPSDT screening examinations with dates of service within the fiscal year. The sources of data include reports from continuing care providers and claims paid for such screening services. See Attachment A for the CPT-4 codes included.	7	Number	CALCULATED FIELD	N/A

5.1.27.6 Associated Programs

Program	Description
epsp5550	Create CMS-416 Annual KCHIP Participation Report (EPS-5550-A)
copy2routedir	Copy Reports to Router

5.1.28 EPS-6000-Q -- EPSDT Quarterly Child Health Status

The EPSDT Quarterly Child Health Status (EPS-6000-Q) report lists various EPSDT summary statistics for individuals involved in the program. The statistical information is provided by age category with age subtotals and totals.

5.1.28.1 Technical Name

EPS-6000-Q

5.1.28.2 Sort Order

County

5.1.28.3 Distribution

OnBase

5.1.28.4 EPS-6000-Q -- EPSDT Quarterly Child Health Status Layout

For readability, this report layout appears on the next several pages.

Report : EPS-6000-Q
 Process : EPSJQ600
 Location : EPSP6000

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 EPSDT QUARTERLY CHILD HEALTH STATUS REPORT
 AS OF: MONTH YYYY

Run Date: MM/DD/CCYY
 Run Time: HH:MM:SS
 Page: 99999

COUNTY: XXXXXXXXXXX XXXXXXXXXXX

SECTION I: CHARACTERISTICS
 OF INDIVIDUALS UNDER 21

	UNDER 12 MTHS	12-23 MONTHS	24-35 MONTHS	3-5 YEARS	0-5 YR TOTAL	6-14 YEARS	15-17 YEARS	18-20 YEARS	6-20 YR TOTAL	0-20 YR TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. INDIVIDUALS ELIGIBLE FOR EPSDT:										
A. NEW ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. RE-ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
2. INDIVIDUALS DUE FOR EPSDT MEDICAL RESCREEN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	03-01	03-02	03-03	03-04	03-05	03-06	03-07	03-08	03-09	03-10
3. INDIVIDUALS DUE FOR EPSDT DENTAL RESCREEN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	04-01	04-02	04-03	04-04	04-05	04-06	04-07	04-08	04-09	04-10
4. INDIVIDUALS RECEIVING INFORMATIONAL LETTER	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	05-01	05-02	05-03	05-04	05-05	05-06	05-07	05-08	05-09	05-10
5. SCREENING PER 1000 ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

THIS REPORT ONLY INCLUDES MEMBERS WHO WERE ELIGIBLE AS OF THE LAST DAY OF THE QUARTER

Report : EPS-6000-Q
 Process : EPSJQ600
 Location : EPSP6000

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 EPSDT QUARTERLY CHILD HEALTH STATUS REPORT
 AS OF: MONTH YYYY

Run Date: MM/DD/CCYY
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 Page: 99999

COUNTY: XXXXXXXXXXX XXXXXXXXXXX

SECTION II: SERVICE TO
 ELIGIBLE POPULATION UNDER 21

	UNDER 12 MTHS	12-23 MONTHS	24-35 MONTHS	3-5 YEARS	0-5 YR TOTAL	6-14 YEARS	15-17 YEARS	18-20 YEARS	6-20 YR TOTAL	0-20 YR TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. INDIVIDUALS WITH EPSDT SCREENING:										
A. MEDICAL	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. DENTAL	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
2. INDIVIDUALS RECEIVING TREATMENT NOTICES:										
A. TWO MONTH NOTIFICATION	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. FOUR MONTH NOTIFICATION	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

Report : EPS-6000-Q
 Process : EPSJ0600
 Location : EPSP6000

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 EPSDT QUARTERLY CHILD HEALTH STATUS REPORT
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COUNTY: XXXXXXXXXXX XXXXXXXXXXXXX

SECTION III: NUMBER OF PROBLEMS IDENTIFIED	UNDER	12-23	24-35	3-5	0-5 YR	6-14	15-17	18-20	6-20 YR	0-20 YR
	12 MTHS	MONTHS	MONTHS	YEARS	TOTAL	YEARS	YEARS	YEARS	TOTAL	TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. VISION:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
2. HEARING:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
3. DENTAL:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
4. MENTAL HEALTH:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
5. LEAD:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
6. SICKLE CELL										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
7. FAMILY PLANNING/PREGNANCY										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

Report : EPS-6000-Q
 Process : EPSJQ600
 Location : EPSP6000

COMMONWEALTH OF KENTUCKY
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COUNTY: XXXXXXXXXXX XXXXXXXXXXX

SECTION III: NUMBER OF PROBLEMS IDENTIFIED	UNDER	12-23	24-35	3-5	0-5 YR	6-14	15-17	18-20	6-20 YR	0-20 YR
	12 MTHS	MONTHS	MONTHS	YEARS	TOTAL	YEARS	YEARS	YEARS	TOTAL	TOTAL
	08-01	08-02	08-03	08-04	08-05	08-06	08-07	08-08	08-09	08-10
8. GROWTH, ENDOCRINE, NUTRITION:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	09-01	09-02	09-03	09-04	09-05	09-06	09-07	09-08	09-09	09-10
9. CARDIAC:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	10-01	10-02	10-03	10-04	10-05	10-06	10-07	10-08	10-09	10-10
10. ORTHOPEDIC:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	11-01	11-02	11-03	11-04	11-05	11-06	11-07	11-08	11-09	11-10
11. GENT IO-URINARY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	12-01	12-02	12-03	12-04	12-05	12-06	12-07	12-08	12-09	12-10
12. ENT/RESPIRATORY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	13-01	13-02	13-03	13-04	13-05	13-06	13-07	13-08	13-09	13-10
13. NEUROLOGY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	14-01	14-02	14-03	14-04	14-05	14-06	14-07	14-08	14-09	14-10
14. HEMOGLOBIN:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	15-01	15-02	15-03	15-04	15-05	15-06	15-07	15-08	15-09	15-10
15. OTHER:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

5.1.28.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CARDIAC - REFERRED, NO TREATMENT CLAIM (III.9.B.)	Calculates, by age interval, number of members referred for cardiac treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
CARDIAC - REFERRED, TREATMENT CLAIM (III.9.A.)	Calculates, by age interval, number of members referred for cardiac treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
DENTAL - REFERRED, NO TREATMENT CLAIM (III.3.B.)	Calculates, by age interval, number of members referred for DENTAL treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
DENTAL - REFERRED, TREATMENT CLAIM (III.3.A.)	Calculates, by age interval, number of members referred for dental treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ENT/RESPIRATOR - REFERRED, NO TREATMENT CLAIM (III.12.B.)	Calculates, by age interval, number of members referred for ENT/ respiratory treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
ENT/RESPIRATOR - REFERRED, TREATMENT CLAIM (III.12.A.)	Calculates, by age interval, number of members referred for ENT/respiratory treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
FAMILY PLANNING/PREGNANCY - REFERRED, NO TREATMENT CLAIM (III.7.B.)	Calculates, by age interval, number of members referred for family planning/pregnancy treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
FAMILY PLANNING/PREGNANCY - REFERRED, TREATMENT CLAIM (III.7.A.)	Calculates, by age interval, number of members referred for family planning/pregnancy treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GENITO-URINARY - REFERRED, NO TREATMENT CLAIM (III.11.B.)	Calculates, by age interval, number of members referred for genito-urinary treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GENITO-URINARY - REFERRED, TREATMENT CLAIM (III.11.A.)	Calculates, by age interval, number of members referred for genito-urinary treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
GROWTH, ENDOCRINE NUTRITION - REFERRED, NO TREATMENT CLAIM (III.8.B.)	Calculates, by age interval, number of members referred for growth, endocrine, nutrition treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GROWTH, ENDOCRINE NUTRITION - REFERRED, TREATMENT CLAIM (III.8.A.)	Calculates, by age interval, number of members referred for growth, endocrine, nutrition treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEARING - REFERRED, NO TREATMENT CLAIM (III.2.B.)	Calculates, by age interval, number of members referred for hearing treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEARING - REFERRED, TREATMENT CLAIM (III.2.A.)	Calculates, by age interval, number of members referred for hearing treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEMOGLOBIN - REFERRED, NOTREATMENT CLAIM (III.14.B.)	Calculates, by age interval, number of members referred for hemoglobin treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
HEMOGLOBIN - REFERRED, TREATMENT CLAIM (III.14.A.)	Calculates, by age interval, number of members referred for hemoglobin treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS DUE FOR EPSDT DENTAL RESCREEN (I.3.)	Calculates, by age interval, number of members due for EPSDT dental rescreen within the report quarter	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS DUE FOR EPSDT MEDICAL RESCREEN (I.2.)	Calculates, by age interval, number of members due for EPSDT medical rescreen within the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS ELIGIBLE FOR EPSDT - NEW ELIGIBLES (I.1.A.)	Calculates, by age interval, number of members newly eligible for EPSDT within the report quarter	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS ELIGIBLE FOR EPSDT - RE-ELIGIBLES (I.1.B.)	Calculates, by age interval, number of members whose eligibly was reinstated within the report quarter (that is:, were eligible for KY Medicaid became ineligible for 2 years or more, and are now KY Medicaid eligible again and are under 21 years of age).	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS RECEIVING INFORMATIONAL LETTER (I.4.)	Calculates, by age interval, number of members for whom an informational letter is received during the report quarter.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
INDIVIDUALS RECEIVING TREATMENT NOTICES - FOUR MONTH NOTIFICATION (II.2.B.)	Calculates, by age interval, number of members receiving a four month treatment notification during the report quarter. NOTE: Children receiving more than one notice for the same treatment during the report quarter is only counted once according to the last notice sent during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS RECEIVING TREATMENT NOTICES - TWO MONTH NOTIFICATION (II.2.A.)	Calculates, by age interval, number of members receiving a two month treatment notification during the report quarter. NOTE: Children receiving more than one notice for the same treatment during the report quarter is only counted once according to the last notice sent during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS WITH EPSDT SCREENING - DENTAL (II.1.B.)	Calculates, by age interval, number of members who have had an EPSDT dental screening during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS WITH EPSDT SCREENING - MEDICAL (II.1.A.)	Calculates, by age interval, number of members who have had an EPSDT medical screening during the report quarter	6	Number	N/A	CALCULATED FIELD
LEAD - REFERRED, NO TREATMENT CLAIM (III.5.B.)	Calculates, by age interval, number of members referred for lead treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
LEAD - REFERRED, TREATMENT CLAIM (III.5.A.)	Calculates, by age interval, number of members referred for lead treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
MENTAL HEALTH REFERRED, NO TREATMENT CLAIM (III.4.B.)	Calculates, by age interval, number of members referred for mental health treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
MENTAL HEALTH REFERRED, TREATMENT CLAIM (III.4.A.)	Calculates, by age interval, number of members referred for mental health treatment during the report quarter that had treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
NEUROLOGY - REFERRED, NO TREATMENT CLAIM (III.13.B.)	Calculates, by age interval, number of members referred for neurology treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
NEUROLOGY - REFERRED, TREATMENT CLAIM (III.13.A.)	Calculates, by age interval, number of members referred for neurology treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ORTHOPEDIC - REFERRED, NOTREATMENT CLAIM (III.10.B.)	Calculates, by age interval, number of members referred for orthopedic treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ORTHOPEDIC - REFERRED, TREATMENT CLAIM (III.10.A.)	Calculates, by age interval, number of members referred for orthopedic treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
OTHER - REFERRED (III.15.A.)	Calculates, by age interval, number of members referred for “other” treatment. Given that no set treatment criteria exists for “other” conditions, the number of children who did (did not) receive treatment cannot be reported.	6	Number	N/A	CALCULATED FIELD
SCREENING PER 1000 ELIGIBLES (I.5.)	Calculates, by age interval, number of screenings per 1000 eligibles as follows: (Number of children receiving at least one screen during the report quarter multiplied by 1000) divided by the number of children.	6	Number	N/A	CALCULATED FIELD
SICKLE CELL - REFERRED, NO TREATMENT CLAIM (III.6.B.)	Calculates, by age interval, number of members referred for sickle cell treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
SICKLE CELL - REFERRED, TREATMENT CLAIM (III.6.A.)	Calculates, by age interval, number of members referred for sickle cell treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
VISION - REFERRED, NO TREATMENT CLAIM (III.1.B.)	Calculates, by age interval, number of members referred for vision treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
VISION - REFERRED, TREATMENT CLAIM (III.1.A.)	Calculates, by age interval, number of members referred for vision treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

5.1.28.6 Associated Programs

Program	Description
epsp6000	Create EPSDT Quarterly Child Health Status Report (EPS-6000-Q)
copy2routedir	Copy Reports to Router

5.1.29 EPS-6050-Q -- KCHIP Quarterly Child Health Status

The KCHIP Quarterly Child Health Status (EPS-6050-Q) report lists various KCHIP summary statistics for individuals involved in the EPSDT program. The statistical information is provided by age category with age subtotals and totals.

5.1.29.1 Technical Name

EPS-6050-Q

5.1.29.2 Sort Order

County

5.1.29.3 Distribution

OnBase

5.1.29.4 EPS-6050-Q -- KCHIP Quarterly Child Health Status Layout

For readability, this report layout appears on the next several pages.

Report : EPS-6050-Q
 Process : EPSJQ600
 Location : EPSP6050

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 KCHIP QUARTERLY CHILD HEALTH STATUS REPORT
 AS OF: MONTH YYYY

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 Page: 99999

COUNTY: XXXXXXXXXXX XXXXXXXXXXX

SECTION I: CHARACTERISTICS OF INDIVIDUALS UNDER 21	UNDER 12 MTHS	12-23 MONTHS	24-35 MONTHS	3-5 YEARS	0-5 YR TOTAL	6-14 YEARS	15-17 YEARS	18-20 YEARS	6-20 YR TOTAL	0-20 YR TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. INDIVIDUALS ELIGIBLE FOR EPSDT:										
A. NEW ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. RE-ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
2. INDIVIDUALS DUE FOR EPSDT MEDICAL RESCREEN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	03-01	03-02	03-03	03-04	03-05	03-06	03-07	03-08	03-09	03-10
3. INDIVIDUALS DUE FOR EPSDT DENTAL RESCREEN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	04-01	04-02	04-03	04-04	04-05	04-06	04-07	04-08	04-09	04-10
4. INDIVIDUALS RECEIVING INFORMATIONAL LETTER	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	05-01	05-02	05-03	05-04	05-05	05-06	05-07	05-08	05-09	05-10
5. SCREENING PER 1000 ELIGIBLES	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

THIS REPORT ONLY INCLUDES MEMBERS WHO WERE ELIGIBLE AS OF THE LAST DAY OF THE QUARTER

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SECTION II: SERVICE TO ELIGIBLE POPULATION UNDER 21	UNDER 12 MTHS	12-23 MONTHS	24-35 MONTHS	3-5 YEARS	0-5 YR TOTAL	6-14 YEARS	15-17 YEARS	18-20 YEARS	6-20 YR TOTAL	0-20 YR TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. INDIVIDUALS WITH EPSDT SCREENING:										
A. MEDICAL	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. DENTAL	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
2. INDIVIDUALS RECEIVING TREATMENT NOTICES:										
A. TWO MONTH NOTIFICATION	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. FOUR MONTH NOTIFICATION	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

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SECTION III: NUMBER OF PROBLEMS IDENTIFIED	UNDER	12-23	24-35	3-5	0-5 YR	6-14	15-17	18-20	6-20 YR	0-20 YR
	12 MTHS	MONTHS	MONTHS	YEARS	TOTAL	YEARS	YEARS	YEARS	TOTAL	TOTAL
	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
1. VISION:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
2. HEARING:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	03-01	03-02	03-03	03-04	03-05	03-06	03-07	03-08	03-09	03-10
3. DENTAL:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	04-01	04-02	04-03	04-04	04-05	04-06	04-07	04-08	04-09	04-10
4. MENTAL HEALTH:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	05-01	05-02	05-03	05-04	05-05	05-06	05-07	05-08	05-09	05-10
5. LEAD:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	06-01	06-02	06-03	06-04	06-05	06-06	06-07	06-08	06-09	06-10
6. SICKLE CELL										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	07-01	07-02	07-03	07-04	07-05	07-06	07-07	07-08	07-09	07-10
7. FAMILY PLANNING/PREGNANCY										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

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SECTION III: NUMBER OF PROBLEMS IDENTIFIED	UNDER	12-23	24-35	3-5	0-5 YR	6-14	15-17	18-20	6-20 YR	0-20 YR
	12 MTHS	MONTHS	MONTHS	YEARS	TOTAL	YEARS	YEARS	YEARS	TOTAL	TOTAL
	08-01	08-02	08-03	08-04	08-05	08-06	08-07	08-08	08-09	08-10
8. GROWTH, ENDOCRINE, NUTRITION:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	09-01	09-02	09-03	09-04	09-05	09-06	09-07	09-08	09-09	09-10
9. CARDIAC:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	10-01	10-02	10-03	10-04	10-05	10-06	10-07	10-08	10-09	10-10
10. ORTHOPEDIC:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	11-01	11-02	11-03	11-04	11-05	11-06	11-07	11-08	11-09	11-10
11. GENT IO-URINARY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	12-01	12-02	12-03	12-04	12-05	12-06	12-07	12-08	12-09	12-10
12. ENT/RESPIRATORY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	13-01	13-02	13-03	13-04	13-05	13-06	13-07	13-08	13-09	13-10
13. NEUROLOGY:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	14-01	14-02	14-03	14-04	14-05	14-06	14-07	14-08	14-09	14-10
14. HEMOGLOBIN:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
	15-01	15-02	15-03	15-04	15-05	15-06	15-07	15-08	15-09	15-10
15. OTHER:										
A. REFERRED, TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999
B. REFERRED, NO TREATMENT CLAIM	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	9,999,999	99,999,999

5.1.29.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CARDIAC - REFERRED, NO TREATMENT CLAIM (III.9.B.)	Calculates, by age interval, number of members referred for cardiac treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
CARDIAC - REFERRED, TREATMENT CLAIM (III.9.A.)	Calculates, by age interval, number of members referred for cardiac treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY
DENTAL - REFERRED, NO TREATMENT CLAIM (III.3.B.)	Calculates, by age interval, number of members referred for DENTAL treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
DENTAL - REFERRED, TREATMENT CLAIM (III.3.A.)	Calculates, by age interval, number of members referred for dental treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ENT/RESPIRATOR - REFERRED, NO TREATMENT CLAIM (III.12.B.)	Calculates, by age interval, number of members referred for ENT/ respiratory treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
ENT/RESPIRATOR - REFERRED, TREATMENT CLAIM (III.12.A.)	Calculates, by age interval, number of members referred for ENT/respiratory treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
FAMILY PLANNING/PREGNANCY - REFERRED, NO TREATMENT CLAIM (III.7.B.)	Calculates, by age interval, number of members referred for family planning/pregnancy treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
FAMILY PLANNING/PREGNANCY - REFERRED, TREATMENT CLAIM (III.7.A.)	Calculates, by age interval, number of members referred for family planning/pregnancy treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GENITO-URINARY - REFERRED, NO TREATMENT CLAIM (III.11.B.)	Calculates, by age interval, number of members referred for genito-urinary treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GENITO-URINARY - REFERRED, TREATMENT CLAIM (III.11.A.)	Calculates, by age interval, number of members referred for genito-urinary treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
GROWTH, ENDOCRINE NUTRITION - REFERRED, NO TREATMENT CLAIM (III.8.B.)	Calculates, by age interval, number of members referred for growth, endocrine, nutrition treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
GROWTH, ENDOCRINE NUTRITION - REFERRED, TREATMENT CLAIM (III.8.A.)	Calculates, by age interval, number of members referred for growth, endocrine, nutrition treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEARING - REFERRED, NO TREATMENT CLAIM (III.2.B.)	Calculates, by age interval, number of members referred for hearing treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEARING - REFERRED, TREATMENT CLAIM (III.2.A.)	Calculates, by age interval, number of members referred for hearing treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
HEMOGLOBIN - REFERRED, NOTREATMENT CLAIM (III.14.B.)	Calculates, by age interval, number of members referred for hemoglobin treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
HEMOGLOBIN - REFERRED, TREATMENT CLAIM (III.14.A.)	Calculates, by age interval, number of members referred for hemoglobin treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS DUE FOR EPSDT DENTAL RESCREEN (I.3.)	Calculates, by age interval, number of members due for EPSDT dental rescreen within the report quarter	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS DUE FOR EPSDT MEDICAL RESCREEN (I.2.)	Calculates, by age interval, number of members due for EPSDT medical rescreen within the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS ELIGIBLE FOR EPSDT - NEW ELIGIBLES (I.1.A.)	Calculates, by age interval, number of members newly eligible for EPSDT within the report quarter	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS ELIGIBLE FOR EPSDT - RE-ELIGIBLES (I.1.B.)	Calculates, by age interval, number of members whose eligibly was reinstated within the report quarter (that is:, were eligible for KY Medicaid became ineligible for 2 years or more, and are now KY Medicaid eligible again and are under 21 years of age).	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS RECEIVING INFORMATIONAL LETTER (I.4.)	Calculates, by age interval, number of members for whom an informational letter is received during the report quarter.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
INDIVIDUALS RECEIVING TREATMENT NOTICES - FOUR MONTH NOTIFICATION (II.2.B.)	Calculates, by age interval, number of members receiving a four month treatment notification during the report quarter. NOTE: Children receiving more than one notice for the same treatment during the report quarter is only counted once according to the last notice sent during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS RECEIVING TREATMENT NOTICES - TWO MONTH NOTIFICATION (II.2.A.)	Calculates, by age interval, number of members receiving a two month treatment notification during the report quarter. NOTE: Children receiving more than one notice for the same treatment during the report quarter is only counted once according to the last notice sent during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS WITH EPSDT SCREENING - DENTAL (II.1.B.)	Calculates, by age interval, number of members who have had an EPSDT dental screening during the report quarter.	6	Number	N/A	CALCULATED FIELD
INDIVIDUALS WITH EPSDT SCREENING - MEDICAL (II.1.A.)	Calculates, by age interval, number of members who have had an EPSDT medical screening during the report quarter	6	Number	N/A	CALCULATED FIELD
LEAD - REFERRED, NO TREATMENT CLAIM (III.5.B.)	Calculates, by age interval, number of members referred for lead treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
LEAD - REFERRED, TREATMENT CLAIM (III.5.A.)	Calculates, by age interval, number of members referred for lead treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
MENTAL HEALTH REFERRED, NO TREATMENT CLAIM (III.4.B.)	Calculates, by age interval, number of members referred for mental health treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
MENTAL HEALTH REFERRED, TREATMENT CLAIM (III.4.A.)	Calculates, by age interval, number of members referred for mental health treatment during the report quarter that had treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
NEUROLOGY - REFERRED, NO TREATMENT CLAIM (III.13.B.)	Calculates, by age interval, number of members referred for neurology treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
NEUROLOGY - REFERRED, TREATMENT CLAIM (III.13.A.)	Calculates, by age interval, number of members referred for neurology treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ORTHOPEDIC - REFERRED, NOTREATMENT CLAIM (III.10.B.)	Calculates, by age interval, number of members referred for orthopedic treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
ORTHOPEDIC - REFERRED, TREATMENT CLAIM (III.10.A.)	Calculates, by age interval, number of members referred for orthopedic treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
OTHER - REFERRED (III.15.A.)	Calculates, by age interval, number of members referred for “other” treatment. Given that no set treatment criteria exists for “other” conditions, the number of children who did (did not) receive treatment cannot be reported.	6	Number	N/A	CALCULATED FIELD
SCREENING PER 1000 ELIGIBLES (I.5.)	Calculates, by age interval, number of screenings per 1000 eligibles as follows: (Number of children receiving at least one screen during the report quarter multiplied by 1000) divided by the number of children.	6	Number	N/A	CALCULATED FIELD
SICKLE CELL - REFERRED, NO TREATMENT CLAIM (III.6.B.)	Calculates, by age interval, number of members referred for sickle cell treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
SICKLE CELL - REFERRED, TREATMENT CLAIM (III.6.A.)	Calculates, by age interval, number of members referred for sickle cell treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD
VISION - REFERRED, NO TREATMENT CLAIM (III.1.B.)	Calculates, by age interval, number of members referred for vision treatment during the report quarter that did not have a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
VISION - REFERRED, TREATMENT CLAIM (III.1.A.)	Calculates, by age interval, number of members referred for vision treatment during the report quarter that had a treatment claim. NOTE: Refer to KYME7000-R001 for treatment criteria.	6	Number	N/A	CALCULATED FIELD

5.1.29.6 Associated Programs

Program	Description
epsp6050	Create KCHIP Quarterly Child Health Status Report (EPS-6050-Q)
copy2routedir	Copy Reports to Router

5.1.30 EPS-6500-A -- Periodic Screening Cost Analysis

The Periodic Screening Cost Analysis (EPS-6500-M) report compares costs between EPSDT eligible members receiving EPSDT services and eligible members not receiving EPSDT services.

5.1.30.1 Technical Name
EPS-6500-A

5.1.30.2 Sort Order
County

5.1.30.3 Distribution
OnBase

5.1.30.4 EPS-6500-A -- Periodic Screening Cost Analysis Layout

Report : EPS-6500-A
 Process : EPSJ&650
 Location : EPSP6500

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 EPSDT PERIODIC SCREENING COST ANALYSIS
 AS OF: MONTH CCFY

Run Date: MM/DD/CCYY
 Run Time: HH:MM:SS
 Page: 99999

COUNTY : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

	UNDER 12 MTHS	12-23 MONTHS	24-35 MONTHS	3-5 YEARS	0-5 YR TOTAL	6-14 YEARS	15-17 YEARS	18-20 YEARS	0-20 YR TOTAL	6-20 YR TOTAL
1. CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS:	01-01	01-02	01-03	01-04	01-05	01-06	01-07	01-08	01-09	01-10
A. TOTAL COST	999999999	999999999	999999999	999999999	999999999999	999999999	999999999	999999999	999999999999	999999999999
B. AVERAGE COST	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	9,999,999	9,999,999	9,999,999	999,999,999	999,999,999
C. TOTAL CHILDREN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	99,999,999	9,999,999
2. CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE:	02-01	02-02	02-03	02-04	02-05	02-06	02-07	02-08	02-09	02-10
A. TOTAL COST	999999999	999999999	999999999	999999999	999999999999	999999999	999999999	999999999	999999999999	999999999999
B. AVERAGE COST	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	9,999,999	9,999,999	9,999,999	999,999,999	999,999,999
C. TOTAL CHILDREN	999,999	999,999	999,999	999,999	9,999,999	999,999	999,999	999,999	99,999,999	9,999,999

TOTAL MEMBERS IN THIS COUNTY/AID CATEGORY: 999,999

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.30.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - AVERAGE COST (1.B.)	Calculates, by age interval, average cost for members who have participated in EPSDT for more than nine months (Line 1.A. divided by Line 1.C.)	7	Number	N/A	CALCULATED FIELD
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - TOTAL CHILDREN (1.C.)	Calculates, by age interval, number of members who have participated in EPSDT within the last nine months.	6	Number	N/A	CALCULATED FIELD
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - TOTAL COST (1.A.)	Calculates, by age interval, total cost, during the federal fiscal report year, for members who have participated in EPSDT for more than nine months. Children who have received their last EPSDT/HealthStart exam more than five years ago are excluded.	9	Number	N/A	CALCULATED FIELD
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - AVERAGE COST (2.B.)	Calculates by age interval, average cost for members who have not participated in EPSDT for the nine months prior to current date (Line 2.A. divided by Line 2.C.).	7	Number	N/A	CALCULATED FIELD
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - TOTAL CHILDREN (2.C.)	Calculates, by age interval, number of members who have not participated in EPSDT for the nine months prior to current date.	6	Number	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - TOTAL COST (2.A.)	Calculates, by age interval, total cost, during the Federal fiscal report year, for members who have not participated in EPSDT for the nine months prior to current date.	9	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BASE	CDE_COUNTY

5.1.30.6 Associated Programs

Program	Description
epsp6500	Create Periodic Screening Cost Analysis Report (EPS-6500-M)
copy2routedir	Copy Reports to Router

5.1.31 EPS-6550-A -- KCHIP Periodic Screening Cost Analysis

The KCHIP Periodic Screening Cost Analysis (EPS-6550-M) report compares costs between KCHIP eligible members receiving EPSDT services and KCHIP eligible members not receiving EPSDT services.

5.1.31.1 Technical Name
 EPS-6550-A

5.1.31.2 Sort Order
 County

5.1.31.3 Distribution
 OnBase

5.1.31.4 EPS-6550-A -- KCHIP Periodic Screening Cost Analysis Layout

REPORT : EPS-6550-A
 PROCESS : EPSJM655
 LOCATION: EPSP6550

COMMONWEALTH OF KENTUCKY
 MEDICAID MANAGEMENT INFORMATION SYSTEM
 KCHIP PERIODIC SCREENING COST ANALYSIS
 AS OF: MONTH CCYY

RUN DATE: MM/DD/CCYY
 RUN TIME: HH:MM
 PAGE NO.: 99999

COUNTY : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

	UNDER 12 MTHS 01-01	12-23 MONTHS 01-02	24-35 MONTHS 01-03	3-5 YEARS 01-04	0-5 YR TOTAL 01-05	6-14 YEARS 01-06	15-17 YEARS 01-07	18-20 YEARS 01-08	0-20 YR TOTAL 01-09	6-20 YR TOTAL 01-10
1. CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS:										
A. TOTAL COST	999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999,999	999,999,999
B. AVERAGE COST	999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	99,999,999	999,999,999
C. TOTAL CHILDREN										
2. CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE:										
A. TOTAL COST	999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	999,999,999	999,999,999
B. AVERAGE COST	999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	99,999,999	999,999,999
C. TOTAL CHILDREN	999,999	999,999	999,999	999,999	99,999,999	999,999	999,999	999,999	99,999,999	999,999,999

MEMBERS IN PRE-PAID HEALTHCARE ARRANGEMENTS OR INSTITUTIONS ARE EXCLUDED FROM THIS REPORT.

TOTAL MEMBERS IN THIS COUNTY/AID CATEGORY: 999,999,999

*** END OF REPORT ***
 *** NO DATA THIS RUN ***

5.1.31.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - AVERAGE COST (1.B.)	Calculates, by age interval, average cost for members who have participated in EPSDT for more than nine months (Line 1.A. divided by Line 1.C.)	7	Number	N/A	CALCULATED FIELD
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - TOTAL CHILDREN (1.C.)	Calculates, by age interval, number of members who have participated in EPSDT within the last nine months.	6	Number	N/A	CALCULATED FIELD
CHILDREN PARTICIPATING IN EPSDT FOR MORE THAN NINE MONTHS - TOTAL COST (1.A.)	Calculates, by age interval, total cost, during the federal fiscal report year, for members who have participated in EPSDT for more than nine months. Children who have received their last EPSDT/HealthStart exam more than five years ago are excluded.	9	Number	N/A	CALCULATED FIELD
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - AVERAGE COST (2.B.)	Calculates by age interval, average cost for members who have not participated in EPSDT for the nine months prior to current date (Line 2.A. divided by Line 2.C.).	7	Number	N/A	CALCULATED FIELD
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - TOTAL CHILDREN (2.C.)	Calculates, by age interval, number of members who have not participated in EPSDT for the nine months prior to current date.	6	Number	N/A	CALCULATED FIELD
CHILDREN WHO DID NOT PARTICIPATE IN EPSDT PRIOR TO NINE MONTHS FROM CURRENT DATE - TOTAL COST (2.A.)	Calculates, by age interval, total cost, during the Federal fiscal report year, for members who have not participated in EPSDT for the nine months prior to current date.	9	Number	N/A	CALCULATED FIELD
COUNTY	The member's residing county.	12	Character	T_RE_BA SE	CDE_COUNTY

5.1.31.6 Associated Programs

Program	Description
epsp6550	Create KCHIP Periodic Screening Cost Analysis Report (EPS-6550-M)
copy2routedir	Copy Reports to Router

5.1.32 EPS-7000-M -- EPSDT Treatment Definition

The EPSDT Treatment Definition (EPS-7000-M) report lists all current treatment criteria used for determining EPSDT treatment categories.

5.1.32.1 Technical Name
EPS-7000-M

5.1.32.2 Sort Order
Diagnosis, Procedure

5.1.32.3 Distribution
OnBase

5.1.32.4 EPS-7000-M -- EPSDT Treatment Definition Layout

REPORT : EPS-7000-M	COMMONWEALTH OF KENTUCKY	RUN DATE: MM/DD/CCYY
PROCESS : EPSJM700	MEDICAID MANAGEMENT INFORMATION SYSTEM	RUN TIME: HH:MM
LOCATION: EPSP7000	EPSDT TREATMENT DEFINITION REPORT	PAGE NO.: 99999

DIAGNOSIS CODE		TREATMENT INDICATORS														
FROM	TO	VIS	HER	DEN	MEN	LEA	SIC	FPP	GRO	CAR	ORT	GEN	ENT	NEU	HEM	OTH
XXXXXX	XXXXXX	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
XXXXXX	XXXXXX	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
XXXXXX	XXXXXX	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

REPORT : EPS-7000-M	COMMONWEALTH OF KENTUCKY	RUN DATE: MM/DD/CCYY
PROCESS : EPSJM700	MEDICAID MANAGEMENT INFORMATION SYSTEM	RUN TIME: HH:MM
LOCATION: EPSP7000	EPSDT TREATMENT DEFINITION REPORT	PAGE NO.: 99999

PROCEDURE CODE/MODIFIERS						TREATMENT INDICATORS														
FROM			TO	VIS	HER	DEN	MEN	LEA	SIC	FPP	GRO	CAR	ORT	GEN	ENT	NEU	HEM	OTH		
XXXXX	XX	XX	XXXXX	XX	XX	X	X	X	X	X	X	X	X	X	X	X	X	X		
XXXXX	XX	XX	XXXXX	XX	XX	X	X	X	X	X	X	X	X	X	X	X	X	X		
XXXXX	XX	XX	XXXXX	XX	XX	X	X	X	X	X	X	X	X	X	X	X	X	X		

5.1.32.5 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
CAR	Cardiac applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_CARDIAC
DEN	Dental applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_DENTAL
DIAGNOSIS CODE FROM	Indicates patient diagnosis defined by ICD-10-CM.	5	Character	T_DIAGNOSIS	CDE_DIAG
DIAGNOSIS CODE TO	Indicates patient diagnosis defined by ICD-10-CM.	5	Character	T_DIAGNOSIS	CDE_DIAG
ENT	ENT/Respiratory applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_ENT
FPP	Family Planning/Pregnancy applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_FAMILY_PLAN
GEN	Genito-urinary applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_GEN_URIN
GRO	Growth, Endocrine, Nutrition applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_GROWTH
HEA	Hearing applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_HEARING
HEM	Hemoglobin applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_HEMOGLOBIN
LEA	Lead applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_LEAD
MEN	Mental Health applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_MENTAL

Field	Description	Length	Data Type	DB Table	DB Attributes
NEU	Neurology applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_NUROLOGIC
ORT	Orthopedic applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_ORTHOPEDIC
OTH	“other” applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_OTHER
PROCEDURE CODE FROM	The beginning procedure code defined in the procedure code range for the treatment category indicated.	7	Character	T_PROC	CDE_PROC
PROCEDURE CODE FROM MODIFIER1	Indicates procedure performed.	5	Character	T_RE_EPS_PROC_TRT	CDE_PROC_FROM_MOD1
PROCEDURE CODE FROM MODIFIER2	Indicates procedure performed.	5	Character	T_RE_EPS_PROC_TRT	CDE_PROC_FROM_MOD2
PROCEDURE CODE TO	The ending procedure code defined in the procedure code range for the treatment category indicated.	7	Character	T_PROC	CDE_PROC
PROCEDURE CODE TO MODIFIER1	Indicates procedure performed, procedure modifier for claim and second procedure code modifier on claim.	5	Character	T_RE_EPS_PROC_TRT	CDE_PROC_TO_MOD1
PROCEDURE CODE TO MODIFIER2	Indicates procedure performed, procedure modifier for claim and second procedure code modifier on claim.	5	Character	T_RE_EPS_PROC_TRT	CDE_PROC_TO_MOD2
SIC	Sickle cell applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_SICK_CELL

Field	Description	Length	Data Type	DB Table	DB Attributes
VIS	Vision applicability indicator. (Values: Y, N).	1	Character	T_RE_EPS_PROC_TRT	IND_VISION

5.1.32.6 Associated Programs

Program	Description
epsp7000	Create EPSDT Treatment Definition Report (EPS-7000-M)
copy2routedir	Copy Reports to Router

6 Letters

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

6.1.1 EPS-1301-M -- EPSDT Member Reminder Notice Letter - 365 Days

The EPSDT Member Reminder Notice Letters - 365 (EPS-1301-M) inform members that they are no longer eligible for EPSDT services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday.

6.1.1.1 Technical Name

EPS-1301-M

6.1.1.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name
Member Address line1
Member Address line2
City, State Zip-Zip4

DEAR PARENT/GUARDIAN

This is an important reminder and notice to you. Based on our records, *Member name* is receiving or has received in the past a service through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

EPSDT special services provides medically necessary services to current Medicaid eligible children under the age of twenty-one(21), which the regular Medicaid program does not cover. Our records show that *Member name* will be twenty-one(21) on MONTH DD, CCYY* (21st birthday). EPSDT special services may continue until end of *Member name* birth month.

Therefore, after MONTH DD, CCYY** (EOM) , *Member name* will no longer be eligible for EPSDT special services on his/her Kentucky Medicaid card. This is true even if she is still eligible for Medicaid. This only applies to EPSDT special services. It does not apply to *Member name* eligibility for Medicaid.

If *Member name* is receiving EPSDT special services, you should discuss this with the health care agency providing services so that you may make other plans for *Member name* care. You may also contact the Children's Program branch at 502-564-9444 if you need more information.

This letter is meant to allow you time to make other plans for needed services.

If *Member name* does not now have a Medicaid card, you do not need to respond to this letter.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.1.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITIAL, NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.1.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.2 EPS-1302-M -- EPSDT Member Reminder Notice Letter - 180 Days

The EPSDT Member Reminder Notice Letters - 365 (EPS-1302-M) inform members that they are no longer eligible for EPSDT services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for EPSDT services after their 21st Birthday.

6.1.2.1 Technical Name EPS-1302-M

6.1.2.2 Layout



**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name
Member Address line1
Member Address line2
City, State Zip-Zip4

DEAR PARENT/GUARDIAN

This is an important reminder and notice to you. Based on our records, *Member name* is receiving or has received in the past a service through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

EPSDT special services provides medically necessary services to current Medicaid eligible children under the age of twenty-one(21), which the regular Medicaid program does not cover. Our records show that *Member name* will be twenty-one(21) on MONTH DD, CCYY* (21st birthday). EPSDT special services may continue until end of *Member name* birth month.

Therefore, after MONTH DD, CCYY** (EOM) , *Member name* will no longer be eligible for EPSDT special services on his/her Kentucky Medicaid card. This is true even if she is still eligible for Medicaid. This only applies to EPSDT special services. It does not apply to *Member name* eligibility for Medicaid.

If *Member name* is receiving EPSDT special services, you should discuss this with the health care agency providing services so that you may make other plans for *Member name* care. You may also contact the Children's Program branch at 502-564-9444 if you need more information.

This letter is meant to allow you time to make other plans for needed services.

If *Member name* does not now have a Medicaid card, you do not need to respond to this letter.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.2.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.2.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.3 EPS-1303-M -- EPSDT Member Reminder Notice Letter - 90 Days

The EPSDT Member Reminder Notice Letters - 365 (EPS-1303-M) inform members that they are no longer eligible for EPSDT services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for EPSDT services after their 21st Birthday.

6.1.3.1 Technical Name

EPS-1303-M

6.1.3.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name
Member Address line1
Member Address line2
City, State Zip-Zip4

DEAR PARENT/GUARDIAN

This is an important reminder and notice to you. Based on our records, *Member name* is receiving or has received in the past a service through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

EPSDT special services provides medically necessary services to current Medicaid eligible children under the age of twenty-one(21), which the regular Medicaid program does not cover. Our records show that *Member name* will be twenty-one(21) on MONTH DD, CCYY* (21st birthday). EPSDT special services may continue until end of *Member name* birth month.

Therefore, after MONTH DD, CCYY** (EOM) , *Member name* will no longer be eligible for EPSDT special services on his/her Kentucky Medicaid card. This is true even if she is still eligible for Medicaid. This only applies to EPSDT special services. It does not apply to *Member name* eligibility for Medicaid.

If *Member name* is receiving EPSDT special services, you should discuss this with the health care agency providing services so that you may make other plans for *Member name* care. You may also contact the Children's Program branch at 502-564-9444 if you need more information.

This letter is meant to allow you time to make other plans for needed services.

If *Member name* does not now have a Medicaid card, you do not need to respond to this letter.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.3.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST,NAM_MID_INIT,NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.3.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.4 EPS-1304-M -- EPSDT Member Reminder Notice Letter - 30 Days

The EPSDT Member Reminder Notice Letters - 365 (EPS-1304-M) inform members that they are no longer eligible for EPSDT services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for EPSDT services after their 21st Birthday.

6.1.4.1 Technical Name EPS-1304-M

6.1.4.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name
Member Address line1
Member Address line2
City, State Zip-Zip4

DEAR PARENT/GUARDIAN

This is an important reminder and notice to you. Based on our records, *Member name* is receiving or has received in the past a service through Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) special services.

EPSDT special services provides medically necessary services to current Medicaid eligible children under the age of twenty-one(21), which the regular Medicaid program does not cover. Our records show that *Member name* will be twenty-one(21) on MONTH DD, CCYY* (21st birthday). EPSDT special services may continue until end of *Member name* birth month.

Therefore, after MONTH DD, CCYY** (EOM) , *Member name* will no longer be eligible for EPSDT special services on his/her Kentucky Medicaid card. This is true even if she is still eligible for Medicaid. This only applies to EPSDT special services. It does not apply to *Member name* eligibility for Medicaid.

If *Member name* is receiving EPSDT special services, you should discuss this with the health care agency providing services so that you may make other plans for *Member name* care. You may also contact the Children's Program branch at 502-564-9444 if you need more information.

This letter is meant to allow you time to make other plans for needed services.

If *Member name* does not now have a Medicaid card, you do not need to respond to this letter.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.4.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.4.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.5 EPS-1401-M -- Impact Plus Member Reminder Notice Letter - 365 Days

The Impact Plus Member Reminder Notice Letters - 365 (EPS-1401-M) inform members that they are no longer eligible for Impact Plus services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for Impact Plus services after their 21st Birthday. Impact Plus Services are only provided for Medicaid-eligible children under the age of 21, and are many times provided to children who are also receiving or have received EPSDT special services.

The EPSDT subsystem already had a system in place to identify children who have received, or are receiving EPSDT Special Services and who are about to turn 21. The subsystem generates notices to those individuals that their EPSDT services are not covered after the end of their twenty-first birth month.

Impact Plus needed a similar process. Since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generated through the EPSDT subsystem.

6.1.5.1 Technical Name EPS-1401-M

For readability, the layout appears on the next page.

6.1.5.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name

Member Address line1

Member Address line2

City, State Zip-Zip4

DEAR PARENT/GUARDIAN/MEMBER:

This is an important reminder and notice to you.

According to our records, *Member Name* has been receiving services through Medicaid's IMPACT PLUS Program.

The IMPACT PLUS Program provides coverage for services through the end of the month of the member's twenty-first (21st) birthday.

Our records show that *Member Name* will be twenty-one (21) on MONTH DD, CCYY* (21st birthday). Therefore, after MONTH DD, CCYY (EOM), *Member Name* will no longer be eligible for services through the IMPACT PLUS Program. *Member Name* may or may not lose Medicaid eligibility at that time. If you have questions regarding Medicaid eligibility, please contact your local Cabinet for Families and Children Office.

You should discuss this with the health care agency currently providing IMPACT PLUS services and consider what arrangements can be made when *Member Name* is no longer eligible for IMPACT PLUS services.

If you need information regarding what other Medicaid services may be available when *Member Name* is no longer eligible for IMPACT PLUS services, please contact the Division of Behavioral Healthcare Programs at (502) 564-7540.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.5.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_EPSDT_NOTICE	IND_LETTER
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	DTE_BIRTH
Member Address Line2	The second line of the member's street address.	30	Character	T_COUNTY	CDE_COUNTY
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
State	The state where the member resides.	2	Character	N/A	Calculated Field
Zip Code	The five-character zip code of the member's address	5	Character	N/A	Calculated Field

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	N/A	Calculated Field

6.1.5.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.6 EPS-1402-M -- Impact Plus Member Reminder Notice Letter - 180 Days

The Impact Plus Member Reminder Notice Letters - 365 (EPS-1402-M) inform members that they are no longer eligible for Impact Plus services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for Impact Plus services after their 21st Birthday.

Impact Plus Services are only provided for Medicaid-eligible children under the age of 21, and are many times provided to children who are also receiving, or have received EPSDT Special Services.

The EPSDT subsystem already had a system in place to identify children who have received or are receiving EPSDT Special Services and who are about to 21. The subsystem generates notices to these individuals that their EPSDT services are not covered after the end of their twenty-first birth month.

Impact Plus needed a similar process and since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generated through the EPSDT subsystem.

6.1.6.1 Technical Name EPS-1402-M

For readability, the layout appears on the next page.

6.1.6.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name

Member Address line1

Member Address line2

City, State Zip-Zip4

DEAR PARENT/GUARDIAN/MEMBER:

This is an important reminder and notice to you.

According to our records, *Member Name* has been receiving services through Medicaid's IMPACT PLUS Program.

The IMPACT PLUS Program provides coverage for services through the end of the month of the member's twenty-first (21st) birthday.

Our records show that *Member Name* will be twenty-one (21) on MONTH DD, CCYY* (21st birthday). Therefore, after MONTH DD, CCYY (EOM), *Member Name* will no longer be eligible for services through the IMPACT PLUS Program. *Member Name* may or may not lose Medicaid eligibility at that time. If you have questions regarding Medicaid eligibility, please contact your local Cabinet for Families and Children Office.

You should discuss this with the health care agency currently providing IMPACT PLUS services and consider what arrangements can be made when *Member Name* is no longer eligible for IMPACT PLUS services.

If you need information regarding what other Medicaid services may be available when *Member Name* is no longer eligible for IMPACT PLUS services, please contact the Division of Behavioral Healthcare Programs at (502) 564-7540.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.6.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAS
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.6.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.7 EPS-1403-M -- Impact Plus Member Reminder Notice Letter - 90 Days

The Impact Plus Member Reminder Notice Letters - 365 (EPS-1403-M) inform members that they are no longer eligible for Impact Plus services after their 21st Birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for Impact Plus services after their 21st Birthday - 90 day notice.

Impact Plus Services are only provided for Medicaid-eligible children under the age of 21, and are many times provided to children who are also receiving, or have received EPSDT Special Services.

The EPSDT subsystem already had a system in place to identify children who have received, or are receiving EPSDT special services, and who are about to turn 21. The subsystem also generates notices to those individuals that their EPSDT services are not covered after the end of their twenty-first birth month.

Impact Plus needed a similar process. Since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generated through the EPSDT Subsystem.

6.1.7.1 Technical Name EPS-1403-M

For readability, the layout appears on the next page.

6.1.7.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name

Member Address line1

Member Address line2

City, State Zip-Zip4

DEAR PARENT/GUARDIAN/MEMBER:

This is an important reminder and notice to you.

According to our records, *Member Name* has been receiving services through Medicaid's IMPACT PLUS Program.

The IMPACT PLUS Program provides coverage for services through the end of the month of the member's twenty-first (21st) birthday.

Our records show that *Member Name* will be twenty-one (21) on MONTH DD, CCYY* (21st birthday). Therefore, after MONTH DD, CCYY (EOM), *Member Name* will no longer be eligible for services through the IMPACT PLUS Program. *Member Name* may or may not lose Medicaid eligibility at that time. If you have questions regarding Medicaid eligibility, please contact your local Cabinet for Families and Children Office.

You should discuss this with the health care agency currently providing IMPACT PLUS services and consider what arrangements can be made when *Member Name* is no longer eligible for IMPACT PLUS services.

If you need information regarding what other Medicaid services may be available when *Member Name* is no longer eligible for IMPACT PLUS services, please contact the Division of Behavioral Healthcare Programs at (502) 564-7540.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.7.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAS
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.7.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.8 EPS-1404-M -- Impact Plus Member Reminder Notice Letter - 30 Days

The Impact Plus Member Reminder Notice Letters - 365 (EPS-1404-M) inform members that they are no longer eligible for Impact Plus services after their 21st birthday. Letters are sent to members who are approaching their 21st Birthday. The letters inform members that they are no longer eligible for Impact Plus services after their 21st Birthday.

Impact Plus services are only provided for Medicaid-eligible children under the age of 21, and are many times provided to children who are also receiving, or have received EPSDT special services.

The EPSDT subsystem already had a system in place to identify children who have received, or are receiving EPSDT special services and who are about to turn 21. The subsystem also generates notices are to those individuals that their EPSDT services are not covered after the end of their twenty-first birth month.

Impact Plus needed a similar process. Since Impact Plus did not have a separate subsystem, the EPSDT letter process was mirrored for Impact Plus, and the letters were generated through the EPSDT Subsystem.

6.1.8.1 Technical Name EPS-1404-M

For readability, the layout appears on the next page.

6.1.8.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

MONTH DD, CCYY (Letter Date)

Member Name

Member Address line1

Member Address line2

City, State Zip-Zip4

DEAR PARENT/GUARDIAN/MEMBER:

This is an important reminder and notice to you.

According to our records, *Member Name* has been receiving services through Medicaid's IMPACT PLUS Program.

The IMPACT PLUS Program provides coverage for services through the end of the month of the member's twenty-first (21st) birthday.

Our records show that *Member Name* will be twenty-one (21) on MONTH DD, CCYY* (21st birthday). Therefore, after MONTH DD, CCYY (BOM), *Member Name* will no longer be eligible for services through the IMPACT PLUS Program. *Member Name* may or may not lose Medicaid eligibility at that time. If you have questions regarding Medicaid eligibility, please contact your local Cabinet for Families and Children Office.

You should discuss this with the health care agency currently providing IMPACT PLUS services and consider what arrangements can be made when *Member Name* is no longer eligible for IMPACT PLUS services.

If you need information regarding what other Medicaid services may be available when *Member Name* is no longer eligible for IMPACT PLUS services, please contact the Division of Behavioral Healthcare Programs at (502) 564-7540.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age. - End of the Month (EOM).

6.1.8.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
21st Birthday	The member's 21st Birthday.	18	Date (Month DD, CCYY)	N/A	Calculated Field
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
EOM	The last day of the month, in which the member becomes twenty-one years of age.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.8.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.9 EPS-1800-Q -- EPSDT Outreach Notification Letter

The EPSDT Outreach Notification Letter (EPS-1800-Q) serves as a mechanism to conduct outreach activities with eligible members of the EPSDT program. This letter is sent quarterly. At the end of each calendar quarter (March, June, September and December) after cut-off, all Members under the age of 21 who are Medicaid eligible at the time the job runs are identified.

6.1.9.1 Technical Name

EPS-1800-Q

6.1.9.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

Member Name MONTH DD, CCYY* (Letter Date)
 Member Address line1 Medicaid ID: J000000000000
 Member Address line2
 City, State Zip Code- Zip Code4

DEAR PARENT/GUARDIAN

Please be aware of the importance of regular health care check-ups for your child. A health care check-up might include medical history, physical growth and assessment, test for eyesight, hearing, low iron in the blood, tuberculosis and shots to prevent diseases such as measles and lockjaw. It is also important for all children under the age of 6 to get a blood lead screening. A check for mental health status for appropriate milestones is important. Dental check-ups should occur at the eruption of the first tooth.

The health care check-ups are free for all children and adolescents who have Medicaid and are under 21 years of age. Regularly scheduled check-ups are important in order to find and treat hidden health problems and prevent future health problems. Children should receive several check-ups every year.

If you are in the managed care "Passport" region (Jefferson County and surrounding 15 counties) and need help making an appointment for check-ups for your child, call Passport. If you are not in the managed care region, and need help making appointments call your local Department for Community Based Services (DCBS) worker, where you signed up to get Medicaid.

If you need a ride to the health care check-up appointment, you may request non-emergency medical transportation. If a health problem is found, the screening provider will help you make an appointment to get treatment for your child.

EPSDT Special Services are also available for Medicaid eligible children under 21 years old who need medical services or items not covered by other Medicaid Programs. These services can include special therapies, dental services, substance abuse treatment and more. If you want to know more about these services, call Member Services at 1-800-635-2570.

Cabinet for Health and Family Services.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.9.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	Calculated Field
Medicaid ID	The member's Medicaid ID.	12	Character	T_RE_BASE	ID_MEDICAID
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	29	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITN AM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.9.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.10 EPS-2001-M -- EPSDT Comprehensive Information Letter

The EPSDT Comprehensive Information Letters (EPS-2001-M) are used to inform members about the availability and scope of EPSDT. Letters are sent to members when the member has become eligible for EPSDT (i.e., new Medicaid-eligible member under age 21) and then once every two years (if the member is Medicaid-eligible).

6.1.10.1 Technical Name

EPS-2001-M

6.1.10.2 Layout



The Commonwealth's Approved
Letterhead and State Seal
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

Member's Name
Address Line 1
Address Line 2
City, State Zip Code + ZIP Code 4

Good preventive health care for your child is important and is provided FREE to you!

The EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Program pays for regular medical and dental checkups for children and young adults under 21 years old who have a Medicaid card or a KCHIP card. The program can discover medical problems before they become serious and can help your child receive treatment, if needed.

WHAT SERVICES CAN YOUR CHILD RECEIVE IN THE EPSDT PROGRAM?

Medical history and physical exam, which includes an evaluation of your child's physical and mental growth and development

Vision test

Hearing test

Dental Exam

Shots

Health Education

Laboratory tests, such as urine and blood tests

Referrals to another medical provider if your child needs more services

HOW CAN YOU OBTAIN THESE SERVICES?

Your KenPAC physician, PCP (Primary Care Provider), local Health Department, or other provider can provide EPSDT services.

Your case worker at the local Department for Community Based Services or your health plan's Member Services Department can assist you with scheduling appointments and arranging transportation.

Let us give our children the best we can. Using the EPSDT Program is a good start. If your child has a KenPAC physician, a PCP, or if you visit the local health department, ask them about EPSDT services.

EPSDT SPECIAL SERVICES (TREATMENT)

In addition to the preventive health care described above, treatment services may also be available for your child under the EPSDT Special Services program. Please have your medical provider call Member Services at 1-800-635-2570 for additional information on this program and how to obtain services.

Note:

The following are noted for documentation purposes only.

The * symbol and the highlights do not appear on the actual letter.

*This is the Member's 21st birthday - (21st birthday).

**This is the last day of the month, in which the Member becomes 21 years of age - End of the Month (EOM).

6.1.10.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.10.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.11 EPS-2002-M -- Medical Periodicity Schedule Letters

The Medical Periodicity Schedule Letters (EPS-2002-M) are used to remind EPSDT participants when their screening visits are due based on the state's periodicity schedule.

6.1.11.1 Technical Name EPS-2002-M

6.1.11.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Member Name
Address Line 1
Address Line 2
City, State Zip Code -- Zip Code4

NOTICE OF HEALTH SCREENING RESCREEN DUE DATE: MM/DD/CCYY

A REMINDER

Your child's EPSDT health check up is due before the date listed above.

*****PLEASE CALL TODAY FOR AN APPOINTMENT*****

Your case worker or your health plan's Member Services Department can help you in finding an EPSDT provider, making an appointment, and arranging transportation. If your child is assigned a KenPAC doctor or a PCP, please call your KenPAC doctor or PCP for an appointment. You may also go to your local health department or other medical provider.

GOOD HEALTH IS IMPORTANT TO YOU AND YOUR FAMILY!

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.11.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITN AM_LAST
Re-screen Due Date	This date Indicates when the member is due for a medical re-screening.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE

Field	Description	Length	Data Type	DB Table	DB Attributes
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.11.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.12 EPS-2003-M -- Dental Periodicity Schedule Letter

The Dental Periodicity Schedule Letters (EPS-2003-M) are used to remind EPSDT participants when screening visits are due based on the state's periodicity schedule.

6.1.12.1 Technical Name

EPS-2003-M

6.1.12.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program

MM/DD/CCYY (Letter Date)

Member's Name
Address Line 1
Address Line 2
City, State Zip Code- Zip Code4

NOTICE OF DENTAL SCREENING RESCREEN DUE DATE: MM/DD/CCYY

A REMINDER

Your child's next EPSDT dental examination is due before the date listed above.

PLEASE CALL YOUR DENTIST TODAY FOR AN APPOINTMENT!

Your case worker can help you in finding a dentist, making an appointment, and arranging transportation.

GOOD HEALTH IS IMPORTANT TO YOUR FAMILY!

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.12.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITN, AM_LAST
Notice of Dental Screening Re-screen Due Date	This date indicates when the member is due for a medical re-screening.	8	Date (MM/DD/CYY)	N/A	CALCULATED FIELD

Field	Description	Length	Data Type	DB Table	DB Attributes
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.12.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.13 EPS-2004-M -- Medical Treatment Notice

The Medical Treatment Notices (EPS-2004-M) are used to remind participants that they should see another provider to receive diagnosis or treatment for a referable condition discovered as the result of an EPSDT screen. Notices are produced when a condition is referred to another physician as the result of an EPSDT screen. Up to two notices are produced based on the following schedule:

Two months; and,

Four months

The production of notices is suspended once a treatment claim for the condition is received.

6.1.13.1 Technical Name

EPS-2004-M

6.1.13.2 Layout

The Commonwealth's Approved
Letterhead and State Seal
Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program

MM/DD/CCYY (Letter Date)

Member Name
Member Address Line 1
Member Address Line 2
City, State Zip Code - Zip Code4

TREATMENT NOTICE

THIS IS IMPORTANT!

During a recent EPSDT health examination the EPSDT provider suggested further treatment.

To date, our records indicate that you have not obtained treatment. If you need help in obtaining treatment, your case worker can assist you in finding a physician or dentist, in making appointments, and in arranging transportation.

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.13.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	18	Date (Month DD, CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST

Field	Description	Length	Data Type	DB Table	DB Attributes
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.13.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.14 EPS-2051-M-- KCHIP Comprehensive Information Letter

The KCHIP Comprehensive Information Letters (EPS-2051-M) are used to inform members about the availability and scope of KCHIP. Letters are sent to members when the member has become eligible for KCHIP (i.e., new Medicaid-eligible member under age 21) and then once every two years (if the member remains Medicaid-eligible).

6.1.14.1 Technical Name

EPS-2051-M

6.1.14.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program**

Member's Number

MM/DD/CCYY (Letter Date)
Member's Address Line 1
Member's Address Line 2
City, State Zip Code4 Zip Code4

Good preventive health care for your child is important and is provided FREE to you!

The EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Program pays for regular medical and dental checkups for children and young adults under 21 years old who have a Medicaid card or a KCHIP card. The program can discover medical problems before they become serious and can help your child receive treatment, if needed.

WHAT SERVICES CAN YOUR CHILD RECEIVE IN THE EPSDT PROGRAM?

Medical history and physical exam, which includes an evaluation of your child's physical and mental growth and development
Vision test
Hearing test
Dental Exam
Shots
Health Education
Laboratory tests, such as urine and blood tests
Referrals to another medical provider if your child needs more services

HOW CAN YOU OBTAIN THESE SERVICES?

Your KenPAC physician, PCP (Primary Care Provider), local Health Department, or other provider can provide EPSDT services.
Your case worker at the local Department for Community Based Services or your health plan's Member Services Department can assist you with scheduling appointments and arranging transportation.

Let us give our children the best we can. Using the EPSDT Program is a good start. If your child has a KenPAC physician, a PCP, or if you visit the local health department, ask them about EPSDT services.

EPSDT SPECIAL SERVICES (TREATMENT)

In addition to the preventive health care described above, treatment services may also be available for your child under the EPSDT Special Services program. Please have your medical provider call Member Services at 1-800-635-2570 for additional information on this program and how to obtain services.

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.14.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.14.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.15 EPS-2052-M -- KCHIP Medical Periodicity Schedule Letter

The KCHIP Medical Periodicity Schedule Letters (EPS-2052-M) are used to remind KCHIP participants when screening visits are due based on the state's periodicity schedule.

6.1.15.1 Technical Name
EPS-2052-M

6.1.15.2 Layout

The Commonwealth's Approved
Letterhead and State Seal

Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program

Member's Number MM/DD/CCYY(Letter Date)
 Member's Name
 Address Line 1
 Address Line 2
 City, State Zip Code – Zip Coded

NOTICE OF HEALTH SCREENING RESCREEN DUE DATE: MM/DD/CCYY

A REMINDER

Your child's next EPSDT health examination is due before the date listed above.

PLEASE CALL TODAY FOR AN APPOINTMENT!

Your case worker can help you in finding a KCHIP provider, making an appointment, and arranging transportation. If your child is assigned a KenPAC doctor, please call your KenPAC doctor for an appointment. You may also go to your local health department.

GOOD HEALTH IS IMPORTANT TO YOUR FAMILY!

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.15.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITN, AM_LAST
Member's Number	The member's Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Re-screen Due Date	This date Indicates when the member is due for a medical re-screening.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	N/A
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	N/A

6.1.15.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.16 EPS-2053-M -- KCHIP Dental Periodicity Schedule Letter

The KCHIP Dental Periodicity Schedule Letters (EPS-2053-M) are used to remind KCHIP participants when screening visits are due based on the State's periodicity schedule.

6.1.16.1 Technical Name

EPS-2053-M

6.1.16.2 Layout

**The Commonwealth's Approved
Letterhead and State Seal**

Early Periodic, Screening, Diagnosis and Treatment (EPSDT) Program

MM/DD/CCYY (Letter Date)

Member's Name
Member's Number
Address Line 1
Address Line 2
City, State Zip Code - Zip Code4

NOTICE OF DENTAL SCREENING

RESCREEN DUE DATE: MM/DD/CCYY

A REMINDER

Your child's next EPSDT dental examination is due before the date listed above.

PLEASE CALL YOUR DENTIST TODAY FOR AN APPOINTMENT!

Your case worker can help you in finding a dentist, making an appointment, and arranging transportation.

GOOD HEALTH IS IMPORTANT TO YOUR FAMILY!

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.16.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INIT, NAM_LAST
Member's Number	The member's Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID

Field	Description	Length	Data Type	DB Table	DB Attributes
Re-screen Due Date	This date Indicates when the member is due for a medical re-screening.	8	Date (MM/DD/CCYY)	N/A	CALUCLATED FIELD
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.16.4 Associated Programs

Program	Description
No associated Programs found.	

6.1.17 EPS-2054-M -- KCHIP Medical Treatment Notice

The KCHIP Treatment Notices (EPS-2054-M) are used to remind participants that they should see another provider to receive diagnosis or treatment for a referable condition discovered as the result of a KCHIP screen. Notices are produced when a condition is referred to another physician as the result of a KCHIP screen. Up to two notices are produced based on the following schedule:

Two months; and,

Four months

The production of notices is suspended once a treatment claim for the condition is received.

6.1.17.1 Technical Name

EPS-2054-M

6.1.17.2 Layout

The Commonwealth's Approved
Letterhead and State Seal
Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program

Member Number

MM/DD/CCYY (Letter Date)
Member Name
Address Line 1
Address Line 2
City, State Zip Code - Zip Code4

TREATMENT NOTICE

THIS IS IMPORTANT!

During a recent EPSDT health examination the EPSDT provider suggested further treatment.

To date, our records indicate that you have not obtained treatment. If you need help in obtaining treatment, your case worker can assist you in finding a physician or dentist, in making appointments, and in arranging transportation.

NOTE: Children who are covered through the Kentucky Children's Health Insurance Program (parents pay a \$20 premium for coverage) are NOT eligible for EPSDT Special Services or for Non-Emergency Medical Transportation.

6.1.17.3 Field Descriptions

Field	Description	Length	Data Type	DB Table	DB Attributes
City	The city where the member resides.	18	Character	T_RE_BASE	ADR_CITY
Letter Date	The date the letter was generated.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
Member Address Line1	The first line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_1
Member Address Line2	The second line of the member's street address.	30	Character	T_RE_BASE	ADR_STREET_2

Field	Description	Length	Data Type	DB Table	DB Attributes
Member Name	The member's first name, middle initial and last name.	36	Character	T_RE_BASE	NAM_FIRST, NAM_MID_INITN, AM_LAST
Member Number	The member's Medicaid ID number.	12	Character	T_RE_BASE	ID_MEDICAID
Re-screen Due Date	This date Indicates when the member is due for a medical re-screening.	8	Date (MM/DD/CCYY)	N/A	CALCULATED FIELD
State	The state where the member resides.	2	Character	T_RE_BASE	ADR_STATE
Zip Code	The five-character zip code of the member's address	5	Character	T_RE_BASE	ADR_ZIP_CODE
Zip Code4	The four-character suffix to the zip code of the member's address.	4	Character	T_RE_BASE	ADR_ZIP_CODE_4

6.1.17.4 Associated Programs

Program	Description
No associated Programs found.	

7 Glossary of Terms and Acronyms

7.1 Terms and Acronyms

- 270/271** **Eligibility/Benefit Inquiry/Response – The Eligibility and Benefit transactions are designed so that inquiry submitters (information receivers) can determine: a) whether an information source organization (e.g., payer, employer, HMO) has a particular subscriber or dependent on file, and b) the health care eligibility and/or benefit information about that subscriber and/or dependent(s). The data available through these transaction sets is used to verify an individual's eligibility and benefits, but cannot provide a history of benefit use. The information source organization may provide information about other organizations that may have third party liability for coordination of benefits. These are x-12 transactions mandated by HIPAA regulations.**
- 276/277** **Claim Status Request/Claim Status Response – The 276 and 277 transaction sets are intended to meet specific needs of the health care industry. The 276 is used to request the current status of a specified claim(s). The 277 transaction set can be used as the following: a) a solicited response to a health care claim status request (276), b) a notification about health care claim(s) status, including front end acknowledgments, or c) a request for additional information about a health care claim(s). The 276 is used only in conjunction with the 277 Health Care Claim Status Response. These are x-12 transactions mandated by HIPAA regulations.**
- 277** **Unsolicited Claim Status – The Unsolicited Claim Status (277) transaction set can be used to transmit an unsolicited notification about a health care claim status. This is an x-12 transaction mandated by HIPAA regulations.**

- 820** Premium Payment – The 820 can be used by premium remitters to report premium payment remittance information, as well as premium payment to a premium receiver. The premium remitter can be: a) an employer-operated internal department or an outside agency which performs payroll processing on behalf of an employer, b) a government agency paying health care premiums, or c) an employer paying group premiums. The premium receiver can be either an insurance company, a government agency, or a health care organization. The 820 can be sent from the premium remitter to the premium receiver either directly, through a VAN, or through a financial institution using an ACH (Automated Clearing House) Network to facilitate both the remittance and dollars movement. This is an x-12 transaction mandated by HIPAA regulations.
- 834** Enrollment/Maintenance – The 834 is used to transfer enrollment information from the sponsor, the party that ultimately pays for the coverage, benefit, or policy to a payer, the party that pays claims and/or administers the insurance coverage, benefit, or product. This is an x-12 transaction mandated by HIPAA regulations.
- 835** Payment Advice – The 835 contains information about the payee, the payer, the amount, and any identifying information of the payment. In addition, the 835 can authorize a payee to have a DFI (Depository Financial Institutions) take funds from the payer's account and transfer those funds to the payee's account. This is an x-12 transaction mandated by HIPAA regulations.
- 837** Dental/Professional/ Institutional Claim – The Claims/Encounters (837) is intended to originate with the health care provider or the health care provider's designated agent. The 837 provides all necessary information to allow the destination payer to at least begin to adjudicate the claim. The 837 coordinates with a variety of other transactions including, but not limited to, the following: Claim Status (277), Remittance Advice (835), and Functional Acknowledgment (997). This is an x-12 transaction mandated by HIPAA regulations
- 997** Functional Acknowledgement – The Functional Acknowledgement is generated by the receiver of an 837 and is used to notify the sender that the acknowledged transaction has been: a) accepted, b) rejected, c) accepted with errors, or d) partially accepted. This is an x-12 transaction mandated by HIPAA regulations.

7.1.1 A

ABANDONED CALL A call is considered abandoned if the caller is connected to the system but hangs up before being connected with an agent or informational announcement. Also known as a lost call.

ABR Automatic Backup and Recovery

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT A lump sum payment made upon the loss of life of an insured as a direct cause of an accident or upon the accidental loss of a limb or sight of an insured.

ACCOMMODATION A hospital room with one or more beds.

ACCOMMODATION CHARGE A Charge billed on inpatient hospital claims for bed, board, and nursing care (revenue codes 100-219).

ACCOUNTS RECEIVABLES (AR, A/R) Money owed to the State by a provider, beneficiary, insurance company, drug manufacturer, etc.

ACCRETION A process that occurs when a beneficiary is eligible for coverage under both Medicaid and Medicare. Medicaid pays the beneficiary's Medicare premium, thus buying into the Medicare Program.

ACG Ambulatory Care Grouper

ACTUAL CHARGE A Charge made by a physician or other supplier of medical services and used in the determination of reasonable Charges.

AD HOC REQUEST A request to provide non-production support. This support may be in the form of one-time updates to production files or the creation of specific one-time or as needed output reports.

ADA	Americans with Disabilities Act
ADC	Adult Day Care
ADJUDICATE (CLAIM)	The adjudication process occurs during claims processing to determine the disposition of a claim (paid or denied). A claim passes through all the edit and audit criteria until it is determined whether all program requirements have been met and whether the claim is to be paid or denied.
ADJUSTMENT (ADJ)	A change made to a previously processed claim that is not in denied status by correcting underpayments, overpayments, or history. Adjustments also include capitation correction of a payment or credit to capitation. The provider, contractor, or State can submit adjustments.
ADJUDICATION CYCLE	This cycle refers to the daily, or daily/weekly claims processing cycles that are known as the system processing of claims to the point where a decision has been made to pay, deny, or suspend the claim.
ADJUSTED CLAIM	A previously paid claim that has undergone data modification. The need to adjust a claim may result from data entry errors, billing errors, file updates, or program logic modifications. (See Adjustment.)
ADJUSTMENT PROCESSING	A batch process that sends a file of adjustment request records to the Financial Subsystem for incorporation into the claims processing cycle.
ADJUSTMENT REASON CODES (PRIMARY AND SECONDARY)	The adjustment reason codes specify why the initial adjustment took place, whereas the secondary adjustment reason indicates the second adjustment occurrence on a claim. These codes are also known as the primary reason and the secondary adjustment reason.
ADMISSION	The first day on which a patient is furnished inpatient hospital or extended care services by a qualified provider.
ADR	Address

Advanced Registered Nurse Practitioner (ARNP)	A registered nurse with specialized training in advanced nursing skills.
AG	Attorney General
AGGREGATE	A collection of data at the summary level.
AHA	American Hospital Association
AID CATEGORY	Program category under which a member can be eligible for Medicaid.
Aid to Families with Dependent Children (AFDC)	A welfare program funded by federal and State dollars that provides cash and Medicaid benefits to families with at least one child where one or both parents are absent, deceased, or incapacitated.
AIDS	Acquired Immune-Deficiency Syndrome
ALLOWABLE AMOUNT	The maximum dollar amount assigned for a particular procedure based on various pricing mechanisms. Medicaid reimburses hospitals for certain, but not all costs. Excluded costs include non-covered services, luxury accommodations, and unnecessary and unreasonable costs.
ALLOWED AMOUNT	The amount billed for a medical service or the amount determined payable by the State, whichever is the lesser figure.
ALPHANUMERIC	The use of alphabetic letters mixed with numbers and special Characters as in name, address, city, and state.
ALS	Advanced Life Support
AMERICAN DENTAL ASSOCIATION (ADA)	The national professional association for dentists.

AMERICAN MEDICAL ASSOCIATION (AMA)	The national professional association of physicians. This organization publishes the highly utilized CPT-4 books.
AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)	In computer programming, ANSI most often denotes the standard versions of C, FORTRAN, COBOL, or other programming languages. ANSI-standard escape sequences control computer screens; whereas ANSI extended Character set used in Microsoft's Windows products includes all of the ASCII Characters.
AMERICAN STANDARD CODE FOR INFORMATION INTERCHANGE (ASCII)	The most popular coding method used by small computers for converting letters, numbers, punctuation and control codes into digital form. Once defined, ASCII Characters can be recognized and understood by other computers and by communications devices. ASCII represents Characters, numbers, punctuation marks or signals in seven on-off bits. Capital "C", for example, is 1000011, while "3" is 0110011. This compatible coding allows all PCs to talk to each other, if they use a compatible modem or null modem cable and transmit and receive at the same speed (Imaging).
ANCILLARY CHARGE	A Charge used only in institutional claims for any item except hospital and doctor fees (examples include drug, laboratory, and x-ray Charges).
ARCHIVE	A copy of data on disks, CD-ROM, magnetic tape, etc., for long-term storage and later possible access. Archived files are often compressed to save storage space (Imaging).
AS OF DATE	Based on parameters entered, the date of the cycle run.
ASC	Ambulatory Surgical Center
ASSIGNED CLAIM	A claim for which the provider of service has agreed to accept the program allowed Charge as payment in full without recourse to the patient, except for coinsurance or deductible amounts.

ASSIGNMENT	When a provider accepts the maximum allowable Charge offered for a given procedure under the Medicare Program, it is said that this person accepts assignment. The provider has waived the right to bill the beneficiary for the difference between what Medicare pays and what the provider usually Charges for a fee. The term assignment is not related to the administration of the Medicaid Program except that some Medicaid agencies treat crossover claims differently depending upon whether or not the provider accepts assignment.
ATTACHMENT	Attachments may accompany claims to provide additional claim-related information for which no field is specified on the corresponding claim form, or when the specified field is not adequate to submit the required information.
AUDIT	Limitations applied to specific procedures, diagnoses or other data elements after editing and validation of the claim to ensure conformity and consistency of claim payment.
AUTHENTICATION	A query method that ensures that both the sender and receiver of an electronic message are valid and are authorized to transmit and receive messages.
AUTO ASSIGNMENT	An automated process used to make 'intelligent' Managed Care assignments for beneficiaries who do not make a selection of a Primary Medical Provider of their own accord.
AUTOMATED VOICE RESPONSE SYSTEM (AVRS)	This is the machine and the application that enable users to access KY Medicaid information by using a touch-tone telephone.
AUTOMATIC RECOUPMENT	Automatic recoupment occurs when an A/R with a credit balance has recoupments applied to it by adjustments or new-day claims. Money is recouped only through the payment process, which is automatic, and cannot be posted online with a refund.

7.1.2 B

BACKUP	Duplicate copy of data placed in a separate, safe place - electronic storage, on a tape, on a disk, in a vault - to guard against total loss in the event the original data somehow become inaccessible. Generally for short-term safety. Contrast with archive, which is a filed-away record of data meant to be maintained a long time, in the event of future reference. (Imaging)
BALANCED BUDGET ACT OF 1997 (BBA)	Federal legislation enacted in 1997 that gave beneficiaries certain rights related to Managed Care enrollment and disenrollment. Most significant changes in the Medicaid/Medicare Program since their inception. Provides for state option to use Managed Care. Provides that an MMIS must be compatible with Medicare claims processing and must, after January 1, 1999, transmit data in a format consistent with the Medicaid Statistical Information System (MSIS).
BATCH	A set of claims.
BENEFICIARY DATA EXCHANGE SYSTEM (BENDEX)	An interface system between the Commonwealth of Kentucky and Social Security Administration that provides Social Security beneficiary information. Information includes eligibility for benefits as well as Medicare Part A and Part B entitlement and eligibility information.
BENEFIT PERIOD	The period of time a health plan will pay for covered benefits.
BENEFIT PLAN	A group of covered services (benefits) that are granted to a beneficiary who is deemed eligible for the program the benefit plan represents.
BENEFITS	A schedule of health care service coverage that an eligible KY Medicaid member receives for the treatment of illness, injury, or other conditions allowed under the State Plan.
BILLED AMOUNT	The billed amount is the dollar figure submitted by a provider for medical services rendered.

BILLING PROVIDER	The provider who will receive payment (if a group/clinic number is present, it would be the “Billing Provider”)
BIN	Bank Identification Number
BITMAP	Representation of Characters or graphics by individual pixels, or points of light, dark or color, arranged in row (horizontal) and column (vertical) order. Each pixel is represented by either one bit (simple black and white) or up to 32 bits (fancy high definition color). (Imaging)
BLS	Basic Life Support
BUNDLED CHARGES	Charges that are combined together or represent a flat rate such as in capitated reimbursed where there would be a specified fee for a service. In an example of a surgery procedure, the bundled Charges would include supplies, surgery Charges, anesthesia Charges, recovery, etc. In contrast, unbundled Charges would be separate Charges for each entity.
BUY-IN	Procedure whereby states pay a monthly premium to the Social Security Administration on behalf of Medicaid beneficiaries, enrolling them in Medicare Title XVIII Part A, Part B and/or Part D program.
BUY-IN DATA MAINTENANCE	Medicaid beneficiaries who are entitled to receive Medicare benefits may have Medicare premiums paid by the State. This is known as Medicare buy-in. Automated data exchanges between HP Enterprise Services and the Centers for Medicare and Medicaid Services (CMS), are conducted monthly to identify, update, resolve differences, and monitor new and ongoing Medicare buy-in cases. The State is responsible for initiating Medicare buy-in for eligible members. Because Medicare is usually primary to the State, payment of Medicare premiums, coinsurance, and deductibles costs the State less than paying the entire cost of medical care for a beneficiary. In addition, the State receives Federal Financial Participation (FFP) for premiums paid on behalf of members eligible as Qualified Medicare Beneficiaries (QMB), Qualified Disabled Working Individual (QWSI), Specified Low Income Medicare Beneficiaries (SLMB), and Cash Assistance beneficiaries (Supplemental Security Income (SSI) and cash assistance from Temporary Assistance for Families (TAF).

BYTE

Common unit of computer storage. A byte is eight bits of information, one of which may be a parity bit. Generally, eight bits equals one Character. Also called 'octet'. (Imaging)

7.1.3 C

CACHE	(Pronounced “cash”) Small portion of high-speed memory used for temporary storage of frequently used data. Reduces the time it would take to access that data, since it no longer has to be retrieved from the disk. (Imaging)
CAPITATION	A specified amount paid periodically to a health care provider for a group of specified health care services regardless of quantity rendered. A fee is paid per person. Capitation fees are paid for each enrollee, regardless of whether an enrollee actually received a service. The use of capitation separated the payment process from the claims submission process. Encounter claims are submitted for historical data, not for payment. Also known as capitation payment or rate.
CAPITATION RATE	The payment of a fixed dollar amount, per person, for the provision of a defined set of health services to a defined population for a specified period of time (e.g. one month). Capitation is a fixed revenue system that pays the same amount each month no matter how many or how few services are actually provided.
CARRIER	A carrier refers to a private insurance company.
CASE	A file opened at the DCBS office when an individual applies for government assistance.
CASE MANAGEMENT/MANAGER	Method designed to accommodate the specific health services needed by an individual through a coordinated effort to achieve the desired health outcome in a cost-effective manner.
CASE MIX INDEX	A numeric score with a specific range that identifies the relative resources used by a particular group of residents and represents the average resource consumption across a population or sample.
CASE NUMBER	The number assigned to each Medicaid case opened by DCBS.

CASH CONTROL NUMBER (CCN)	This is the unique number assigned to a Cash Receipt.
CATEGORICALLY NEEDY	Individuals certified by the state welfare agency as being low income and thus being eligible for Medicaid benefits. A person is categorically needy and may receive assistance if that person's income and resources do not exceed the categorically needy maximums and they fit into one of six categories: Age 65, Blind, Disabled, Families with dependent children (TANF), Pregnant, Incapacitated. A person must still meet various other criteria (categorical relationship, citizenship etc.) before receiving Medicaid payments from the Commonwealth of Kentucky. This applies to all cases. Individuals whose income and resources are in excess of the maximums but still cannot pay their medical expenses are considered medically needy. However, to receive aid, the client must still fall into one of the six) categories.
CATEGORY OF SERVICE (CAT OF SRVC, COS)	The type of service that a provider renders. An indication of the general classification of the procedures performed. Examples include: inpatient hospital, outpatient hospital, skilled nursing facility, hospice, prescribed drugs, physician care, dental care, transportation, family planning services, therapy services, and crossover.
CCN	Cash Control Number
CDC	Centers for Disease Control
CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)	The agency within the U.S. Department of Health and Human Services responsible for administering Title XIX and Title XXI of the Social Security Act. With the help of Health Resources and Services Admin, CMS also runs the Child Health Insurance program.
CENTRAL PROCESSING UNITY (CPU)	The computing part of the computer. Also called the processor, it is made up of the control unit and ALU.

- CERTIFICATION** A review by the U.S. Department of Health and Human Services/CMS of an operational MMIS, in response to a state's request for 75 percent FFP, to ensure that all legal and operational requirements are met by the system and the ensuing certification resulted from a favorable review.
- CERTIFICATION DATE** An effective date specified in a written approval notice from CMS to the State when 75 percent federal financial participation (FFP) is authorized for the administrative costs of an MMIS.
- CHANGE ORDER (CO)** The documentation of a modification to the transfer system. A change order is not a modification of a requirement; it is the modification of the base system to meet an existing requirement.
- CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)** A classification given to children who require special health services. The classification comes through the Title V program.
- CIVILIAN HEALTH AND MEDICAL PROGRAMS OF THE UNIFORMED SERVICES (CHAMPUS)** The medical benefit program for military personnel or retirees and their dependents who exercise their option to obtain civilian medical treatment. CHAMPUS can be considered as a possible source for third-party coverage.
- CLAIM** The form required for providers to bill their services. Each claim is formatted into three levels of information: Header, Detail, and Trailer or Footer.
- CLAIM ADJUSTMENT** A claim adjustment is a modification to some part of the data of a previously paid claim. All adjustments will maintain an audit trail to deny adjustments to a previously adjusted claim. A message is displayed stating that the claim has already been adjusted or denied. (See Adjusted Claim)
- CLAIM HISTORY** All claims processed in the MMIS are kept available in the system and are referred to as being "in history." The Kentucky MMIS adjustment process has access to 60 months of claims data plus a lifetime file.

CLAIM TYPE	Claim types indicate the classification of claims by origin or type of service provided to a beneficiary. In the MMIS, this is a user-defined data element that refers to the kind of service being billed. For example, common claim types are dental, pharmacy, transportation, nursing, EPSDT, physician, inpatient, etc. Outside of the MMIS, the term often refers to the invoice type, i.e., HCFA-1500, UB-92, etc. The invoice type could be the claim type in an MMIS, but because more than one type of service can be billed on an invoice, the term “claim type” is usually defined in more detail.
CLAIMS PROCESSING ASSESSMENT SYSTEM (CPAS)	A State-administered Medicaid quality-control program that serves as a management tool for examining and evaluating the accuracy of claims processing and payments.
CLERK ID	A code assigned to personnel involved with processing records in the MMIS claims processing system.
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)	A certification process done by CMS to ensure the proficiency of medical laboratories.
COINSURANCE (also CO-INSURANCE)	The dollar amount or percentage of the cost of medical care that a patient pays. The coinsurance or a percentage amount that will be paid by KY Medicaid if the beneficiary is eligible for Medicaid.
COMMON BUSINESS-ORIENTED LANGUAGE (COBOL)	A third generation computer language developed by the Federal Government and adopted by computer manufacturers in the 1960s. It is the most utilized language on mainframe business computers
COMMON GATEWAY INTERFACE (CGI)	One of the most common ways to add programs or scripting languages that execute on the server to your Web-based applications.
COMMON PROCEDURAL TERMINOLOGY (CPT)	A unique structure scheme for all medical procedures approved by the American Medical Association.

COMMUNITY MENTAL HEALTH CENTER (CMHC)	A center that provides many services necessary for treatment of mental health conditions. Services include diagnostic evaluations, psychological testing, therapy (family, group, and individual), and medication checks.
COMPACT DISK (CD)	A standard medium for storage of digital data in machine-readable form, accessible with a laser-based reader. CDs are 4-3/4 in diameter. CDs are faster and more accurate than magnetic tape for data storage: Faster, because even though data is generally written on a CD contiguously within each track, the tracks themselves are directly accessible. This means the tracks can be accessed and played back in any order. More accurate, because data is recorded directly into binary code; whereas magnetic tape requires data to be translated into analog form. In addition, extraneous noise (tape hiss) associated with magnetic tape is absent from CDs.
COMPACT DISK-READ ONLY MEMORY (CD-ROM)	A data storage system using CDs as the medium. CD-ROMs hold more than 600 megabytes of data.
COMPUTER OUTPUT TO LASER DISK (COLD)	A system that provides the ability to take output from a report program that often runs on a mainframe computer and makes the information useful without the use of paper.
CONSOLIDATION OF BENEFITS IN RETIREMENT ACT (COBRA)	Cobra is a law that makes an employer let an employee remain covered under the employer's group health plan for a period of time after: the death of your spouse, losing your job, work hours reduction, or getting a divorce. The employee may have to pay both their share and the employer's share of the premium.
CONTACT TRACKING NUMBER (CTN)	A unique number assigned in CTMS.
CONTRACTOR	Successful bidder under an RFP or ITB. A person or organization from which the State contracts for products or service.
CONTRACT START DATE	The date the Contract for Services requested by an RFP becomes effective.

CONTROLLED DRUGS / SCHEDULED DRUGS /Drugs that have a high potential for abuse. These are drugs classified as narcotics. There are five schedules, with Schedule I drugs being the most dangerous.

CONVERSION FACTOR The factor used to convert units of service; applicable to drug claims being processed in Drug Rebate.

COORDINATION OF BENEFITS (COB) When Medicaid and other primary insurance companies coordinate their benefits to ensure that beneficiaries/providers do not receive duplicate payments for a service.

COPAY/COPAYMENT (also CO-PAY) A Charge the beneficiary is responsible for paying on selected procedures or services. It is the patient's responsibility to pay some fixed portion of the cost of the medical service received, while the insurer pays the remainder.

CONTACT TRACKING MAINTENANCE SYSTEM (CTMS) This ancillary application provides a means of access and storage for all information associated with a customer service contact. All contact information is associated with an assigned CTN. This information includes contact type, demographic information, questions, resolutions, and contact reasons. HP Enterprise Services and DMS staff enter information for each contact through online windows. Search windows allow users to sort and access contacts based on a variety of criteria. Reports are available based on open dates, status, clerk IDs and department.

COS Category of Service

COST AVOIDANCE A claim may be denied when coverage exists and there is no indication that the carrier has been billed (cost avoided).

COST SHARING Provisions of an insurance policy requiring the covered individual to pay some portion of covered medical expenses. Premium amounts are not included in cost sharing. Deductibles (a set amount paid before payment of benefits occurs), co-payments (a fixed amount paid for each service), and coinsurance (payment of a set portion of the cost per service), are forms of cost sharing.

COVERAGE CODE	A system of letters or numbers assigned to the type of coverage provided by the third party carrier policy.
CLAIM CREDIT	A financial transaction that reverses a previously paid claim to zero amount. A credit is entered in the MMIS just like a claim. A provider can request a credit if he has been paid for a service he did not perform. The State agency can also request a credit. It is one type of adjustment. Also known as Credit-Only Adjustment.
CRNA	Certified Registered Nurse Anesthetist
CROSSOVER CLAIM	If a beneficiary is eligible for both Medicare and Medicaid, the Medicare claim is automatically sent to Medicaid after the Medicare carrier processes it. The claim, in effect, crosses over from one system to the other via tapes or disks. It is important to know that Medicaid is considered the payer of last resort. Therefore, claims must always be sent to Medicare first when a beneficiary is eligible for both programs.
CROSS WALK	A table used to relate one code to another code
CURRENT PROCEDURAL TERMINOLOGY, FOURTH EDITION (CPT-4)	Contains procedure codes that are used by medical practitioners in billing for services rendered to Medicaid beneficiaries. The book is published by the American Medical Association. The CPT codes are also included as the Level One codes in the HCPCS list of codes.
CURSOR	A highlighted mark on the screen that shows where the next Character you enter will appear.
CUSTOMARY CHARGE	A dollar amount that represents the median Charge for a given service by an individual physician or supplier.

**CUSTOMER
INFORMATION
CONTROL SYSTEM
(CICS)**

An IBM software system that provides the on-line user interface to MMIS data. This is the “front” end of the mainframe-based MMIS online system. CICS was originally developed to provide transaction processing for IBM mainframes. It controls the interaction between applications and users and lets programmers develop screen displays without detailed knowledge of the terminals used. It provides terminal routing, password security, transaction logging for error recovery and activity journals for performance analysis. CICS commands are written along with and into the source code of the applications, typically COBOL.

CUTBACK

A reduction in quantity or rate.

7.1.4 D

DATA ELEMENT DICTIONARY (DED)	Describes the fields (data elements) within a database.
DATA ENTRY	Entering data into the computer, which includes keyboard entry, scanning and voice recognition. When transactions are entered after the fact (batch data entry), they are just stacks of source documents to the keyboard operator. Deciphering poor handwriting from a source document is a judgment call that is often error prone.
DATA WAREHOUSE	The architecture that serves as the secondary storage area for a collection of data, both at a detailed and aggregated level. The EIS/DSS Data Warehouse is a collection of ORACLE tables that contain the data extracted from flat files generated from the Kentucky MMIS on a monthly basis.
DATABASE (DB)	Data that has been organized and structured in a disciplined fashion, so that access to information of interest is as quick as possible. Database management programs form the foundation for most document storage indexing systems. (Imaging)
DATABASE ADMINISTRATOR (DBA)	The person responsible for maintaining the database system: managing data, designing database objects, database performance and data recovery and integrity at a physical level. This person is not an applications programmer.
DATABASE TABLE	A collection of similar records in a database.
DATE OF SERVICE (DOS)	The date of service on a claim; the date the beneficiary received medical service.
DC	Doctor of Chiropractic
DD	Developmentally Disabled

DDE	Direct Data Entry
DDI	Design, development, and implementation.
DDS	Doctor of Dentistry
DECISION SUPPORT SYSTEM (DSS)	The Decision Support System (DSS) function provides access to the MMIS data and various external data sources. The data is stored in an Oracle RDBMS and is accessed through the Business Objects application. A computer program application that analyzes and presents business data in a form that assists users in making business decisions more easily. It is an informational ad-hoc reporting application, not an operational one. A DSS may present information graphically and may include an expert system or artificial intelligence.
DECOMPRESS	To reverse the procedure conducted by compression software, and thereby return compressed data to its original size and condition. (Imaging)
DEDUCTIBLE	The out-of-pocket expense a beneficiary must pay before other third party will begin payment for covered medical expenses, usually based on a calendar year. This amount, or a percentage thereof, is paid by Medicaid for beneficiaries also eligible for Medicaid.
DEFAULT	An automated process used to make random Managed Care assignments for beneficiaries who do not make a selection of a Primary Medical Provider of their own accord or were not assigned through auto assignment.
DEFENSE ENROLLMENT AND ELIGIBILITY REPORTING SYSTEM (DEERS)	A system that contains eligibility information on CHAMPUS, the insurance company for military dependents.
DELIMITER	A special Character used to separate fields of data. The three used in an EDI file are the segment delimiter, the element delimiter, and the sub-element delimiter.

DENIED CLAIM	Claim for services not paid by KY Medicaid, including services provided to an ineligible member, services provided by an ineligible provider, or services not billed in the correct manner.
DENY	Claim denial.
DETAIL (DTL)	A term that refers to the actual health care service provided to a member, billed on a claim form as the only service or possibly as one of several services provided. This is frequently called a line item or detail line.
DETAILED SYSTEM DESIGN (DSD)	Document created by the Fiscal Agent as a detailed guide to developing a new system or subsystem.
DIAGNOSIS CODE (DIAG, DX)	<p>The medical classification of a disease or condition according to ICD-9-CM or HCPCS.</p> <p>A numeric code that identifies the patient's condition as determined by the provider of the performed service.</p>
DIAGNOSIS-RELATED GROUP (DRG)	DRGs are the basis for one type of hospital reimbursement. A hospital specific fee is calculated for each diagnosis group for each hospital. Factors of age, sex, length of stay data, and historical costs for each hospital are taken into consideration in calculating the reimbursement amount. Usually, mental institutions and pediatric hospitals are excluded from DRG reimbursement due to the abnormal length of stay experienced by most patients.
DIAGNOSTIC AND STATISTICAL MANUAL FOR MENTAL DISORDERS, THIRD EDITION, REVISED (DSM III)	A publication of the American Psychiatric Association establishing a coding system for mental diagnoses.
DISABILITY	A physical or mental condition that makes an insured incapable of performing one or more duties of his occupation or any occupation.

DISABILITY BENEFIT	A payment that arises because of the total and/or permanent disability of an insured; a provision added to a policy that provides for a waiver of premium in case of total and permanent disability.
DISABILITY DETERMINATION SERVICES (DDS)	A division of SRS that contracts with the Social Security Administration to determine the disability status of Social Security Disability applicants.
DISABILITY INCOME INSURANCE	A form of health insurance that provides periodic payments when the insured is unable to work as a result of illness, disease, or injury.
DISASTER RECOVERY (DR)	Facilities, plans, tests, etc. for the recovery of the MMIS from a total loss.
DISENROLLMENT	Removal of assignment or from the Managed Care program.
DISPOSITION	The actual status of a claim. The result of processing a claim is the assignment of a status or disposition. The disposition of a claim is determined by the Exception Control File.
DISPROPORTIONATE SHARE HOSPITAL (DSH)	Qualified hospitals that provide inpatient services to a disproportionate number of Medicaid beneficiaries and/or to other low-income persons.
DO	Doctor of Osteopathy
DOB	Date of Birth
DOCTOR	Specifically, any person with a doctoral degree. In common usage, a synonym for physician; a person with a doctor of medicine degree.
DOCUMENT	Structured file sent to a trading partner. In ASC X12 usage, a document is synonymous with a transaction set.

DOCUMENT IMAGES	A computerized representation of a picture or graphic. (Imaging)
DOCUMENT RETRIEVAL	The ability to search for, select and display a document or its facsimile from storage. (Imaging)
DOD	Date of Death
DOING BUSINESS AS (DBA)	Refers to a type of Provider Name and Address.
DOT	Department of Transportation
DP	Data Processing
DPM	Doctor of Podiatric Medicine
DRILLDOWN	Applies additional criteria to an existing subset of data displayed on the DSS.
DROP DOWN DATAWINDOW (DDDW)	This is a tabular presentation of data that is used as a drop-down list on a window.
DRUG	Any substance or its components recognized in one of the official drug compendia for use in the diagnosis, cure, mitigation, treatment or prevention of disease, or intended to affect the structure or function of the body.
DRUG FORMULARY	A listing of drugs covered by a state Medicaid Program, which includes the drug code, description, strength and manufacturer.

DRUG REBATE SYSTEM (DR, DRS) Federal regulations provide for drug manufacturers, with whom CMS has a formal agreement and whose drug products are covered by Medicaid, to give financial rebates to Medicaid based upon the volume of the manufacturer's products dispensed by Medicaid. The Kentucky Drug Rebate Subsystem maintains the information to carry out the federal mandates related to drug rebate processing.

DSS Decision Support System

DUPLICATE PAYMENT A payment to a provider for services provided to a beneficiary resulting from the processing of a duplicate or near-duplicate claim by the contractor.

DURABLE MEDICAL EQUIPMENT (DME) Equipment that can withstand repeated use and is primarily and customarily used to serve a medical purpose, such as crutches, wheelchairs, and walkers.

DX Diagnosis Code, Diagnosis.

7.1.5 E

E&M **Evaluation and Management**

E-DOS Ending Date of Service

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) As described in Title XIX of the Social Security Act.

EDIT As applied to MMIS, an edit is a set of parameters against which a claim transaction is "edited." These edits can stop payment and/or generate reports.

The verification and validation of claims data for detection of errors or potential error situations. Logic placed in the MMIS programming to cause claims that have specific errors to be placed in a suspend or deny mode due to not having successfully passed these edits.

EDP Electronic Data Processing

EFT Electronic Fund Transfer

ELECTRONIC BENEFITS TRANSFER (EBT) EBT capabilities allow the State to issue food stamps and benefit checks electronically by utilizing the plastic Beneficiary ID Cards. Conforms to the ANSI Uniform Health Care ID Card Standards.

ELECTRONIC CLAIMS SUBMISSION (ECS) See EDI.

ELECTRONIC DATA INTERCHANGE (EDI) Standard format for exchanging business data. The standard is ANSI x12, which was developed by the data interchange standards association (DISA). ANSI x12 is either closely coordinated with or is being merged with an international standard, EDIFACT. Standards for EDI include: ANSI for claims, eligibility, enrollment, EBT, and remittance. CCIT for others. NCPDP for pharmacy, HEDIS for managed care.

ELECTRONIC DATA SYSTEMS (EDS) The Fiscal Agent for the Commonwealth of Kentucky.

ELECTRONIC FUNDS TRANSFER (EFT) An electronic deposit system for provider remittance amounts, and the process of authorizing a computer system to transfer funds between accounts.

ELECTRONIC MEDIA CLAIMS (EMC) Claims that are electronically transmitted to the MMIS through media such as telephone lines, diskettes, or tapes. This term is no longer used.

ELECTRONIC REMITTANCE ADVICE (ERA) Generally, RAs are submitted to the provider using the same media that the provider uses when submitting a claim. If the claim is submitted using a particular standard format, the RA is returned in the same format. See RA, NCPDP.

ELIG Eligibility

ELIGIBLE PROVIDER An institute, facility, agency, person, partnership, corporation, or association as enrolled and approved by the State that accepts, as payment in full for providing eligible services, reimbursement provisions, regulations, and schedules.

ENCOUNTER	A record of a medically related service rendered to a beneficiary who is enrolled in a participating health plan (HMO) or in a PCCM plan during date of service. It includes (but is not limited to) all services for which the plan incurred any financial responsibility. Encounters are priced at the Medicaid value of a similar claim, but the reimbursement amount is zero (see STOP-LOSS). If a service is not covered under the HMO/PCCM plan, the claim will be billed by the provider as a FFS claim. Encounters are sometimes referred to as Shadow Claims as no money is paid out.
ER	Emergency Room
ESC	Error Status Code
EXCEPTION	The phrase “posts an exception” is commonly used when discussing claims processing to indicate there is data on the claim that fails an edit; therefore, an exception is posted to the claim.
EXCEPTION CODE	This code indicates that there is data on a claim that has caused the claim to fail an edit. An exception is then posted to the claim in question. Depending on the disposition of the edit on the Claim Edit Disposition Listing, the claim may pay, even with edits posted to it. An exception code can have different dispositions dependent upon media type.
EXPENDITURES (EXP)	The issuance of checks, disbursement of cash, or electronic transfer of funds as reported by the State.
EXPLANATION OF BENEFITS (EOB)	A notice issued to a provider that explains in detail the payment or nonpayment of a specific claim processed. Also a three-digit code that prints on the remittance advice to explain why a claim was either denied or suspended.
EXTENSIBLE MARKUP LANGUAGE (XML)	Universal format for structured documents and data on the Web.

7.1.6 F

FAIR HEARING (FH)	A formal meeting where a Hearings Officer listens to all the facts and then makes a decision based on the law.
FAMILY PLANNING (FP)	A medically approved treatment, counseling, drugs, supplies, or devices that are prescribed or furnished by a provider to individuals of child-bearing age for purposes of enabling such individuals to freely determine the number and spacing of their children.
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)	Number assigned to a business entity for tax purposes. This number might be of value in identifying all the businesses owned by a corporation.
FEDERAL INSURANCE CONTRIBUTIONS ACT (FICA)	Social Security taxes deducted by the employer.
FEDERAL POVERTY LEVEL (FPL)	The poverty threshold is a statistical measure used to indicate the level of cash income needed by a family to purchase a “minimally adequate” market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.
FEDERAL REGISTER (FR)	The Federal Register is the official daily publication for Rules, Proposed Rules, and Notices of Federal agencies and organizations, as well as Executive Orders and other Presidential Documents.
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	A federally funded agency that provides medical services on a sliding fee schedule to the general public.
FEE FOR SERVICE (FFS)	The payment method by which KY Medicaid reimburses providers on a service-by-service basis.
FEE SCHEDULE	A listing of acceptable Charges or established allowances, normally representative of either standard or maximum Charges, for the listed medical or dental procedures.

FIELD	An on-screen area used for entering specific information, such as a name or extension number, within the telephone system. A field prompt identifies the type of information that belongs in each field.
FILE MAINTENANCE	The periodic updating of master files. For example, adding or deleting employees and customers, making address changes and changing product prices. It does not refer to daily transaction processing and batch processing.
FILE TRANSFER PROTOCOL/PROGRAM (FTP)	A method of transferring files between heterogeneous computing platforms. Since most large scale computing systems interface between mainframes, mini, PC's, and the Internet, a method is needed to transfer data between these different platforms. (See TCP/IP)
FIREWALL	Security protection for a Web site (see proxy server), LAN, and Intranet. May check incoming and outgoing messages.
FISCAL AGENT (FA)	The contractor retained by the State for operation of the MMIS and for the performance of claims processing and other related Medicaid functions in KY Medicaid.
FISCAL INTERMEDIARY (FI)	Similar to a fiscal agent. A corporation is designated to have complete responsibility for a government health program, including all data processing functions, program administration, professional relations, and clerical staffing for claims processing.
FISCAL YEAR (FY)	Any twelve-month period for which manual accounts are retained. The fiscal year may, but need not, correspond to the calendar year. The federal Fiscal Year starts October 1 and ends September 30 of the following year. States usually operate on July 1 through June 30 of the following year.
FLAT FILE	A database consisting of one table. It is a stand-alone data file that does not have any predefined linkages or pointers to locations of data in other files. This is the type of file used in a relational database; however, the term is often used to refer to a type of file that has no relational capability, which is exactly the opposite.

FOOD AND DRUG ADMINISTRATION (FEDERAL DRUG AGENCY, FDA)	A federal agency responsible for the monitoring and regulation of foods and drugs distributed in the United States.
FORMULARY	A listing of drugs and the regulations that govern payment.
FPA	Family Planning Agency
FROM DATE OF SERVICE (FDOS)	Date used in the claim.
FRAUD AND ABUSE (F&A)	Fraud: To purposely bill for services that were never given or to bill for a service that has a higher reimbursement than the service produced. Abuse: Payment for items or services that are billed by mistake by providers, but should not be paid for by KMAP. This is not the same as fraud.
FTE	Full-Time Equivalent
FULL TEXT SEARCH	The ability to search text files for occurrences of certain words, digits, sentences, or patterns of Characters. Generally, a scanned document cannot be full text searched. To do that, the document would have to be retyped or scanned with an OCR to create a text file. (Imaging)
FUNCTIONAL ACKNOWLEDGEMENT	An EDI message that is sent in response to the receipt of an EDI message or packet of messages to notify the sender of the original message that it was received. It acknowledges only the receipt of the message or message packet, and does not imply agreement with or understanding of its content.

7.1.7 G

GARNISHMENT	A court-ordered attachment, or withholding, of a provider's earnings to pay a debt.
GATEWAY	The interconnection between public or private networks that allow the transmission of documents in X12 format across multiple networks. Also called interconnect.
GB	Gigabyte
GENERAL PRACTITIONER	A doctor of medicine who generally performs a wide range of medical services as opposed to one who specializes only in certain areas of practice.
GENERIC	A term used in reference to drugs that meet the following criteria: <ol style="list-style-type: none">1) The product is available from more than one source.2) The Average Wholesale Price of the product is significantly lower than the non-generic.3) The product is not under patent.
GENERIC CODE NUMBER (GCN)	The standard generic code for drugs.
GLOBAL POSITIONING SOFTWARE (GPS)	This software is incorporated into the MMIS interChange allowing default and auto assignment of beneficiaries to providers. It utilizes longitude and latitude for assignment purposes.
GRAPHICAL USER INTERFACE (GUI)	A "windows" based computer interface that allows for consistency of this application with other applications used by the operators. The device drivers associated with these GUIs optimize the painting of snippets and the rendering of fonts to take full advantage of the high-performance graphic cards installed in PCs. (Imaging)

GRAY SCALE The spectrum, or range, of shades of black an image has. Scanners and terminals gray scales are determined by the number of gray shades, or steps, they can recognize and reproduce. A scanner that can only see a gray scale of 16 will not produce as accurate an image as one that distinguishes a gray scale of 256. (Imaging)

GROUP PRACTICE A medical practice where more than one provider render and bill for services under a single provider number.

GSD General System Design

7.1.8 H

HARD DISK	A storage device that uses a magnetic recording material. Generally, hard disks are fixed inside a PC, but there are removable cartridge versions. Hard disks store anywhere from five to hundreds of megabytes. (Imaging)
HCFA-1500	CMS-approved uniform claim form that is required for most professional providers to bill for most non-institutional services. The form is mandated for use in billing both Medicare and Medicaid programs for medically related services.
HEADER (HDR)	This term refers to data on a claim that is not line item specific, but applies to the entire claim. An example of header information would be the provider's name, address and SSN.
HEALTH AND HUMAN SERVICES (HHS)	The executive department of the federal government responsible for social and economic security, educational opportunity, national health and child welfare. Specifically, the department is responsible for Medicaid and Medicare Programs. Formerly DHEW.
HEALTH CARE FINANCING ADMINISTRATION (HCFA)	See CMS.
HEALTH INSURANCE	A contract under which a company guarantees payment for specified loss by disease or accidental bodily injury normally by covering a portion of the associated medical costs.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191. Accountability Act of 1996.

HIPAA Health Insurance Portability and Accountability Act of 1996

HEALTH INSURANCE PREMIUM PAYMENT SYSTEM (HIPPS) A program where Medicaid-eligible beneficiaries may receive insurance premium assistance using Medicaid funds when it is determined cost-effective to purchase group health insurance.

HEALTH MAINTENANCE ORGANIZATION (HMO) A prepaid cost-effective health plan that provides a range of preventative and maintenance services in return for a fixed monthly premium that entitles the enrollees to a predetermined set of basic and supplemental services. A health care providing organization, which charges a flat fee per month (Capitation) per person, enrolled. The services provided are defined by contract and generally are comprehensive. HMO enrollment is an alternative form of health care delivery that is offered to Medicaid beneficiaries.

HEALTH PLAN EMPLOYER DATA AND INFORMATION SET (HEDIS) Used to measure a plan's performance. Utilized in Quality Assurance for Managed Care. HEDIS and HEDIS and Compliance Audit are registered trademarks of the National Committee for Quality Assurance (NCQA). NCQA encourages and promotes the use of performance measures that comprise HEDIS. HEDIS Compliance Audit is a rigorous process for evaluating the accuracy and validity of plan-reported performance results.

HEALTH PLAN EMPLOYER DATA AND INFORMATION SET STANDARD (HEDIS STANDARD) A Federal standard for Electronic Data Interchange (EDI) for Medicaid Managed Care programs.

**HEALTHCARE
COMMON
PROCEDURE
CODING SYSTEM
(HCPCS)**

A uniform health care procedural coding system approved by CMS. It describes the physician and non-physician patient services covered by the Medicaid and Medicare programs. It is used primarily to report reimbursable services provided to patients.

There are three types of HCPCS codes.

Level 1 includes the CPT-4 codes.

Level 2 includes the alphanumeric codes A through V which CMS maintains for a wide range of services from ambulance trips to hearing aids which are not addressed by the CPT-4 coding.

Level 3 includes the alphanumeric codes W through Z, which are assigned for use by the state agencies.

**HOME AND
COMMUNITY BASED
SERVICES (HCBS)**

Home and Community Based services are for persons with mental retardation or other developmental disabilities are made possible through Medicaid waivers. These services are intended as an alternative to institutional services. Each waiver offers services for a specific group: Head Injury, Technology Assistance, Physical Disability, Frail and Elderly, Developmental Disabilities, and Children with Severe Emotional Disturbance.

**HOME HEALTH
AGENCY (HHA)**

An agency that provides home health care services such as home health aide visits, LPN and RN visits, and therapy services.

HOSPICE

A program that provides an integrated program of appropriate hospital and home care for the terminally ill patient. A hospice is a public agency or private organization that provides services for terminally ill people. It is usually affiliated with a hospital. Hospice care may be home care, inpatient care, or respite care. Respite care is inpatient care provided for the beneficiary to give the family temporary relief from the strain of caring for a loved one at home.

HOSPITAL

A health care institution whose primary function is to provide inpatient services for a variety of surgical and non-surgical medical conditions. Hospitals are classified by length of stay, teaching or non-teaching, major type of services, and by control.

HOSPITAL INSURANCE PROGRAM (PART A) The compulsory portion of Medicare that automatically enrolls all persons 65 years of age or older, entitled to railroad retirement and eligible for disability for over two years, and insured workers and their dependents requiring dialysis or kidney transplants.

HOST Computer in which an application or database resides or to which a user is connected. Sometimes used generically as synonym for computer. (Imaging)

HYPertext MARKUP LANGUAGE (HTML) Programming language used to develop and maintain web pages on the Internet.

HYPertext TRANSFER PROTOcol (HTTP) The underlying protocol used by the World Wide Web. HTTP defines how messages are formatted and transmitted, and what actions Web servers and browsers should take in response to various commands.

HYPertext TRANSFER PROTOcol SECURE (HTTPS) Protocol to provide encrypted transmission of data between Web browsers and Web servers.

7.1.9 I

ICD-10-CM	International Classification of Diseases, Tenth Revision
iCE	interChange Enhanced
ICF/MR	Intermediate Care Facility/Mental Retardation
ICN	Internal Control Number.
ICON	The basis of a graphical user interface, an icon is a picture or drawing of a device or program that is activated, usually with a mouse, to access the device or run the program.
IMAGE	The computerized representation of a picture or graphic. (Imaging)
IMAGING	A method of electronically capturing a representation of a form, whether it is a claim or other piece of correspondence, to allow rapid retrieval and processing of the source document copy.
IMAGING SYSTEM	Collection of units that work together to capture and recreate images. At its simplest, it has an acquisition device (scanner, camera), an image processor and an imaging device (printer, microfilm, computer). (Imaging)
INCOME MAINTENANCE (IM)	A division within the Commission of Income Maintenance/Employment Preparation Services of SRS. The division is responsible for administration and oversight of programs relating to eligibility for Public Assistance programs, including AFDC, Medicaid, and food stamps.
INFORMATION TECHNOLOGY (IT)	A broad term referring to the entire field – computers, communications, Internet, imaging, etc.

INPATIENT (IN, INP, IP)	A patient who has been admitted, at least overnight, to a health care facility. A patient who is literally in residence or in bed in the facility.
INQUIRY MODE	An window mode where the user is viewing data as the result of an inquiry rather than having accessed the specific window in order to add, change or delete data from certain financial records and/or claims. Inquiry Mode allows flow between the various parts of the system but does not allow changes to the data being viewed.
INSURANCE	Health insurance.
INTEGRATED TEST FACILITY (ITF)	Copy of MMIS production system used for testing changes and enhancements to the MMIS.
INTENSIVE CARE UNIT (ICU)	The level of care rendered by the attending physician to a critically ill patient requiring additional time and study beyond regular medical care.
INTERACTIVE	Back-and-forth dialog between the user and a computer.
INTERMEDIARY	A public or private insurance organization under contract with the government to handle claims from hospitals, skilled nursing facilities and home health agencies (Part A Medicare).
INTERMEDIATE CARE FACILITY (ICF)	Any facility that provides room, board, and all routine services and supplies.
INTERMEDIATE CARE FACILITY FOR MENTAL RETARDATION (ICF/MR)	Facilities that have met state licensure standards and that provide habilitation-related care and services, prescribed by a physician, in conjunction with active treatment programming for beneficiaries who are mentally retarded and who have related health and physical conditions.

INTERNAL CONTROL NUMBER (ICN) A unique 13-digit identification number assigned to every KMAP claim in order to distinguish it from all other claims received by the system. The ICN consists of: 2-byte Region, which represents claim media and claim type; a 5-byte Date of Receipt, which consists of the YY – year and JJJ – Julian; and a 6-byte Sequence number.

INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) A classification and coding structure of diseases used by the health care community to describe patients' conditions and illness, and to facilitate the collection of statistical and historical data.

INTERNATIONAL CLASSIFICATION OF DISEASES, NINTH REVISION (ICD-9-CM) A three-volume coding manual that contains the diagnosis codes used in coding claims, as well as the procedure codes used in billing for services performed in a hospital setting.

INTERNATIONAL STANDARDS ORGANIZATION (ISO) An international organization, working with the United Nations that maintains the standards for all applications of technology and mechanics for global industry.

INTERNET CONTROL MESSAGE PROTOCOL (ICMP) Extension to IP supporting packets containing error and control information. For example. The PING command uses ICMP to test an Internet connection. (See IP, TCP/IP.)

INTERNET PROTOCOL (IP) Works like the postal system. There is no direct connection – just the packet address to send messages to, and the address for returned messages.

INTERNET SERVICE PROVIDER (ISP) Commercial provider of Internet services; e.g., AOL, Sprynet, Flashnet, etc. To use the Internet a user must have a commercial ISP that maintains a computer system through which the user accesses the Internet.

IP Inpatient

7.1.10 J

JCAHO	Joint Commission On The Accreditation Of Health Care Organizations
JCODE	A five-digit procedure code that begins with the letter J.
JOB CONTROL LANGUAGE (JCL)	A language designed to express statements in a computer job that are used to identify the job or describe its requirements to an operating system.
JOINT APPLICATION DESIGN (JAD)	The process where the system user and designer meet together to define the application. Generally, requirements are reviewed, validated, and clarified.
JULIAN DATE	The representation of month and day by a consecutive number starting with January 1. For example, February 1 is Julian 032. Dates are converted into Julian dates for calculation.

7.1.11 K

KenPAC **Kentucky Patient Access and Care program.**

KEY Keys are indexed columns in tables, often used to join tables. Keys uniquely identify each record, or row, in a table. Examples would be Cust-ID or Provider Number.

A word, number or phrase associated with a document to aid in its retrieval from storage. Sometimes called descriptors. There are often many keys used together to fully locate a document; together they are called an index. Also called a retrieval key. (Imaging)

KILOBYTE One thousand bytes. To a computer, its actually 1,024. So, 16 kbytes, or 16K, is actually 16,384 bytes; 64K is 65,536 bytes, etc. (Imaging)

7.1.12 L

LASER DISC	An optical disc with the same technology as a Compact Disc, except laser discs are 12 inches in diameter. (Imaging)
LEGACY	Term used to refer to the prior MMIS used in Kentucky
LENGTH OF STAY/SERVICE (LOS)	A designation generally correlated to the patient's diagnosis that refers to the number of days that a patient is confined to an inpatient facility.
LIFETIME RESERVE DAYS	A nonrenewable sixty-day period of additional hospital days awarded to Medicare beneficiaries.
LINE ITEM	A term used in reference to a level of detail on a claim. Line item details are services billed using a procedure code, a quantity, and a date of service for a specific fee. Claims may have multiple line items or detail lines.
LKN	Lock-In
LMB	Low-Income Medicare Beneficiary
LOC	Level of Care

LOCAL AREA NETWORK (LAN)	<p>A communications network that serves users within a confined geographical area. It is made up of servers, workstations, a network operating system and a communications link.</p> <p>Servers are high-speed machines that hold programs and data shared by all network users. The workstations, or clients, are the users' personal computers, which perform stand-alone processing and access the network servers as required.</p> <p>The controlling software in a LAN is the network operating system, such as NetWare, UNIX, and Appletalk, which resides in the server. A component part of the software resides in each client and allows the application to read and write data from the server as if it were on the local machine.</p> <p>The message transfer is managed by a transport protocol such as IPX, SPX, and TCP/IP. The physical transmission of data is performed by the access method (Ethernet, Token Ring, etc.), which is implemented in the network adapters that plug into the machines. The actual communications path is the cable (twisted pair, coax, optical fiber) that interconnects each network adapter.</p>
LOCAL CODES	<p>A generic term for code values that are defined for a state or other political subdivision, or for a specific payer. This term is most commonly used to describe HCPCS Level III Codes, but also applies to state-assigned Institutional Revenue Codes, Condition Codes, Occurrence Codes, Value Codes, etc.</p>
LOCAL OFFICE	<p>The DCBS office in an individual county. Local county offices are grouped into a management area for administrative efficiency.</p>
LOCK-IN	<p>The punitive restriction of a Medicaid beneficiary to a particular provider for a period of time as determined by the State.</p>
LONG TERM CARE (LTC)	<p>Beneficiary care that includes room, board, and all routine services and supplies. The LTC program includes the SNF, ICF and ICF/MR services.</p>
LPN	<p>Licensed Practical Nurse</p>

7.1.13 M

MAGNETIC DISK AND TAPE The primary computer storage media. The choice depends on accessing requirements. Disk is direct access; tape is sequential access. Locating a program or data on disk can take a fraction of a second. On tape, it can take seconds or minutes.

MAGNETIC RESONANCE IMAGING (MRI) A noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

MAINFRAME A large, powerful computer, often serving several connected terminals.

MANAGED CARE (MC) Comprehensive health care integrating clinic/admin for cost effective care (HMO). Managed Care includes Capitated HMO, PCCM, and Fee-For-Service managed care.

MANAGED CARE ORGANIZATION (MCO) An organization paid to provide services to a select group of beneficiaries assigned to them for a given time period.

MANAGEMENT ADMINISTRATIVE REPORTING SUBSYSTEM (MAR, MARS) The MMIS subsystem that produces the management data required for financial, benefit, provider and beneficiary reporting.

MANUAL CHECKS Checks written outside the automated check writing cycle.

MAPPING The act of determining what pieces of information in the company's database should be placed into each data element of an EDI message or transaction set, or in reverse, what data elements of an EDI message or transaction set should be placed into the company's database.

**MASS
ADJUSTMENTS**

The systematic adjustment of more than one claim at the same time for the same reason. Multiple adjustments entered at one time. Mass adjustments are requested on line and they are particularly useful when it is necessary to reprocess hundreds or thousands of claims. Mass adjustment requests are submitted for a specific population of claims. In other words, claims that have something in common. They may be all of the drug claims processed after a certain date; they may be a subset of claims for a specific provider, or they may be all of the claims processed for a specific beneficiary. The criterion for claims selection is highly variable.

MB

Megabyte

MEDICAID (MCD)

The joint federal and state medical assistance program that is described in Title XIX of the Social Security Act, designed to provide health benefits assistance to medically needy young persons (less than 21 years of age) and to the aged (more than 65 years of age). A health insurance program for the poor which is jointly funded by the state and federal governments. Also, referred to as Title XIX of the Social Security Act. The Medicaid Program is administered by the states under the management of the Centers for Medicare and Medicaid (CMS).

Federal/State partnership of medical assistance for low income (title XIX, SS act) persons. There are 33 million people eligible. Includes ABD, low-income with children, low-income pregnant, and people with very high medical bills. In order to receive medical assistance a client must qualify into one of six categories: age 65, Blind, disabled, families with dependent children (TANF), pregnant, incapacitated (= categorically needy).

**MEDICAID
STATISTICAL
INFORMATION
SYSTEM (MSIS)**

Reporting required by CMS in standard formats. MSIS reports are required by each state and combined by CMS.

**MEDICAID
MANAGEMENT
INFORMATION
SYSTEM (MMIS,
MMIS
INTERCHANGE)**

Computer application that makes up the Medical Assistance Program system. A system composed of at least six subsystems for the general design of Title XIX systems as defined, outlined, and documented by the Department of Health and Human Services. All states with Medicaid Programs are required to have an MMIS. The MMIS processes medical claims and produces reports which track expenditures by aid category, claim type, category of service, or some other parameter.

MEDICAL NECESSITY (MN)	A documented decision by a medical practitioner that a therapy, treatment, drug, item, or service prescribed or provided is essential to treat or diagnose a specific physical or psychiatric condition.
MEDICALLY NEEDY (MN)	<p>Individuals whose income and resources equal or exceed the levels for assistance established under a state or federal plan, but are insufficient to meet their costs of health and medical services.</p> <p>Beneficiary who has a catastrophic illness and cannot pay the incurred costs. (See “CATEGORICAL NEEDY”). Must still fall into one of the six categories.</p>
MEDICAL REVIEW (MR)	Analysis of Medicaid claims to ensure that the service was necessary and appropriate.
MEDICARE	The federal medical assistance program that is described in Title XVIII of the Social Security Act for people 65 years of age or older, for persons eligible for Social Security disability payments, and for certain workers of their dependents who require kidney dialysis or transplantation. A health insurance program for individuals over 65 years of age, as well as certain disabled persons. Medicare is 100 percent federally funded. The Medicare Program is administered by the Health Care Financing Administration (HCFA). Applications for Medicare benefits are processed by the Social Security Administration. Medicare has two distinct plans: Part A is hospital insurance covering inpatient, hospice, home health, and skilled nursing facility care; and Part B is medical insurance covering physicians’ services, outpatient care, diagnostic tests, durable medical equipment, and ambulance services. Refer to Title XVIII.
MEDICARE PART A	Part A of Title XVIII of the Social Security amendments of 1965 that provided benefits principally for hospital and hospital-related services. The formal designation is “Hospital Insurance Benefits for the Aged”.
MEDICARE PART B	Part B of Title XVIII of the Social Security amendments of 1965 that provided benefits principally for physician’s services. The formal designation is “Supplementary Medical Insurance Benefits for the Aged”.

MEDIGAP	In relation to Medicare, this private health insurance pays most of the health care service Charges not covered by Parts A or B of Medicare. These policies, which must meet federally imposed standards, are offered by many commercial health insurance companies.
MEGABYTE	Approximately one million bytes. Precisely, 1,024 kilobytes or 1,048,576 bytes. (Imaging)
MENTAL RETARDATION (MR)	Significantly sub-average intellectual functioning, evidenced by an IQ rating of 70 or below on any standardized measure of intelligence, concurrently existing deficits in adaptive behavior as listed in the Other Development Disability definition.
MICROMEDIA	For the purpose of this document, micromedia refers to microfilm, microfiche, or the ability to access online those documents residing on the State's imaging database.
MSIS	Medicaid Statistical Information System
MSW	Master of Social Work
MTD	Month to Date
MULTIMEDIA	Combining more than one media for the dissemination of information, i.e., using text, audio, graphics, animation and full-motion video all together. Requires enormous amounts of bandwidth and processing power. (Imaging)

7.1.14 N

NATIONAL COUNCIL FOR PRESCRIPTION DRUG PROGRAMS (NCPDP)

An ANSI-accredited council developed to review and define national standards for the billing of prescription drug services for reimbursement by private insurance as well as state and federal agencies. Some of the standard formats are included in the HIPAA mandates.

Provides standards for data interchange and standards for processing pharmacy services in the health care industry. The NCPDP Telecommunications Standard defines the record layout for interactive prescription drug claim transactions between providers and adjudicators. Version 5 of this standard is currently in draft form.

NATIONAL DATA CORPORATION/NATIONAL DRUG CODE (NDC)

Provider of communication software/hardware for pharmacies. (See ENVOY.) or

A generally accepted system for drug identification that is the primary drug ID used.

(1) A standard coding scheme of eleven digits that assigns a unique numeric code to all drugs on the market. (The first five digits indicate the drug manufacturer; the next four digits specify the particular drug and the last two digits refer to the package size.)

(2) A 10-Character code assigned to all prescription drug products by the labeler/distributor of the product under FDA regulation. Each NDC is composed of three sub-codes, which can assume different configurations. The NDC codes are impractical to use for data processing applications such as sorting, searching, etc., because of the variable structure of the sub-codes. The National Drug Data File (NDDF) Code therefore is always eleven digits in length and each of its sub-codes always contains the same number of Characters (5-4-2). This is achieved by inserting a leading zero in one of the three sub-codes in the NDC.

NATIONAL PROVIDER FILE (NPF)

A national repository of provider identification data to support assignment of a national provider identifier.

NATIONAL PROVIDER IDENTIFIER (NPI)

A national system of provider identification that is used nationally by all providers starting in 1997.

NATIONAL STANDARD FORMAT (NSF)	The NSF was designed to standardize and increase the submission of electronic claims and coordination of benefits exchange. The NSF is used to electronically submit health care claims and encounter information from providers of health care services to payers. It is also used to exchange health care claims and payment information between payers with different payment responsibility.
NEMT	Non Emergency Transportation
NH	Nursing Home
NON-COVERED SERVICES (NC)	The service does not meet the requirements of a Medicaid benefit category, or the service is excluded from coverage or is not reasonable and necessary.
NON EMERGENT MEDICAL TRANSPORTATION (NEMT)	Non-commercial medical transportation provided to beneficiaries in private vehicles, including their own.
NURSE PRACTITIONER (NP)	A registered nurse who has advanced training in a specialized nursing field such as geriatrics or pediatrics.

NURSING FACILITY (NF)

Any facility that provides room, board, and all routine services and supplies. All NFs are required to be licensed by the secretary of the state Department of Health.

An institution or a distinct part of an institution which is primarily engaged in providing to residents: nursing care and related services, rehabilitation services or health related care, and services (above the level of room and board) which can be made available only in an institutional facility. The facility must have in effect a transfer agreement with one or more hospitals and must meet Medicaid participation requirements.

Any place or facility operating for not less than twenty-four (24) hours in any day and caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who by reason of aging, illness, disease or physical or mental infirmity are unable to sufficiently or properly care for themselves, and for whom reception, accommodation, board and skilled nursing care and treatment is provided, and which place or facility is staffed to provide 24-hour-a-day, licensed, nursing personnel plus additional staff, and is maintained and equipped primarily for the accommodation of individuals who are not acutely ill and are not in need of hospital care but who require skilled nursing care.

7.1.15 O

OCC **Occurrence Codes (Inpatient claims)**

OCCUPATIONAL THERAPY (OT) The use of life related activities to restore and evaluate motor skills so that disabled persons may attain health, social, or economic independence.

OCR DATA RECOGNITION (OCR) Images passed to the OCR subsystem are fed to the recognition engines one claim at a time. The recognition engines interpret each Character or mark sense field based on the form definition used. All recognized data is placed in an ASCII data file. (Imaging)

OD Doctor of Optometry

OIG Office of Inspector General

OMNIBUS BUDGET RECONCILIATION ACT (OBRA) See PASARR. OBRA-90 establishes the Drug Rebate program.

OMNIBUS BUDGET AND RECONCILIATION ACT OF 1990 (OBRA-90) Establishes the Drug Rebate program.

ONBASE OnBase processes the print output of application programs, extracts index fields from the data, stores the index information in a relational database, and stores one or more copies of the data in the system so that the user can archive newly created and frequently accessed reports or images on high speed, disk storage volumes and automatically migrate them to other types of storage volumes as they age.

- ONLINE** The use of a computer terminal to display computer data interactively.
- Available for immediate use. If your data is on disk attached to your computer, the data is online. If it is on a disk in your desk drawer, it is offline.
- A peripheral device (terminal, printer, etc.) that is turned on and connected to the computer is said to be online. However, a printer can be taken offline by simply pressing the ONLINE or SEL button. It is still attached and connected, but is internally cut off from receiving data from the computer. Pressing the ONLINE or SEL button will turn it back on-line.
- Systems are designed as either online or batch. Online means terminals are connected to a central computer, and batch means entering batches of transactions on a second or third shift. Other terms, such as real-time and transaction processing evolved from online processing.
- OPERATING SYSTEM (OS)** The master control program that runs the computer. It is the first program loaded when the computer is turned on, and its main part, called the kernel, resides in memory at all times. It may be developed by the vendor of the computer it's running in or by a third party. It is an important component of the computer system, because it sets the standards for the application programs that run in it. All programs must "talk to" the operating system. See API, JCL.
- ORACLE** The Corporation that provides the ORACLE software which is the major Relational Database software for minicomputers and PCs.
- OTHER INSURANCE (OI)** A term used to describe primary insurance payers. Any health insurance benefits that a patient might possess in addition to Medicaid or Medicare.
- OUTPATIENT (OPT)** A patient who is receiving care at a hospital or other health facility without being admitted. Outpatient normally does not include patients receiving services from a facility that does not also give inpatient care.
- OUTPATIENT CARE** Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital in connection with the care of a patient who is not a registered bed patient.

OVER THE COUNTER (OTC) A drug classification used to describe pharmaceuticals that do not require a prescription.

7.1.16 P

PA	Physician's Assistant Prior Authorization
PAID CLAIM	A claim that has been processed through the adjudication and payment cycles. In the MMIS, the term “paid” refers to a claim with a payment status of either “paid” or “denied”. A paid claim can result in the provider being reimbursed for some dollar amount or a zero paid amount.
PARAMETER	Any value passed to a program by the user or by another program in order to customize the program for a particular purpose. A parameter may be anything; for example, a file name, a coordinate, a range of values, a money amount or a code of some kind. Parameters may be required as in parameter-driven software or they may be optional. Parameters are often entered as a series of values following the program name when the program is loaded.
PASSPORT	Managed care organization which serves Medicaid members in Jefferson and surrounding counties.
PASSWORD	Confidential code used in conjunction with the User ID to gain access to a system.
PATIENT	A person receiving treatment or care from a physician or other health professional.
PATIENT LIABILITY (PAT LIAB)	A beneficiary's monetary obligation to a nursing facility that is determined by his or her income level.
PAY AND CHASE	Under certain circumstances, the claims are initially paid by the Claims processing system and then the claims must accumulate to a pre-determined threshold prior to payment by the third party insurance. In this situation, a claim is paid, despite coverage, and the carrier is billed (pay and chase).

PAYER OF LAST RESORT	The insurance program that pays after all of a patient's other insurance programs have paid for a service. Medicaid is usually the payer of last resort.
PAYMENT CYCLE	The processing of adjudicated claims to a paid or denied status. Users determine the frequency of running payment cycles. Most state agencies pay providers weekly.
PAY-TO PROVIDER	The provider who will receive payment (if a group/clinic number is present, it would be the "Pay-to Provider"
PAYOUT (PAY)	Non-claim specific payment to a provider or other entity (i.e.: insurance company).
PDD	Procedure, Drug, Diagnosis
PE	Presumptive Eligibility
PEER	A person or committee in the same profession as the provider whose claim is being reviewed.
PEER REVIEW	An activity performed by a group or groups of practitioners or other providers to review the medical practices of their peers for conformance to generally accepted standards.
PEER REVIEW ORGANIZATION (PRO)	A quality assurance or peer review program that reviews Medicare, Medicaid and Maternal and Child Health program claims. Mandated by the federal government to review the necessity and appropriateness of admissions to hospitals and continued stay in hospitals. PROs have the authority to deny payment or recoup payment for services that are deemed unnecessary.
PER DIEM	A daily rate usually associated with payment to an institution such as a hospital or a skilled nursing facility assigned to institutional providers.

PERSONAL COMPUTER (PC)	Although the term "PC" is sometimes used to refer to any kind of personal computer, PC refers to computers that conform to the PC standard originally developed by IBM. PCs are used as stand-alone personal computers or as workstations and file servers in a LAN (local area network). They are predominantly used as single-user systems under DOS; however, they are occasionally used as a central computer in a multi-user environment under UNIX and other operating systems.
PERSONAL IDENTIFICATION NUMBER (PIN)	A number used to provide a password into the system for security purposes.
PF KEY	The function keys at the top of a computer keyboard which serve as commands (for example, F1, F2, F3, etc.).
PHARMACIST	A professional qualified by education and authorized by law to prepare, preserve, compound, dispense and give appropriate instruction in the use of drugs.
PHARMACY BENEFIT MANAGEMENT (PBM)	Pharmacy Benefit Management (PBM) applies managed care principles to prescription drug programs, with the goal of optimal and cost-effective drug prescribing and use. PBM functions include (1) claims processing and adjudication, (2) data management, reporting, and trending (3) formulary management and clinical review services, (4) prospective Drug Utilization Review (ProDUR), and (5) drug rebate management.
PHARMACY POINT-OF-SERVICE (RX-POS, POS)	The Pharmacy POS system enables Medicaid providers to submit electronic pharmacy claims in an on-line, real-time environment. The electronic claim submission will verify beneficiary eligibility; including other health insurance coverage, and monitor Medicaid drug policies. Claims will also be screened against beneficiary medical and prescription history within the Medicaid system. Once these processes are complete, the provider will receive an electronic response indicating payment or denial within seconds of submitting the electronic claim. Also referred to Point of Sale.
PHD	Doctorate of Philosophy.

PHYSICAL THERAPY (PT)	Rehabilitation concerned with the restoration of function and prevention of disability following disease, injury, or loss of a body part.
PHYSICIAN (PHY, PHYS)	A professional qualified by education and authorized by law to practice medicine.
PHYSICIANS DESK REFERENCE (PDR)	PDR is considered the standard prescription drug reference.
POS	Place Of Service The location at which a service was rendered, such as office, home, emergency room, etc.
POS	Point Of Sale
PLAN OF CARE	A document completed following the determination of long-term care eligibility and the individual elects home and community based services instead of nursing facility services. This document must include: the services to be provided, the frequency of each service, who will provide each service, and the cost of each service.
PM	Project Manager
PMP	Primary Medical Provider
POD	Podiatrist
POVERTY LEVEL	The poverty threshold is a statistical measure used to indicate the level of cash income needed by a family to purchase a “minimally adequate” market basket of goods and services. The threshold is adjusted for family size and updated every February for inflation. It is a nationwide standard of poverty.
PPO	Preferred Provider Organization

PRE-CERTIFICATION (PRE-CERT)	Serves as an entry and approval process PA requests. It interfaces with the PA subsystem to provide automated update to the PA files.
PREMIUM	The periodic payment (e.g. monthly, quarterly) made to an insurance company to keep an insurance policy in force.
PRICING INDICATOR CODE (PIC)	An indicator that determines the reimbursement restrictions for drug and procedure codes.
PRIMARY CARE	Basic level of health care rendered by general practitioners.
PRIMARY CARE PROVIDER (PCP)	A professional, which could be a physician, ARNP, health department, or clinic, who manages a beneficiary's health care needs.
PRIMARY CARE SERVICES	Those services provided by a duly licensed medical practitioner who has contracted with SRS to initiate or approve specified medical services for participating Medicaid beneficiaries.
PRIMARY MEDICAL PROVIDER	An individual provider or organization assigned to a beneficiary with the responsibility of providing the majority of a beneficiary's medical services.
PRIOR AUTHORIZATION (PA)	Authorization granted by SRS staff, or its designated representative, to a provider to render specified services to a designated beneficiary. Acknowledgement, given before payment may occur, that certain specified services meet an established criterion. Acquiring permission before performing a service. Prior authorization is a condition for payment for many services reimbursed by Medicaid.
PROCEDURE (PROC)	A numeric or alphanumeric code used to describe the specific service rendered to a patient by a provider.
PROCEDURE, DRUG, AND DIAGNOSIS FILE (PDDF FILE)	A file within the Reference Subsystem that contains records on all billable codes. The file also contains information on provider restrictions, beneficiary eligibility, and service limitations.

PROCESSED CLAIM	A claim that has been adjudicated, properly paid or denied, and the remittance has been sent.
PROFESSIONAL COMPONENT (PC)	Charges associated with a physician's expert reading of and interpreting some x-ray, lab, and diagnostic procedures.
PROFESSIONAL STANDARDS REVIEW ORGANIZATIONS (PSRO)	A quality assurance or peer review program that reviews Medicare, Medicaid and Maternal and Child Health program claims.
PROJECT WORKBOOK (PWB)	HP Enterprise Services proprietary WEB application that serves as a repository of HP Enterprise Services interChange information. The Project Workbook contains administrative, application, and project information.
PROMPT	To request input from the user by displaying a message on the computer screen or by playing an audio message on the telephone.
PROTOCOL	In information technology, it is a set of rules describing the contents of an electronic communication. To communicate, both the sender and receiver must adhere to the protocol. See TCP/IP, HTTP, and FTP.
PROVIDER	An eligible institution, facility, agency, managed care organization, administrative service organization, person, partnership, corporation, or association as enrolled and approved by the State which accepts, as payment in full for providing eligible services, reimbursement provisions, regulations, and schedules.
PROVIDER CATEGORY OF SERVICE	A code that indicates on a claim the type of service given by the provider in question. This code indicates the specific categories of service a provider may bill for.
PROVIDER SPECIALITY (PS)	A code that specifies the type of service a provider renders.
PROVIDER TYPE	A general code that indicates the type of service a provider can perform.

PROXY SERVER	A firewall security for a web site. A server that acts as an intermediary between a workstation user and the Internet and is associated with the gateway server that separates the enterprise network from outside intrusion.
PSY	Psychologist
PSYCHIATRIC HOSPITAL	An institution that is primarily engaged in providing psychiatric services for the diagnosis and treatment of mentally ill persons.
PURGE	Refers to moving data from the master files to the archive files. For example, beneficiary eligibility records may be purged if there is no activity within a three-year period.

7.1.17 Q

QA **Quality Assurance**

QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)	<p>A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level.</p> <p>Certain formerly disabled persons who lost Medicare benefits because of their return to work are allowed to purchase Medicare Part A coverage. The State Medicaid Program must pay the Part A premium for those individuals entitled to enroll in Part A if their income does not exceed twice the SSI limit and they are not otherwise eligible for Medicaid benefits.</p>
QUALIFIED MEDICARE BENEFICIARY (QMB)	<p>A State program that pays for a beneficiary's Medicare premiums, coinsurance, and deductible amounts within limits.</p>
QUALIFIED WORKING DISABLED (QWD)	<p>See QDWI. A special program authorized by the Social Security Administration that allows certain individuals to work and still collect their disability payments for a period of time. SRS allows these individuals to remain on Medicaid while in QWD status.</p>
QUARTER	<p>Calendar quarter unless otherwise specified.</p>
QUEUE DIRECTORY	<p>A directory on a hard drive into which batch requests to unit storage are placed. (Imaging)</p>

7.1.18 R

RA **Remittance Advice****RAILROAD RETIREMENT BOARD (RRB)** A separate insurance program that covers some aged people who would otherwise be covered by Medicare.**RANDOM ACCESS** An accessing process that finds any record in a database quickly by using two logical reads; the first read being the accessing of the index pointing to that data, the second read accessing the actual record or data. This process is the opposite of sequential accessing.**RANDOM ACCESS MEMORY (RAM)** The primary memory in a computer. Memory that can be overwritten with new information. The random access part of its name comes from the fact that all information in RAM can be located -- no matter where it is -- in an equal amount of time. This means that access to and from RAM memory is extraordinarily fast. By contrast, other storage media -- like magnetic tape -- require searching for the information, and therefore take longer. (Imaging)**RD** Registered Dietitian**REALTIME SYSTEM** A computer system that responds to input signals fast enough to keep an operation moving at its required speed.**RECORD** A set of related fields used to enter and store information in the telephone system. A table is a set of records.**RECOUPMENT (REC)** Money withheld from a provider's payment due to overpayment of claims during adjudication cycles. Recoupments may be established on line by accessing the Accounts Receivable Set Up window. They may be set up as a percentage or as a set amount to be recouped. An Accounts Receivable record is established for each recoupment type a provider might have.

REFERENCE DATA MAINTENANCE SUBSYSTEM	The Reference Data Maintenance subsystem maintains a consolidated source of reference information that is accessed by the MMIS during performance of claims and adjustment processing functions, prior authorization functions, and Third Party Liability (TPL) processing. The Reference Data Maintenance function also supports MMIS reporting functions.
REFERRING PROVIDER	Provider who gives referral (such as the KenPAC provider)
REFORMAT	To change the record layout of a file or database. To initialize a disk over again.
REGULATION	A federal or state agency legal statement of general or specific applicability designed to implement or interpret law.
REHABILITATION THERAPIES	Services designed to improve the skills and adjustment of the head injured individual, integrating prevocational, educational, and independent living goals, in order to return, or maintain the individual at their most optimum level of functioning at the least restrictive level of care. Services include occupational therapy, physical therapy, speech-language therapy, cognitive therapy, behavioral therapies, and drug and alcohol abuse counseling.
REJECTED CLAIM	A claim that contains errors such as missing data, incorrect claim form, or missing provider signature and is returned to the responsible provider without being adjudicated.
RELATIONAL DATABASE	A database or collection of data organized into related tables comprised of rows and columns. The tables define relationships between the records.

RELATIVE VALUE SCALE	A type of fee schedule which uses unit values (multiplied times a dollar conversion factor) to price procedures, instead of using a flat fee. The methodology establishes value relationships between procedures. For example, a limited office visit might be valued at five units and an extended office visit (which is more complex) at 8 units. RVS based fee schedules have the advantage of being easier to revise because it is not necessary to change the units, only the conversion factors. These are carried as system parameters in the MMIS.
RELEASE	The release is associated with a specific version of a product being made available to the client. Also known as system release or version.
REMITTANCE ADVICE (RA)	The statement mailed to a provider detailing Charges pending, paid, denied.
REMITTANCE ADV	A document sent to providers to explain the payment status of claims. The statement mailed to the provider detailing the outcome of the claims processed in the most recent payment cycle. The claims are listed by claim type and then disposition, i.e., paid, denied, suspense, and History only. RAs are generated in the financial system in accordance with the providers' RA media type indicator. Only those providers sending the majority of their claims electronically will be allowed a choice of media. All providers will be allowed only one type of media for RAs.
REMOTE ACCESS SERVICES (RAS)	A feature built into Windows NT that enables users to log into an NT-based LAN using a modem, X.25 connection or WAN link. RAS works with several major network protocols, including TCP/IP, IPX, and Netbeui.
RENDERING PROVIDER	Provider who actual provides the service (for example, an individual physician)
REQUEST FOR PROPOSAL (RFP)	The bidding mechanism used to purchase goods and services.

RESOLUTION	<p>Usually used in context as claims resolution, pending resolution, or suspense resolution. It refers to the process of working or correcting errors on a claim, forcing edits, updating or modifying inaccurate data such as a provider number or category of service, or any other activity necessary to complete the adjudication of the claim.</p> <p>Measure of imager output capability, usually expressed in dots per inch (DPI).</p> <p>Measure of halftone quality, usually expressed in lines per inch (LPI). (Imaging)</p>
RETRIEVE	<p>To call up data that has been stored in a computer system. When a user queries a database, the data is retrieved into the computer first and then transmitted to the screen.</p>
RETURN TO PROVIDER (RTP)	<p>Request for additional information from the provider in the form of a letter.</p>
REVENUE CODES	<p>The three-digit accounting codes used on hospital claims to designate the service which generated the income, e.g., room and board = 110, laboratory pathology = 300, and physical therapy = 420. Revenue codes are used in billing both inpatient and outpatient services. These codes are essential to the hospital cost reporting process.</p>
RN	<p>Registered Nurse</p>
RN BSN	<p>Registered Nurse with Bachelor of Science Degree in Nursing</p>
ROUTE TABLE	<p>A database table that specifies resources, such as agent groups or trunks, that calls can be routed to within the telephone system.</p>
RULES BASED PROCESS	<p>Rules Based Processing, or Table Driven System, or Parameter Based Processing are terms that refer to systems that store data element variables in user-alterable tables rather than storing them inside a fixed computer program.</p>

7.1.19 S

SAK	System Assigned Key
SCALING	Process of uniformly changing the size of Characters or graphics. (Imaging)
SCAN	To convert human-readable images into bitmapped or ASCII machine-readable code. (Imaging)
SCAN RATE	Number, measured in times per second, a scanner samples an image. (Imaging)
SCANNER	A device that reads text, images and bar codes. Text and bar code scanners recognize printed fonts and bar codes and convert them into a digital code. Graphics scanners convert a printed image into a video image without recognizing the actual content of the text or pictures.
SCHOOL-BASED SERVICES	Medicaid reimbursable services provided to Medicaid eligible children in local education agencies (LEAs) by enrolled providers.
SCL	Supports for Community Living
SCU	Storage Control Unit
SKILLED NURSING FACILITY (SNF)	Any facility that provides room, board, and all routine services and supplies. A nursing home facility requiring qualified professional personnel to remain on site twenty-four hours a day.
SOBRA	Sixth Omnibus Budget Reconciliation Act

- SOCIAL SECURITY ADMINISTRATION (SSA)** Branch of the Department of Health and Human Services which administers the Medicare and Medicaid Programs.
- SOCIAL SECURITY INCOME (SSI)** A program of income support administered by the Social Security Administration that replaces the previously stated administered programs for low-income aged, blind and disabled individuals. Federal dollars paid to aged, blind, or disabled individuals to help pay their living expenses.
- SOCIAL SECURITY NUMBER (SSN)** An account number issued and used by the SSA to identify an individual on whose earnings SSA benefits are being paid. It is a Social Security account number followed by a three-digit suffix designating the type of beneficiary.
- SOCIAL SERVICES (SS)** Services that seek to improve the quality of life for individuals and families (i.e., public assistance, medical assistance, food stamps, etc.).
- SPECIALIST** A physician, dentist, or other health professional who works primarily in a certain field of medicine, related to specific services, certain categories of patients or types of diseases.
- SPECIALTY** The specialized area of practice of a provider, such as general practice, surgery, endocrinology, pathology.
- SPECIFIED LOW INCOME MEDICARE BENEFICIARIES (SLMB)** Medicare beneficiaries who would meet the QMB requirements, except for having income in excess of the QMB limit but less than 110 percent of the federal poverty level in 1994 and less than 120 percent of the federal poverty level in 1995. The state Medicaid Program must pay the Medicare Part B premium for these individuals.

SPENDDOWN (SPN) A type of Medicaid insurance deductible. The dollar amount of medical bills the beneficiary is responsible for taking care of before Medicaid can help the beneficiary pay his or her medical bills. Spenddown is the difference between the beneficiary's income and the Medicaid income limit. A qualifying county nurse may assign this dollar amount to a beneficiary (based on the beneficiary's income, etc.), which must be spent on medical needs prior to Medicaid benefits being available.

A process whereby an otherwise Medicaid-eligible person, but for excess income, may become eligible through obligation of the excess amount of incurred medical expenses. A requirement that certain beneficiaries, in order to be eligible for Medicaid, must spend money on their medical bills to offset their excess income. This is a requirement for the Medically Needy category of eligible beneficiaries. In cases of short-term spenddown, the spenddown amount is defined as being the amount that should be used for a beneficiary's provided services prior to Medicaid being involved.

SQL SERVER Relational DataBase Management Software which uses Structured Query Language.

SSDI Social Security Disability Income

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) A program providing medical benefits for beneficiaries under the age of 19 who are between 150 and 200 percent of poverty. Also referred to as Title XX. In Kentucky, this is referred to as K-CHIP.

STD Sexually Transmitted Diseases

STOP-LOSS Portion of a claim that exceeds the Stop-Loss cap. Provides protection for a managed care provider (as agreed to in the HCA/HMO contract) from catastrophic expenses (losses). For example, if the HMO refers a beneficiary to a specialist whose fee ends up to be greater than the Stop-Loss amount and the HCA/HMO contract provides for Stop-Loss, then the excess will be paid at a percentage factor (70% or 90%) contained on the Plan File for this Plan and Service Class. PCP/CM claims are paid at 100% when the cap is reached.

STRUCTURED QUERY LANGUAGE (SQL) The programming language used to access data in relational databases.

SUBCONTRACTOR	The entity contracting with the prime Contractor to perform services.
SUBJECT MATTER EXPERT (SME)	A person who is an expert for a particular subject matter and becomes the contact for information in that area.
SURVEILLANCE AND UTILIZATION REVIEW (SUR)	The processes and procedures by which the quality, quantity, appropriateness, cost of care, and services provided are evaluated against established standards.
SURVEILLANCE AND UTILIZATION REVIEW SUBSYSTEM (SURS)	A subsystem within the KMMIS that reports on benefit usage, profiles beneficiaries and providers, and reports on anomalies in payment or services.
SUSPENDED	When a claim is being processed, it is considered a “suspended” claim. The claim has neither paid nor denied.
SUSPENDED ADJUSTMENT	An adjustment that cannot pay or deny until data is corrected.
SUSPENDED CLAIM	A claim that cannot pay or deny until data is supplied or corrected. Claims which could not be processed during an initial or previous submission cycle.
SUSPENSE FILE LIST	A list containing all ICNs that should remain in cache is provided by the mainframe and transferred to the PC imaging network. (Imaging)
SYSTEM	This term refers to all of the subsystems within the MMIS collectively.
SYSTEM GENERATED	Information not input from another source (e.g., a data file, data transmission or keyed by the user). Examples are date, time, calculated numbers, etc.

7.1.20 T

T-1 CONNECTION	A high-speed connection to the Internet. Required in organizations having a large number of employees accessing the Internet.
TAGGED IMAGE FILE FORMAT (TIFF)	A bit map file format for describing and storing color and gray scale images. (Imaging)
TB	Tuberculosis
TCN	Transaction Control Number
TDOS	To Date of Service - Date used in the claim.
TECHNICAL COMPONENT (TC)	The technician's services used in some x-ray, lab, and diagnostic procedures.
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)	<p>Replaces AFDC rules. Must use old AFDC eligibility standards for Medicaid, so a person may be eligible for Medicaid but not TANF whereas before if a person was eligible for AFDC he/she was automatically eligible for Medicaid.</p> <p>A welfare program funded by federal and state dollars that provides cash and Medicaid benefits to families with at least one child where one or both parents are absent, deceased, or incapacitated.</p>
TEXT-STRING SEARCHES	When a text-string search is performed, each page returns whether the specific text-string value was found. A page is searched for specific text string based on the columns in which that text string appears. (Imaging)
TFAL	Technical Functional Area Lead

THERAPEUTIC CLASS	Drugs are categorized according to their beneficial effects or their ingredients. First DataBank offers three different therapeutic classifications systems. Therapeutic class is used as a selection criterion to group together claims for different drugs that have the same effect, e.g., central nervous system depressants.
THIRD PARTY LIABILITY (TPL)	<p>A system that provides cost containment of the Medicaid program through the identification of services for which other insurance should be the primary payer. This includes, but is not limited to, private health insurance, any applicable Medicare coverage, worker's compensation, and accident-related liability insurance.</p> <p>Implies that another insurance company has primary responsibility to pay for the service - not the patient or Medicaid. A term referring to a situation in which a submitted claim is the result of an accident or injury where another individual or organization may be at fault and responsible for payment, or in which an individual has health insurance resources other than Medicaid or Medicare.</p>
TITLE I (1)	The Old Age Assistance program (OAA) that was replaced by the Supplemental Security Income program (SSI).
TITLE IV (4)	The Aid to Families with Dependent Children program (AFDC).
TITLE IV-E	Title IV-E of the Social Security Act provides federal funds for the purposes of providing maintenance cost of care for eligible children in foster care, administration of the foster care program and training of workers and foster parents. Title IV-E Adoption subsidy is also available for eligible children placed for adoption with special needs and provides support for maintenance cost of care.
TITLE X (10)	The Aid to the Blind program (AB) that was replaced by the Supplemental Security Income program (SSI).
TITLE XIV (14)	The Permanently and Totally Disabled program (PTD) that was replaced by the Supplemental Security Income Program (SSI).
TITLE XVI (16)	The Supplemental Security Income program (SSI). Grants to states for ABD—Supplemental Security Income for ABD – SS Act.

TITLE XVIII (18)	ABD Health Insurance Program as part of SS Act. The Medicare Health Insurance program covering hospitalization (Part A) and medical insurance (Part B) of the Social Security Act. See Medicare.
TITLE XIX (T19)	Medicaid law as part of the Social Security Act (Medicaid). Federal law authorizing federal payments to states that have elected to provide Medicaid services to residents. See Medicaid.
TITLE XXI (T21)	Child Health Insurance Program as part of SS Act. A program providing medical benefits for beneficiaries under the age of 19 who are between 150 and 200 percent of poverty. Also referred to as SCHIP. Refer to HealthWave.
TOC	Table of Contents
TOC	Type of Coverage
TOOLBAR	Icons that work as short cuts to many system functions are located on the top or side of the screen within a toolbar.
TRANSACTION PROCESSING	Processing transactions as they are received by the computer. Also called online or real-time systems, transaction processing means that master files are updated as soon as transactions are entered at terminals or received over communications lines.
TRANSACTION SET	A block of information in EDI, making up a business transaction or part of a business transaction.
TRANSACTION SET STANDARDS	The system of syntax, data elements, segments, and transaction sets (messages) with which EDI will be conducted.
TRANSLATOR	A program used to convert information from flat file to EDI format or from EDI format to flat file.

TRANSMISSION CONTROL PROTOCOL/INTERNET PROTOCOL (TCP/IP) A set of protocols developed to allow cooperating computers to share resources across a network. This methodology is used to communicate on the Internet and the Wide Area Network. Also used to transfer data between a web site (Internet or Intranet) and other computing platforms. The IP portion refers to the addressing scheme used to address the Internet Network, hence the IP address for a packet. And while the IP does not establish a direct link (just to/from address), the TCP enables two computers to have a connection and exchange streams of data. See IP, ICMP.

TREATMENT Any type of medical care and services recognized under state law to prevent, correct or ameliorate disease or abnormalities detected by screening and diagnostic procedures.

TRUNK A telephone line used to make and/or receive calls within the telephone system.

TYPE OF SERVICES (TOS) A code indicating a general category of service, such as medical, surgical, consultation, laboratory or x-ray. A broad classification of services used in conjunction with a procedure code to uniquely define a service.

7.1.21 U

UAT **User Acceptance Testing**

UB-92 A standard claim form used to bill hospitals, home-health, and LTC services. (HCFA) Uniform Billing Form for all hospital services used by all payers (HCFA 1450) – Universal Billing form that was revised in 1992. Previously it was UB-16, then UB-82. This form is in use nationally for billing hospital-based services. In some states, it is also used for billing home health, rural health, hospice, and nursing home services.

UNIX A computer operating system used primarily in mini computers. The IBM 390 mainframe platform provides this OS as a sub-operating system to OS 390.

UPIN Universal Provider Identification Number

USER A data processing system customer.

USER ID The code unique to an individual which allows the user to sign-on to the computer system and defines the user's security status.

USUAL AND CUSTOMARY CHARGE (UCC, U&C) Those Charges most commonly billed for a service by each provider. The price the provider Charges his patients for a given service.

USUAL AND CUSTOMARY RATE (UCR) A method of calculating a reasonable Charge based on profiles generated from historical billed Charges.

UTILIZATION MANAGEMENT (UM) A unit of the fiscal agent that promotes cost-effective, quality health care through research, thorough reviews, and networks with agencies and committees.

**UTILIZATION
REVIEW
(UR/UTLIZATION
REV)**

Methods and procedures related to the utilization of covered care and services necessary to safeguard against unnecessary or inappropriate use of care and services.

7.1.22 V

VACCINE FOR CHILDREN (VFC)	A federally funded program that provides immunization serum for qualified children.
VALUE-ADDED NETWORK (VAN)	A vendor of EDI data communications and translation services. (Switched network provider).
VDT	Video Display Terminal (Screen)
VENDOR	An institution, agency, organization, or an individual practitioner who provides health care services.
VIRTUAL PRIVATE NETWORK (VPN)	Internet software for the client desktop. This allows two users to communicate via the Internet and for security purposes, it is a closed network between the two sites. Along with this technique is "tunneling" which allows data to be sent through a private tunnel rather than over the Internet connection.
VIRTUAL STORAGE ACCESS METHOD (VSAM)	An IBM access method for storing data, widely used in IBM mainframes.

7.1.23 W

WAIVER	A CMS-approved process that allows states to customize specific rules and regulations to their medical assistance programs to provide more cost-effective services.
WAN	Wide Area Network. See LAN.
WARRANT	An order for payment/reimbursement. After adjudication, a claim is marked for payment or denial. For the ones marked for payment, a warrant is issued for State finance to issue a check.
WARRANT NUMBER	The actual check number issued for claims payments to providers.
WARRANT TYPE	The type of warrant that is issued to Medicaid providers, be it a value of E (electronic funds transfer) or P (paper).
WIC	Women, Infants, and Children
WINDOWS	A graphics-based windows environment from Microsoft that integrates with and interacts with DOS. It provides a desktop environment similar to the Macintosh, in which applications are displayed in re-sizable, movable windows on screen.
WITHHOLD	An amount which SRS instructs the Fiscal Agent to withhold from the monthly capitation of an HMO.
WORKERS' COMPENSATION	A type of third party liability for medical services rendered as the result of an on-the-job accident or injury to an individual for which the employer's insurance company may be obligated under the Workers' Compensation Act.

WORKSTATION A single-user microcomputer or terminal, usually one that is dedicated to a single type of task (graphics, CAD, scientific applications, etc.).
(Imaging)

7.1.24 X

X12	An ANSI-accredited group that defines EDI standards for many American industries, including health care insurance. Most of the electronic transaction standards mandated or proposed under HIPAA are X12 standards.
X.25	A CCITT protocol that defines a standard way of arranging data in packets to be shipped over transmission lines. (Standard for packet switched networks). See CCITT.
X.400	A CCITT mail and messaging standard.
X.500	A CCITT directory services standard.
XA	Extended Architecture
XOVER	Cross Over
XREF	Cross-Reference

7.1.25 Y

**YEARLY
ENROLLMENT**

Managed Care re-enrollment opportunity that includes formal education on enrollment for all members annually after the actual county conversion.

YTD

Year to Date

8 Appendix A – interChange Navigational Overview

8.1 System Navigation Introduction

8.1.1 Introduction

The new Kentucky Medicaid Management Information System (MMIS), currently based upon an HP Enterprise Services proprietary system called interChange, is designed according to a set of development standards. This document is designed to introduce users to standard system navigation features within interChange.

8.1.2 Screen Display Features

The interChange system is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels, pages, reports and letters into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

8.1.2.1 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log in to interChange.	The Home page opens.
2	In the Web browser menu bar, click View.	The View menu options appear.
3	Highlight Text Size, and then click Smaller.	The default Text Size is set to medium; however, after the user selects smaller, the system objects appear smaller.

8.2 System Wide Common Terminology and Layouts

The following section identifies common system terminology and features, and where applicable, an associated screen capture or design layout. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the beginning user to view and understand prior to navigating the system. These terms are used by technical team members, training specialists, and help desk staff when discussing, or more importantly documenting, aspects of the system.

For information about system wide objects, instead of clicking a subsystem link within the technical design page, the user clicks the System Wide link to open documentation of system objects which are common system wide within the application.

Below is a partial list of common terms which are described within this document:

- Page;
- Page Header;
- Page Footer;
- Sub Menu;
- Main Menu bar;
- Panel;
- Advanced Search;
- Mini Search panel;
- Hot Link;
- Information panel;
- Navigation panel;
- Task List panel;
- Title Bar Icons;
- Related Data; and,
- Personal Settings.

8.2.1 Home Page Layout

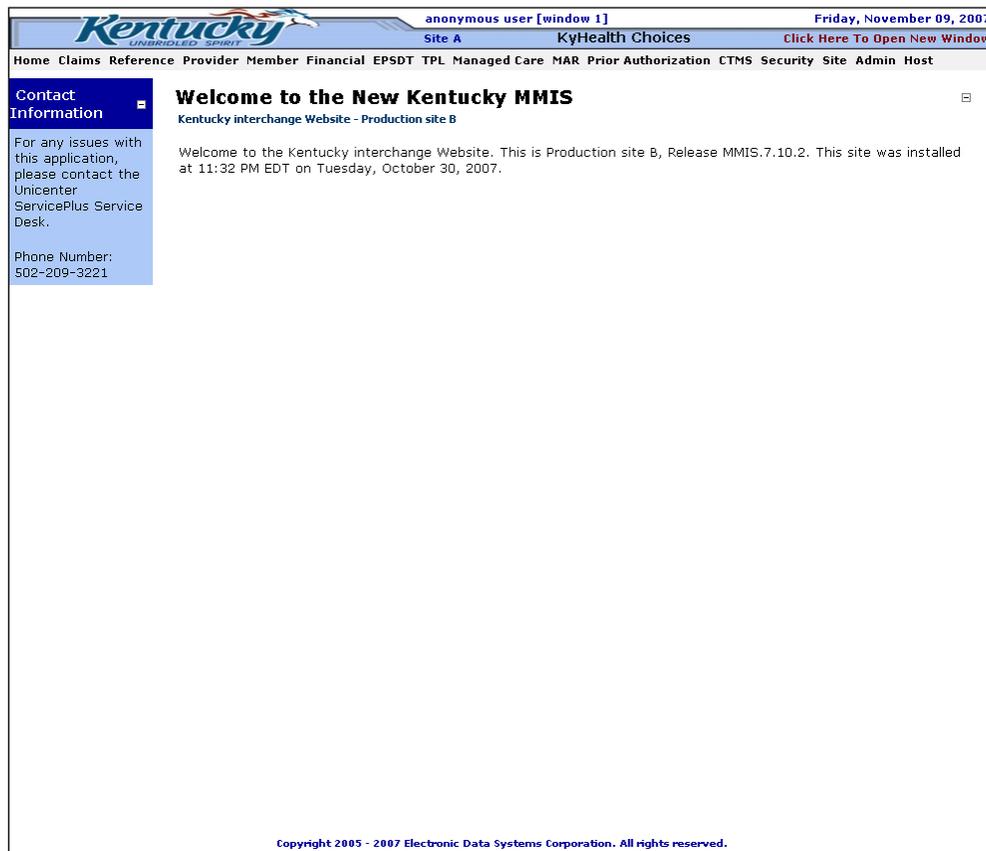


Figure 1 interChange Home Page

Menu Selection	Description
Home	Home Page, includes links to other applications
Claims	Link to Claims subsystem
Reference	Link to Reference subsystem
Provider	Link to Provider subsystem
Member	Link to Member subsystem
Financial	Link to Financial subsystem
EPSDT	Link to EPSDT subsystem
TPL	Link to TPL subsystem
Managed Care	Link to Managed Care subsystem
MAR	Link to MAR subsystem
Prior Authorization	Link to Prior Authorization subsystem
CTMS	Link to CTMS subsystem
Security	Link to Security settings
Site	Link to activate or modify personal settings

Menu Selection	Description
Admin	Link to log in as administrator and set up site settings
Host	Link to log in as host and set up host settings

8.2.2 Page Layout

A page is defined as the entire screen that appears in the Web browser. The page contains a page header area with the day and date displayed, a Main Menu bar, a Sub Menu, and any associated panels. The bottom of the page contains the Page Footer with the HP Enterprise Services copyright text displayed.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu of horizontal links that opens an associated page within the system. The Sub Menu links appear in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.

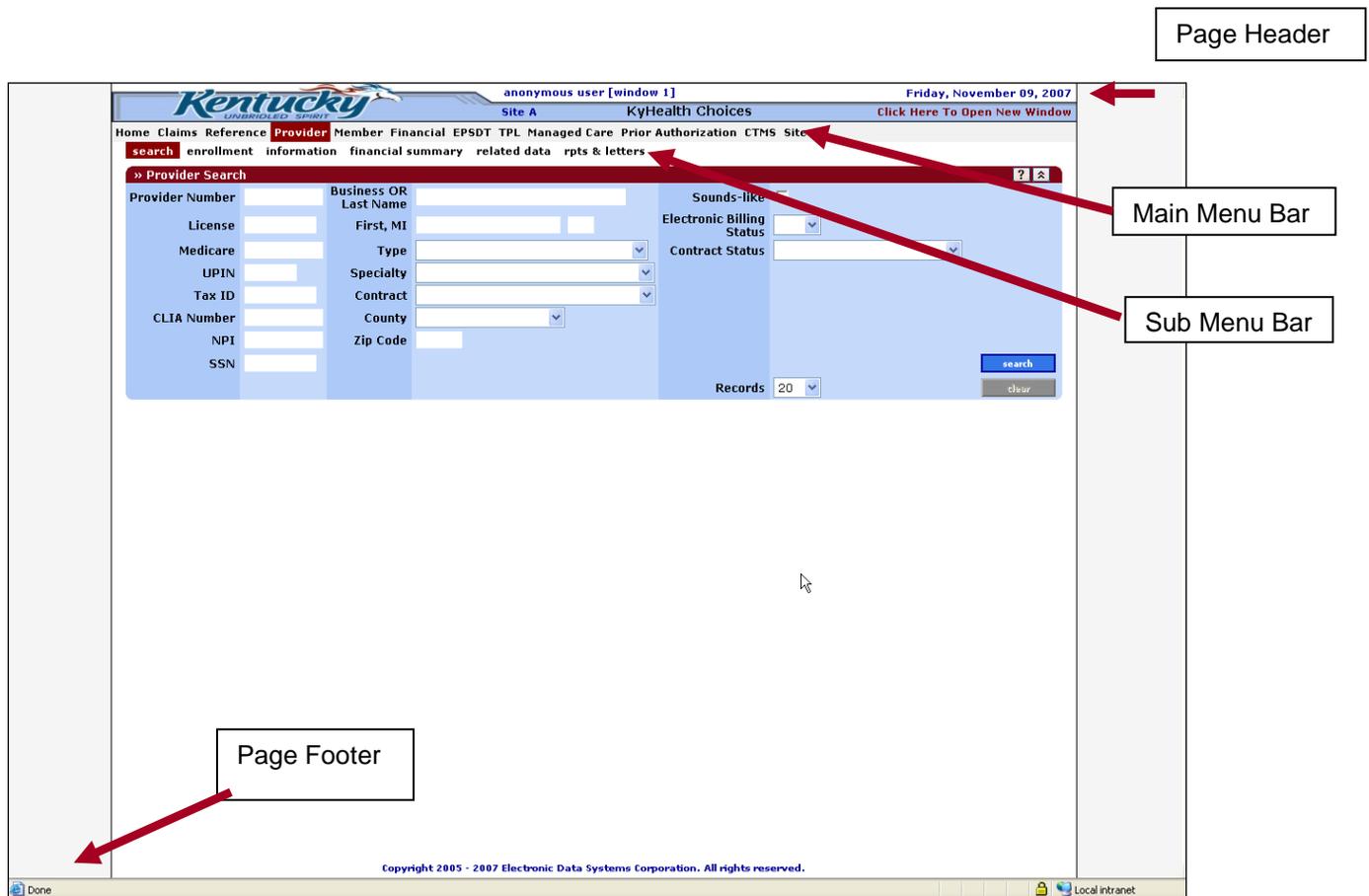


Figure 2 Provider Search Page

In general, when navigating a page, the vertical scroll bar should be the only scroll bar needed to view panels stacked in a vertical manner.

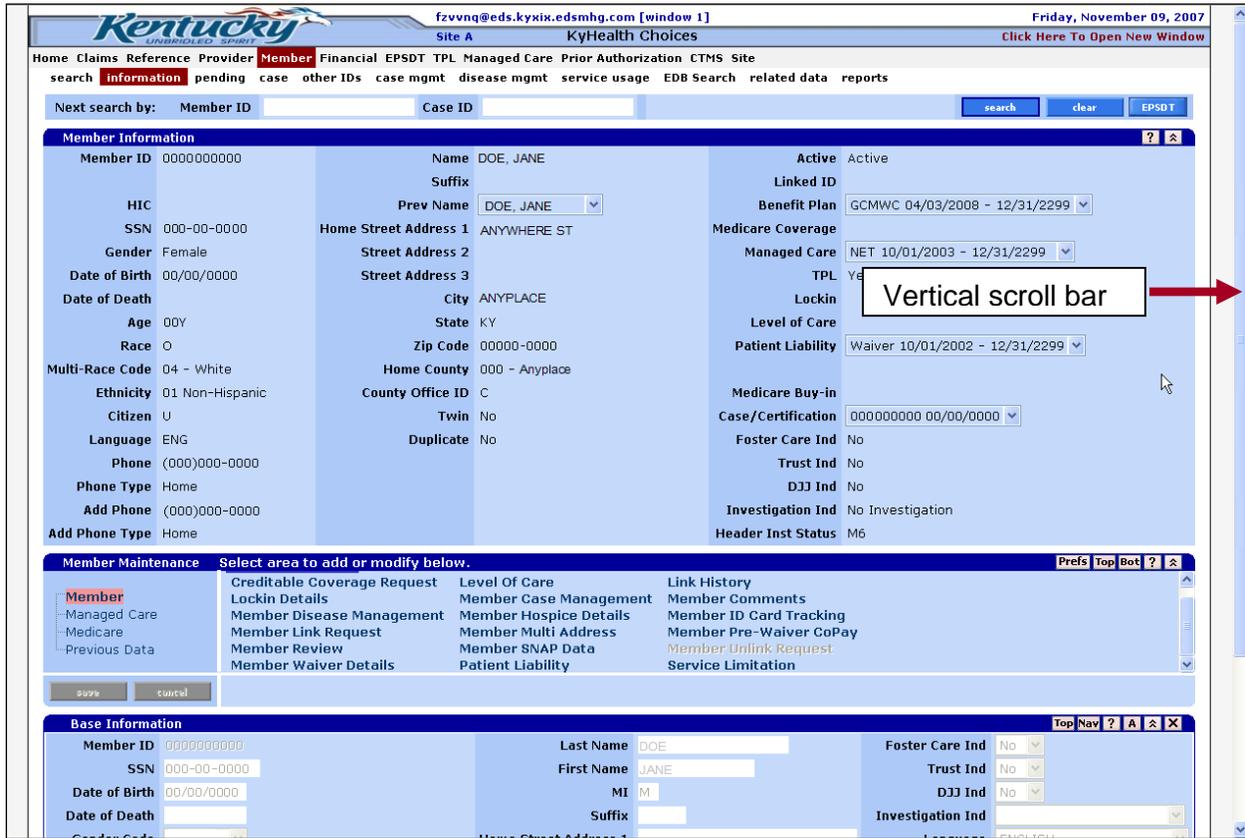


Figure 3 Member Information Page

If a user attempts to add, update, or delete information within the page, then prior to navigating away from the page, the system prompts the user with a pop-up modal window message. When the system generates the message, the detail panels are locked open, and navigation away from the page is not permitted until changes are either correctly saved or cancelled.



Figure 4 System Message

8.2.3 Search Options

There are several search options available within interChange.

8.2.3.1 Search Panels

The system contains more than one type of search panel: Search and Advanced Search.

Some subsystems such as the Provider Data Maintenance subsystem contain a search panel without an advanced search button included on the panel.



Figure 5 Provider Search Panel

Some subsystems such as the Claims subsystem contain a search panel with an advanced search button included for displaying an additional, advanced search panel.

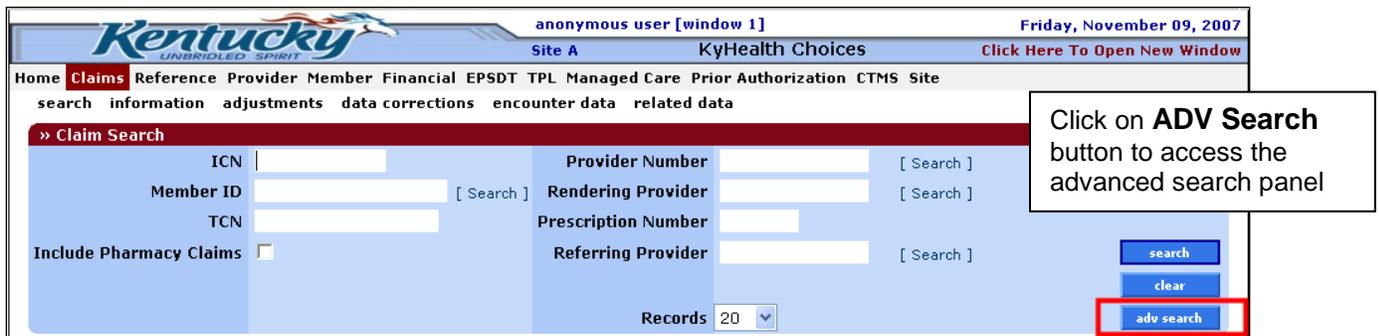


Figure 6 Claim Search Panel

Notice the white line – at least one field above the line must be entered to search for a claim. Fields below the line are optional.

Figure 7 Advanced Claim Search Panel

ICN	Member ID	Provider Number	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid	Prescription Number
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTP XOVER CLAIMS	PAID	11/02/2007	\$150.81	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTP XOVER CLAIMS	DENIED	11/02/2007	\$857.27	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/12/2007	\$2,890.35	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$1,211.93	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$275.25	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/12/2007	\$127.71	\$44.25
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$746.63	\$177.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$109.21	\$12.80
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$401.78	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/12/2007	\$896.25	\$177.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$233.84	\$62.67
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$836.18	\$191.25
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$981.92	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$60.09	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$500.11	\$96.01
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$2,194.38	\$743.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/26/2007	\$572.73	\$138.42
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$1,058.59	\$0.00
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$991.08	\$351.29
000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$787.41	\$288.34

To specify maximum number of records to be returned on single page – use drop down menu to change number

Indicates there are additional pages of results. To go to additional page, click on page number or click on "Next".

Figure 8 Claim Search Results Panel

The search results can be sorted in ascending  or descending  order by clicking the column name in the Search Results panel. All search results are resorted, not just the search results displayed on the current search result panel.

In Figure 9, the search results are sorted in descending order by Member ID.

Search Results											
ICN	Member ID 	Provider Number	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid	Prescription Number	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$991.08	\$351.29	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$259.26	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$233.84	\$62.67	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$2,044.89	\$756.62	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/26/2007	\$1,550.02	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$285.61	\$177.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$101.92	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$450.68	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$6,755.78	\$2,375.12	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$2,373.70	\$834.13	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$429.99	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/12/2007	\$2,890.35	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$386.27	\$39.51	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$566.36	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	11/02/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/12/2007	\$1,131.55	\$347.63	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$981.92	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$2,781.05	\$264.00	
Claim Count: 198			Total Billed:\$207,691.30			Total Paid:\$37,816.79					
1 2 3 4 5 6 7 8 9 10 Next >											

Figure 9 Search Results Page Sorted by Member ID

8.2.3.2 Selecting a Search Result Row

If the user clicks once on a search result row, the associated information panel opens. In Figure 10, the user clicks the third row of the Claim Search Results panel and the Paid Outpatient Claim for the associated ICN displays.

» Search Results											
ICN	Member ID 	Provider Number	FDOS	TDOS	Claim Type	Status	Date Paid	Amount Billed	Amount Paid	Prescription Number	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$991.08	\$351.29	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$259.26	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$233.84	\$62.67	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$2,044.89	\$756.62	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/26/2007	\$1,550.02	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$285.61	\$177.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$101.92	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$450.68	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	0	\$6,755.78	\$2,375.12	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$2,373.70	\$834.13	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$429.99	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/12/2007	\$2,890.35	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$386.27	\$39.51	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	0	\$566.36	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	11/02/2007	\$363.31	\$164.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/12/2007	\$1,131.55	\$347.63	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	DENIED	10/19/2007	\$981.92	\$0.00	
00000000000000	0000000000	00000000	MCD	10/01/2007	10/01/2007	OUTPATIENT CLAIMS	PAID	10/19/2007	\$2,781.05	\$264.00	
Claim Count: 198			Total Billed:\$207,691.30			Total Paid:\$37,816.79					
1 2 3 4 5 6 7 8 9 10 Next >											

Figure 10 Selecting a Search Result Row

8.2.3.4 Mini Search

After the user has viewed at least one search result in an information panel, another search can be completed by using the primary search fields within the Mini Search panel located above the information panel containing the search result.

Mini Search panels contain one or two primary search fields related to the business process.

The screenshot displays the 'KyHealth Choices' interface. At the top, there are navigation tabs: Home, Claims, Reference, Provider, Member, Financial, EPSDT, TPL, Managed Care, Prior Authorization, CTMS, and Site. Below this is a search bar with 'Next Search By: ICN' and buttons for 'search', 'clear', and 'adv search'. The main content area shows a 'UB92 Claim' summary with fields for ICN, Member ID, Last Name, First Name, DOB, Claim Diagnosis, Submitter ID, Submitted PA, Signature, Admit Source, Admit Type, Discharge Hour, Type Of Bill, PAN, Claim Type, Claim Dates (FDOS, TDOS, Date Billed, Date Paid), Provider Number, Attending Provider, Other Provider 1, Other Provider 2, Facility ID, Admit Date, Admit Time, Patient Status, Certification Nbr., MRN, Status, Details, Billed, Spenddown, Reimbursed, Paid, TPL, Total TPL, TPL Recovered Amt, Total Copy, Total Patient Liability, Total Days, Covered Days, Days Not Covered, RA Number, and MCO Paid Amount. Below the summary is a 'Select an area to add or modify' menu with options like 'Additional Claim Information', 'Adjustment Information', 'Attachment Condition', 'CAS Inquiry', 'Cash Disposition', 'Check Diagnosis', 'MCO Data', 'Occurrence', 'Submitted Data', 'Data Correction Note', 'DRG', 'Medicare Information', 'Member Coinsurance', 'Prior Authorization', 'Decision Rules', 'Location', 'Member Copy', and 'Related History'. Underneath is a 'Claim Detail' table with columns for Procedure, Revenue Code, Other Provider 2, Rate Type, Patient Liability, Status, Modifier 1-4, FDOS, TDOS, Units Billed, Units Allowed, Billed Amt, Allowed Amt, TPL Amt, System, and Non-Covered Charges. At the bottom of the page is a 'Next Search By:' field with 'ICN' and search buttons.

Figure 12 Claim Mini Search Panel

8.2.3.5 Pop Up Search

A Pop Up Search allows the user to search for field data without leaving the page. By clicking on the (Search) link, the user accesses the search panel that is associated with that particular field.

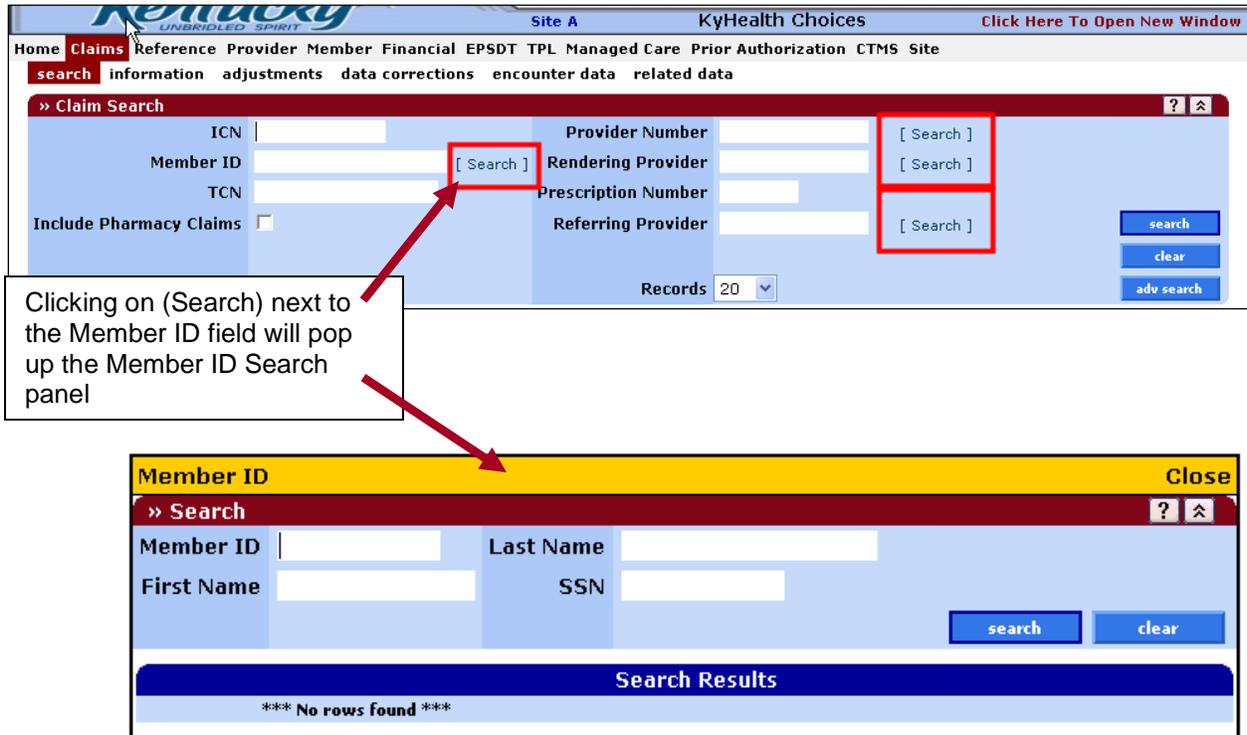


Figure 13 Claim Search Page

8.2.4 Panel Layout

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

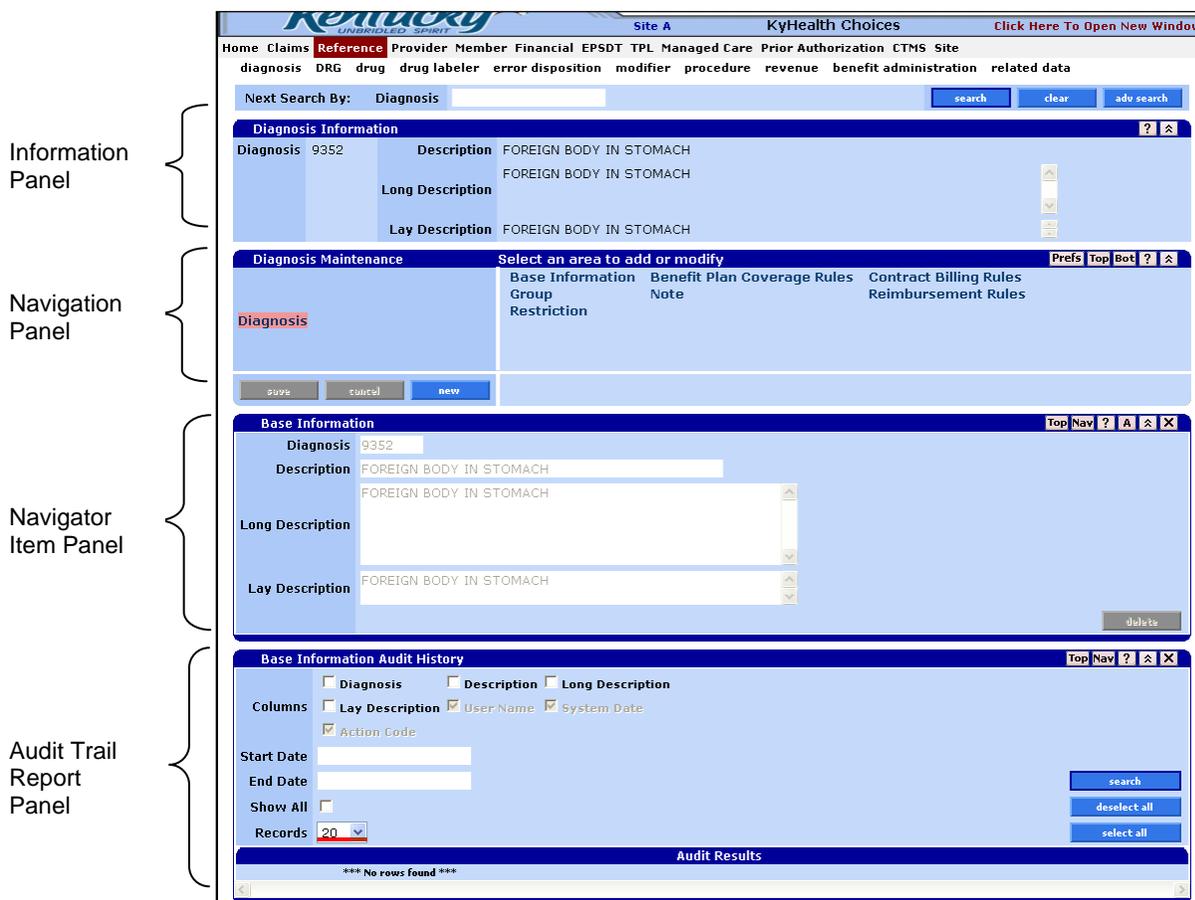


Figure 14 Diagnosis Code Base Information and Audit Panel

8.2.4.1 Panel Types and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on one or more types of panels:

Button/Icon	Description
Add Button 	Allows the user to insert a new data record on a panel. Click “Add” to open a record with blank fields. Fill in the applicable information. Click the “Save” button located on the Navigation panel to save the new record.
Delete Button 	Allows the user to delete a selected data record on a panel. Click on the record that needs deletion, which will highlight the record. Click on “Delete”. Click the “Save” button located on the Navigation panel to save the deletion.

Button/Icon	Description
Cancel Button 	Cancels all unsaved changes applied to all panels on the page. Can be found on the navigation panel.
Save Button 	If a new record is added to a panel, clicking “Save” will save the new record. If changes are made to an existing record on a panel, clicking “Save” will save the changes. If validation errors occur, an error message displays in the Task List panel. Can be found on the Navigation panel.
Asterisk 	Displayed next to a required field. Fields indicated with an asterisk are required to contain data.
Preferences Button 	Displays a checkmark box next to each Navigator Item link. By checking the box, the link automatically opens whenever the user browses the page. To hide the boxes, click on the button a second time. Can be found only on the Navigation panel.
Top Button 	Allows user to jump to the top of the page.
Bottom Button 	Allows user to jump to the bottom of the page.
Help Button 	Opens a window that displays the panel help page.
Maximize Button 	Expands a panel to display all of its content.
Minimize Button 	Collapses a panel.
Navigation Button 	To jump to the Navigation panel.
Audit History Button 	Opens the Audit History Panel for a specific panel.
X Button 	Closes a panel.
Green Information Button 	Opens information file for the associated field.

Among the panel types are the following:

- Navigation panel;
- Task List panel;
- Navigator Item Panel; and,
- Audit panel.

8.2.4.2 Navigation Panel

A navigation panel is a special control panel that uses links to open or close panels on a Web page. By clicking on a Navigator Group Link, the associated Navigator Item panels are displayed. Changes to Navigator Items displayed on the page are saved or cancelled by clicking the Save or Cancel buttons on the Navigator panel.

The navigation panel is used to navigate within a page, never to leave the page.

Figure 15 demonstrates Navigator Group Links (Provider and Service Location) and the associated Navigator Item links. By clicking on an Item Link (such as Comment), the associated panel opens.

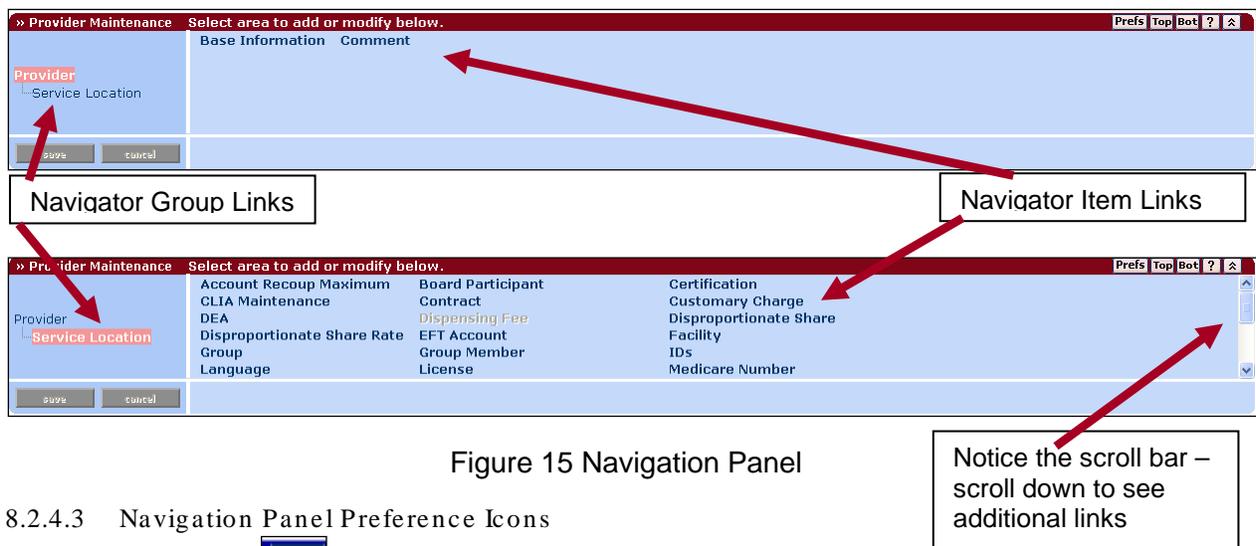


Figure 15 Navigation Panel

8.2.4.3 Navigation Panel Preference Icons

Users can click the  icon in the upper right-hand area of the navigation panel title bar to pre-set which panels automatically opens each time the user accesses that particular navigation page.

When the user clicks a link in the right-hand side of the navigation panel, the associated panel displays beneath the navigation panel.

In Figure 16, the Provider Maintenance navigation panel is open. If the user checks the Certification and Customary Charge check boxes, then the associated panels automatically displays directly beneath the navigation panel each time the user accesses this page.

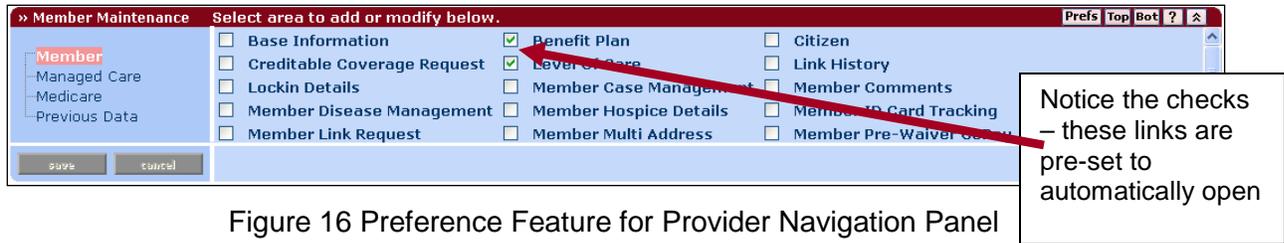


Figure 16 Preference Feature for Provider Navigation Panel

The opening of multiple panels results in the display of the panels vertically down the page.

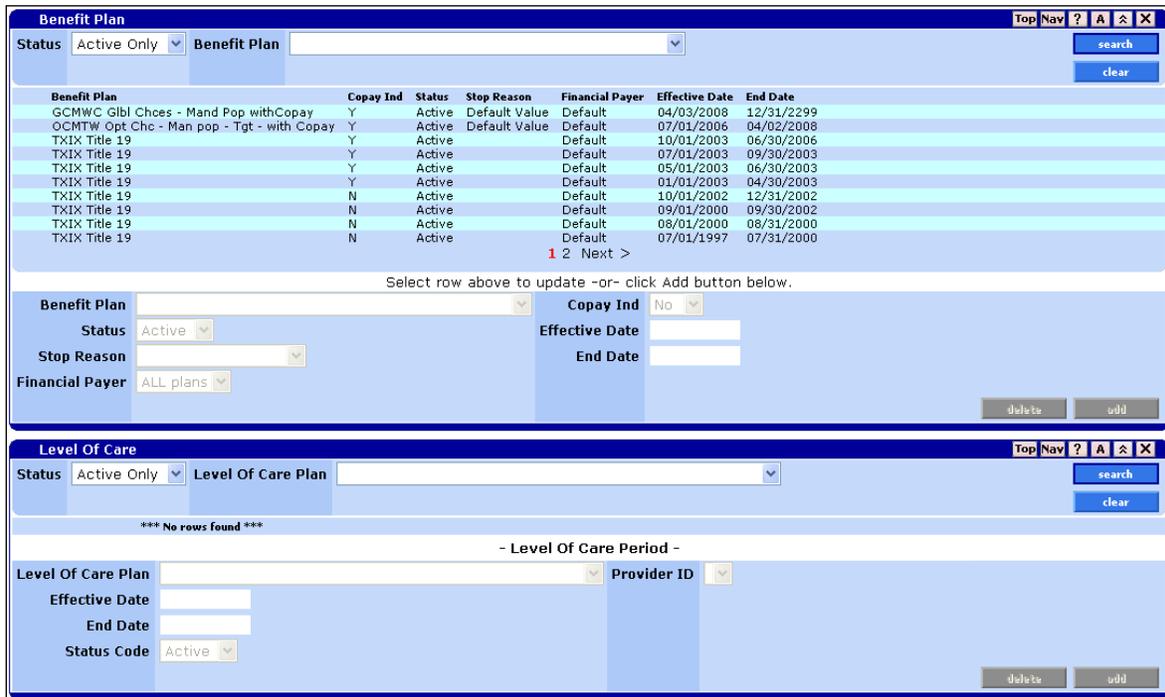


Figure 17 User Preference Panel Display

8.2.4.4 Task List Panel

Task List panels appear within navigation panels and provide messages to the user regarding whether the data was successfully saved, or if errors occurred to prevent the data from being successfully saved, or warning messages which may or may not include a radio button selection for the user to activate prior to completing the task.

Detail panels are locked open and navigation away from the page is not permitted until changes are saved or cancelled.



Figure 18 Task List Panel

The task list contains both the name of the panel where the error occurred, and the field name or row in order to help users quickly identify key areas to correct prior to attempting another save action.

Warning messages provide users with a warning about the data they are trying to update, delete, add, or save. For example, if the user attempts to add duplicate record, the system generates a warning message.

An error message can also contain additional information which is accessed by clicking on a square node icon in the lower left side of the Task List panel.



Figure 19 Warning Message

The task list can also be used to display messages that require a response. The user answers the question by completing an action within the message area, then click on the Continue link at the center bottom of the Task List panel to indicate the answer is ready for processing.



Figure 20 Response Message

The user answers the question posed by the message and then the user clicks the Continue link to indicate the answer is ready for processing.

8.2.4.5 Navigator Item Panel

A Navigator Item panel is opened by clicking a link on a Navigation panel. Navigator Items allow detail data to be viewed and updated. Usually a Navigator Item has a list of data records and a panel to perform data updates. Click the Add button to enter a new data record. Or click a data record from the list to perform field updates or to delete the record. Once selected, a data record is deleted by clicking the Delete button. All adds, deletes and updates must be followed by a Save before the transaction is permanent.

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below.

Additional Diagnosis Codes | **Base Information** | Personal Text
 Line Item | Paid Claim List | Related Documents

Prior Authorization
 Super P.A.

save cancel new

Base Information

PA Category* INPATIENT HOSPITAL Primary Diagnosis Code [Search]

Requesting Provider Number 00000000 MCD [Search] f Authorizer 9999999* [Search]

Service Provider Check* Specified Service Provider Fund Code [Search]

Servicing Provider Number 00000000 MCD [Search] f Print Option* No Print

Member ID* 333333333 [Search] f Admission Date 03/13/200:

Emergency* No Discharge Date 05/01/200:

Accident* No Received Date 05/01/200:

Special Considerations* No Update Received Date 05/01/200:

Nursing Facility Type [Search] Update Reviewed Date 05/01/200:

Ortho Status Code [Search]

Line Item

Line Item Number	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Revenue Code From	Revenue Code To	Procedure Code From	Procedure Code To	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC Code	Pa Line Item Status	Subcontractor Tax ID
01	2	\$0.00	2	\$0.00	100	219								Approved	

Select row above to update -or- click Add button below.

Line Item Number [Search] Requested Effective Date [Search]

Service Type Code [Search] Requested End Date [Search]

Revenue Code [Search] Revenue Code To [Search] Requested Frequency [Search]

Procedure Code From [Search] Procedure Code To [Search] Requested Frequency Units [Search]

Modifier 1 [Search] Quad [Search] Requested Units [Search]

Modifier 2 [Search] Tooth [Search] Requested Dollars [Search]

Modifier 3 [Search] NDC Lock [Search] Authorized Effective Date [Search]

Modifier 4 [Search] NDC Code [Search] Authorized End Date [Search]

PA Line Item Status A - Approved Subcontractor Tax ID [Search] Authorized Frequency [Search]

Authorized Frequency Units [Search]

Authorized Units [Search]

Authorized Dollars [Search]

Payment Method Pay Audit Cap Amount

Quantity Used Units [Search]

Quantity Used Dollars [Search]

Balance Units [Search]

Balance Dollars [Search]

add

-Reason Code- Select row below to update -or- type data below to add.
 *** No rows found ***

-Mass Update Change- Select row below to update -or- type data below to add.
 *** No rows found ***

Click on Base Information and Line Item links to open the associated panels

Figure 21 Base Information and Line Item Panels

By clicking on a data record, the fields below auto-populates. This allows the user to view detailed information about the data record, or, modify or delete the data record.

Prior Authorization Maintenance - Select Prior Authorization area to add or modify below. Prefs Top Bot ? ↕

Additional Diagnosis Codes
Line Item
Super PA

Base Information
Paid Claim List

Internal Text
Related Documents

save cancel new

Base Information Top Nav ? A ↕ X

PA Category* INPATIENT HOSPITAL Primary Diagnosis Code [Search]

Requesting Provider Number 00000000 MCD [Search] f Authorizer 99999999 [Search]

Service Provider Check* Specified Service Provider

Servicing Provider Number 00000000 MCD [Search] f Fund Code []

Member ID* 333333333 [Search] f Print Option* No Print

Emergency* No Admission Date 03/13/200

Accident* No Discharge Date 05/01/200

Special Considerations* No Received Date 05/01/200

Update Received Date 05/01/200

Update Reviewed Date 05/01/200

Nursing Facility Type []

Ortho Status Code []

Line Item Top Nav ? A ↕ X

Line Item Number	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Revenue Code From	Revenue Code To	Procedure Code From	Procedure Code To	Modifier 1	Modifier 2	Modifier 3	Modifier 4	NDC Code	Pa Line Item Status	Subcontractor Tax ID
01	2	\$0.00	2	\$0.00	100	219								Approved	

Type changes below.

Line Item Number 01 Requested Effective Date 13/13/2002

Service Type Code* Revenue Code Requested End Date 15/01/2002

Revenue Code 100 Revenue Code To 219 Requested Frequency

Procedure Code From Procedure Code To Quad Requested Frequency Units

Modifier 1 Modifier 2 Tooth Requested Units 2

Modifier 3 NDC Lock Requested Dollars

Modifier 4 NDC Code Authorized Effective Date 13/13/2002

PA Line Item Status* A - Approved Subcontractor Tax ID Authorized End Date 15/01/2002

Authorized Frequency

Authorized Frequency Units

Authorized Units 2

Authorized Dollars

Payment Method* Pay System Price

Quantity Used Units 0

Quantity Used Dollars

Balance Units 2

Balance Dollars

add

Notice the date. Date formats on all pages and panels are the same: MM/DD/CCYY.

Figure 22 Row Selection in Navigator Item Panel

8.2.4.6 Audit Panel

Audit panels display data change history for a given Navigator Item panel. Every insert, update or delete that is performed (on an auditable panel) in the system causes a "before" image of the data to be saved to the audit table. Users can then use the audit panel to display this information.

Audit panels are opened by clicking the  button in the Navigator Item panel.

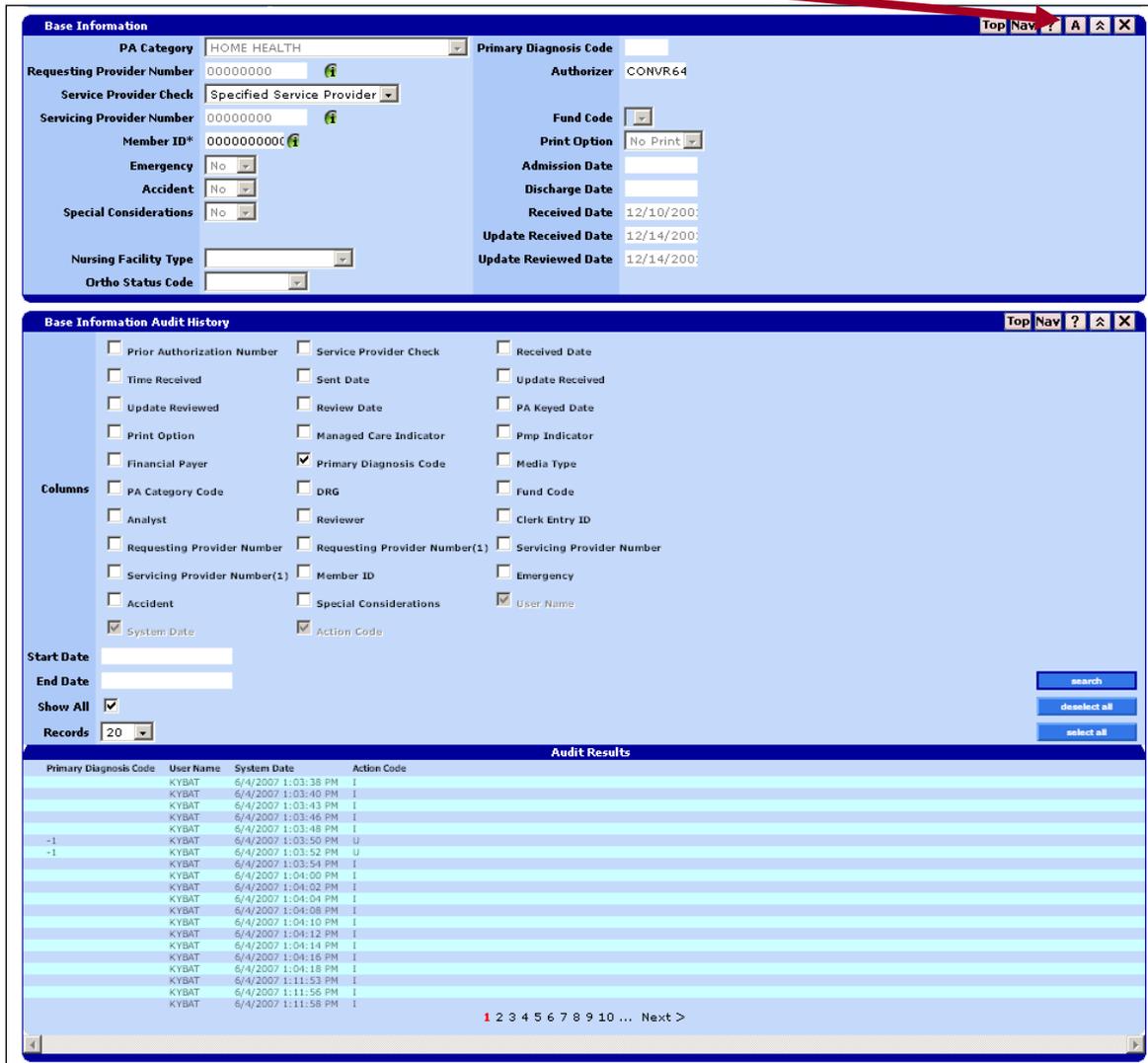


Figure 23 Audit History Panel

Field Name	Field Description
Columns	A check box for each editable field on the main panel displays. Allows the user to display select fields only.
Start Date	User can optionally limit Audit Results to matches where the system date of the change is equal to or greater than this date.

Field Name	Field Description
End Date	User can optionally limit Audit Results to matches where the system date of the change is equal to or less than this date.
Show All	If not checked, the audit result displays changes to only the single data row selected in the main panel. If checked, the audit results reports changes to all data rows contained in the list of the main panel.
Records	Number of records to display per page in the Audit Results.
Search	Displays Audit Results based on search criteria entered on the panel.
Deselect All	Removes all column checkboxes.
Select All	Checks all column checkboxes.
System Date	The date of the change.
Action Code	The type of change performed (delete, insert, update).

8.2.5 Related Data

Each subsystem, with the exception of MAR, contains Related Data. Related Data is a Sub Menu that contains codes, cross-reference tables, and other information for each associated subsystem.

8.2.5.1 Related Data Codes Page

The Related Data Codes page allows the user to access the various code tables not otherwise defined within the associated subsystem area.

The following subsystems contain a Related Data Codes page: Reference, Provider, Member, Financial, TPL, Managed Care, and Prior Authorization. Listed below are examples of “Codes” that can be found in Related Data.

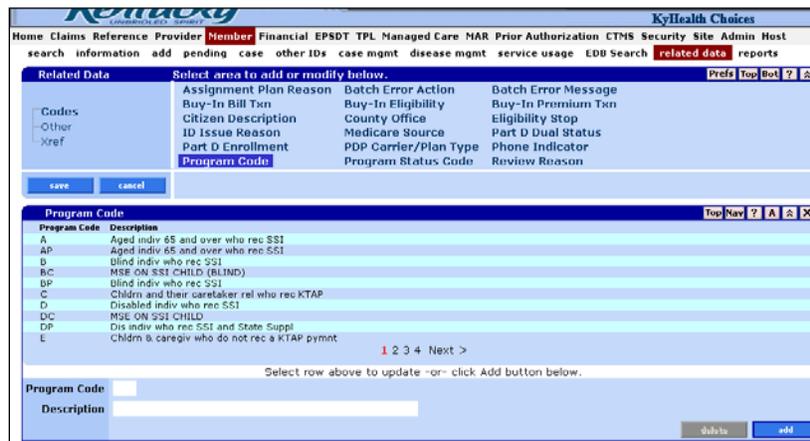


Figure 24 Program Codes (located in Member)

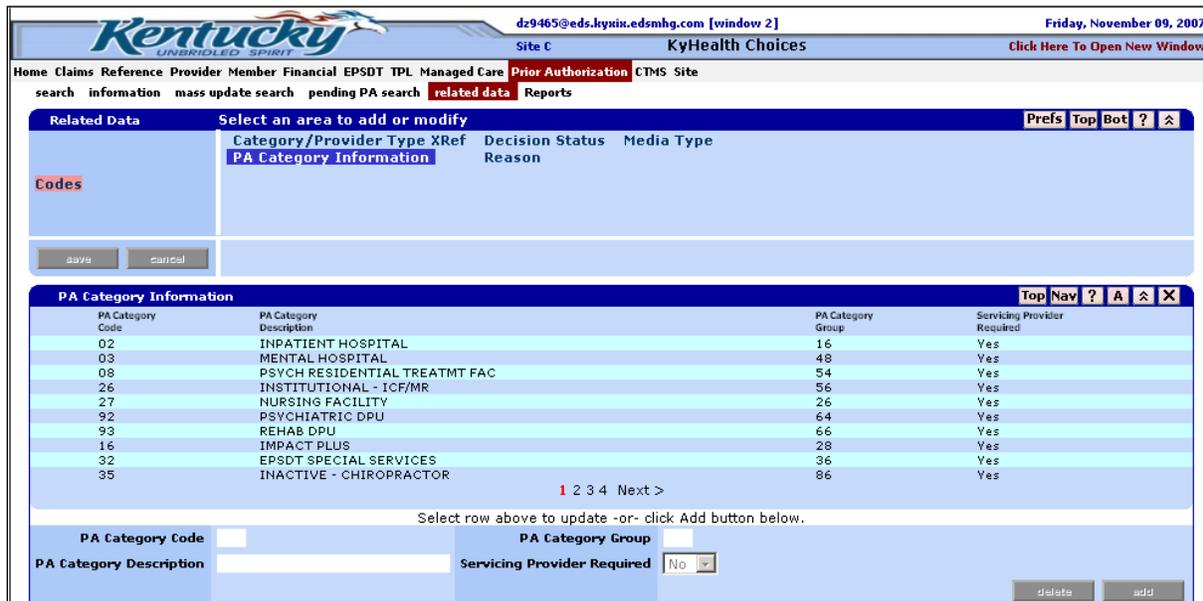


Figure 25 PA Category Information (located in Prior Authorization)

8.2.5.2 Related Data Other Page

The Related Data Other page allows the user to access the various miscellaneous data maintained within the associated subsystem area.

The following subsystems contain a Related Data Other page: Claims, Reference, Provider, Member, Financial, EPSDT, TPL, and Managed Care. Listed below are examples of “Other” panels that can be found in Related Data:

Click on "Other" to access these links.

The screenshot shows the 'EOB' screen with the following search results table:

EOB	Type	Description	Effective Date	HIPAA Claim Status Code	HIPAA Entity ID
0057	INVALID	INVALID TYPE OF BILL FOR CORF/ORF PROVIDER SPECIALTY.	01/01/1990		
0204	INVALID	INVALID DIAGNOSIS CODE. CONTACT THE DEPARTMENT FOR MEDICAID SERVICES.	01/01/1990		
0409	INVALID	INVALID PROVIDER TYPE BILLED ON CLAIM FORM.	01/01/1990		
0753	INVALID	INVALID REVENUE CODE. CHARGES NOT ALLOWED.	01/01/1990		
0773	INVALID	INVALID DUR CONFLICT CODE.	01/01/1990		
0774	INVALID	INVALID DUR INTERVENTION CODE.	01/01/1990		
0775	INVALID	INVALID DUR OUTCOME CODE.	01/01/1990		
1643	INVALID	INVALID OTHER COVERAGE CODE	01/01/2005		
2104	INVALID	INVALID PROVIDER SPECIALTY FOR PROCEDURE	01/01/1990	145	1P
2105	INVALID	INVALID DIAGNOSIS FOR PROCEDURE	01/01/1990	255	

Figure 26 EOB (located in Reference)

The screenshot shows the 'Dental Schedule' screen with the following table:

Description	M6-12	M12-24	Y2-6	Y6-12	Y12-21
Oral Hygiene Counseling (2)	P	P	P	P	P
Injury Prevention Counseling (P	P	P	P	P
Dietary Counseling (4)	P	P	P	P	P
Counseling for Non-nutritive H	P	P	P	P	P
Fluoride Supplementation (6)	P	P	P	P	P
Assess Oral Growth & Developme	P	P	P	P	P
Clinical Oral Exam	P	P	P	P	P
Prophylaxis and Topical Fluori	-	-	P	P	P
Radiographic Assessment (9)	-	P	P	P	P
Treatment of Dental Diijury	P	P	P	P	P
Assessment & Treatment of Deve	-	-	P	P	P
Substance Abuse Counseling	-	-	-	P	P
Referral for regular and Perio	-	-	-	-	P
Anticipatory Guidance (10)	P	P	P	P	P

Figure 27 Dental Schedule (located in EPSDT)

8.2.5.3 Related Data Cross-Reference (Xref) Page

The Related Data Xref page allows the user to access the various cross-reference data tables maintained within the associated subsystem area.

The following subsystems contain a Related Data Xref page: Reference, Member, TPL, and Managed Care. Listed below are examples of “Xref” panels that can be found in Related Data:

The screenshot shows the 'Managed Care' subsystem interface. In the 'Related Data' section, the 'Xref' link is highlighted. Below it, the 'MC Program Code Group/Program Code Xref' table is displayed with columns for Program Code Group, Description, Effective Date, End Date, and MC Program. A 'Program Code Group Breakdown' section is also visible below the main table.

Program Code Group	Description	Effective Date	End Date	MC Program
CWL	C,W,L,N,E,T	01/01/1964	12/31/2399	PARTNERSHIP
IP	I, P	01/01/1964	12/31/2399	PARTNERSHIP
IYP	I, Y, PE	01/01/1964	12/31/2399	PARTNERSHIP
PSK	P, S, X, KC	01/01/1964	12/31/2399	PARTNERSHIP
AAP	A, AP, B, BP, D, DP, F, FP, H, HP, G, GP, J, K, M	01/01/1964	12/31/2399	PARTNERSHIP
IY	I, Y	01/01/1964	12/31/2399	PARTNERSHIP
PE	PE	01/01/1964	12/31/2399	PARTNERSHIP
ALL	ALL	01/01/1964	12/31/2399	KENPAC
ALL	ALL	01/01/1964	12/31/2399	LOCK-IN (MEDICAL)
ALL	ALL	01/01/1964	12/31/2399	NON-EMERGENCY MEDICAL TRANSPORTATION

--Program Code Group Breakdown--
The program codes below are for the program code group selected above.

Program Code / Description	Effective Date	End Date
C / Chldrn and their caretaker rel who rec KTAP	01/01/1964	12/31/2399
E / Chldrn & caregiv who do not rec a KTAP pymnt	01/01/1964	12/31/2399
L / Chldrn and their caretaker rel	01/01/1964	12/31/2399
N / Indiv who meet all the req for pgm code L	01/01/1964	12/31/2399
T / Fams and chldrn who are the same as pgm code W	01/01/1964	12/31/2399
W / Chldrn and their caretaker rel who rec KTAP	01/01/1964	12/31/2399

Figure 28 MC Program Code Group/Program Code Xref
(located in Managed Care)

The screenshot shows the 'TPL' subsystem interface. In the 'Related Data' section, 'HIPAA Relationship' is selected. Below it, the 'HIPAA Relationship' table is displayed with columns for HIPAA Relationship and Description.

HIPAA Relationship	Description
1	SPOUSE
10	FOSTER CHILD
15	WARD
17	STEPSON OR STEPDAUGHTER
18	SELF
19	CHILD
20	EMPLOYEE
21	UNKNOWN
22	HANDICAPPED DEPENDENT
23	SPONSORED DEPENDENT

1 2 3 Next >

Select row above to update -or- click Add button below.

HIPAA Relationship:

Description:

delete add

Figure 29 Local/HIPAA Relationship Code (located in TPL)

8.2.5.4 Related Data Report Distribution Page

The Reference subsystem contains a Related Data Report Distribution page. Listed below is an example of a Report Distribution panel:

Click on "Rpt Dist" to access these links.

The screenshot shows the 'Related Data Report Distribution' page. At the top, there is a navigation menu with 'Reference' highlighted. Below the menu, there is a 'Related Data' section with a 'Select area to add or modify below.' prompt and buttons for 'Codes', 'Other', 'Rpt Dist', and 'Xref'. A red arrow points from a text box on the left to the 'Rpt Dist' button. Below this is a 'Report Route' section with a search field and a table of search results. The table has columns for Environment, Report Name, Hold, Output Name, and Destination. Below the table is a 'Report Route' form with fields for Environment (set to 'ACCEPTANCE'), Report Name, Output Name, Control File Name, Hold, and Report Destination. At the bottom is a 'Report Distribution' section with a 'Report Recipient' field and a 'Copies' field.

Figure 30 Report Route (located in Reference)

8.2.5.5 Related Data Payee Page

The Financial subsystem contains a Related Data Payee page. This page contains the link for one panel – EFT Account.

Click on "Payee" to access the EFT Account link.

The screenshot shows the 'EFT Account' page with a table of 'EFT Account Information' and a form for adding or updating an account.

Payee	Payee Name	Payee Type	Financial Cycle	Financial Institution	Account Type	EFT Status
00000000	WOODS	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	ORTHOPAEDIC CTR	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	WRIGHT STATE PH	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	PO	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	TOUSSAINT	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	ANDERSON III	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	GOLDBLATT	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	ALBERT	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	BURDETTE	Provider	PRIMARY FIN CYCLE	EASTERN BANK	Checking	Prenotification
00000000	BIOSCRIP PHARMA	Provider	PRIMARY FIN CYCLE	BANK OF AMERICA, N.A.	Checking	Prenotification

Figure 31 EFT Account (located in Financial)

8.2.6 Personal Settings

The Site subsystem allows the user to activate or modify personal settings. Click on the Site link and the following page will be displayed:

The screenshot shows the 'Personal Settings' page with various checkboxes and a dropdown menu for 'Shortcut Key Display Mode'.

- Activate Dropdown Menus
- Activate Popup Searches
- Activate Row Selection Links
- Open Information Panel in Different Browser
- Activate Keyboard Accessible Field Help
- Activate Linearized Tables
- Activate Focus Return
- Activate Shortcut Keys
- Shortcut Key Display Mode: ADA Mode

update

Field	Description
Activate Dropdown Menus	<p>If enabled, a drop down menu will display when scroll the mouse over the subsystem menu.</p> <p>If disabled, a drop down menu will not display.</p>
Activate Popup Searches	<p>If enabled, popup searches will be accessible by clicking the “[Search]” link next to some fields.</p> <p>If disabled, popup searches will not be available.</p>
Activate Row Selection Links	<p>If enabled, a link will be added at the beginning of each row in a list. To select a row, the user will click on the link.</p> <p>If disabled, there will not be a link and the user will click on the row itself to select a row.</p>
Open Information Panel in Different Browser	<p>If enabled, when a record is selected from search results, a different browser window will open, displaying the record selected.</p> <p>If disabled, a different browser window will not open. The selected record will be displayed in the same browser window as the search result panel.</p>
Activate Keyboard Accessible Field Help	<p>If enabled, the help feature for a field will be accessible by pressing ENTER on the keyboard.</p> <p>If disabled, the help feature will be accessible by clicking on the field name with the mouse.</p>
Activate Linearized Tables	<p>If enabled, the fields on a page and panel will be displayed in one column.</p> <p>If disabled, the fields on a page and panel will be displayed in two or more columns.</p>
Activate Focus Return	<p>If enabled, the cursor placement will be handled automatically, which will eliminate the need for the user to scroll and click on fields after a page navigation or refresh.</p> <p>If disabled, the cursor will not automatically return to the last field.</p>
Activate Shortcut Keys	<p>If activated, the system will enable shortcut keys and display shortcut key indicators on buttons and menu links.</p> <p>If disabled, the user will navigate the system by clicking on menu links and buttons with the mouse.</p>

Field	Description
Shortcut Key Display Mode	The mode in which the shortcut key is displayed: ADA Mode or Underlined.
Update	Updates changes to the Personal Settings fields.
Last Update	Indicates date and time of most recent update to personal settings.

To activate a personal setting, click to insert a check mark in the associated box, and then click the “Update” button.

To disable a personal setting, click to remove the check mark in the associated box and click the “Update” button.

The following personal setting functions are demonstrated in the next sections: Popup Searches, Row Selection Links, Linearized Tables, and Shortcut Keys.

8.2.6.1 Pop Up Searches

If the user activates the pop up searches function, the [Search] link located next to certain fields will become accessible.

If the pop up search function is not enabled, the [Search] link will not be displayed, as shown in Figure 32.

The screenshot displays the 'Claim Search' page. At the top, there is a navigation bar with the Kentucky logo and 'UNBRIDLED SPIRIT'. The user is identified as 'anonymous user [window 1]' on 'Friday, November 09, 2007'. The page title is 'KyHealth Choices'. Below the navigation bar, there are several menu items: Home, Claims, Reference, Provider, Member, Financial, EPSDT, TPL, Managed Care, MAR, Prior Authorization, CTMS, Security, Site, Admin, and Host. The main content area is titled 'Claim Search' and contains a search form with the following fields: ICN, Member ID, TCN, Provider Number, Rendering Provider, Prescription Number, and Referring Provider. There is a checkbox for 'Include Pharmacy Claims' and a 'Records' dropdown menu set to 20. On the right side of the form, there are three buttons: 'search', 'clear', and 'adv search'.

Figure 32 Claims Search Page without Pop Up Searches

To activate the pop up searches, click on the Site link, check “Activate Popup Searches”, and click the “Update” button.

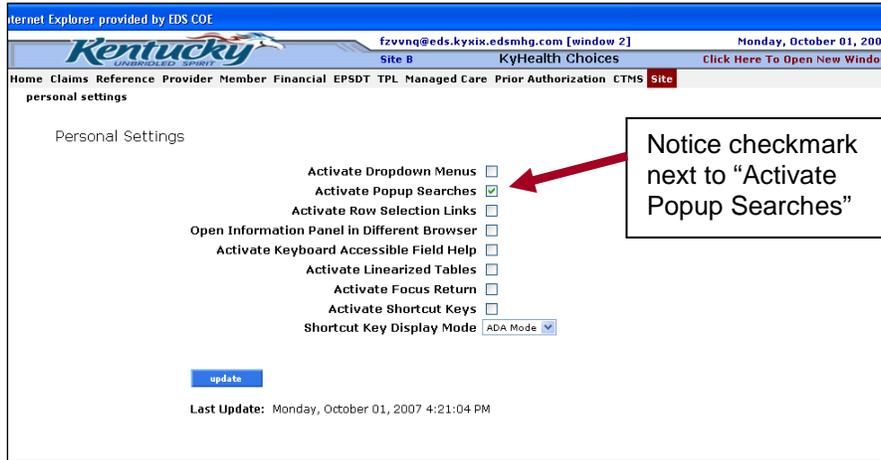


Figure 33 Personal Settings Page – Activate Popup Searches

The pop up search links are now accessible.

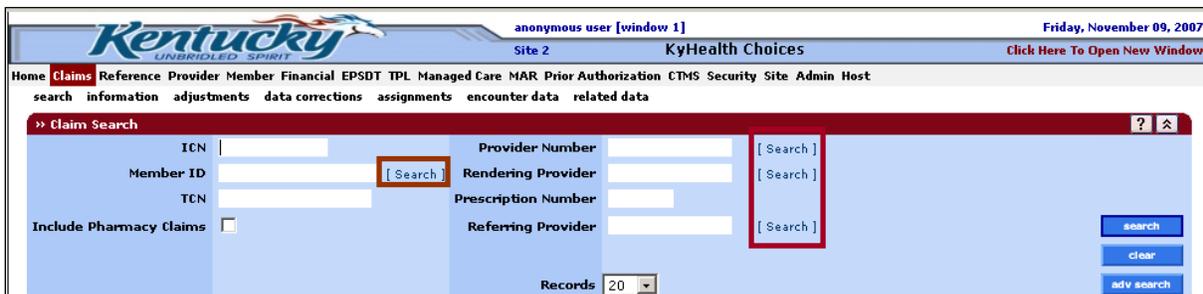


Figure 34 Claims Search Page with Pop Up Searches

8.2.6.2 Row Selection Links

The “Activate Row Selection Links” field determines how a user will select a row of records.

To activate the row selection links, click on the Site link, check “Activate Row Selection Links”, and click the blue “Update” button.

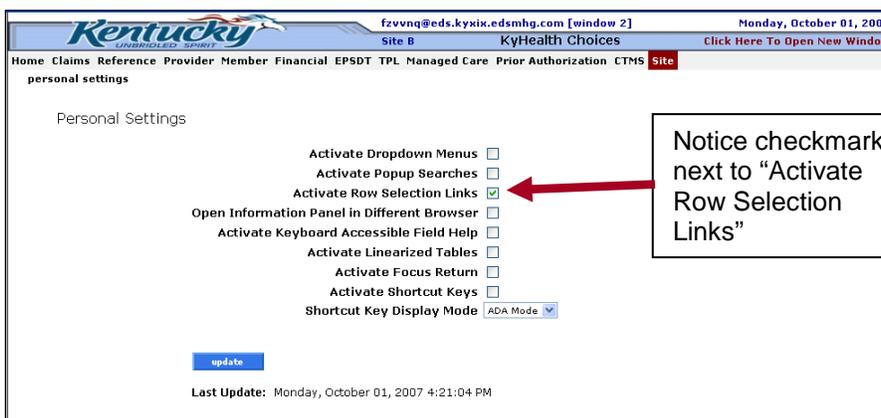


Figure 35 Personal Settings Page – Activate Row Selection Links

When activated, the user will select a row by clicking on the link next to the row.

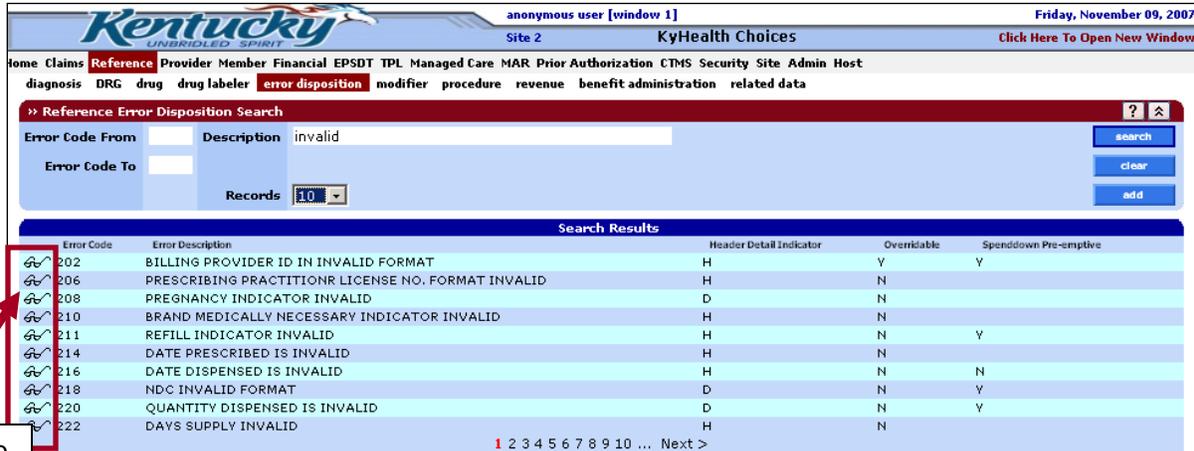


Figure 36 Row Selection Link

If the Row Selection Links is disabled, the link next to the row will not be available. The user will select a row by clicking once anywhere within the row itself (except on a Hot Link, as discussed in a previous section).

8.2.6.3 Linearized Tables

The “Activate Linearized Tables” function determines how fields are displayed on a pages and panels.

To activate the linearized table function, click on the Site link, check “Activate Linearized Tables”, and click the blue “Update” button.

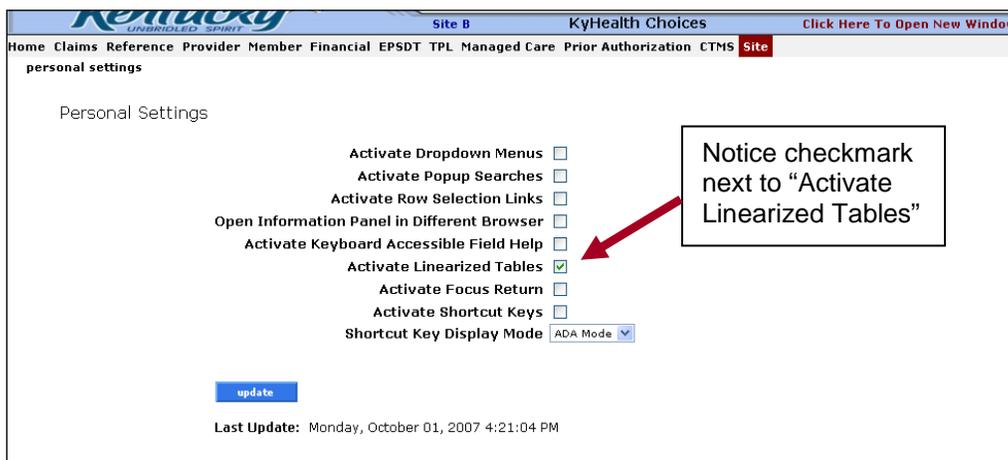


Figure 37 Personal Settings Page – Activate Linearized Tables

When activated, the linearized table function will display the fields in one column on a page and panel.

Figure 38 Provider Search Panel with a Linearized Table

If the linearized table function is disabled, the fields will be displayed in two or more columns.

Figure 39 Provider Search Panel without a Linearized Table

8.2.6.4 Shortcut Keys

If the user activates the shortcut keys function, the Sub Menu links can be used in combination with (Ctrl +Alt + focus key) to quickly open the associated page.

To activate the shortcut key, click on the Site link, check “Activate Shortcut Keys”, and select the Shortcut Key Display Mode (either “Underline” or “ADA Mode”). Click the blue “Update” button.

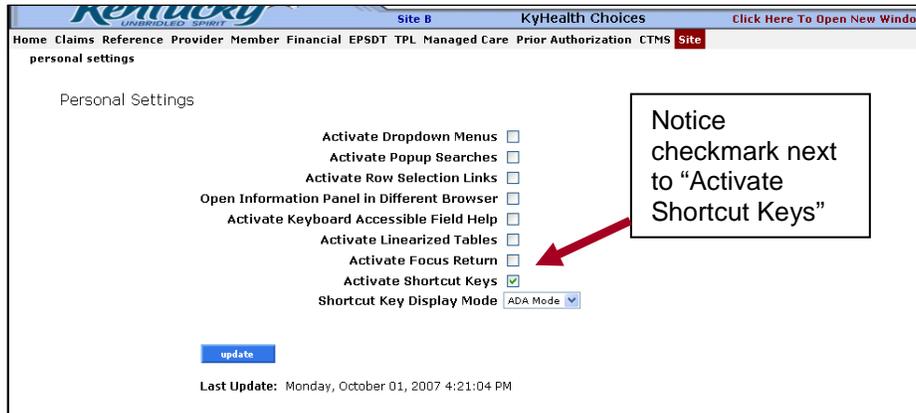


Figure 40 Personal Settings Page – Shortcut Key Activated

To know which letter to use in combination with the (Ctrl + Alt) shortcut keys, the user must look at the Sub Menu name.

If the "Underline" display mode is selected, the shortcut key will be displayed within the sub menu name. Within the name, the letter that has a horizontal bar above and below it is the shortcut key letter.

Figure 41 demonstrates how the user can use the shortcut keys to quickly navigate from the Claims Search panel to the Data Corrections panel by using the following shortcut key combination: (Ctrl + Alt + O) since the letter "O" is found within the horizontal bars on the Sub Menu adjustment link.

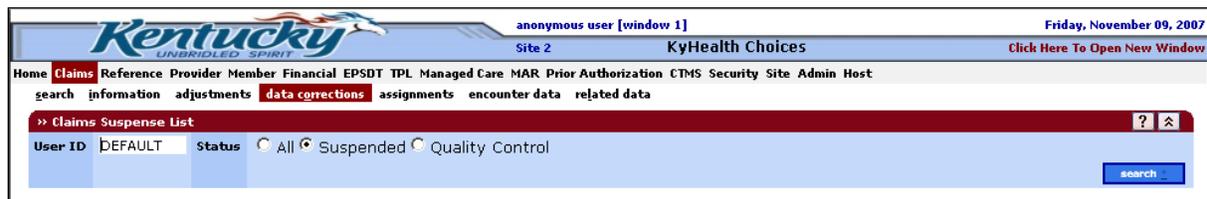
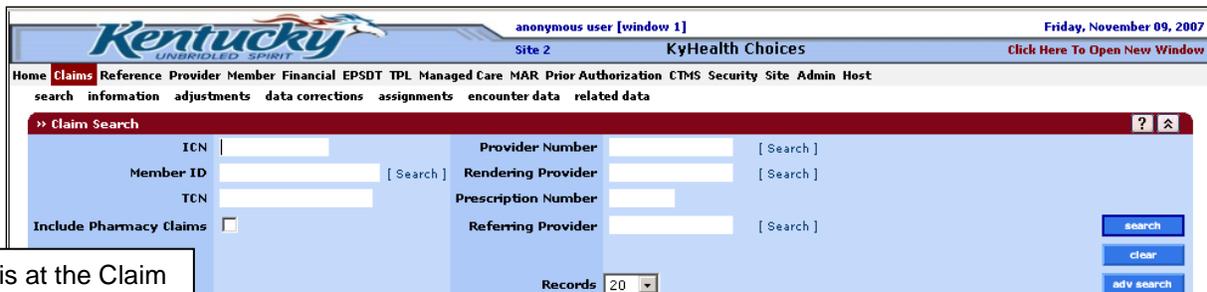


Figure 41 Shortcut Key – Jump from Search Page to Data Corrections Page

If the “ADA Mode” is selected as the display mode, the shortcut key will be displayed to the right of the sub menu name in brackets [].

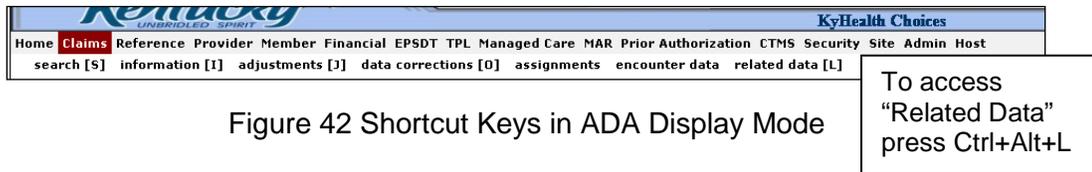


Figure 42 Shortcut Keys in ADA Display Mode

8.2.6.5 Drop Down Menus

If the user activates the drop down menu function, a drop down menu will display when the mouse is scrolled over the subsystem menus. Each submenu within the subsystem will display.

If the drop down function is not enabled, then the menu is displayed horizontally across the page.

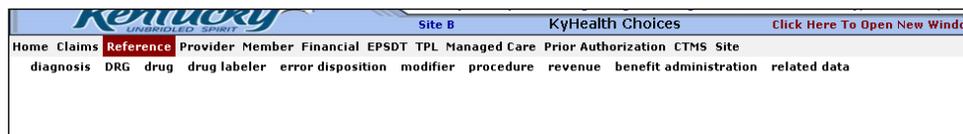


Figure 43 Subsystem Menu Without the Drop Down Menu Function

To activate the shortcut key, click on the Site link, check “Activate Dropdown Menus”. Click the blue “Update” button.

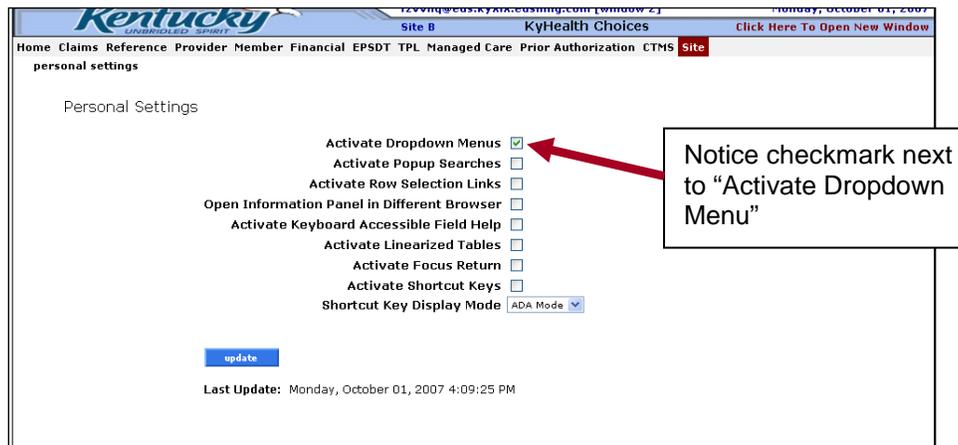


Figure 44 Personal Settings Page – Dropdown Menu Activated

If the dropdown menu is activated, the submenu will be displayed in the dropdown menu when the mouse is scrolled over the subsystem menu.

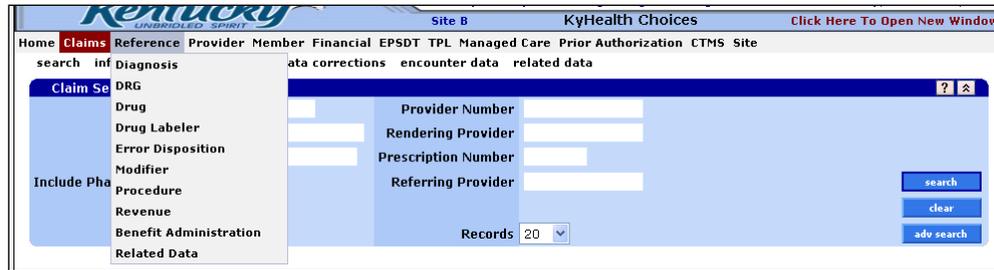


Figure 45 Dropdown Menu Displayed

8.2.6.6 Opening the Information Panel in a Different Browser Window

If the user activates the different browser window function, the user can select a search result from the search panel, and the selected record will open in a different browser window. Then the user will have two different browser windows open.

If the user does not activate this function, then only one browser window will be open. When a record is selected from the search results panel, the record will display in the same browser window as the search panel.

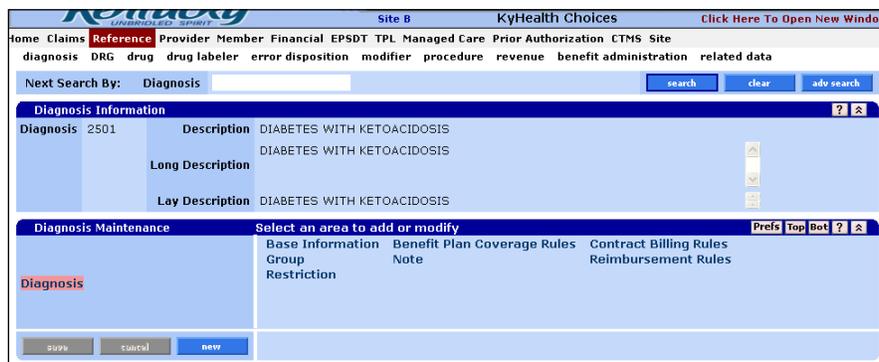


Figure 46 Diagnosis Information Panel (One Browser Window)

To active the shortcut key, click on the Site link, check “Open Information Panel in Different Window”. Click the blue “Update” button.

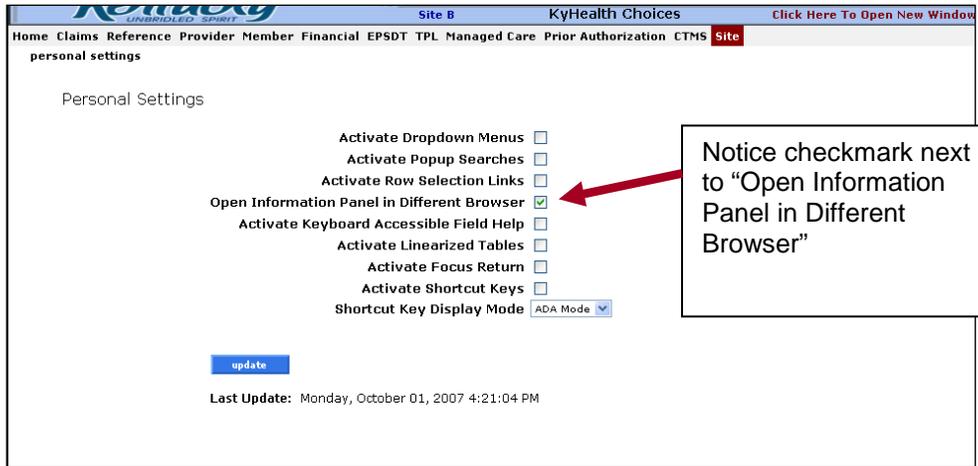


Figure 47 Personal Settings Page – Different Browser Function Activated

If the different browser function is activated, two browser windows will display. One window displayed the search results panel and the other window will display the record.

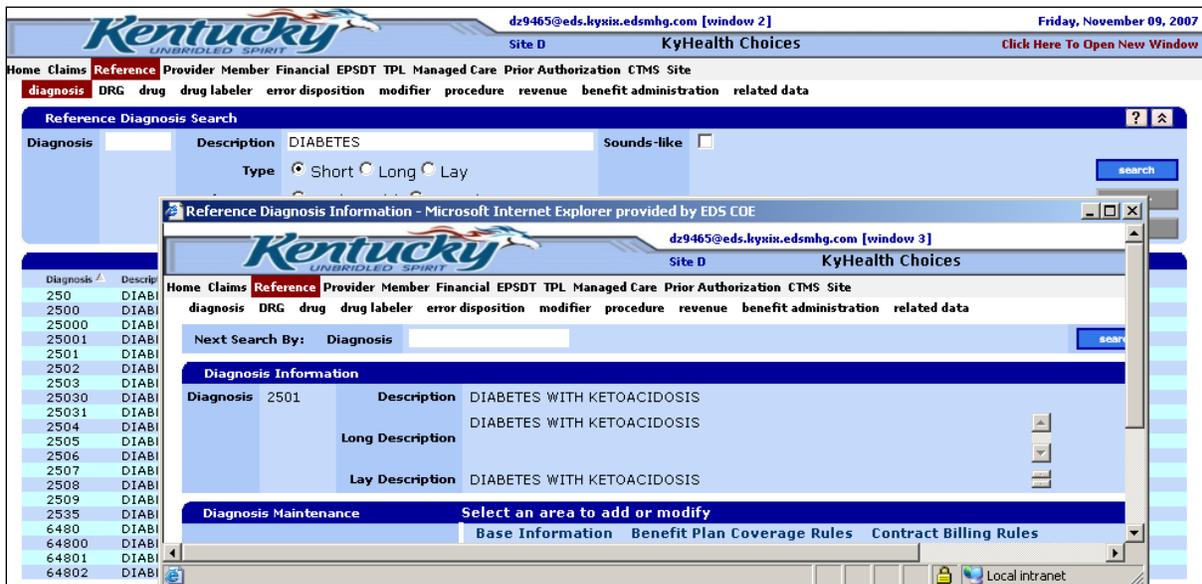


Figure 48 Two Browser Windows Displayed
 Diagnosis Search Panel and Diagnosis Information Panel

9 Appendix B – EPSDT How To Guide

9.1 Searching for EPSDT Information

9.1.1 Searching for an EPSDT Member

STEP 1. Access interChange.

STEP 2. Select “EPSDT” from the main menu.



The EPSDT Screening Search Panel will open.



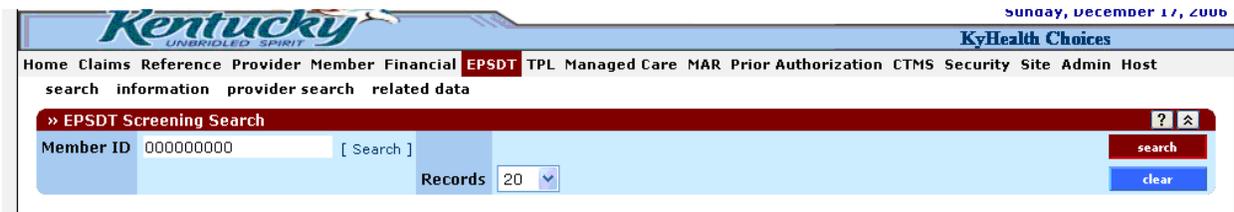
9.1.1.1 EPSDT/ Screening Search Panel Field Descriptions

Field	Description
Member ID	Member's 10-digit KY Medicaid ID number. Field is numeric only.
Records	Number of records per page displays until all matching records are displayed. Valid Values are 5 10 20 50 100

9.1.1.2 EPSDT/Screening Search Panel Button Descriptions

Button	Description
Search	Searches the MMIS for all information matching the information in the search criteria.
Clear	Clears all information from the search criteria fields.

STEP 3. Enter the Member Medicaid ID number in the "Member ID" field. Click the "Search" button.



STEP 4. The Search Results panel will return claim history for the member. To view the member's EPSDT Information, click on the record one time.



9.1.1.3 EPSDT/ Screening Search Results Panel Field Descriptions

Field	Description
ICN	Lists records by ICN.
DOS	Lists records by date of service.
Provider Number	Lists records by Provider ID number.
Procedure Code	Lists records by Procedure Code.
Modifiers	Lists records by Modifier type(s).
Claim Status	List status of the claim after the claim has been adjudicated.

The EPSDT Member Information and Maintenance panels will open.

The screenshot shows the Kentucky Health Choices web application interface. At the top, there is a navigation menu with links for Home, Claims, Reference, Provider, Member, Financial, EPSDT, TPL, Managed Care, MAR, Prior Authorization, CTMS, Security, Site, Admin, and Host. Below the navigation menu, there is a search bar with the text "Next Search By: Member ID" and buttons for "search", "clear", and "adv search". The main content area is divided into two panels. The first panel is titled "EPSDT Member Information" and contains fields for "Member ID" (000000000) and "Name" (CINDY). The second panel is titled "EPSDT Maintenance" and contains a section titled "Select an area to add or modify" with options for "Abnormalities", "Member Comments", and "Notices". There are "save" and "cancel" buttons at the bottom of the Maintenance panel.

9.1.1.4 EPSDT/Member Information Panel Field Descriptions

Field Selection	Description
Member ID	Member's 10-digit KY Medicaid ID number. Field is numeric only.
Name	Displays member's name as listed on MMIS.

9.1.1.5 EPSDT Maintenance Panel Field Descriptions

Field Selection	Description
Abnormalities	Opens the Abnormalities panel.
Member Comments	Opens the Member Comments panel.
Notices	Opens the Notices panel.

9.1.1.6 EPSDT Maintenance Panel Button Descriptions

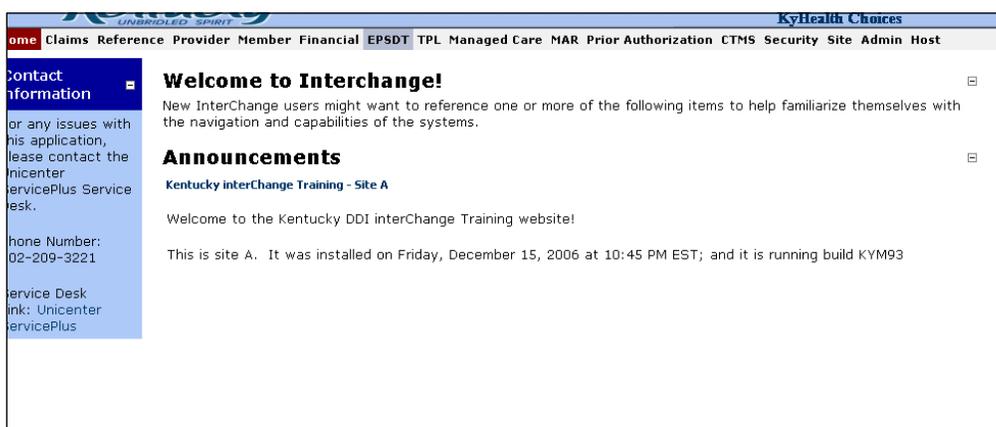
Field Selection	Description
Save	Saves changes made to panel(s).

Field Selection	Description
Cancel	Cancels changes made to panel(s).

9.1.2 Searching for EPSDT Screening Information

STEP 1. Access interChange.

STEP 2. Select “EPSDT” from the main menu.



The EPSDT Screening Search panel will open.



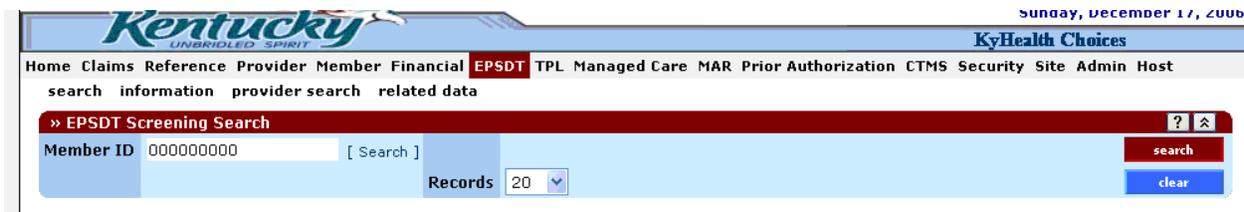
9.1.2.1 EPSDT/Screening Search Panel Field Descriptions

Field	Description
Member ID	Member’s 10-digit KY Medicaid ID number. Field is numeric only.
Records	Number of records per page displays until all matching records are displayed. Valid Values are 5 10 20 50 100

9.1.2.2 EPSDT/Screening Search Panel Button Descriptions

Button	Description
Search	Searches the MMIS for all information matching the information in the search criteria.
Clear	Clears all information from the search criteria fields.

STEP 3. Enter the Member Medicaid ID number in the “Member ID” field. Click the “Search” button.



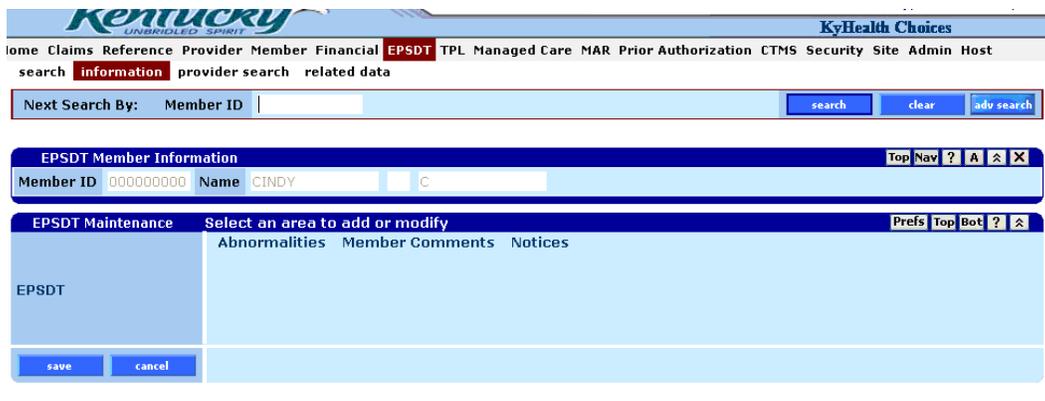
STEP 4. The Search Results panel will return screening and immunization claim history for the member. In addition, the member’s last screening dates can be viewed. To view the member’s EPSDT Information, click on the record one time.



9.1.2.3 EPSDT/ Screening Search Results Panel Field Descriptions

Field	Description
ICN	Lists records by ICN.
DOS	Lists records by date of service.
Provider Number	Lists records by Provider ID number.
Procedure Code	Lists records by Procedure Code.
Modifiers	Lists records by Modifier type(s).
Claim Status	List status of the claim after the claim has been adjudicated.

The EPSDT Member Information and Maintenance panels will open.



9.1.2.4 EPSDT/Member Information Panel Field Descriptions

Field Selection	Description
Member ID	Member’s 10-digit KY Medicaid ID number. Field is numeric only.
Name	Displays member’s name as listed on MMIS.

9.1.2.5 EPSDT Maintenance Panel Field Descriptions

Field Selection	Description
Abnormalities	Opens the Abnormalities panel.
Member Comments	Opens the Member Comments panel.
Notices	Opens the Notices panel.

9.1.2.6 EPSDT Maintenance Panel Button Descriptions

Field Selection	Description
Save	Saves changes made to panel(s).
Cancel	Cancels changes made to panel(s).

9.1.3 Searching for an EPSDT Provider

- STEP 1. Access interChange.
- STEP 2. Select “EPSDT” from the main menu.



STEP 3. Select “Provider Search” from the submenu. This will open the EPSDT Provider Search panel.



EPSDT Provider Search Panel

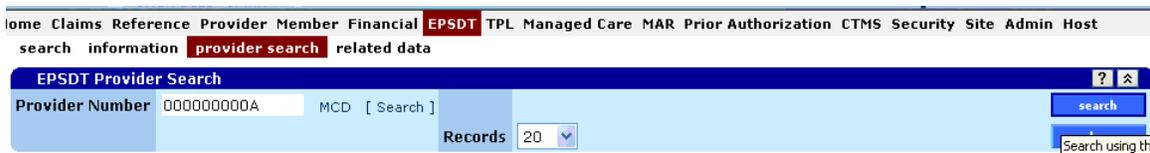
9.1.3.1 EPSDT Provider Search Panel Field Descriptions

Field	Description
Provider Number	Unique 8 digit number assigned to all enrolled KY Medicaid providers.
Records	The number of records per page that displays until all matching records are displayed. Valid Values are 5 10 20 50 100

9.1.3.2 EPSDT Provider Search Panel Button Descriptions

Button	Description
Search	Initiates a search based on the criteria entered.
Clear	Clears the information in the search criteria.

STEP 4. Enter the Provider ID number in the “Provider Number” field. Click the “Search” button.



The Search Results panel provides EPSDT claims history for that specific provider.

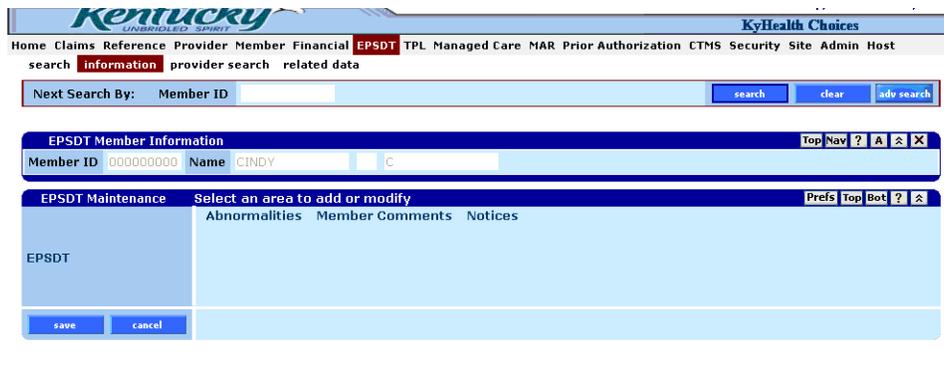


9.1.3.3 EPSDT Provider Search Results Panel Field Descriptions

Field	Description
ICN	The claim’s Internal Control Number.
Member ID	Member’s 10-digit KY Medicaid ID number. Field is numeric only.
DOS	The date of service on the claim.
Paid Date	The date the claim was paid.
Procedure Code	The procedure code indicated on the claim.
Modifier	The modifier code indicated on the claim.
Claim Status	The status of the claim.

9.1.4 Searching for a Member’s Abnormality History

STEP 1. Access the EPSDT Member Information and Maintenance panels.



EPSDT Member Information and Maintenance Panels

9.1.4.1 EPSDT/Member Information Panel Field Descriptions

Field Selection	Description
Member ID	Member's 10-digit KY Medicaid ID number. Field is numeric only.
Name	Displays member's name as listed on MMIS.

9.1.4.2 EPSDT Maintenance Panel Field Descriptions

Field Selection	Description
Abnormalities	Opens the Abnormalities panel.
Member Comments	Opens the Member Comments panel.
Notices	Opens the Notices panel.

9.1.4.3 EPSDT Maintenance Panel Button Descriptions

Field Selection	Description
Save	Saves changes made to panel(s).
Cancel	Cancels changes made to panel(s).

STEP 2. On the EPSDT Maintenance Panel, select the “Abnormalities” link.

The Abnormalities Panel will open.

Abnormalities	
Abnormality	Screening Date
HUMAN IMMUNODEFICIENCY VI	01/18/2002
HUMAN IMMUNODEFICIENCY VI	01/19/2002
HUMAN IMMUNODEFICIENCY VI	01/19/2002
HUMAN IMMUNODEFICIENCY VI	01/20/2002
HUMAN IMMUNODEFICIENCY VI	01/20/2002

Select row above to update -or- click Add button below.

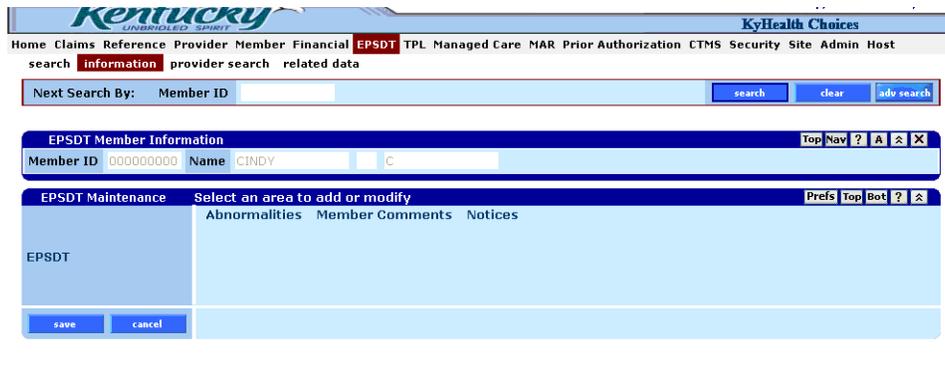
Screen Date Abnormality

9.1.4.4 EPSDT/Information/Abnormalities Panel Field Descriptions

Field	Description
Screen Date	Date abnormality was identified.
Abnormality	Description of abnormality identified during an EPSDT screening.

9.1.5 Searching for EPSDT Notices

STEP 1. Access the EPSDT Member Information and Maintenance panels.



EPSDT Member Information and Maintenance Panels

9.1.5.1 EPSDT/Member Information Panel Field Descriptions

Field Selection	Description
Member ID	Member’s 10-digit KY Medicaid ID number. Field is numeric only.

Field Selection	Description
Name	Displays member's name as listed on MMIS.

9.1.5.2 EPSDT Maintenance Panel Field Descriptions

Field Selection	Description
Abnormalities	Opens the Abnormalities panel.
Member Comments	Opens the Member Comments panel.
Notices	Opens the Notices panel.

9.1.5.3 EPSDT Maintenance Panel Button Descriptions

Field Selection	Description
Save	Saves changes made to panel(s).
Cancel	Cancels changes made to panel(s).

STEP 2. On the EPSDT Maintenance panel, select the "Notices" link.



The Notices panel will open.

Notice	Date Sent	Age
EPSDT Outreach Letter	05/04/2006	18Y
EPSDT Outreach Letter	05/05/2006	18Y
EPSDT Outreach Letter	05/08/2006	18Y
EPSDT Outreach Letter	05/09/2006	18Y
EPSDT Outreach Letter	05/23/2006	18Y
EPSDT Outreach Letter	08/21/2006	19Y
EPSDT Outreach Letter	09/25/2006	19Y
EPSDT Outreach Letter	10/06/2006	19Y

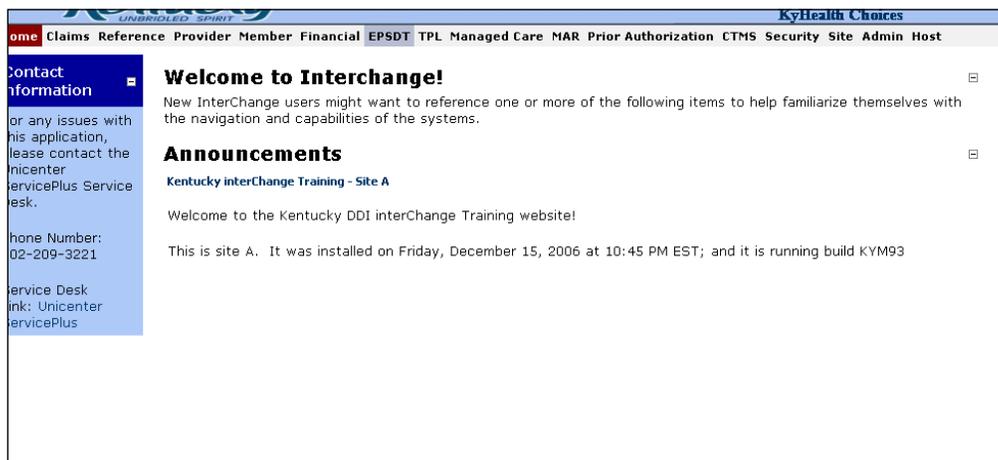
9.1.5.4 EPSDT/Information/Notices Panel Field Descriptions

Field	Description
Notice	The type of EPSDT notices sent to the Member.
Date Sent	The date the EPSDT notice is sent to the Member.
Age	The Member's age at the time the notice was sent. Y = Year, M = Month.

9.1.6 Viewing EPSDT Schedules

STEP 1. Access interChange.

STEP 2. Select “EPSDT” from the main menu.



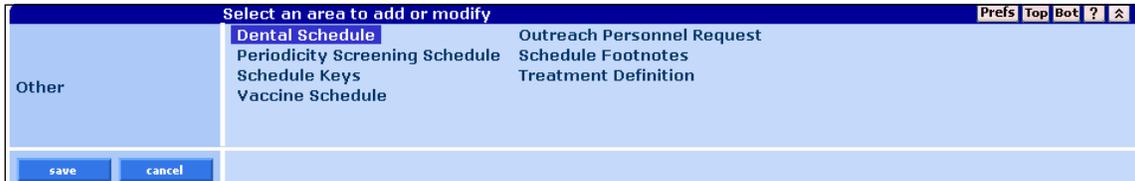
STEP 3. Select “Related Data” from the submenu. This will open the Related Data Navigation Panel.



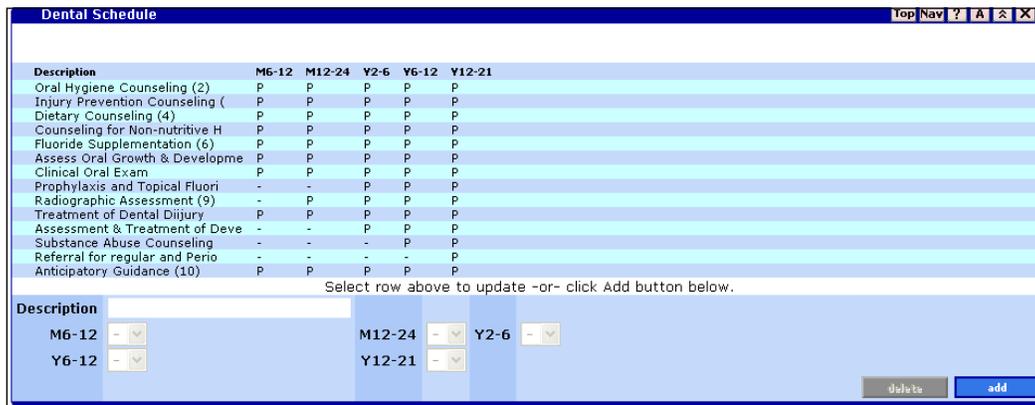
EPSDT / Related Data Navigation Panel

9.1.6.1 Viewing a Dental Schedule

STEP 4. Select the “Dental Schedule” link from the Related Data Navigation Panel.



The Dental Schedule panel is available to view.



Dental Schedule Panel

9.1.6.2 EPSDT/Related Data/Other/Dental Schedule Panel Field Descriptions

Field	Description
Description	Description of EPSDT screening components.
M6-12	Months 6-12. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y6-12	Years 6 -12. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

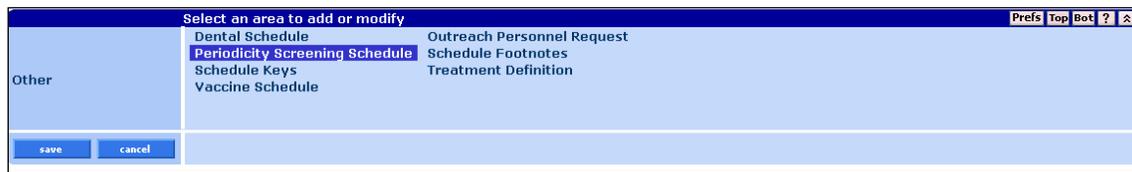
Field	Description
M12-24	Months 12-24. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y12-21	Years 12-21. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y2-6	Years 2-6. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

9.1.6.3 EPSDT/Related Data/Other/Dental Schedule Panel Button Descriptions

Button	Description
Add	Add a dental schedule.
Delete	Delete a dental schedule.

9.1.6.4 Viewing a Periodicity Screening Schedule

STEP 5. Select the “Periodicity Screening Schedule” link from the Related Data Navigation Panel.



The Periodicity Screening Schedule is available to view.



Periodicity Screening Schedule Panel

9.1.6.5 EPSDT/Related Data/Other/Periodicity Screening Schedule Panel Field Descriptions

Field	Description
Description	A description of all EPSDT screening components.
Prenatal	Prenatal. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M1	1 st Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M6	6 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M18	18 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y4	4 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
Y6	6 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y11	11 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y13	13 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y16	16 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y19	19 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Newborn	Newborn. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M2	2 nd Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M9	9 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y8	8 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y12	12 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
Y14	14 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y17	17 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y20	20 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
D2-3	2 nd and 3 rd Days. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M4	4 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M12	12 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M15	15 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y3	3 rd Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y5	5 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y10	10 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
Y15	15 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y18	18 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y20	20 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

9.1.6.6 EPSDT/Related Data/Other/Periodicity Screening Schedule Panel Button Descriptions

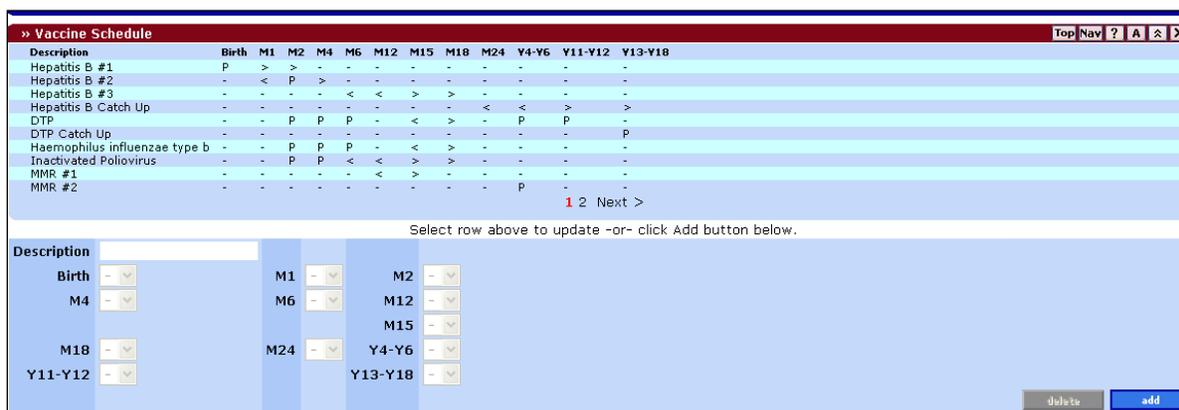
Button	Description
Add	Add a periodicity screening schedule.
Delete	Delete a periodicity screening schedule.

9.1.6.7 Viewing a Vaccine Schedule

STEP 6. Select the “Vaccine Schedule” link from the Related Data Navigation Panel.



The Vaccine Schedule panel will open.



Vaccine Schedule Panel

9.1.6.8 EPSDT/Related Data/Other/Vaccine Schedule Panel Field Descriptions

Field	Description
Description	Brief description of Vaccine type.
Birth	Birth. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M4	4 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M18	18 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
Y11-Y12	11 th Year and 12 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M1	1 st Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
M6	6 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M24	24 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M2	2 nd Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M12	12 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
M15	15 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
Y4-Y6	4 th Year through 6 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.
Y13-Y18	13 th Year through 18 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, > and <, where X=to be performed; S=subjective by history; C=refer to footnote; 3=refer to footnote 3 and 4= refer to footnote 4.

9.1.6.9 EPSDT/Related Data/Other/Vaccine Schedule Panel Button Descriptions

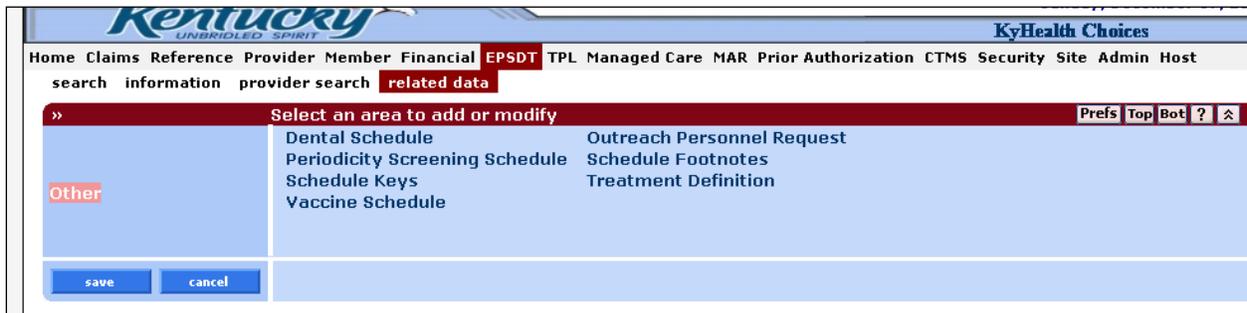
Button	Description
Add	Add a vaccine schedule
Delete	Delete a vaccine schedule.

9.1.7 Searching for Outreach Personnel

- STEP 1. Access interChange.
- STEP 2. Select “EPSDT” from the main menu.



- STEP 3. Select “Related Data” from the submenu. This will open the Related Data Navigation Panel.



EPSDT / Related Data Panel

STEP 4. Select the “Outreach Personnel Request” link. This will open the Outreach Personnel Request panel.

9.1.7.1 EPSDT/Rel. Data/Other/Outreach Personnel Request Panel Field Descriptions

Field	Description
Outreach ID	Outreach caseworker identification number.
Outreach Office Name	Name of Outreach office.
Outreach ID	Outreach caseworker identification number.
Outreach Office Name	Name of Outreach office.
Address 1	Physical address of outreach office.
Address 2	Physical address of outreach office.
City	City in which Outreach office is located.
State	State in which Outreach office is located.
Zip	Outreach office zip code including 4 digit suffixes.

9.1.7.2 EPSDT/Rel. Data/Other/Outreach Personnel Request Panel Button Descriptions

Button	Description
Search	Initiate search based on selected criteria.
Clear	Clears fields so a new search may be conducted.
Add	Add a new request.
Delete	Delete a request.

STEP 5. To search for an Outreach Personnel record, enter either the Outreach ID or the Outreach Office Name in the search panel. Click the “Search” button.

The Outreach Personnel information will appear in the Search Results panel.

Outreach ID	Outreach Office Name	Address 1	Address 2	City	State	Zip Code	Zip Code4
111111111	chfs	frankfort	frankfort	frankfort	TX	22222	2222

9.1.8 Viewing EPSDT Treatment Definition Information

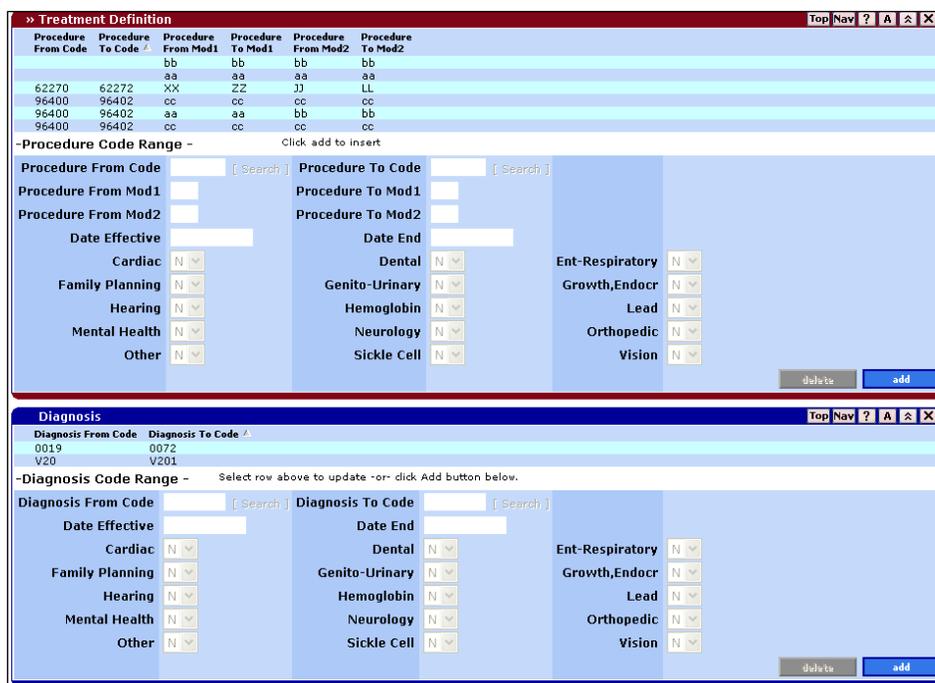
STEP 1. Access interChange.

STEP 2. Select “EPSDT” from the main menu.

STEP 3. Select “Related Data” from the submenu. This will open the Related Data Panel.

EPSDT / Related Data Navigation Panel

STEP 4. Select the “Treatment Definition” link. This will open the Treatment Definition Procedure and Diagnosis panels.



9.1.8.1 EPSDT/Related Data/Other/Treatment Definition Panel Field Descriptions

Field	Descriptions
<i>PROCEDURE CODE RANGE</i>	
Procedure From Code	This procedure code begins the procedure code(s) range that defines the procedure code(s) associated to the treatment category. If a Procedure To Code is defined, the Procedure From Code must be less than or equal to the Procedure To Code.
Procedure From Mod1	The modifier code used to further describe a procedure.
Procedure From Mod2	The modifier code used to further describe a procedure.
Date Effective	The effective date of the procedure code range.
Cardiac	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Family Planning	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hearing	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

Field	Descriptions
Mental Health	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Other	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Procedure To Code	This procedure code ends the procedure range that defines the procedure code(s) associated to the treatment category. The code must be greater than or equal to the Procedure From Code.
Procedure To Mod1	The modifier code used to further describe a procedure.
Procedure To Mod2	The modifier code used to further describe a procedure.
Date End	The ending date of the procedure code range.
Dental	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Genito-Urinary	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hemoglobin	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Neurology	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Sickle Cell	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Ent Respiratory	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Growth Endocrin.	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Lead	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

Field	Descriptions
Orthopaedic	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Vision	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
<i>DIAGNOSIS CODE RANGE</i>	
Diagnosis Code From	This diagnosis code begins the diagnosis code(s) range that defines the diagnosis code(s) associated to the treatment category. If a Diagnosis To Code is defined, the Diagnosis From Code must be less than or equal to the Diagnosis To Code.
Date Effective	The effective date of the diagnosis range.
Cardiac	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Family Planning	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hearing	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Mental Health	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Other	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Diagnosis To Code	This diagnosis code ends the diagnosis range that defines the diagnosis code(s) associated to the treatment category. The code must be greater than or equal to the Diagnosis From Code.
Date End	The ending date of the diagnosis range.
Dental	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Genito-Urinary	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

Field	Descriptions
Hemoglobin	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Neurology	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Sickle Cell	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Ent Respiratory	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Growth Endocrin.	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Lead	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Orthopaedic	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Vision	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

9.1.8.2

9.1.8.3 EPSDT/Related Data/Other/Treatment Definition Panel Button Descriptions

Button	Descriptions
Add	Add a new record.
Delete	Delete an existing record.

STEP 5. To view a specific procedure record, click on the record one time. This will auto-populate the record information in the fields below.

Procedure From Code	Procedure To Code	Procedure From Mod1	Procedure To Mod1	Procedure From Mod2	Procedure To Mod2
		bb	bb	bb	bb
		aa	aa	aa	aa
62270	62272	XX	ZZ	JJ	LL
96400	96402	cc	cc	cc	cc
96400	96402	aa	aa	bb	bb
96400	96402	cc	cc	cc	cc

-Procedure Code Range - Select row to delete, click Add to insert.

Procedure From Code: 62270 [Search] Procedure To Code: 62272 [Search]

Procedure From Mod1*: XX Procedure To Mod1*: ZZ

Procedure From Mod2*: JJ Procedure To Mod2*: LL

Date Effective: 09/24/2006 Date End: 12/31/2299

Cardiac*: Y Dental*: N Ent-Respiratory*: N

Family Planning*: N Genito-Urinary*: N Growth,Endocr*: N

Hearing*: Y Hemoglobin*: N Lead*: Y

Mental Health*: N Neurology*: Y Orthopedic*: N

Other*: N Sickle Cell*: N Vision*: N

delete add

Treatment Definition Procedure Panel

STEP 6. To view a specific diagnosis record, click on the record one time. This will auto-populate the record information in the fields below.

Diagnosis From Code	Diagnosis To Code
0019	0072
V20	V201

-Diagnosis Code Range - Select row above to update -or- click Add button below.

Diagnosis From Code: 0019 [Search] Diagnosis To Code: 0072 [Search]

Date Effective: 08/28/2006 Date End: 12/31/2299

Cardiac*: N Dental*: N Ent-Respiratory*: N

Family Planning*: N Genito-Urinary*: N Growth,Endocr*: Y

Hearing*: N Hemoglobin*: N Lead*: N

Mental Health*: N Neurology*: N Orthopedic*: Y

Other*: Y Sickle Cell*: N Vision*: N

delete add

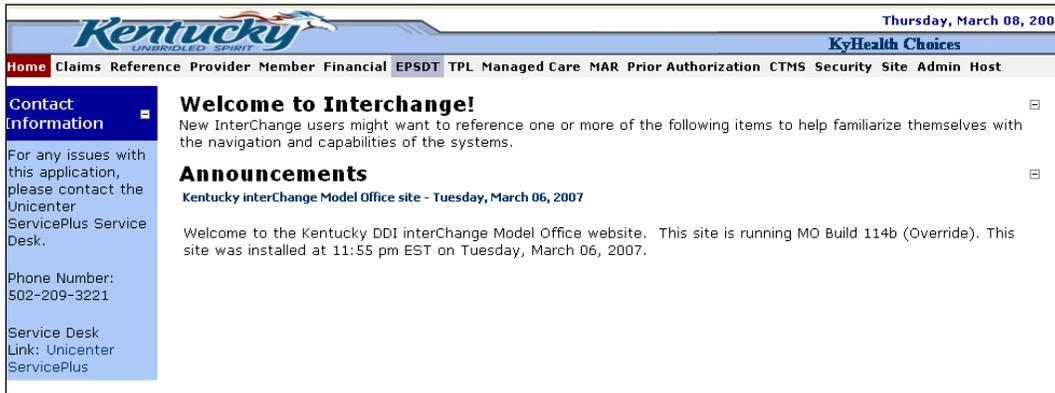
Treatment Definition Diagnosis Panel

9.2 Updating/Adding EPSDT Information

9.2.1 Updating/Adding A Dental Schedule

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.



InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.



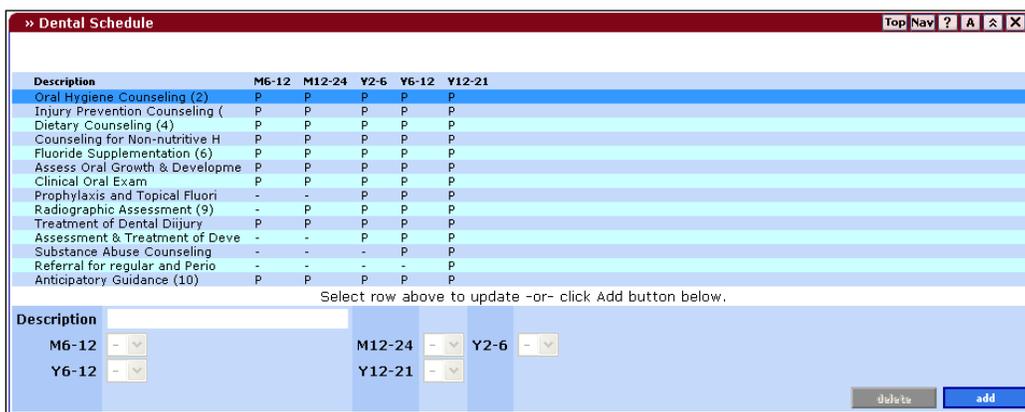
The Related Data panel will open.

STEP 4 Select Dental Schedule link from the panel by clicking on it one time.



EPSDT Related Data Panel

The Dental Schedule panel will open.



Dental Schedule Panel

9.2.1.1 EPSDT/Related Data/Other/Dental Schedule Panel Field Descriptions

Field	Description
Description	Description of EPSDT screening components.
M6-12	Months 6-12. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y6-12	Years 6 -12. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M12-24	Months 12-24. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y12-21	Years 12-21. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y2-6	Years 2-6. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

9.2.1.2 EPSDT/Related Data/Other/Dental Schedule Panel Button Descriptions

Button	Description
Add	Add a dental schedule.
Delete	Delete a dental schedule.

STEP 5 Select result row by clicking on it one time.

Information will populate into fields.

The screenshot shows a window titled "Dental Schedule" with a table of services and a form below it. The table has columns for Description, M6-12, M12-24, Y2-6, Y6-12, and Y12-21. The selected row is "Fluoride Supplementation (6)". The form below has fields for Description*, M6-12*, M12-24*, Y2-6*, Y6-12*, and Y12-21*, each with a dropdown menu. There are "delete" and "add" buttons at the bottom right.

STEP 6 Update information.

STEP 7 Save information in "Other" panel by clicking on "Save" button.

The screenshot shows the "Other" panel with a list of options: Dental Schedule, Periodicity Screening Schedule, Schedule Keys, Vaccine Schedule, Outreach Personnel Request, Schedule Footnotes, and Treatment Definition. Below the list are "save" and "cancel" buttons. A red arrow points to the "save" button. Below the buttons is a message box titled "The following messages were generated:" with a table of messages.

Message Description	Panel	Field	Row
Dental Schedule - Save was Successful	Dental Schedule		

Save was successful.

STEP 8 To create a new record select the “Add” button by clicking on it one time.

Description	M6-12	M12-24	Y2-6	Y6-12	Y12-21
Oral Hygiene Counseling (2)	P	P	P	P	P
Injury Prevention Counseling (1)	P	P	P	P	P
Dietary Counseling (4)	P	P	P	P	P
Counseling for Non-nutritive H	P	P	P	P	P
Fluoride Supplementation (6)	S	-	-	S	-
Assess Oral Growth & Developme	P	P	P	P	P
Clinical Oral Exam	P	P	P	P	P
Prophylaxis and Topical Fluori	-	-	P	P	P
Radiographic Assessment (9)	-	P	P	P	P
Treatment of Dental Injury	P	P	P	P	P
Assessment & Treatment of Deve	-	-	P	P	P
Substance Abuse Counseling	-	-	-	P	P
Referral for regular and Perio	-	-	-	-	P
Anticipatory Guidance (10)	P	P	P	P	P

Type data below for new record.

Description*

M6-12* M12-24* Y2-6*

Y6-12* Y12-21*

STEP 9 Enter information into the “Description” field and age fields.

STEP 10 Click “Save” button in “Other” panel.

Select an area to add or modify

- Dental Schedule
- Periodicity Screening Schedule
- Schedule Keys
- Vaccine Schedule
- Outreach Personnel Request
- Schedule Footnotes
- Treatment Definition

Other

The following messages were generated:

Message Description	Panel	Field	Row
Dental Schedule - Save was Successful	Dental Schedule		

Save was Successful.

9.2.2 Updating/Adding Outreach Personnel Request Information

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.

Thursday, March 08, 2007

KyHealth Choices

Home Claims Reference Provider Member Financial EPSDT TPL Managed Care MAR Prior Authorization CTMS Security Site Admin Host

Contact Information

For any issues with this application, please contact the Unicenter ServicePlus Service Desk.

Phone Number: 502-209-3221

Service Desk Link: Unicenter ServicePlus

Welcome to Interchange!

New InterChange users might want to reference one or more of the following items to help familiarize themselves with the navigation and capabilities of the systems.

Announcements

Kentucky interChange Model Office site - Tuesday, March 06, 2007

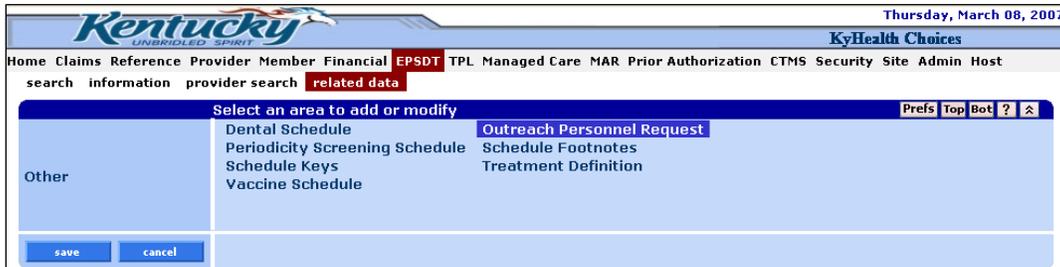
Welcome to the Kentucky DDI interChange Model Office website. This site is running MO Build 114b (Override). This site was installed at 11:55 pm EST on Tuesday, March 06, 2007.

InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.

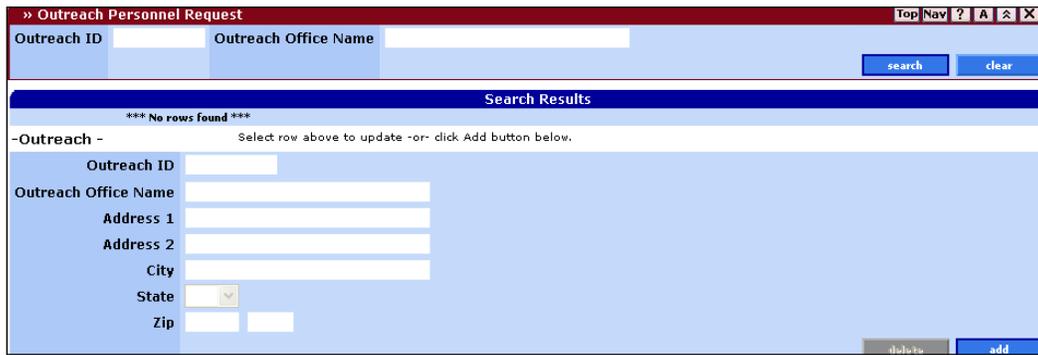


The Related Data panel will open.



EPSDT Related Data Panel

The Outreach Personnel Request panel will open.



Outreach Personnel Panel

9.2.3 EPSDT/Rel. Data/Other/Outreach Personnel Request Panel Field Descriptions

Field	Description
Outreach ID	Outreach caseworker identification number.
Outreach Office Name	Name of Outreach office.
Outreach ID	Outreach caseworker identification number.
Outreach Office Name	Name of Outreach office.

Field	Description
Address 1	Physical address of outreach office.
Address 2	Physical address of outreach office.
City	City in which Outreach office is located.
State	State in which Outreach office is located.
Zip	Outreach office zip code including 4 digit suffixes.

9.2.4 EPSDT/Rel. Data/Other/Outreach Personnel Request Panel Button Descriptions

Button	Description
Search	Initiate search based on selected criteria.
Clear	Clears fields so a new search may be conducted.
Add	Add a new request.
Delete	Delete a request.

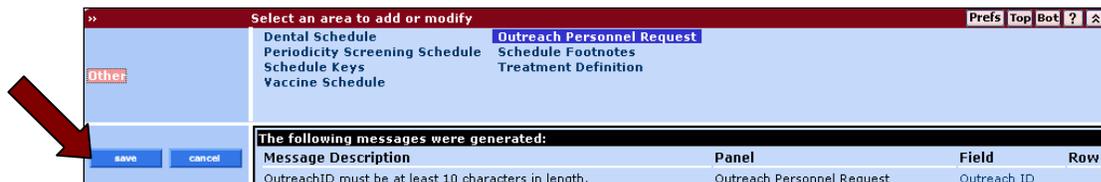
STEP 4 Enter criteria in “Outreach ID” field and/or “Outreach Office Name” and click on the “Search” button.

STEP 5 Results show in blue row. Click one time on the row to populate information into below fields.

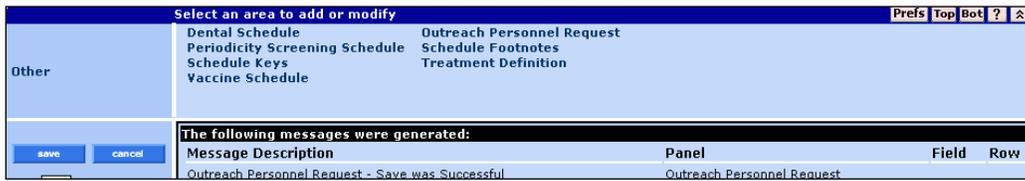


STEP 6 Update information.

STEP 7 Click “Save” button in “Other” panel to save.

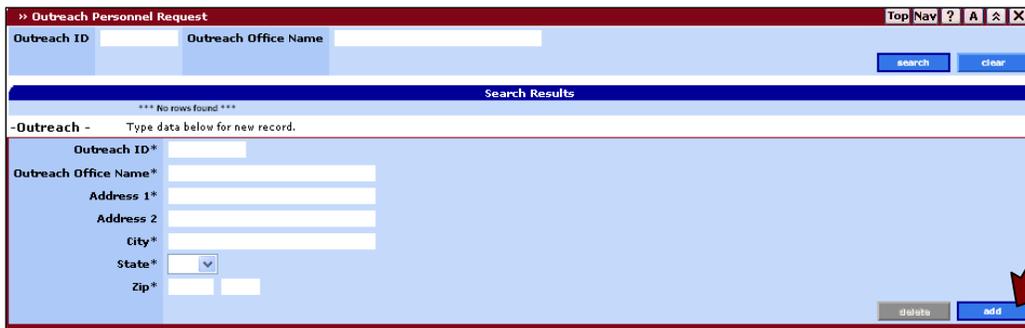


STEP 8 Correct errors in Outreach ID field and save.



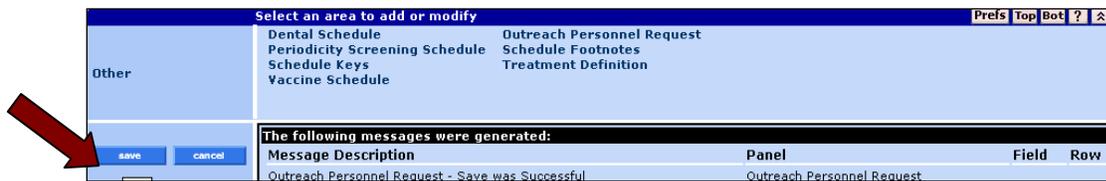
Save was successful.

STEP 9 To create a new record click the “Add” button.



STEP 10 Enter information into fields.

STEP 11 Click on the “Save” button in the “Other” panel to save.

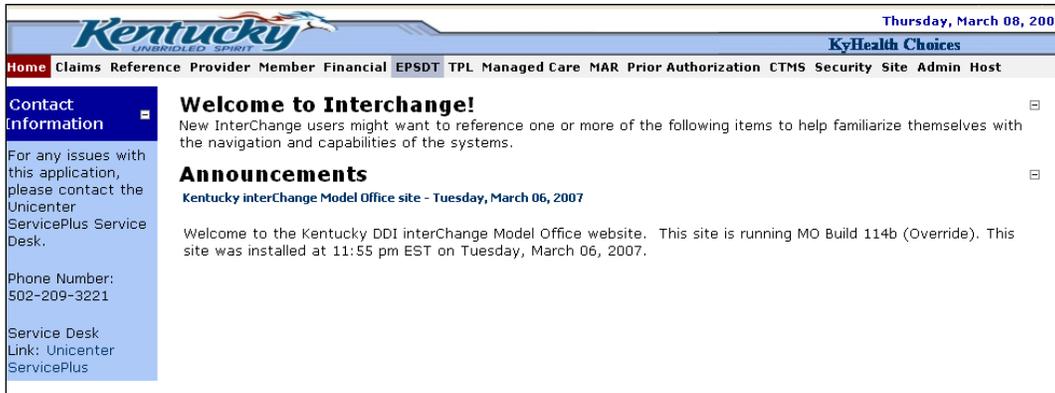


Save was successful.

9.2.5 Updating/Adding Periodicity Screening Schedule Information

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.



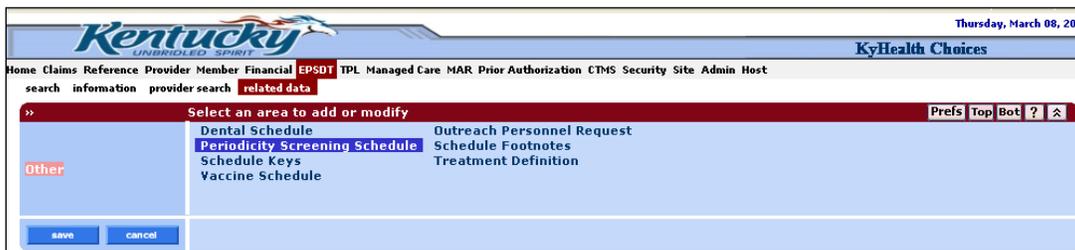
InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.



The Related Data panel will open.

STEP 4 Select Periodicity Screening Schedule by clicking one time on the link.

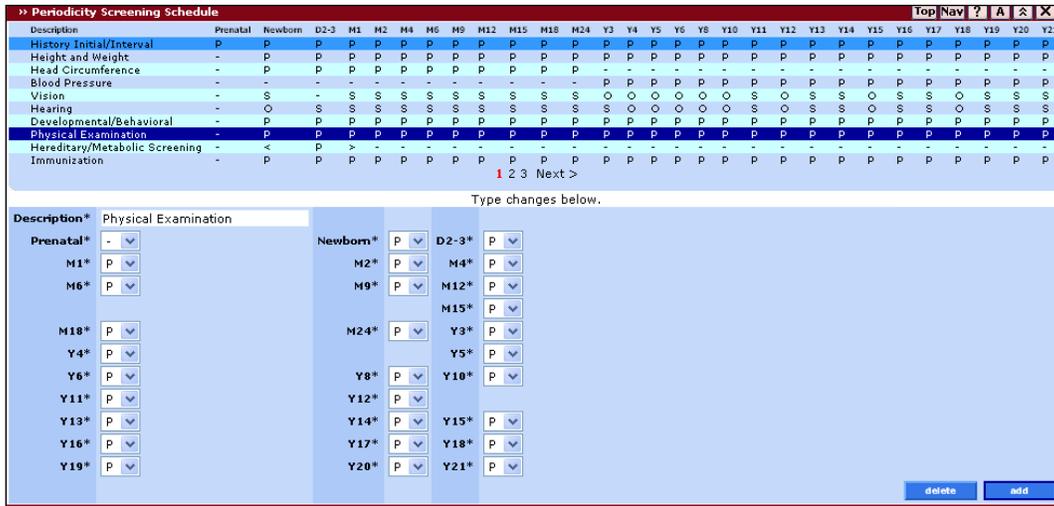


EPSDT Related Data Panel

The Periodicity Screening Schedule panel will open.

STEP 5 Select a row to update by clicking on it one time.

The information will populate into the fields below to be updated.



Periodicity Screening Schedule Panel

9.2.5.1 EPSDT/Related Data/Other/Periodicity Screening Schedule Panel Field Descriptions

Field	Description
Description	A description of all EPSDT screening components.
Prenatal	Prenatal. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M1	1 st Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M6	6 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
M18	18 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y4	4 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y6	6 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y11	11 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y13	13 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y16	16 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y19	19 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Newborn	Newborn. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
M2	2 nd Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M9	9 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y8	8 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y12	12 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y14	14 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y17	17 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y20	20 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
D2-3	2 nd and 3 rd Days. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
M4	4 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M12	12 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
M15	15 th Month. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y3	3 rd Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y5	5 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y10	10 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y15	15 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.
Y18	18 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

Field	Description
Y20	20 th Year. The age or age range in which a member should have a screening component performed. Valid values include: X, S, O, -, 3, 4, > and <, where X=to be performed; S=subjective by history; 3=refer to footnote 3 and 4= refer to footnote 4.

9.2.5.2 EPSDT/Related Data/Other/Periodicity Screening Schedule Panel Button Descriptions

Button	Description
Add	Add a periodicity screening schedule.
Delete	Delete a periodicity screening schedule.

STEP 6 Update information.

The screenshot shows the 'Periodicity Screening Schedule' form. At the top, there is a grid with columns for different age groups (Prenatal, Newborn, D2-3, M1, M2, M4, M6, M9, M12, M15, M18, M24, Y3, Y4, Y5, Y6, Y8, Y10, Y11, Y12, Y13, Y14, Y15, Y16, Y17, Y18, Y19, Y20, Y21) and rows for various screening types (History Initial/Interval, Height and Weight, Head Circumference, Blood Pressure, Vision, Hearing, Developmental/Behavioral, Physical Examination, Hereditary/Metabolic Screening, Immunization). Below the grid, there are dropdown menus for 'Description*' (set to Immunization), 'Prenatal*', 'Newborn*', 'D2-3*', and a grid of dropdowns for M1-M24 and Y3-Y21. 'delete' and 'add' buttons are at the bottom right.

STEP 7 Click on “Save” button in Related Data panel.

The screenshot shows the 'Other' panel with a list of options: Dental Schedule, Periodicity Screening Schedule, Schedule Keys, Vaccine Schedule, Outreach Personnel Request, Schedule Footnotes, and Treatment Definition. A red arrow points to the 'save' button. Below the panel, a message box states: 'The following messages were generated: Message Description Panel Field Row Periodicity Screening Schedule - Save was Successful Periodicity Screening Schedule'.

Save was successful.

STEP 8 To create a new record click the “Add” button.

The screenshot shows the 'Periodicity Screening Schedule' form. At the top, there is a table with columns for various screening categories (Prenatal, Newborn, D2-3, M1-M24, Y3-Y21) and rows for different screening types (History Initial/Interval, Height and Weight, Head Circumference, Blood Pressure, Vision, Hearing, Developmental/Behavioral, Physical Examination, Hereditary/Metabolic Screening, Immunization). Below the table, there are dropdown menus for 'Description*' and various screening categories (Prenatal, Newborn, D2-3, M1-M24, Y3-Y21). At the bottom right, there are 'delete' and 'add' buttons. A red arrow points to the 'add' button.

STEP 9 Enter information into fields.

The screenshot shows the 'Periodicity Screening Schedule' form with the 'Description*' dropdown menu set to 'Immunization'. The dropdown menus for various screening categories (Prenatal, Newborn, D2-3, M1-M24, Y3-Y21) are now populated with the letter 'P'. The 'add' button is still highlighted.

STEP 10 Click on the “Save” button in the “Other” panel to save

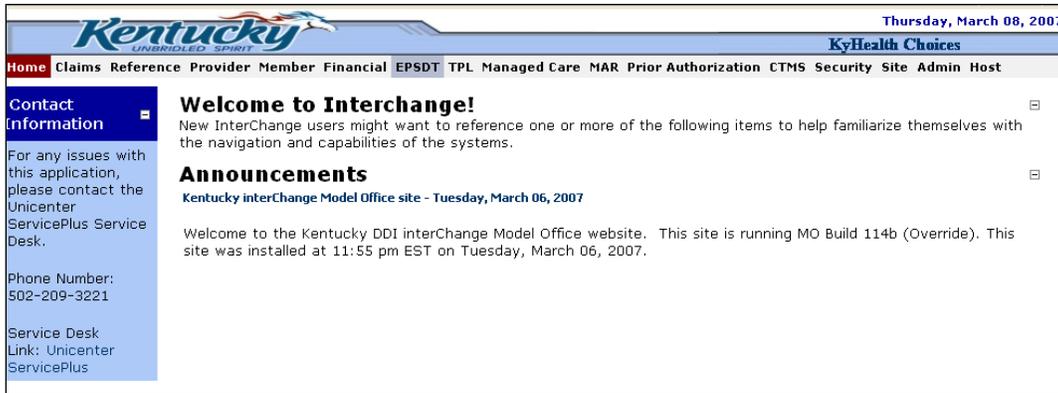
The screenshot shows the 'Other' panel of the application. The 'save' button is highlighted with a red arrow. Below the panel, there is a message box that says 'The following messages were generated:' and a table with columns for 'Message Description', 'Panel', 'Field', and 'Row'. The message in the table is 'Periodicity Screening Schedule - Save was Successful'.

Save was successful.

9.2.6 Updating/Adding Schedule Footnote Information

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.



InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.



The Related Data panel will open.

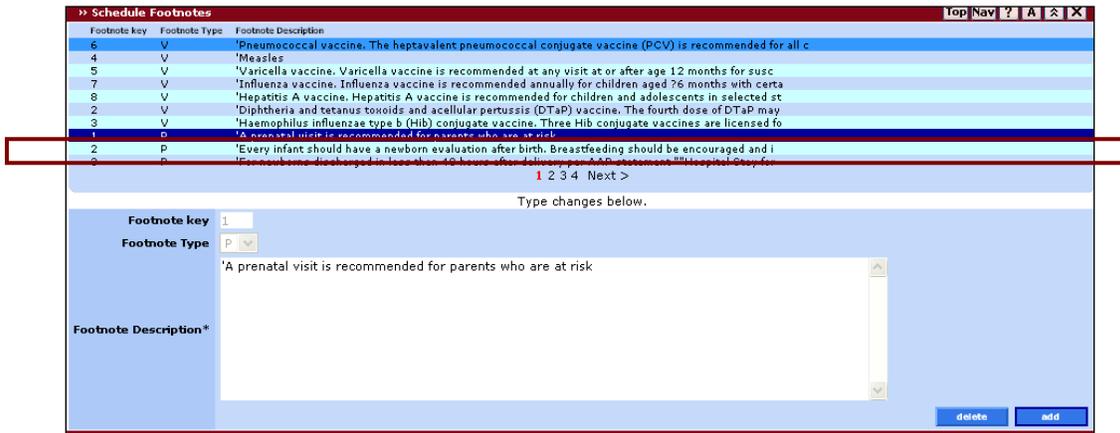
STEP 4 Select Schedule Footnotes link by clicking on it one time.



EPSDT Related Data Panel

The Schedule Footnotes panel will open.

STEP 5 Click on a row. The information will populate into the fields below to be updated.

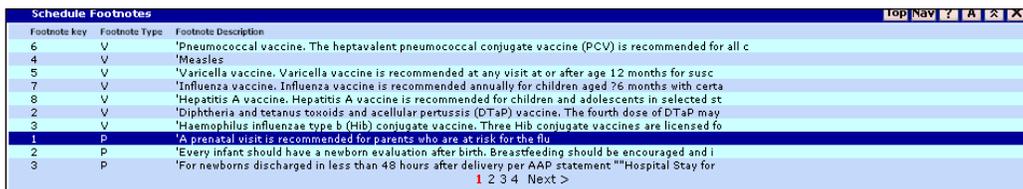


Schedule Footnotes Panel

9.2.6.1 EPSDT/Rel. Data/Other/Schedule Footnotes Panel Field Descriptions

Field Selection	Description
Footnote key	The footnote number associated to the EPSDT screening components and vaccines defined on the Periodicity and Vaccine Schedules.
Footnote Type	The type of Schedule the footnote is intended to be attached to. Footnotes type "P" are Periodicity schedule footnotes and Footnotes type "V" are Vaccine Schedule footnotes.
Footnote Description	Description of indicated footnote key and type.
Delete	Deletes all information contained in panel without saving.
Add	Activates panel for information input or allows addition of another line for new information.

STEP 6 Update information.

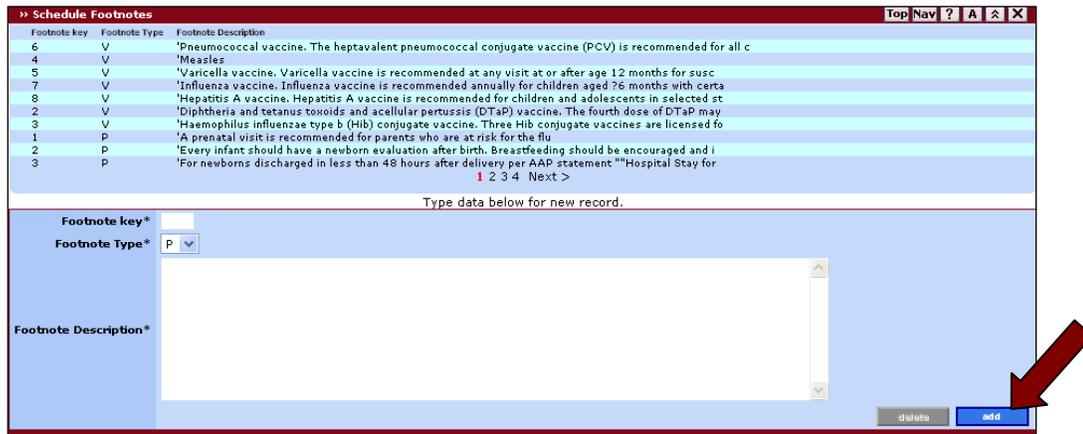


STEP 7 Click on “Save” button in Related Data panel.

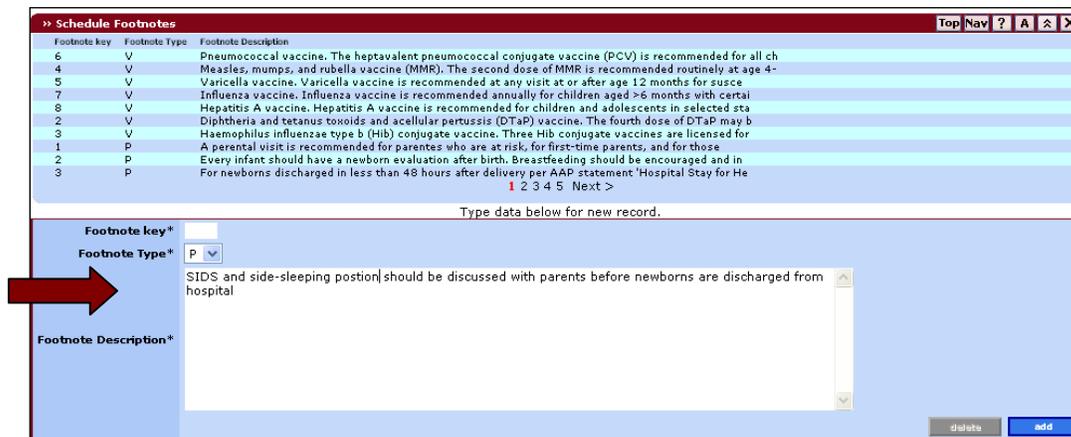


Save was Successful.

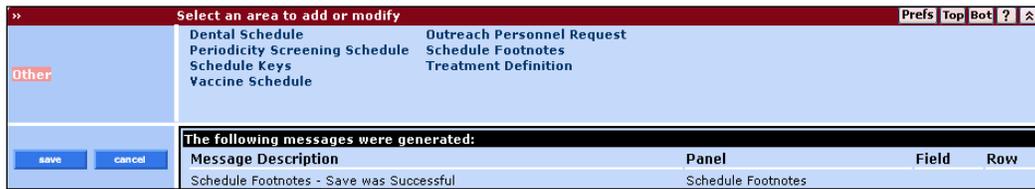
STEP 8 To create a new record click the “Add” button.



STEP 9 Enter information into fields.



STEP 10 Click on the “Save” button in the “Other” panel to save.

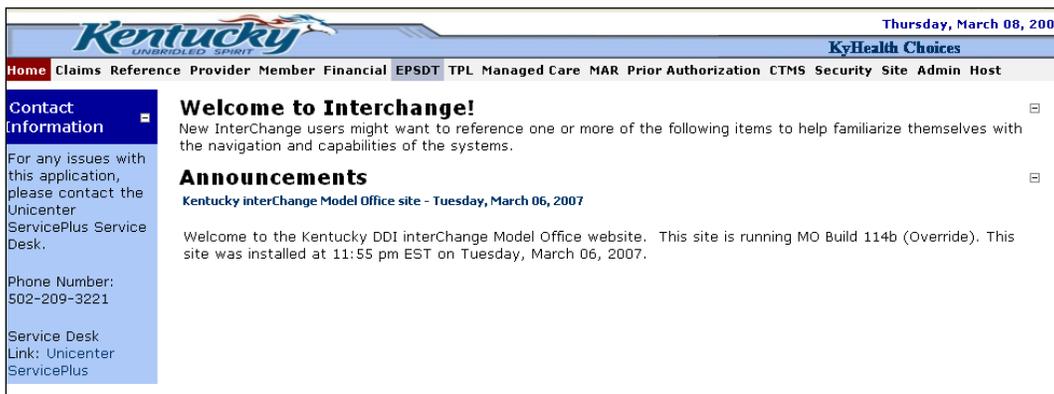


Save was successful.

9.2.7 Updating/Adding Treatment Definition Information

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.



InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.



The Related Data panel will open.

STEP 4 Select Treatment Definition by clicking on it one time.



The Treatment Definition panel will open.

STEP 5 Click on a row. The information will populate into the fields below to be updated.

Treatment Definition and Diagnosis Panels

9.2.7.1 EPSDT/Rel. Data/Other/Treatment Definition Panel Field Descriptions

Field	Descriptions
<i>Procedure Code Range</i>	
Procedure From Code	This procedure code begins the procedure code(s) range that defines the procedure code(s) associated to the treatment category. If a Procedure To Code is defined, the Procedure From Code must be less than or equal to the Procedure From Code.
Procedure From Mod1	The modifier code used to further describe a procedure.
Procedure From Mod2	The modifier code used to further describe a procedure.
Date Effective	The effective date of the procedure code range.
Cardiac	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

Field	Descriptions
Family Planning	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hearing	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Mental Health	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Other	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Procedure To Code	This procedure code ends the procedure range that defines the procedure code(s) associated to the treatment category. The code must be greater than or equal to the Procedure From Code.
Procedure To Mod1	The modifier code used to further describe a procedure.
Procedure To Mod2	The modifier code used to further describe a procedure.
Date End	The ending date of the procedure code range.
Dental	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Genito-Urinary	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hemoglobin	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Neurology	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Sickle Cell	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Ent Respiratory	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

Field	Descriptions
Growth Endocrin.	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Lead	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Orthopaedic	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Vision	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
<i>Diagnosis Code Range</i>	
Diagnosis Code From	This diagnosis code begins the diagnosis code(s) range that defines the diagnosis code(s) associated to the treatment category. If a Diagnosis To Code is defined, the Diagnosis From Code must be less than or equal to the Diagnosis From Code.
Date Effective	The effective date of the diagnosis range.
Cardiac	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Family Planning	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hearing	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Mental Health	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Other	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Diagnosis To Code	This diagnosis code ends the diagnosis range that defines the diagnosis code(s) associated to the treatment category. The code must be greater than or equal to the Diagnosis From Code.
Date End	The ending date of the diagnosis range.

Field	Descriptions
Dental	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Genito-Urinary	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Hemoglobin	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Neurology	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Sickle Cell	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Ent Respiratory	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Growth Endocrin.	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Lead	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Orthopaedic	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.
Vision	The treatment definition applicability indicator. If checked, the treatment definition applies to the procedure code or diagnosis code range specified.

STEP 6 Update information.

STEP 7 Click on “Save” button in Related Data panel.

Save was successful.

STEP 8 To create a new record click the “Add” button.

STEP 9 Enter information into fields.

STEP 10 Click on the “Save” button in the “Other” panel to save

The screenshot shows a software window titled "Treatment Definition" with a sub-header "Select an area to add or modify". On the left, there is a panel labeled "Other" with a "save" button. A message box in the center reads: "The following messages were generated: Message Description Panel Field Row Treatment Definition - Save was Successful Treatment Definition". Below the message box, there are fields for "Procedure From Code", "Procedure To Code", "Procedure From Mod1", "Procedure To Mod1", "Procedure From Mod2", and "Procedure To Mod2", all set to "KK". There are also fields for "Date Effective" (03/09/2007) and "Date End" (12/31/2299). A grid of medical categories with dropdown menus is visible, including Cardiac, Family Planning, Hearing, Mental Health, Other, Dental, Genito-Urinary, Hemoglobin, Neurology, Sickle Cell, Ent-Respiratory, Growth, Endocr, Lead, Orthopedic, and Vision. "delete" and "add" buttons are at the bottom right.

Save was successful.

9.2.8 Updating/Adding Vaccine Schedule Information

STEP 1 Access InterChange.

STEP 2 Select EPSDT from the main menu by clicking on it once.

The screenshot shows the "InterChange Home Page" with the Kentucky logo and "UNBROKEN SPIRIT" tagline. The date is "Thursday, March 08, 2007". The navigation bar includes "Home", "Claims", "Reference", "Provider", "Member", "Financial", "EPSDT", "TPL", "Managed Care", "MAR", "Prior Authorization", "CTMS", "Security", "Site", "Admin", and "Host". A "Contact Information" sidebar is on the left. The main content area has a "Welcome to Interchange!" message and "Announcements" section with a link to "Kentucky interChange Model Office site - Tuesday, March 06, 2007".

InterChange Home Page

STEP 3 Select Related Data from the EPSDT submenu by clicking one time on it.

This screenshot is similar to the previous one, but the "related data" link in the navigation bar is highlighted in red, indicating it has been selected.

The Related Data panel will open.

STEP 4 Select Vaccine Schedule link by clicking on it one time.



The Vaccine Schedule panel will open.

STEP 5 Click on a row. The information will populate into the fields below to be updated.



Vaccine Schedule Panel

9.2.8.1 EPSDT/Rel. Data/Other/Vaccine Schedule Panel Field Descriptions

Field Selection	Description
Description	Brief description of Vaccine type.
Birth	Birth. The age or age range in which a vaccine should be administered. Valid values include: X, S, C, -, 3, 4, >, and <.
M4	4 th Month. The age or age range in which a vaccine should be administered. Valid values include: X, S, C, -, 3, 4, >, and <.
M18	18 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
Y11-Y12	11 th Year and 12 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.

Field Selection	Description
M1	1 st Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
M6	6 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
M24	24 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
M2	2 nd Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
M12	12 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
M15	15 th Month. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
Y4-Y6	4 th Year through 6 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.
Y13-Y18	13 th Year through 18 th Year. The age or age range in which a vaccine should be administered. Valid values are to include: X, S, C, -, 3, 4, >, and <.

9.2.8.2 EPSDT/Rel. Data/Other/Vaccine Schedule Panel Button Descriptions

Button	Description
Add	Add a row to the schedule.
Delete	Delete a row from the schedule.

STEP 6 Update information.

STEP 7 Click on “Save” button in Related Data panel.

Error message concerning missing description.

Message Description	Panel	Field	Row
Description is required.	Vaccine Schedule	Description	

STEP 8 Correct Errors and save again.

Save was successful.

STEP 8 To create a new record click the “Add” button.

STEP 9 Enter information into fields.

The screenshot shows a web form titled "Vaccine Schedule". At the top, it says "*** No rows found ***" and "Type data below for new record.". The form contains several dropdown menus for scheduling: "Description*" is set to "Hepatitis B". Below are "Birth*", "M4*", "M18*", and "Y11-Y12*" on the left; "M1*", "M6*", "M24*", "Y4-Y6*", and "Y13-Y18*" in the middle; and "M2*", "M12*", "M15*", and "Y4-Y6*" on the right. There are "delete" and "add" buttons at the bottom right.

STEP 10 Click on the "Save" button in the "Other" panel to save

The screenshot shows a menu titled "Select an area to add or modify" with options: "Dental Schedule", "Periodicity Screening Schedule", "Schedule Keys", "Vaccine Schedule", "Outreach Personnel Request", "Schedule Footnotes", and "Treatment Definition". A red arrow points to the "save" button in the "Other" panel. Below the menu is a message box: "The following messages were generated:" followed by a table:

Message Description	Panel	Field	Row
Vaccine Schedule - Save was Successful	Vaccine Schedule		

Below the message box is another "Vaccine Schedule" form, similar to the one in Step 9, but with a table header row: "Description", "Birth", "M1", "M2", "M4", "M6", "M12", "M15", "M18", "M24", "Y4-Y6", "Y11-Y12", "Y13-Y18". The "Hepatitis B" row is highlighted in blue. The "add" button is visible at the bottom right.

Save was successful.

10 Appendix C – Using the Audit Trail

The Audit Trail provides information about changes and updates to the MMIS. Each panel which has add/update functionality has an audit trail. This is accessed via the “A” button in the top right corner of the panel.

STEP 1. Click the “A” button on the panel.

The screenshot shows the 'Base Information' panel. The top right corner contains navigation buttons: 'Top', 'Nav', '?', 'A', and 'X'. The 'A' button is circled in red. The panel contains various fields for patient and provider information, including PA Category, Requesting Provider Number, Service Provider Check, Servicing Provider Number, Member ID, Emergency, Accident, Special Considerations, Nursing Facility Type, Ortho Status Code, Primary Diagnosis Code, Authorizer, Fund Code, Print Option, Admission Date, Discharge Date, Update Received Date, and Update Reviewed Date.

The Audit History panel will open.

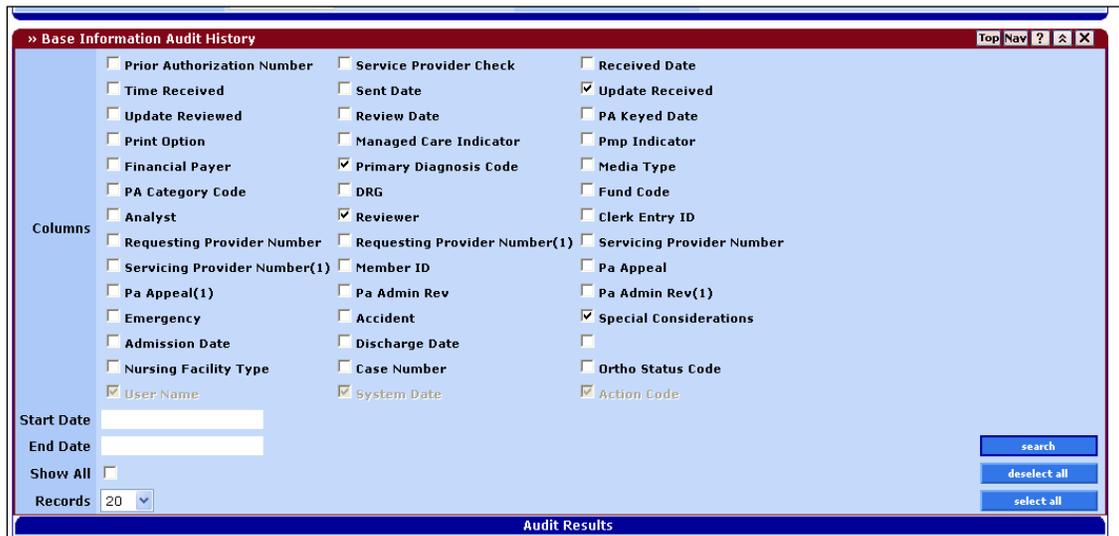
The screenshot shows the 'Base Information Audit History' panel. It features a list of fields with checkboxes for selection. The fields include: Prior Authorization Number, Time Received, Update Reviewed, Print Option, Financial Payer, PA Category Code, Analyst, Requesting Provider Number, Servicing Provider Number(1), Pa Appeal(1), Emergency, Admission Date, Nursing Facility Type, User Name, Service Provider Check, Sent Date, Review Date, Managed Care Indicator, Primary Diagnosis Code, DRG, Reviewer, Requesting Provider Number(1), Member ID, Pa Admin Rev, Accident, Discharge Date, Case Number, System Date, Received Date, Update Received, PA Keyed Date, Pmp Indicator, Media Type, Fund Code, Clerk Entry ID, Servicing Provider Number, Pa Appeal, Pa Admin Rev(1), Special Considerations, and Ortho Status Code. There are also search filters for Start Date and End Date, a 'Show All' checkbox, and a 'Records' dropdown set to 20. Buttons for 'search', 'deselect all', and 'select all' are located at the bottom right. The panel title is 'Base Information Audit History' and the status bar at the bottom says 'Audit Results'.

Audit History Panel

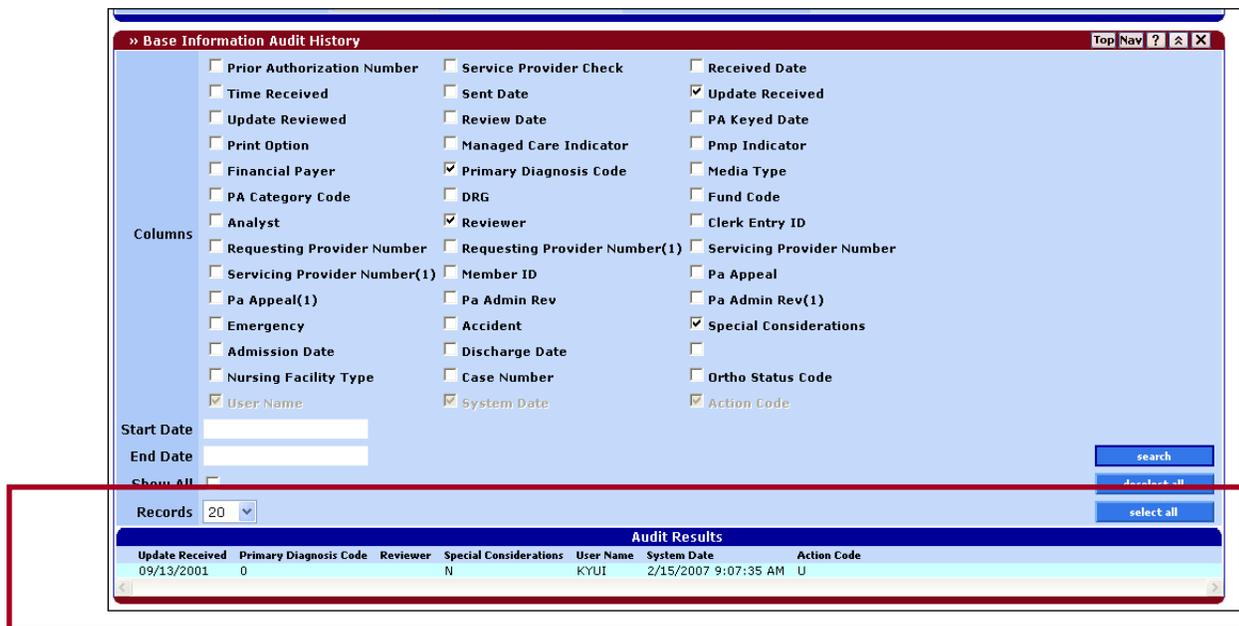
The Audit History panel will show a “check box” for each updatable field on the panel. Clicking a box instructs interChange to display the update/change record for that field. You may limit the time frame of your search by entering “Start Date” and “End Date,” or, you may click “Show All” to see all change records for the fields in question.

EXAMPLE: If you wanted to see if a change was made in the PA Category Code after a claim paid in June 2005, but before a claim paid in October 2005, you would click the box to the right of “PA Category Code” and enter a Start Date after June 2005, and an end date before October 2005.

STEP 2. Select the fields and enter a date range, if applicable.



Search results will be displayed at the bottom of the Audit History panel.



Audit Results

10.1 Audit Results Field Descriptions

Field	Description
Updated Field Name (selected from Audit History Panel by User)	Previous value; the information which appeared in the field prior to the update.
Updated Field Name (selected from Audit History Panel by User)	Previous value; the information which appeared in the field prior to the update.

Field	Description
Updated Field Name (selected from Audit History Panel by User)	Previous value; the information which appeared in the field prior to the update.
Updated Field Name (selected from Audit History Panel by User)	Previous value; the information which appeared in the field prior to the update.
User Name	The User who made the change/update.
System Date	Date the change/update was made.
Action Code	What type of change was made; U= Update, D= Delete, A= Add.

11 Appendix D – Using the Help Functions

interChange includes built in “Help” functions on each panel.

Each field label displays a question mark on mouse-over, alerting the user that help is available.

The screenshot shows a web-based form titled "Provider Information". The form is divided into three main sections: Provider Information, Service Location, and Organization. The SSN field label is circled in red and has a question mark icon next to it.

Provider Information		Service Location		Organization	
Provider Identifier	500000000	Service Location	00000000 -HOSPITALITY HOSPITAL	Organization	Individual
UPIN		Provider Numbers	00000000 MCD 01/01/1978-12/31/2299	Provider Type	01 - General hospital
Ownership	No	Address Type	Service Location	License	
Restriction	No	Address	800 ROSE ST	Specialties	Acute Care 01/01/1978-12/31/2299
Gender	N/A	City	LEXINGTON	Taxonomies	
Date of Birth		County	Fayette	Tax ID	600000000 01/01/1978-12/31/2299
SSN	000000000	State/Zip	KY 40536-0000	Contract	Hospital (Inpatient) 01/01/1978-10/14/2237
		Phone	010-139-7800	Medicare	000000 12/14/1995-10/14/2237
		Fax	010-139-7800	Certification Board	
		Managed Care	No		

An alt tag will appear if the mouse “hovers” over a field label. The alt tag alerts the user that clicking the field label will go to “Help.”

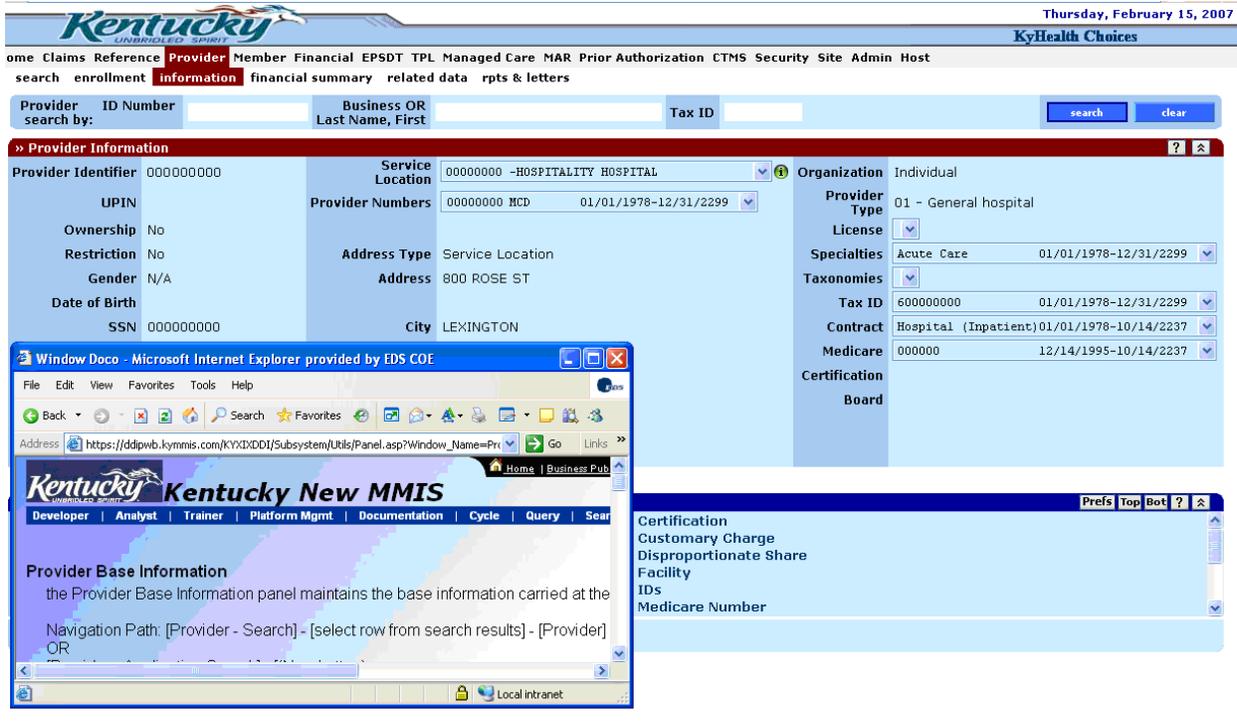
The screenshot shows the same "Provider Information" form as above. The SSN field label is circled in red, and a tooltip "Help for SSN" is visible over it, indicating that the user can click on the label to access help.

Provider Information		Service Location		Organization	
Provider Identifier	500000000	Service Location	00000000 -HOSPITALITY HOSPITAL	Organization	Individual
UPIN		Provider Numbers	00000000 MCD 01/01/1978-12/31/2299	Provider Type	01 - General hospital
Ownership	No	Address Type	Service Location	License	
Restriction	No	Address	800 ROSE ST	Specialties	Acute Care 01/01/1978-12/31/2299
Gender	N/A	City	LEXINGTON	Taxonomies	
Date of Birth		County	Fayette	Tax ID	000000000 01/01/1978-12/31/2299
SSN	000000000	State/Zip	KY 40536-0000	Contract	Hospital (Inpatient) 01/01/1978-10/14/2237
		Phone	010-139-7800	Medicare	000000 12/14/1995-10/14/2237
		Fax	010-139-7800	Certification Board	
		Managed Care	No		

11.1 Accessing Help for a Field

STEP 1. Click the field label.

A new browser will open. The Project Workbook page for the panel will be displayed.



11.2 Accessing Help for a Panel

STEP 1. Click the question mark button in the upper right corner of the panel.

A new browser will open. The Project Workbook page for the panel will be displayed.

