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6. Document Control

The latest version of this document is stored electronically. Any printed copy has to be considered an uncontrolled copy.

6.1 Document Information Page

Required Information	Definition
Document Title	AMMIS Financial User Manual – Part II
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Owner:	HPE/Agency
Author:	Financial Team
Approved by:	
Approval Date:	

6.2 Amendment History

The following Amendment History log contains a record of changes made to this document:

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
11/09/2011	1.1		Application of EIP 5010 changes.	CO 8423 – Updated Layout and field descriptions to expand on MRN field from 15 to 50 digits. 7.20 - CRA-IPAD-R - Remittance Advice - Inpatient Claim Adjustments 7.21 - CRA-IPDN-R - -- Remittance Advice - Inpatient Claims Denied 7.22 - CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid 7.23 - CRA-IPSU-R -– Remittance Advice – Inpatient Claims In Process 7.24 - CRA-LTAD-R -– Remittance Advice – Long Term Care Claim Adjustments

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				7.25 - CRA-LTDN-R - Remittance Advice - Long Term Care Claims Denied 7.26 - CRA-LTPD-R - Remittance Advice - Long Term Care Claims Paid 7.27 - CRA-LTSU-R-- Remittance Advice - Long Term Care Claims In Process 7.28 - CRA-OPAD-R-- Remittance Advice - Outpatient Claim Adjustments 7.29 - CRA-OPDN-R-- Remittance Advice - Outpatient Claims Denied 7.30 - CRA-OPPD-R-- Remittance Advice - Outpatient Claims Paid 7.31 - CRA-OPSU-R-- Remittance Advice - Outpatient Claims In Process 7.32 - CRA-PRAD-R– Remittance Advice – CMS 1500 Claim Adjustments 7.33 - CRA-PRDN-R-- Remittance Advice - CMS 1500 Claims Denied 7.34 - CRA-PRPD-R– Remittance Advice – CMS 1500 Claims Paid 7.35 - CRA-PRSU-R CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process 7.39 - CRA-XAAD-R-- Remittance Advice - Medicare Crossover Part A Claim Adjustments 7.40 - CRA-XADN-R-- Remittance Advice - Medicare Crossover Part A Claims Denied 7.41 - CRA-XAPD-R-- Remittance Advice - Medicare Crossover Part A Claims Paid 7.42 - CRA-XASU-R-- Remittance Advice - Medicare Crossover Part A Claims in Process 7.43 - CRA-XBAD-R-- Remittance Advice - Medicare Crossover Part B Claim Adjustments 7.44 - CRA-XBDN-R - Remittance Advice - Medicare Crossover Part B Claims Denied

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				7.45 - CRA-XBPD-R-- Remittance Advice - Medicare Crossover Part B Claims Paid 7.46 - CRA-XBSU-R-- Remittance Advice - Medicare Crossover Part B Claims in Process 7.47 - CRA-XCAD-R-- Remittance Advice - Medicare Crossover Part C Claim Adjustments 7.48 - CRA-XCDN-R-- Remittance Advice - Medicare Crossover Part C Claims Denied 7.49 - CRA-XCPD-R-- Remittance Advice - Medicare Crossover Part C Claims Paid 7.50 - CRA-XCSU-R-- Remittance Advice - Medicare Crossover Part C Claims In Process CO 8563 Updated layout and field descriptions to expand on the RX # from 7 to 12 digits. 7.14 - CRA-DRSU-R -- Remittance Advice - Drug Claims In Process - 7.13 - CRA-DRPD-R -- Remittance Advice - Drug Claims Paid 7.12 - CRA-DRDN-R -- Remittance Advice - Drug Claims Denied 7.11- CRA-DRAD-R -- Remittance Advice - Drug Claim Adjustments 7.6 - CRA-CDSU-R -- Remittance Advice - Compound Drug Claims In Process 7.5 - CRA-CDPD-R -- Remittance Advice - Compound Drug Claims Paid 7.4- CRA-CDDN-R -- Remittance Advice - Compound Drug Claims Denied 7.3 - CRA-CDAD-R -- Remittance Advice - Compound Drug Claim Adjustments
10/16/2013	2.0		Application of CO 11024	Update section 7.52 FIN-AL02-R Alabama Invoice Layout Report.

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Updatesection 7.53 FIN-AL03-R Electronic Invoices Transmitted report.
07/15/2015	3.0		Application of ACA III production change orders.	CO 12145/DF 12477 Added 7.62 FIN-AU01-M 835/EFT 3 Day Compliance Audit Report Narrative
10/26/2015	4.0		Application of CO 12748	Add 7.63 FIN-AU02-R EOB CARC/RARC Cross Walking Audit Report
/2016	5.0		Application of RCO COs.	CO 12984 – Added DRG Ind to RA and DRG to 835. • 7.20 CRA-IPAD-R - Remittance Advice Inpatient Adjusted Claims • 7.21 CRA-IPDN-R - Remittance Advice Inpatient Denied Claims • 7.22 CRA-IPPD-R - Remittance Advice Inpatient Paid Claims • 7.23 CRA-IPSU-R - Remittance Advice Inpatient Claims in Process CO 12763 Modify reports to include RCO capitations with RCO identifier. • 7.50 FIN-AL02-R Alabama Invoice • 7.51 FIN-AL03-R Electronic Invoices Transmitted CO 12762

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Include narrative change reflecting the Fund Code group increase from 13 to 16 on the following existing reports in the Financial User Manual: • 7.50 Alabama Invoice (FIN-AL02-R) • 7.89 Approved to Pay (FIN-PR30-R) 7.90 Approved to Pay by Line (FIN-PR31-R) • 7.91 FIN-PR32-R – Approved to Pay Encounter Line Count Report Narrative
02/07/2017	6.0		Application of CO 7883 amd 13838	Revise reports to expand PAN field to 38 characters. • CRA-ENAD-R_20161019 • CRA-ENDN-R_20161019 • CRA-ENPD-R_20161019 • CRA-ENSU-R_20161019 • CRA-IPAD-R_20161019 • CRA-IPDN-R_20161019 • CRA-IPPD-R_20161019 • CRA-IPSU-R_20161019 • CRA-LTDN-R_20161019 • CRA-LTPD-R_20161019 • CRA-LTSU-R_20161019 • CRA-OPAD-R_20161019 • CRA-OPDN-R_20161019 • CRA-OPPD-R_20161019 • CRA-OPSU-R_20161019 • CRA-PRAD-R_20161019 • CRA-PRDN-R_20161019 • CRA-PRPD-R_20161019 • CRA-PRSU-R_20161019 • CRA-XAAD-R_20161019 • CRA-XADN-R_20161019 • CRA-XAPD-R_20161019 • CRA-XASU-R_20161019 • CRA-XBAD-R_20161019 • CRA-XBDN-R_20161019 • CRA-XBPD-R_20161019 • CRA-XBSU-R_20161019 • CRA-XCAD-R_20161019

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				• CRA-XCDN-R_20161019 • CRA-XCPD-R_20161019 • CRA-XCSU-R_20161019 7.89 FIN-PR30-R Approved to Pay Report – add AR amount per fund code to report.
4/4/2018	7.0		Remove PHI	Removed PHI on print screens 7.52.2 7.55.2 7.58.2 7.73.2 7.74.2 7.80.2 7.81.2 7.99.2

6.3 Related documentation

Document	Description	url
Global Glossary and Acronyms	This document provides the user with a listing of commonly used terms and acronyms related to the Title XIX program for Alabama.	https://pwb.alxix.slg.eds.com/alxix/help/20100825%20Combined%20Acronyms.htm

7. Financial Reports

The Financial User Manual-Part II provides the following information for each report:

Narrative: Provides a brief description of the report functionality and usage

Layout: Provides a representation of the report and details the exact placement and format of the field names, values and heading information

Field Descriptions: Lists the fields included on the report, with a definition of each field

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7.1 CRA-AL01-R -- Credit Balance Due – Withhold Payments – No Activity

7.1.1 CRA-AL01-R -- Credit Balance Due Narrative

The Credit Balance Due report appears as the last page of the provider's Remittance Advice. It is generated anytime the Provider has an outstanding balance on the Accounts Receivable file.

Remittance Advices are generated any time a financial cycle is run and are both printed for distribution to providers and also sent to COLD. A Remittance Advice is one document that contains separate sections for paid claims, denied claims, adjusted claims and suspended claims.

7.1.2 CRA-AL01-R -- Credit Balance Due Layout

```
REPORT:   CRA-AL01-R                                    ALABAMA MEDICAID AGENCY                          RUN DATE:  MM/DD/CCYY
PROCESS:  FINJR_RA                                MEDICAID MANAGEMENT INFORMATION SYSTEM
LOCATION: FINP_RA                                       PROVIDER REMITTANCE ADVICE                        PAGE:     999,999
                                                BALANCE DUE - WITHHOLD PAYMENTS - NO ACTIVITY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                PAYEE           999999999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                       ISSUE DATE           MM/DD/CCYY


SUBJECT:        CREDIT BALANCE DUE
THE ATTACHED REMITTANCE ADVICE REFLECTS A CREDIT BALANCE OF 484.00 DUE THE ALABAMA MEDICAID AGENCY.  THE CREDIT BALANCE WAS CREATED DUE TO
INSUFFICIENT PAID CLAIMS TO COVER THE CREDIT ACTIVITY PROCESSED DURING THIS CHECKWRITE OR A PREVIOUS CHECKWRITE.  IF YOU HAVE ANY QUESTIONS
CONCERNING YOUR CREDIT ACTIVITY, PLEASE CONTACT THE PROVIDER ASSISTANCE CENTER AT 1-800-688-7989 OR 334-215-0111

PAYMENT FOR THE CREDIT BALANCE SHOULD BE SENT TO:
ALABAMA MEDICAID AGENCY
ATTENTION: PROVIDER ACCOUNTS RECEIVABLE
P.O. BOX 5624
MONTGOMERY, AL 36103-5624

YOU SHOULD RETAIN THE ATTACHED REMITTANCE ADVICE TO POST TO YOUR PATIENT ACCOUNTS.
```


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7.1.3 CRA-AL01-R -- Credit Balance Due – Withhold Payments – No Activity Field Descriptions

Field	Description	Length	Data Type
Credit Balance Due	Amount of the balance due from the payee receiving the credit balance PAGE. This is located in the first line of the text.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Issue Date	Date the remittance advice is generated.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	15	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	ZIP code of the payee address. It may or may not contain the zip + four.	10	Character

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7.2 CRA-BANN-R -- Remittance Advice - Banner Messages

7.2.1 CRA-BANN-R -- Remittance Advice - Banner Messages Narrative

The Remittance Advice -Banner Messages PAGE provides text messages and a place to print the address for the window envelope. This report is produced during the financial cycle.

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7.2.2 CRA-BANN-R -- Remittance Advice - Banner Messages Layout

```
REPORT:   CRA-BANN-R                                  ALABAMA MEDICAID AGENCY                                  DATE:  MM/DD/CCYY
RA#:      999999999                             MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:  9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                           BANNER MESSAGES


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                     NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                     CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                     ISSUE DATE           MM/DD/CCYY


 SUBJECT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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7.2.3 CRA-BANN-R -- Remittance Advice - Banner Messages Field Descriptions

Field	Description	Length	Data Type
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Issue Date	Date the remittance advice is generated.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	15	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	ZIP code of the payee address. It may or may not contain the zip + four.	10	Character
RA #	The system assigned number for the Remittance Advice.	10	Number (Integer)
Subject	Text field for messages.	4000	Character

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7.3 CRA-CDAD-R -- Remittance Advice - Compound Drug Claim Adjustments

7.3.1 CRA-CDAD-R -- Remittance Advice - Compound Drug Claim Adjustments Narrative

The Remittance Advice – Compound Drug Claim Adjustments report lists compound drug claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all compound drug claims that were adjusted along with explanations on why the claims were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.3.2 CRA-CDAD-R -- Remittance Advice - Compound Drug Claim Adjustments Layout

```
REPORT:   CRA-CDAD-R                                    ALABAMA MEDICAID AGENCY                                  DATE:  MM/DD/CCYY
RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE:       9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                    COMPOUND DRUG CLAIMS ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                 ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX

                            DISPENSE                      BILLED             DISPENSING          TPL              CO-PAY
PAID
    --ICN--     RX NO.         DATE                       AMOUNT                FEE             AMOUNT           AMOUNT
AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXX
 RRYYJJJBBBSSS XXXXXXXXXXXX   MMDDYY                   (9,999,999.99)         (999.99)      (9,999,999.99)   (999,999.99)
(9,999,999.99)
 RRYYJJJBBBSSS XXXXXXXXXXXX   MMDDYY                    9,999,999.99           999.99        9,999,999.99     999,999.99
9,999,999.99

HEADER EOBS    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

   NDC       DESC  UNITS               EOB  CODES
99999999999 XXXXXX 999999              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 999999              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 999999              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 999999              9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

                                                                                   ADDITIONAL PAYMENT:      9,999,999.99
                                                                                   NET OVERPAYMENT(AR):     9,999,999.99
                                                                                   REFUND AMOUNT APPLIED:   9,999,999.99

   TOTAL COMPOUND DRUG ADJUSTMENT CLAIMS:              99,999,999.99       999,999.99       99,999,999.99  99,999,999.99
99,999,999.99
```


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7.3.3 CRA-CDAD-R -- Remittance Advice - Compound Drug Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if the daughter pays more that the mother.	9	Number (Decimal)
Allowed [detail]	Computed detail level dollar amount allowable for the dispensed drug being billed.	9	Number (Decimal)
Allowed Amount [header]	Computed dollar amount allowable for the dispensed drugs being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9	Number (Decimal)
Billed Amount [header]	Dollar amount requested by the provider for the drugs that were dispensed.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The co-pay amount that is deducted depends on the type of drug that was dispensed.	8	Number (Decimal)
Desc [detail]	First six characters of the National Drug Code description.	6	Number (Integer)
Dispense Date [header]	Date the drug was actually dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOB Codes [detail]	Explanation of Benefits (EOB) codes that apply to the detail on the compound drug claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number (Integer)
Header EOBS [header]	Explanation of Benefits (EOB) codes that apply to the header on the compound drug claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)

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Field	Description	Length	Data Type
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NDC [detail]	National Drug Code that pertains to the ingredients used in the compound. There is a maximum number of 15 ingredients that can be entered on one claim.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient	30	Character
Net Overpayment (AR)	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Paid Amount [header]	Dollar amount paid for the drug. This is arrived at by computing the allowable amount for the drug and deducting the Third Party Payment (TPL) amount, and co-pay amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	15	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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Field	Description	Length	Data Type
Rx No. [header]	Prescription number for the dispensed drug.	12	Character
Recipient ID [header]	Medicaid identification number of the recipient.	13	Character
Refund Amount Applied	Calculated amount if daughter pays less than the mother on a Cash related adjustment.	9	Number (Decimal)
TPL Amount [header]	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Compound Drug Adjustment Claims Paid – Allowed Amount	Total amount allowed for claims for the payee. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total Compound Drug Adjustment Claims Paid - Co-Pay Amount	Total amount of co-pay for the payee's claims. Subtract the total daughter copay amounts from the total mother copay amounts.	9	Number (Decimal)
Total Compound Drug Adjustment Claims Paid – Billed Amount	Total amount billed for the payee. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Compound Drug Adjustment Claims Paid – Paid Amount	Total amount paid for the payee's claims. Subtract the total daughter paid amounts from the total mother billed amounts.	10	Number (Decimal)
Total Compound Drug Adjustment Claims Paid – TPL Amount	Total dollar amount paid for the drugs by any source outside of the Alabama Medicaid program that is being billed. Subtract the total daughter TPL amounts from the total mother TPL amounts.	10	Number (Decimal)
Units [detail]	Quantity of the ingredient(s) used.	6	Number (Integer)

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7.4 CRA-CDDN-R -- Remittance Advice - Compound Drug Claims Denied

7.4.1 CRA-CDDN-R -- Remittance Advice - Compound Drug Claims Denied Narrative

This report lists compound drug claims that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all compound drug claims that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

7.4.2 CRA-CDDN-R -- Remittance Advice - Compound Drug Claims Denied Layout

```
REPORT:   CRA-CDDN-R                                    ALABAMA MEDICAID AGENCY                          DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                     PAGE:  9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                       COMPOUND DRUG CLAIMS DENIED

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                    PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                       NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                        CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                           ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

                              DISPENSE                              BILLED            TPL
    --ICN--      RX NO.        DATE                                AMOUNT           AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX RECIPIENT ID.: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  RRYYJJJBBBSSS XXXXXXXXXXXX  MMDDYY                          9,999,999.99     9,999,999.99

EOBS  00  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

   NDC        DESC   UNITS  EOB CODES
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL COMPOUND DRUG CLAIMS DENIED:                     99,999,999.99    99,999,999.99
```


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7.4.3 CRA-CDDN-R -- Remittance Advice - Compound Drug Claims Denied Field Descriptions

Field	Description	Length	Data Type
Billed Amount [header]	Dollar amount requested by the provider for the drug that was dispensed.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Desc [detail]	First six characters of the National Drug Code description.	6	Number (Integer)
Dispense Date [header]	Date the drug was actually dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOB Codes [detail]	Explanation of Benefits (EOB) codes that apply to the detail on the compound drug claim form. There can be a maximum of twenty EOB codes per detail.	4	Number (Integer)
EOBS 00 [header]	Explanation of Benefits (EOB) codes that apply to the header on the compound drug claim form. There can be a maximum of twenty EOB codes per claim.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the payment was issued.	10	Date (MM/DD/CCYY)
NDC [detail]	National Drug Code that pertains to the ingredients used in the compound. There is a maximum number of 15 ingredients that can be entered on one claim.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	15	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of payee address.	2	Character
Payee Zip Code	Zip code of the payee. It may or may not contain the zip plus four.	10	Number (Integer)
Rx No.	Prescription number for the dispensed drug.	12	Character
Recipient ID	Medicaid Identification Number of the recipient.	13	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
TPL Amount [header]	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Compound Drug Claims Denied – Billed Amount	Total dollar amount billed by the payee.	10	Number (Decimal)
Total Compound Drug Claims Denied – TPL Amount	Total dollar amount paid for the drugs by any source outside of the Alabama Medicaid program that is being billed.	10	Number (Decimal)
Units [detail]	Quantity of the ingredient(s) used.	6	Number (Integer)

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7.5 CRA-CDPD-R -- Remittance Advice - Compound Drug Claims Paid

7.5.1 CRA-CDPD-R -- Remittance Advice - Compound Drug Claims Paid Narrative

The Remittance Advice- Compound Drug Claims Paid Narrative report lists compound drug claims that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all compound drug claims that were paid along with explanations of any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

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7.5.2 CRA-CDPD-R -- Remittance Advice - Compound Drug Claims Paid Layout

```
REPORT:   CRA-CDPD-R                                    ALABAMA MEDICAID AGENCY                        DATE:  MM/DD/CCYY
RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                    PAGE:       9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                       COMPOUND DRUG CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                          PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                           NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                             CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                             ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

                            DISPENSE                      BILLED             DISPENSING            TPL            CO-PAY
PAID
    --ICN--     RX NO.         DATE                       AMOUNT                FEE                AMOUNT         AMOUNT
AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID.: XXXXXXXXXXXXX  MRN:
 RRYYJJJBBBSSS XXXXXXXXXXXX   MMDDYY                    9,999,999.99           999.99         9,999,999.99     999,999.99
9,999,999.99

HEADER EOBS    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

   NDC       DESC   UNITS              EOB CODES
99999999999 XXXXXX 9999.99             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 9999.99             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 9999.99             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
99999999999 XXXXXX 9999.99             9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

         TOTAL COMPOUND DRUG CLAIMS PAID:              99,999,999.99       999,999.99        99,999,999.99   9,999,999.99
99,999,999.99
```


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7.5.3 CRA-CDPD-R -- Remittance Advice - Compound Drug Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed [detail]	Computed detail level dollar amount allowable for the dispensed drug being billed.	9	Number (Decimal)
Allowed Amount [header]	Computed dollar amount for the dispensed drug under the Alabama Medicaid program being billed. This amount is arrived at by pricing each of the individual ingredients used to formulate the compound and adding up the individual prices.	9	Number (Decimal)
Billed Amount [header]	Dollar amount requested by the provider for the sum of the drugs that make up the compound drugs.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount. Amount is based on the allowed amount of the drugs dispensed, unless there is an exemption from co-pay because of age, pregnancy or nursing home status.	8	Number (Decimal)
Dispense Date [header]	Date the drug was dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
Desc	First six characters of the National Drug Code description.	6	Number (Integer)
EOB Codes [detail]	Explanation of Benefits (EOB) codes that apply to the detail on the compound drug claim form. There can be a maximum of twenty EOB codes per detail.	4	Number (Integer)
EOBS 00 [header]	Explanation of Benefits (EOB) codes that apply to the header on the compound drug claim form. There can be a maximum of twenty EOB codes per claim.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the payment was issued.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
NDC [detail]	National Drug Code that corresponds to the ingredients used. There is a maximum of 15 ingredients that can be entered on one claim.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Paid Amount [header]	Dollar amount paid for the drug. This is arrived at by computing the allowable amount for the drug and deducting the Third Party payment (TPL) amount, and co-pay amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice	10	Number (Integer)
Rx No.	Prescription number for the dispensed drug.	12	Character
Recipient ID [header]	Medicaid Identification Number of the recipient.	13	Number (Integer)
TPL Amount [header]	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total Compound Drug Claims Paid – Allowed Amount	Total amount allowed for claims for the payee.	10	Number (Decimal)
Total Compound Drug Claims Paid – Billed Amount	Total amount billed for the payee.	10	Number (Decimal)
Total Compound Drug Claims Paid - Co-Pay Amount	Total amount of co-pay for the payee's claims.	9	Number (Decimal)
Total Compound Drug Claims Paid – Paid Amount	Total amount paid for the payee's claims.	10	Number (Decimal)
Total Compound Drug Claims Paid – TPL Amount	Total amount of Third Party (TPL) payment for the payee's claims.	10	Number (Decimal)
Units [detail]	Quantity of the ingredient(s) used.	6	Number (Integer)

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7.6 CRA-CDSU-R -- Remittance Advice - Compound Drug Claims In Process

7.6.1 CRA-CDSU-R -- Remittance Advice - Compound Drug Claims In Process Narrative

The Remittance Advice – Compound Drug Claims in Process Narrative report lists compound drug claims that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefits (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all compound drug claims that are still in process (suspended) along with explanations on why they are in suspense.

This report is produced during the financial cycle.

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7.6.2 CRA-CDSU-R -- Remittance Advice - Compound Drug Claims In Process Layout

REPORT: CRA-CDSU-R ALABAMA MEDICAID AGENCY DATE: MM/DD/CCYY

RA#: 999999999 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9,999

PROVIDER REMITTANCE ADVICE

COMPOUND DRUG CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PAYEE ID
XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX NPI ID
9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CHECK/EFT NUMBER 999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX DATE MM/DD/CCYY

XXXXXXXXXXXXXXX, XX XXXXX-XXXX

		DISPENSE	BILLED	TPL
--ICN--	RX NO.	DATE	AMOUNT	AMOUNT

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NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXX

RRYYJJJBBBSSS XXXXXXXXXXXX MMDDYY 9,999,999.99 9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

NDC DESC UNITS EOB CODES

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

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99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

99999999999 XXXXXX 999999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL COMPOUND DRUG CLAIMS IN PROCESS: 99,999,999.99 99,999,999.99

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7.6.3 CRA-CDSU-R -- Remittance Advice - Compound Drug Claims In Process Field Descriptions

Field	Description	Length	Data Type
Billed Amount [header]	Dollar amount requested by the provider for the drug that was dispensed.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Desc	First six characters of the National Drug Code description.	6	Number (Integer)
Dispense Date [header]	Date the drug was actually dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOB Codes [detail]	Explanation of Benefits (EOB) codes that apply to the detail on the compound drug claim form. There can be a maximum of twenty EOB codes per detail.	4	Number (Integer)
EOBS 00 [header]	Explanation of Benefits (EOB) codes that apply to the header on the compound drug claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NDC [detail]	National Drug Code that pertains to the ingredients used in the compound. There is a maximum number of 15 ingredients that can be entered on one claim.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	The name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
Rx No. [detail]	Indicates the prescription number on the prescription that was used to dispense the drug.	12	Character
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
TPL Amount [header]	This is the dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Compound Drug Claims In Process – Billed Amount	This is the total amount billed for the payee.	10	Number (Decimal)
Total Compound Drug Claims In Process – TPL Amount	This is the total amount of Third Party Liability for the payee's claims.	10	Number (Decimal)
Units [detail]	This is the quantity of the ingredient(s) used.	6	Number (Integer)

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7.7 CRA-DNAD-R -- Remittance Advice - Dental Claim Adjustments

7.7.1 CRA-DNAD-R -- Remittance Advice - Dental Claim Adjustments Narrative

The Remittance Advice-Dental Claim Adjustments Narrative report lists dental claims that were adjusted. The report is separated by individual claims and displays the header data for the claim that is being adjusted (original claim) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were adjusted along with explanations on why the claims were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.7.2 CRA-DNAD-R -- Remittance Advice - Dental Claim Adjustments Layout

```
RE REPORT:    CRA-DNAD-R                                           ALABAMA MEDICAID AGENCY                                               DATE:  MM/DD/CCYY
      RA#:    999999999                                    MEDICAID MANAGEMENT INFORMATION SYSTEM                                        PAGE:        9,999
                                                                   PROVIDER REMITTANCE ADVICE
                                                                   DENTAL CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                                      ISSUE DATE           MM/DD/CCYY

                 RENDERING             SERVICE DATES                     BILLED           ALLOWED       NON             TPL                    PAID
     --ICN--     PROVIDER              FROM     THRU                     AMOUNT           AMOUNT      ALLOWED          AMOUNT
AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXX
 RRYYJJJBBBMOM  XXXXXXXXXXXXXXX      999999  999999              (9,999,999.99)   (9,999,999.99) (9,999,999.99)   (9,999,999.99)
(9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXXXXX      999999  999999               9,999,999.99     9,999,999.99   9,999,999.99     9,999,999.99
9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

POS   PROC CD   TN   SURF   OCD   DATE SVC            BILLED         ALLOWED        NON           TPL
                                                      AMOUNT         AMOUNT       ALLOWED        AMOUNT     DETAIL EOBS
XX    XXXXXX   XX   XXXXX    XX    999999         9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                          9999 9999 9999 9999 9999 9999 9999 9999
XX    XXXXXX   XX   XXXXX    XX    999999         9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                          9999 9999 9999 9999 9999 9999 9999 9999
XX    XXXXXX   XX   XXXXX    XX    999999         9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                          9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                                     ADDITIONAL PAYMENT:
9,999,999.99
                                                                                                                     NET OVERPAYMENT (AR)
9,999,999.99
                                                                                                                     REFUND AMOUNT APPLIED
9,999,999.99

TOTAL DENTAL ADJUSTMENT CLAIMS:                                  99,999,999.99     99,999,999.99   99,999,999.99   99,999,999.99.
99,999,999.99
```


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7.7.3 CRA-DNAD-R -- Remittance Advice - Dental Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated dollar amount if daughter pays more that the mother.	9	Number (Decimal)
Allowed Amount [header]	Computed dollar amount allowable for the services rendered on the claim.	9	Number (Decimal)
Allowed Amount [detail]	Computed dollar amount allowable for the services rendered on each detail line under the Alabama Medicaid program being billed.	9	Number (Decimal)
Billed Amount [header]	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amount [detail]	Dollar amount requested by the provider for the service billed on each detail line.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Date Svc Perf [detail]	Date the service was performed.	8	Date (MM/DD/CCYY)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Number (Integer)

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Field	Description	Length	Data Type
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed [detail]	The computed non-allowed amount for this detail. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Non-Allowed [header]	The computed non-allowed amount for the claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
MRN	Medical Record Number submitted for the claim	15	Character
OCD [detail]	Oral Cavity code identifying oral cavity location where service was rendered.	2	Number (Integer)
Paid Amount [header]	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the Third Party (TPL) payment amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character

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Field	Description	Length	Data Type
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Number (Integer)
POS [detail]	Place of service code indicating where the services were actually rendered.	2	Character
Proc Cd [detail]	American Dental Association (ADA) code used to indicate what services were actually rendered to the recipient by the provider.	5	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Refund Amount Applied	Calculated amount if daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Rendering Provider [header]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Decimal)
Service Dates –From [header]	The earliest dates of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates –Thru [header]	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
Surf [detail]	Surface code identifying location on tooth where service was rendered.	5	Character
TN [detail]	Tooth number identifying tooth or the tooth quadrant where service was rendered.	2	Character
TPL Amount [header]	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total Dental Adjustments Claims – Allowed Amount	Total allowed amount for the payee's claims. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total Dental Adjustments Claims – Billed Amount	Total billed amount for the payee's claims. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Dental Adjustments Claims - Non-Allowed	Total of non-allowed amount for the adjusted dental claims.	10	Number (Decimal)
Total Dental Adjustments Claims – Paid Amount	Total amount paid for the payee's claims. Subtract the total daughter paid amounts from the total mother paid amounts.	10	Number (Decimal)
Total Dental Adjustments Claims – TPL Amount	Total amount of Third Party (TPL) payment for the payee's claims. Subtract the total daughter TPL amounts from the total mother TPL amounts.	10	Number (Decimal)

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7.8 CRA-DNDN-R -- Remittance Advice - Dental Claims Denied

7.8.1 CRA-DNDN-R -- Remittance Advice - Dental Claims Denied Narrative

The Remittance Advice- Dental Claims Denied Narrative report lists dental claims that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

7.8.2 CRA-DNDN-R -- Remittance Advice - Dental Claims Denied Layout

```
REPORT:   CRA-DNDN-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                         PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                          DENTAL CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                    ISSUE DATE           MM/DD/CCYY

                     RENDERING              SERVICE DATES            BILLED           TPL
          --ICN--    PROVIDER                FROM    THRU            AMOUNT          AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXX
       RRYYJJJBBBSSS  XXXXXXXXXXXXXXX        999999 999999      9,999,999.99    9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  POS     PROC CD  TN  SURF   OCD    DATE SVC   RENDERING   BILLED
                                     PERF       PROVIDER    AMOUNT                    DETAIL EOBS
   XX     XXXXXX   XX  XXXXX  XX    999999      XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    999999      XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    999999      XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    999999      XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                      9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                          TOTAL DENTAL CLAIMS DENIED:            99,999,999.99   99,999,999.99
```


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7.8.3 CRA-DNDN-R -- Remittance Advice - Dental Claims Denied Field Descriptions

Field	Description	Length	Data Type
Billed Amount (Detail)	Dollar amount requested by the provider for the service billed on each detail line.	9	Number (Decimal)
Billed Amount (Header)	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Date Svc Perf (Detail)	The date the service was performed.	6	Date (MM/DD/YY)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)
ICN (Header)	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	15	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
OCD (Detail)	Oral Cavity code identifying oral cavity location where service was rendered.	2	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Number (Integer)
POS (Detail)	Place of service code indicating where the service was rendered.	2	Character
Proc Cd (Detail)	American Dental Association (ADA) code used to indicate what services were actually rendered to the recipient by the provider.	5	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID (Header)	Medicaid identification number of the recipient.	13	Number (Integer)
Rendering Provider (Detail)	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Character
Rendering Provider [header]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Decimal)
Service Dates –From [header]	The earliest dates of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates –Thru [header]	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
Surf (Detail)	Surface code identifying location on tooth where service was rendered.	5	Character

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Field	Description	Length	Data Type
TN (Detail)	Tooth number of the tooth or the tooth quadrant where surface was rendered.	2	Character
TPL Amount (Header)	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Dental Claims Denied – Billed Amount	Total billed amount for the payee's claims.	10	Number (Decimal)
Total Dental Claims Denied – TPL Amount	Total amount of Third Party (TPL) payment for the payee's claims.	10	Number (Decimal)

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7.9 CRA-DNPD-R -- Remittance Advice - Dental Claims Paid

7.9.1 CRA-DNPD-R -- Remittance Advice - Dental Claims Paid Narrative

The Remittance Advice- Dental Claims Paid Narrative report lists dental claims that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that were paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

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7.9.2 CRA-DNPD-R -- Remittance Advice - Dental Claims Paid Layout

```
REPORT:   CRA-DNPD-R                                    ALABAMA MEDICAID                                                  DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                          DENTAL CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

                RENDERING            SERVICE DATES                    BILLED           ALLOWED        NON            TPL                  PAID
     --ICN--    PROVIDER             FROM    THRU                     AMOUNT           AMOUNT       ALLOWED         AMOUNT
AMOUNT


NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID:   XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXX
RRYYJJJBBBMOM  XXXXXXXXXXXXXXX      999999  999999                  (9,999,999.99)   (9,999,999.99)  9,999,999.99  (9,999,999.99)
(9,999,999.99)

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

POS  PROC CD  TN  SURF   OCD  DATE SVC     BILLED          ALLOWED        NON         TPL
                                            AMOUNT           AMOUNT       ALLOWED     AMOUNT       DETAIL EOBS
XX     XXXXXX   XX  XXXXX  XX    MMDDYY  ,9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
XX     XXXXXX   XX  XXXXX  XX    MMDDYY  ,9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
XX     XXXXXX   XX  XXXXX  XX    MMDDYY  ,9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
XX     XXXXXX   XX  XXXXX  XX    MMDDYY  ,9,999,999.99   9,999,999.99  9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999


                  TOTAL DENTAL CLAIMS PAID    :                  99,999,999.99     99,999,999.99   99,999,999.99    99,999,999.99.
99,999,999.99
```


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7.9.3 CRA-DNPD-R -- Remittance Advice - Dental Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amount (Detail)	Computed dollar amount allowable for the services rendered on each detail line under the Alabama Medicaid program being billed.	9	Number (Decimal)
Allowed Amount (Header)	Computed dollar amount allowable for the services rendered on the claim.	9	Number (Decimal)
Billed Amount (Detail)	Dollar amount requested by the provider for the service billed on each detail line.	9	Number (Decimal)
Billed Amount (Header)	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Transfer Funds payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Date Svc Perf (Detail)	Date the service was performed.	6	Date (MM/DD/YY)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)
ICN (Header)	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer (EFT) was issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	15	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character

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Field	Description	Length	Data Type
Non-Allowed (Header)	Total computed non-allowed amount for the claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Non-Allowed (Detail)	Total computed non-allowed amount for this detail. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
OCD (Detail)	Oral Cavity code identifying oral cavity location where service was rendered.	2	Number (Integer)
Paid Amount (detail)	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the Third Party (TPL) amount.	9	Number (Decimal)
Paid Amount (Header)	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the Third Party (TPL) amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Number (Integer)
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Number (Integer)
POS (Detail)	Place of service code(s) indicating where the services were actually rendered.	2	Character
Proc Cd (Detail)	American Dental Association (ADA) code used to indicate what services were rendered to the recipient by the provider.	5	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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Field	Description	Length	Data Type
Recipient ID (Header)	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider [header]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Decimal)
Surf (Detail)	Surface code identifying location on tooth where service was rendered.	5	Character
Service Dates From (Header)	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates Thru (Header)	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
TN (Detail)	Tooth number identifying tooth or the tooth quadrant where service was rendered.	2	Character
TPL Amount (detail)	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
TPL Amount (Header)	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Dental Claims Paid – Allowed Amount	Total allowed amount for the payee's claims.	10	Number (Decimal)
Total Dental Claims Paid – Billed Amount	Total billed amount for the payee's claims.	10	Number (Decimal)
Total Dental Claims Paid - Non-Allowed	Total of non-allowed amount for the dental claims paid.	10	Number (Decimal)
Total Dental Claims Paid – Paid Amount	Total amount paid for the payee's claims.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Dental Claims Paid – TPL Amount	Total amount of Third Party (TPL) payment for the payee's claims.	10	Number (Decimal)

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7.10 CRA-DNSU-R -- Remittance Advice - Dental Claims In Process

7.10.1 CRA-DNSU-R -- Remittance Advice - Dental Claims In Process Narrative

The Remittance Advice-Dental Claims in Process Narrative report lists dental claims that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the dental provider a list of all dental claims that are in suspense along with explanations on what caused the claims to be suspended.

This report is produced during the financial cycle.

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7.10.2 CRA-DNSU-R -- Remittance Advice - Dental Claims In Process Layout

```
REPORT:   CRA-DNSU-R                                  ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                       DENTAL CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

                     RENDERING               SERVICE DATES               BILLED           TPL
          --ICN--    PROVIDER                FROM    THRU                AMOUNT          AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXX
       RRYYJJJBBBSSS      XXXXXXXXXXXXXXX    MMDDYY  MMDDYY           9,999,999.99    9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

   POS    PROC CD  TN  SURF   OCD  DATE SVC   RENDERING                  BILLED
                                    PERF     PROVIDER                   AMOUNT   DETAIL EOBS
   XX     XXXXXX   XX  XXXXX  XX    MMDDYY    XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    MMDDYY    XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    MMDDYY    XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
   XX     XXXXXX   XX  XXXXX  XX    MMDDYY    XXXXXXXXXXXXXXX       9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                    9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                 TOTAL DENTAL CLAIMS IN PROCESS:    99,999,999.99   99,999,999.99
```


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7.10.3 CRA-DNSU-R -- Remittance Advice - Dental Claims In Process Field Descriptions

Field	Description	Length	Data Type
Billed Amount (Header)	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amount (Detail)	Dollar amount requested by the provider for the service billed on each detail line.	9	Number (Decimal)
Check/EFT Number	Check number of Electronic Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Date Svc Perf (Detail)	Date the service was performed.	6	Date (MM/DD/YY)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the dental claim form. There could be a maximum of twenty EOB codes per claim detail.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header on the dental claim form. There could be a maximum of twenty EOB codes per claim header.	4	Number (Integer)
ICN (Header)	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	15	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name (Header)	Name of the recipient.	29	Character
OCD (Detail)	Oral Cavity code identifying oral cavity location where service was rendered.	2	Character
POS (Detail)	Place of service code(s) indicating where the services were rendered.	2	Character
Proc Cd (Detail)	American Dental Association (ADA) code used to indicate what services were rendered to the recipient by the provider.	5	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Number (Integer)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Number (Integer)
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID (Header)	Medicaid Identification number of the recipient.	13	Number (Integer)
Provider (Detail)	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Integer)
Rendering Provider [header]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Decimal)
Surf (Detail)	Surface code identifying location on tooth were service was performed.	5	Character
Service Dates –From (Header)	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru (Header)	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
TN (Detail)	Tooth number identifying tooth or the tooth quadrant where service was rendered.	2	Character

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Field	Description	Length	Data Type
TPL Amount (Header)	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Dental Claims In Process – Billed Amount	Total billed amount for the payee's claims.	10	Number (Decimal)
Total Dental Claims In Process – TPL Amount	Total amount of Third Party (TPL) payment for the payee's claims.	10	Number (Decimal)

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7.11 CRA-DRAD-R -- Remittance Advice - Drug Claim Adjustments

7.11.1 CRA-DRAD-R -- Remittance Advice - Drug Claim Adjustments Narrative

The Remittance Advice-Drug Claim Adjustments Narrative report lists drug claims (except compound drugs) that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (Original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all drug claims (except compound drugs) that were adjusted along with explanations on why the claims were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.11.2 CRA-DRAD-R -- Remittance Advice - Drug Claim Adjustments Layout

REPORT: CRA-DRAD-R ALABAMA MEDICAID AGENCY DATE: MM/DD/CCYY

RA#: 999999999 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9,999

PROVIDER REMITTANCE ADVICE

DRUG CLAIMS ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PAYEE ID XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX NPI ID 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CHECK/EFT NUMBER 999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ISSUE DATE MM/DD/CCYY

XXXXXXXXXXXXXXX, XX XXXXX-XXXX

--ICN--	RX NO.	NDC	DESC	DISPENSE QTY	BILLED DATE	ALLOWED AMOUNT	DISPENSING AMOUNT	CO-PAY FEE	TPL	PAID AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX RECIPIENT ID.: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RRYYJJJBBBSSS XXXXXXXXXXXX 99999999999 XXXXXX 9,999,999.999 MMDDYY (9,999,999.99) (9,999,999.99) (999.99) (9,999,999.99) (9,999,999.99)

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(9,999,999.99)

RRYYJJJBBBSSS XXXXXXXXXXXX 99999999999 XXXXXX 9,999,999.999 MMDDYY (9,999,999.99) (9,999,999.99) (999.99) (9,999,999.99) (9,999,999.99)

(9,999,999.99)

(9,999,999.99)

ADDITIONAL PAYMENT: 9,999,999.99

NET OVERPAYMENT (AR): 9,999,999.99

REFUND AMOUNT APPLIED: 9,999,999.99

EOBS: 01 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

02 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL DRUG ADJUSTMENT CLAIMS: 99,999,999.99 99,999,999.99 9,999.99 99,999,999.99 99,999,999.99

99,999,999.99

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7.11.3 CRA-DRAD-R -- Remittance Advice - Drug Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amount [detail]	Computed dollar amount allowable for the services rendered on each detail line under the Alabama Medicaid program being billed.	9	Number (Decimal)
Allowed Amount [header]	Computed dollar amount allowable for the dispensed drug under the Alabama Medicaid program being billed. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Billed Amount [header]	Dollar amount requested by the provider for the drug that was dispensed. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Co-Pay Amount (header)	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The co-pay amount that is deducted depends on the type of drug that was dispensed.	8	Number (Decimal)
Desc [detail]	First six characters of the National Drug Code description.	6	Character
Dispense Date [header]	Date the drug was dispensed to the recipient. For drug claims, this serves as the service date. This is the same for both the original and the adjusted claim.	6	Date (MM/DD/YY)
EOB Codes [detail]	Explanation of Benefits (EOB) that apply to the detail on the drug claim form. There could be a maximum of twenty EOP codes per claim detail.	4	Number (Integer)

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Field	Description	Length	Data Type
EOBS 00 [header]	Explanation of Benefits (EOB) codes that apply to the header on the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer (EFT) was issued.	10	Date (MM/DD/CCYY)
NDC [detail]	National Drug Code for the drug.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if the daughter pays less than the mother without Cash.	9	Number (Decimal)
Paid Amount [header]	Dollar amount paid for the drug. This is arrived at by computing the allowable amount for the drug and deducting the Third Party (TPL) amount, and co-pay amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	This is the state in which the payee resides.	2	Character
Payee Zip Code	Zip code of the payee. It may or may not contain the zip plus four.	10	Character

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Field	Description	Length	Data Type
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rx No. [header]	Prescription number on the prescription that was used to dispense the drug. This is the same for both the original and the adjusted claim.	12	Character
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Refund Amount Applied	Calculated amount if daughter pays less than the mother on a Cash related adjustment.	9	Number (Decimal)
TPL Amount [header]	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Total Drug Claims Adj Paid - Allowed Amount	Allowed amount total of all the Drug Claims Adjustments Paid. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total Drug Claims Adj Paid - Billed Amount	Total billed amount of all the Drug Claims Adjustments Paid. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Drug Claims Adj Paid - Co-Pay Amount	Total of co-pay amounts for all the Drug Claims Adjustments Paid. Subtract the total daughter copay amounts from the total mother copay amounts.	9	Number (Decimal)
Total Drug Claims Adj Paid - Paid Amount	Total of all the Drug Claims Adjustments Paid. Subtract the total daughter paid amounts from the total mother paid amounts.	10	Number (Decimal)
Total Drug Claims Adj Paid - TPL Amount	Total of all Third Party Liability amounts for the Drug Claims Adjustments Paid. Subtract the total daughter TPL amounts from the total mother TPL amounts	10	Number (Decimal)
Units [detail]	Quantity of the drug that was dispensed.	5	Number (Integer)

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7.12 CRA-DRDN-R -- Remittance Advice - Drug Claims Denied

7.12.1 CRA-DRDN-R -- Remittance Advice - Drug Claims Denied Narrative

The Remittance Advice-Drug Claims Denied Narrative report lists drug claims (except compound drugs) that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all drug claims (except compound drugs) that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

7.12.2 CRA-DRDN-R -- Remittance Advice - Drug Claims Denied Layout

```
RA#:  999999999          MEDICAID MANAGEMENT INFORMATION SYSTEM          PAGE:     9,999

                       PROVIDER REMITTANCE ADVICE

                         DRUG CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                PAYEE ID
XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                NPI ID
9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        CHECK/EFT NUMBER     999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        ISSUE DATE       MM/DD/CCYY

XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX


                    DISPENSE     BILLED          TPL
```


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--ICN-- RX NO. NDC DESC QTY DATE AMOUNT AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXX RECIPIENT ID.: XXXXXXXXXXXX MRN: XXXXXXXXXXXX

RRYYJJJBBBSSS XXXXXXXXXXXX 99999999999 XXXXXX 9,999,999.999 MMDDYY 9,999,999.99
9,999,999.99

EOBS 01 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

02 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL DRUG CLAIMS DENIED 99,999,999.99 99,999,999.99

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7.12.3 CRA-DRDN-R -- Remittance Advice - Drug Claims Denied Field Descriptions

Field	Description	Length	Data Type
Billed Amount	Dollar amount requested by the provider for the drug that was dispensed.	9	Number (Decimal)
Check/EFT Number	Check number of Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Desc	First six characters of the National Drug Code description.	6	Character
Dispense Date	Date the drug was actually dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOBS	Sequential line number of the EOB code corresponding to the claim detail lines. Number 00 corresponds to the header EOB codes. Followed by the Explanation of Benefits (EOB) codes that apply to the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of twenty EOB codes per claim.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NDC	National Drug Code for the drug.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character

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Field	Description	Length	Data Type
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee. It may or may not contain the zip plus four.	10	Character
Qty	Quantity of the drug that was dispensed.	5	Number (Integer)
RA #	The system assigned number for the remittance advice	10	Number (Integer)
Rx No.	Prescription number for the dispensed drug.	12	Character
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
TPL Amount	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Drug Claims Denied - Billed Amount	Total billed amount of all the drug claims.	10	Number (Decimal)
Total Drug Claims Denied - TPL Amount	Total of all Third Party (TPL) payment amounts for the drug claims denied.	10	Number (Decimal)

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7.13 CRA-DRPD-R -- Remittance Advice - Drug Claims Paid

7.13.1 CRA-DRPD-R -- Remittance Advice - Drug Claims Paid Narrative

The Remittance Advice-Drug Claims Paid Narrative report lists drug claims (except compound drugs) that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes s are also displayed on this report. The purpose of this report is to give the drug provider a list of all drug claims (except compound drugs) that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

7.13.2 CRA-DRPD-R -- Remittance Advice - Drug Claims Paid Layout

REPORT: CRA-DRPD-R ALABAMA MEDICAID AGENCY DATE: MM/DD/CCYY

RA#: 999999999 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9,999

PROVIDER REMITTANCE ADVICE

DRUG CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PAYEE ID XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX NPI ID 9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CHECK/EFT NUMBER 999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ISSUE DATE MM/DD/CCYY

XXXXXXXXXXXXXXX, XX XXXXX-XXXX

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--ICN--	RX NO.	NDC	DESC	DISPENSE QTY	BILLED DATE	ALLOWED AMOUNT	DISPENSING AMOUNT	CO-PAY FEE	TPL	PAID AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX RECIPIENT ID.: XXXXXXXXXXXXX MRN:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RRYYJJJBBBSSS XXXXXXXXXXXX 99999999999 XXXXXX 9,999,999.999 MMDDYY 9,999,999.99 9,999,999.99 999.99
9,999,999.99 9,999,999.99 9,999,999.99

EOBS 01 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

02 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL DRUG CLAIMS PAID: 99,999,999.99 99,999,999.99 9,999.99 99,999,999.99 99,999,999.99

99,999,999.99

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7.13.3 CRA-DRPD-R -- Remittance Advice - Drug Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amount	Computed dollar amount allowable for the dispensed drug under the Alabama Medicaid program being billed.	9	Number (Decimal)
Billed Amount	Dollar amount requested by the provider for the drug that was dispensed.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Co-Pay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The co-pay amount is based on the allowed charge for the drug dispensed.	8	Number (Decimal)
DESC	First six characters of the National Drug Code description.	6	Character
Dispense Date	Date the drug was dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOBS	Sequential line number of the EOB code corresponding to the claim detail lines. Number 00 corresponds to the header EOB codes. Followed by the Explanation of Benefits (EOB) codes that apply to the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of twenty EOB codes per claim.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NDC	National Drug Code for the drug .	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Paid Amount	Dollar amount paid for the drug. This is arrived at by computing the allowable amount for the drug and deducting the TPL amount, and co-pay amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character

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Field	Description	Length	Data Type
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee. It may or may not contain the zip plus four.	10	Character
Qty	Quantity of the drug that was dispensed.	5	Number (Decimal)
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rx No.	Prescription number for the dispensed drug.	12	Character
Recipient ID	Medicaid Identification number of the recipient.	13	Character
TPL Amount	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Drug Claims Paid - Allowed Amount	Allowed amount total of all the drug claims paid.	10	Number (Decimal)
Total Drug Claims Paid - Billed Amount	Total billed amount of all the drug claims.	10	Number (Decimal)
Total Drug Claims Paid - Co-Pay Amount	Total of co-pay amounts for all the drug claims paid.	10	Number (Decimal)
Total Drug Claims Paid - Paid Amount	Total of all the drug claims paid.	10	Number (Decimal)
Total Drug Claims Paid - TPL Amount	Total of all Third Party (TPL) payment amounts for the drug claims paid.	10	Number (Decimal)

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7.14 CRA-DRSU-R -- Remittance Advice - Drug Claims In Process

7.14.1 CRA-DRSU-R -- Remittance Advice - Drug Claims In Process Narrative

The Remittance Advice - Drug Claims In Process Narrative report lists drug claims (except compound drugs) that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the drug provider a list of all drug claims (except compound drugs) that are in suspense along with explanations on why they are in suspense.

This report is produced during the financial cycle.

7.14.2 CRA-DRSU-R -- Remittance Advice - Drug Claims In Process Layout

REPORT: CRA-DRSU-R ALABAMA MEDICAID AGENCY DATE: MM/DD/CCYY

RA#: 999999999 MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE: 9,999

PROVIDER REMITTANCE ADVICE

DRUG CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PAYEE ID
XXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX NPI ID
9999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CHECK/EFT NUMBER 999999999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ISSUE DATE MM/DD/CCYY

XXXXXXXXXXXXXXX, XX XXXXX-XXXX

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--ICN--	RX NO.	NDC	DESC	DISPENSE QTY	BILLED DATE	AMOUNT	TPL AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX RECIPIENT ID.: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXX

RRYYJJJBBBSSS XXXXXXXXXXXX 99999999999 XXXXXX 9,999,999.99 MMDDYY 99,999.99 99,999.99

EOBS 00 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

01 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

02 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

03 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL DRUG CLAIMS IN PROCESS: 999,999.99 999,999.99

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7.14.3 CRA-DRSU-R -- Remittance Advice - Drug Claims In Process Field Descriptions

Field	Description	Length	Data Type
Billed Amount	Dollar amount requested by the provider for the drug that was dispensed.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Desc	First six characters of the National Drug Code description.	6	Character
Dispense Date	Date the drug was dispensed to the recipient. For drug claims, this serves as the service date.	6	Date (MM/DD/YY)
EOBS	Sequential line number of the EOB code corresponding to the claim detail lines. Number 00 corresponds to the header EOB codes. Followed by the Explanation of Benefits (EOB) codes that apply to the drug claim form. These codes are used to explain how the claim was processed. There could be a maximum of twenty EOB codes per claim.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NDC	National Drug Code for the drug.	11	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee. It may or may not contain the zip plus four.	10	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	The name of the payee provider.	50	Character
Qty	Quantity of the drug that was dispensed.	5	Number (Decimal)
RA #	The system assigned number for the remittance advice	10	Number (Integer)
Rx No.	Prescription number on the prescription that was used to dispense the drug.	12	Character
Recipient ID	Medicaid Identification number of the recipient.	13	Character
TPL Amount	Dollar amount paid for the drug by any source outside of the Alabama Medicaid program that is being billed.	9	Number (Decimal)
Total Drug Claims In Process - Billed Amount	Total billed amount of all the drug claims.	10	Number (Decimal)
Total Drug Claims In Process - TPL Amount	Total of all Third Party Liability (TPL) payment amounts for the drug claims in process.	10	Number (Decimal)

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7.15 CRA-ENAD-R -- Remittance Advice - Encounter Claim Adjustments

7.15.1 CRA-ENAD-R -- Remittance Advice - Encounter Claim Adjustments Narrative

The Remittance Advice - Encounter Claim Adjustments Narrative report lists adjusted inpatient encounter claims. No money is received for these claims. Those with District H01 through H08 are Partnership Hospital Program encounter claims. Those with District Codes P01 through P12 are Maternity Care encounter claims. They are listed here so the hospital can correctly invoice the specific District provider. This report is produced during the financial cycle.

The only manual adjustments done to Encounter claims is to have them recouped. Since the claims are zero paid, the recoupment will not produce an AR. Therefore, none of the statements, NET OVERPAYMENT (AR), REFUND AMOUNT APPLIED, or ADDITIONAL PAYMENT will appear below the mother and daughter ICNs.

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7.15.2 CRA-ENAD-R -- Remittance Advice - Encounter Claim Adjustments Layout

```
REPORT:   CRA-ENAD-R                                    ALABAMA MEDCAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:     9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                      ENCOUNTER CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                      ISSUE DATE           MM/DD/CCYY

                                                                                          SERVICE DATES
AMOUNT              DIST
NAME                        RECIPIENT ID. PAT ACCT NO.                          ICN         FROM    THRU     REV   DAYS
BILLED              CODE
XXXXXXXXXXXXXXXXXXXXXXXXXX   999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJBBBSSS MMDDYY  MMDDYY    999    999
(9,999,999.99)          X99
XXXXXXXXXXXXXXXXXXXXXXXXXX   999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJBBBSSS MMDDYY  MMDDYY    999    999
9,999,999.99           X99


     TOTAL ENCOUNTER ZERO CLAIMS ADJUSTED:                                                                  99,999,999,99
```

7.15.3 CRA-ENAD-R -- Remittance Advice - Encounter Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Billed Amount [header]	Dollar amount billed by the provider for the hospitalization stay. The first amount displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These amounts may vary.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer (EFT) payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the hospital.	3	Number (Integer)
Dist Code [header]	District Code that identifies the type of encounter. Codes H01 through H08 identify the claim as a Partnership Hospital Program encounter claim. Codes P01 through P12 identify the claim as a Maternity Care encounter claim. These codes assist the provider in correct invoicing of the specific District.	3	Character

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Field	Description	Length	Data Type
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Name	Name of the Recipient.	29	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Pat Acct No. [header]	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes. It is the same on the original and adjusted claim.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Character
REV	Revenue Code from the last detail on the claim.	3	Number (Interger)
Service Dates – From [header]	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates –Thru [header]	The latest date of service on the detail lines.	6	Date (MM/DD/YY)

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Field	Description	Length	Data Type
Total Inpatient Encounter Adjustment Claims Paid - Billed Amount	Total billed amount of all the inpatient encounter claims adjusted. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)

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7.16 CRA-ENDN-R -- Remittance Advice - Encounter Claims Denied

7.16.1 CRA-ENDN-R -- Remittance Advice - Encounter Claims Denied Narrative

The Remittance Advice - Encounter Claims Denied Narrative section lists denied inpatient encounter claims. No money is received for these claims through claims processing. Encounter claims only report header information. The type of encounter is noted by the District Code on each claim. Those with District Codes H01 though H08 are Partnership Hospital Program encounters. Those with District Codes P01 through P12 are Maternity Care Encounters. These codes allow the provider to review the system assigned encounter codes. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

This report is produced during the financial cycle.

7.16.2 CRA-ENDN-R -- Remittance Advice - Encounter Claims Denied Layout

```
REPORT:   CRA-ENDN-R                                        ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:      9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                            ENCOUNTER CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                            NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                            CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                            ISSUE DATE           MM/DD/CCYY

                                                                                                      SERVICE DATES
AMOUNT            DIST
NAME                    RECIPIENT ID.   PAT ACCT NO.                                ICN            FROM    THRU     REV      DAYS
BILLED            CODE

XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX
9,999,999.99          P01
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX
9,999,999.99          H12
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX
9,999,999.99          H03
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
TOTAL ENCOUNTER ZERO CLAIMS DENIED
99,999,999.99
```


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7.16.3 CRA-ENDN-R -- Remittance Advice - Encounter Claims Denied Field Descriptions

Field	Description	Length	Data Type
Amount Billed	Amount billed for the claim.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number that corresponds to the check or EFT that is generated.	9	Number (Integer)
Days	Number of days billed for the claim.	3	Number (Integer)
Dist Code	District Code that identifies the type of encounter. Codes H01 through H08 identify the claim as a Partnership Hospital Program claim. Codes P01 through P12 identify the claim as a Maternity Care claim. These codes allow the provider to review the system assigned district codes for correctness.	3	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header.	4	Number (Integer)
ICN	Internal Control Number used to identify and track the claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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Field	Description	Length	Data Type
Rev	The revenue code from the first detail line.	3	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Service Dates - From	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
Total Encounter Zero Claims Denied	Total of the billed amount for the denied encounter claims	11	Number (Decimal)

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7.17 CRA-ENPD-R -- Remittance Advice - Encounter Claims Paid

7.17.1 CRA-ENPD-R -- Remittance Advice - Encounter Claims Paid Narrative

The Remittance Advice - Encounter Claims Paid Narrative section lists paid inpatient encounter claims. No money is received for these claims. Encounter claims only report header information. The type of encounter is noted by the District Code on each claim. Those with District Codes H01 through H08 are Partnership Hospital Program encounters. They are listed here so the hospital can correctly invoice the Partnership Hospital Program, which is administered by the Alabama Hospital Association. Those with District Codes P01 through P12 are Maternity Care Encounters. They are listed here so the hospital can correctly invoice the specific Maternity Care District provider.

This report is produced during the financial cycle.

7.17.2 CRA-ENPD-R -- Remittance Advice - Encounter Claims Paid Layout

```
REPORT:   CRA-ENPD-R                          ALABAMA MEDICAID AGENCY                                  DATE:  MM/DD/CCYY
   RA#:    999999999                   MEDICAID MANAGEMENT INFORMATION SYSTEM                         PAGE:       9,999
                                            PROVIDER REMITTANCE ADVICE
                                              ENCOUNTER CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                       ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX

                                                                                 SERVICE DATES                                AMOUNT            DIST
NAME                    RECIPIENT ID.   PAT ACCT NO.                   ICN       FROM    THRU     REV      DAYS              BILLED            CODE
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          P01
HEADER EOBS: 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          H12
HEADER EOBS: 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          H03
HEADER EOBS: 9999 9999 9999 9999 9999

TOTAL ENCOUNTER ZERO PAID CLAIMS:                                                                    999,999,999.99
```


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7.17.3 CRA-ENPD-R -- Remittance Advice - Encounter Claims Paid Field Descriptions

Field	Description	Length	Data Type
Amount Billed	Amount billed for the claim.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days	The number of days billed for the claim.	3	Number (Integer)
Dist Code	District Code that identifies the type of encounter. Codes H01 through H08 identify the claim as a Partnership Hospital Program claim. Codes P01 though P12 identify the claim as a Maternity Care claim. These codes assist the provider in correct invoicing of these programs.	3	Character
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. It is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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Field	Description	Length	Data Type
Rev	The revenue code from the last detail line.	3	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Service Dates - From	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
Total Encounter Zero Claims Paid	Total of the allowed amounts for the paid encounter claims	11	Number (Decimal)

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7.18 CRA-ENSU-R -- Remittance Advice - Encounter Claims In Process

7.18.1 CRA-ENSU-R -- Remittance Advice - Encounter Claims In Process Narrative

The Remittance Advice - Encounter Claims In Process Narrative report lists inpatient encounter claims in process. No money is received for these claims. Encounter claims only report header information. The type of encounter is noted by the District Code on each claim. Those with District Codes P01 through P12 are Maternity Care encounters. Those with District codes H01 through H08 are Partnership Hospital Program encounters. Display of these codes allows the provider to review the system assigned codes for correctness.

This report is produced during the financial cycle.

7.18.2 CRA-ENSU-R -- Remittance Advice - Encounter Claims In Process Layout

```
REPORT:   CRA-ENSU-R                                  ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:    999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                        PAGE:       9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                       ENCOUNTER CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                          PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                          NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                             CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                             ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX

                                                                                   SERVICE DATES                                AMOUNT            DIST
NAME                    RECIPIENT ID.   PAT ACCT NO.  I                   ICN     FROM    THRU     REV      DAYS              BILLED            CODE

XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          P01
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          H12
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999
XXXXXXXXXX XXXXXXXXXX   XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  RRYYJJJBBBSSS  MMDDYY MMDDYY    XXX      XXX           9,999,999.99          H03
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999

TOTAL ENCOUNTER ZERO CLAIMS IN PROCESS:                                                                   999,999,999.99
```


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7.18.3 CRA-ENSU-R -- Remittance Advice - Encounter Claims In Process Field Descriptions

Field	Description	Length	Data Type
Amount Billed	Amount billed for the claim.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days	Number of days billed for the claim.	3	Number (Integer)
Dist Code	District Code that identifies the type of encounter. Codes H01 through H08 identify the claim as a Partnership Hospital Program claim. Codes P01 through P12 identify the claim as a Maternity Care claim. Display of these codes allows the provider review of these system assigned codes for correctness.	3	Character
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
Rev	The revenue code from the last detail.	3	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)

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Field	Description	Length	Data Type
Service Dates - From	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service from the detail lines.	6	Date (MM/DD/YY)

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7.19 CRA-EOBM-R -- Remittance Advice - EOB Code Descriptions

7.19.1 CRA-EOBM-R -- Remittance Advice - EOB Code Descriptions Narrative

The Remittance Advice - EOB Code Descriptions Narrative report lists all the Explanation of Benefit (EOB) codes used in the preceding Remittance Advice (R/A) PAGEs and displays their corresponding descriptions. The purpose of this report is to give the provider a better explanation of the reasons why claims were either suspended or denied. The EOB codes and descriptions are also used to explain any discrepancies between amounts billed and amounts paid on paid claims.

This report is produced during the financial cycle.

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7.19.2 CRA-EOBM-R -- Remittance Advice - EOB Code Descriptions Layout

```
REPORT:   CRA-EOBM-R                                ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:      9,999
                                                     PROVIDER REMITTANCE ADVICE
                                                       EOB CODE DESCRIPTIONS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

EOB CODE     DESCRIPTION

9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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7.19.3 CRA-EOBM-R -- Remittance Advice - EOB Code Descriptions Field Descriptions

Field	Description	Length	Data Type
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Description	Descriptions corresponding to the EOB codes that were used. These descriptions give the provider the reasons why submitted claims were suspended, denied or not paid in full.	100	Character
EOB Code	Explanation of Benefits (EOB) codes that were applied to the submitted claims - either on the header or detail lines.	4	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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7.20 CRA-IPAD-R -- Remittance Advice - Inpatient Claim Adjustments

7.20.1 CRA-IPAD-R -- Remittance Advice - Inpatient Claim Adjustments Narrative

The Remittance Advice - Inpatient Claim Adjustments Narrative report lists Inpatient claims that were adjusted. The report is separated by individual claims. It displays header data for the both the claim being adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were adjusted along with explanations on why the claims were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.20.2 CRA-IPAD-R -- Remittance Advice - Inpatient Claim Adjustments Layout

```
REPORT:   CRA-IPAD-R                                    ALABAMA MEDCAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:    999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                             PAGE:       9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                          INPATIENT CLAIM ADJUSTMENTS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                        ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.                        SERVICE  DATES  DAYS   ADMIT     BILLED AMT    ALLOWED AMT       PAT LIAB      TPL AMT
PAID AMT
    ICN         ATTENDING ID  FROM                   THRU  DRG     DATE   DRG SUPPMNTL    NON ALLOWED        COPAY
NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY  (9,999,999.99)  (9,999,999.99)   (999,999.99)
(9,999,999.99)    9,999,999.99)
                XXXXXXXXXXXXXXXX                                        XXXX        (999,999,999.99)  (9,999,999.99)   (999,999.99)
 RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY  MMDDYY  999   MMDDYY   9,999,999.99    9,999,999.99     999,999.99
9,999,999.99      9,999,999.99
                XXXXXXXXXXXXXXXX                                        XXXX         999,999,999.99    9,999,999.99     999,999.99
                                                                                                   ADDITIONAL PAYMENT           9,999,999.99
                                                                                                   NET OVERPAYMENT (AR)         9,999,999.99
                                                                                                   REFUND AMOUNT APPLIED        9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD  SRV DATE                                                                   UNITS    BILLED AMT              DETAIL EOBS
 999     MMDDYY                                                                  9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999     MMDDYY                                                                  9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999     MMDDYY                                                                  9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999     MMDDYY                                                                  9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999     MMDDYY                                                                  9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999

        TOTAL INPATIENT ADJUSTMENT CLAIMS:                                          99,999.999,99  99,999,999.99     9,999,999.99
99,999,999.99    99,999,999,99
                                                                                                   99,999,999.99     9,999,999.99
```

7.20.3 CRA-IPAD-R -- Remittance Advice - Inpatient Claim Adjustments Field Descriptions

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Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Admit Date [header]	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Allowed Amt [header]	Computed allowable dollar amount for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Attending ID [header]	License number of the attending provider.	10	Character
Billed Amt [header]	Dollar amount billed by the provider for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for the hospitalization stay on this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	8	Number (Decimal)
Days [header]	Number of days the recipient was in the hospital.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the claim.	4	Number (Integer)
DRG	Diagnosis Related Group.	4	Character
DRG SUPPLMNTL	DRG Supplemental Amount.	9	Number (Decimal)
Header EOBS	These are the Explanation of Benefits (EOB) codes that apply to the header of the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)

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Field	Description	Length	Data Type
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN [header]	Medical Record Number submitted by provider.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
MRN [header]	Medical Record Number submitted by provider.	15	Number (Integer)
Paid Amt [header]	Dollar amount that is payable for the hospitalization stay. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	38	Character
Pat Liab	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character

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Field	Description	Length	Data Type
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Character
Refund Amount Applied	Calculated amount if the daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Srv Date [detail]	The detail service date.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
TPL Amt [header]	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Total Inpatient Claims Adjustments - Allowed Amt	Allowed amount total of all the Inpatient Claims. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Inpatient Claims Adjustments - Billed Amt	Total billed amount of all the Inpatient Claims. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Inpatient Claims Adjustments - Co-Pay	Total of all co-pay amounts for the Inpatient Claims. Subtract the total daughter copay amounts from the total mother copay amounts.	9	Number (Decimal)
Total Inpatient Claims Adjustments – Non-Allowed	Total of non-allowed amount for the inpatient claim adjustments. Subtract the total daughter non-allowed amounts from the total mother non-allowed amounts.	10	Number (Decimal)
Total Inpatient Claims Adjustments - Paid Amt	Total of all the Inpatient Claims Adjustments. Subtract the total daughter paid amounts from the total mother paid amounts.	10	Number (Decimal)
Total Inpatient Claims Adjustments – Pat Liab	Total amount of Patient Liability amounts for the inpatient claims. Subtract the total daughter Patient Liability amounts from the total mother Patient Liability amounts.	10	Number (Decimal)
Total Inpatient Claims Adjustments - TPL Amt	Total of all TPL amounts for the Inpatient Claims Adjustments. Subtract the total daughter TPL amounts from the total mother TPL amounts.	10	Number (Decimal)
Units [detail]	Units of service rendered on each detail.	8	Number (Integer)

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7.21 CRA-IPDN-R -- Remittance Advice - Inpatient Claims Denied

7.21.1 CRA-IPDN-R -- Remittance Advice - Inpatient Claims Denied Narrative

The Remittance Advice - Inpatient Claims Denied Narrative report lists Inpatient claims that were denied. The report is separated by individual claims and displays header data only. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were denied along with an explanation as to why they were denied.

This report is produced during the financial cycle.

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7.21.2 CRA-IPDN-R -- Remittance Advice - Inpatient Claims Denied Layout

```
REPORT:   CRA-IPDN-R                                  ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   9999999999                             MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:      9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                        INPATIENT CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.                          SERVICE DATES   DAYS   ADMIT        BILLED                     TPL
     ICN        ATTENDING ID.                         FROM    THRU           DATE         AMOUNT                   AMOUNT         DRG
DRG SUPPLMNTL

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXXX      MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY  MMDDYY   999  MMDDYY  9,999,999.99                 9,999,999.99     XXXX
999,999,999.99
                XXXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999


REV CD            SRV DATE                                                          UNITS   BILLED AMT  DETAIL EOBS
 999               MMDDYY                                                          9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                       9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                          9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                       9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                          9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                       9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                          9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                       9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

                          TOTAL INPATIENT CLAIMS DENIED:                                 99,999,999.99                 99,999,999.99
```


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7.21.3 CRA-IPDN-R – Remittance Advice – Inpatient Claims Denied Field Descriptions

Field	Description	Length	Data Type
Admit Date [header]	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the hospital.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail on the claim.	4	Number (Integer)
DRG	Diagnosis Related Group.	4	Character
DRG SUPPLMNTL	DRG Supplemental Amount.	9	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header of claim. These codes are used to explain how the claim was processed or priced.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN [header]	Medical Record Number assigned by the provider. Usually used for tracking purposes.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of recipient.	13	Character
Srv Date [detail]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Inpatient Claims Denied - Billed Amount	Total billed amount of all the Inpatient Claims.	10	Number (Decimal)
Total Inpatient Claims Denied - TPL Amount	Total of all TPL amounts for the Inpatient Claims Denied.	10	Number (Decimal)
Units [detail]	Units of service rendered on each detail.	8	Number (Integer)

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7.22 CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid

7.22.1 CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid Narrative

The Remittance Advice - Inpatient Claims Paid Narrative report lists Inpatient claims that were paid. The report is separated by individual claims and displays header data only. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the acute inpatient provider a list of all inpatient claims that were paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

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7.22.2 CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid Layout

```
REPORT:   CRA-IPPD-R                                   ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   9999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                          INPATIENT CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.                          SERVICE  DATES  DAYS   ADMIT     BILLED AMT    ALLOWED AMT       PAT LIAB      TPL AMT
PAID AMT
    ICN         ATTENDING ID                           FROM     THRU  DRG     DATE  DRG SUPPLMNTL    NON ALLOWED        COPAY

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY  MMDDYY   999   MMDDYY   9,999,999.99    9,999,999.99     999,999.99
9,999,999.99      9,999,999.99
                XXXXXXXXXXXXXXX              XXXX                                  999,999,999.99    9,999,999.99     999,999.99

REV CD            SRV DATE                                                          UNITS    BILLED AMT              DETAIL EOBS
 999               MMDDYY                                                          9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999               MMDDYY                                                          9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999               MMDDYY                                                          9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999               MMDDYY                                                          9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
 999               MMDDYY                                                          9999999 9,999,999.99              9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999


                  TOTAL INPATIENT CLAIMS PAID:                                        99,999.999,99  99,999,999.99     9,999,999.99
99,999,999.99    99,999,999,99
                                                                                                   99,999,999.99     9,999,999.99
```


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7.22.3 CRA-IPPD-R -- Remittance Advice - Inpatient Claims Paid Field Descriptions

Field	Description	Length	Data Type
Admit Date [header]	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Allowed Amt [header]	Computed allowable dollar amount for claim.	9	Number (Decimal)
Attending ID[header]	National Provider Identification number of the attending physician.	10	Character
Billed Amt [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Days [header]	Number of days the recipient was in the hospital.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply the details of the claim.	4	Number (Integer)
DRG	Diagnosis Related Group.	4	Character
DRG SUPPLMNTL	DRG Supplemental Amount.	9	Number (Decimal)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
MRN [header]	.Medical Record Number submitted on the claim.	50	Character
Paid Amt [header]	Dollar amount that is payable for the claim.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character

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Field	Description	Length	Data Type
Patient Liability [header]	Patient Liability amount the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [header]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amt [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Inpatient Claims Paid – Allowed Amt	Allowed amount total of all the Inpatient Claims.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Inpatient Claims Paid – Billed Amt	Total billed amount of all the Inpatient Claims.	10	Number (Decimal)
Total Inpatient Claims Paid – Co-Pay Amt	Total of all co-pay amounts for the Inpatient Claims paid.	9	Number (Decimal)
Total Inpatient Claims Paid – Liability Amt	Total of patient liability amounts for all the Inpatient Claims paid.	9	Number (Decimal)
Total Inpatient Claims Paid – Non-Allowed	Total of non-allowed amounts for the inpatient claims paid.	10	Number (Decimal)
Total Inpatient Claims Paid – Paid Amt	Total of all the Inpatient Claims paid.	10	Number (Decimal)
Total Inpatient Claims Paid – TPL Amt	Total of all TPL amounts for the Inpatient Claims paid.	10	Number (Decimal)
Units [detail]	Units of service rendered.	8	Number (Integer)

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7.23 CRA-IPSU-R – Remittance Advice – Inpatient Claims In Process

7.23.1 CRA-IPSU-R – Remittance Advice – Inpatient Claims In Process Narrative

The Remittance Advice – Inpatient Claims In Process Narrative report lists Inpatient claims that are in suspense. The report is separated by individual claims and displays header data only. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

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7.23.2 CRA-IPSU-R – Remittance Advice – Inpatient Claims In Process Layout

```
REPORT:   CRA-IPSU-R                                          ALABAMA MEDICAID AGENCY                                              DATE:  MM/DD/CCYY
   RA#:   999999999                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                        PAGE:       9,999
                                                            PROVIDER REMITTANCE ADVICE
                                                            INPATIENT CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                             PAYEE ID             XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                NPI ID              9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                CHECK/EFT NUMBER     999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                                ISSUE DATE          MM/DD/CCYY

                 PAT ACCT NO.                                 SERVICE DATES   DAYS  ADMIT     BILLED                     TPL
   --ICN--       ATTENDING ID                                 FROM    THRU          DATE      AMOUNT                    AMOUNT             DRG
DRG SUPPMNTL

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY  MMDDYY   999  MMDDYY  9,999,999.99             9,999,999.99      XXXX
999,999,999.99
                 XXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD            SRV DATE                                                      UNITS   BILLED AMT  DETAIL EOBS
 999               MMDDYY                                                     9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                     9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                     9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

 999               MMDDYY                                                     9999999 9,999,999.99 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
9999 9999

             TOTAL INPATIENT CLAIMS IN PROCESS:                                        99,999,999.99             99,999,999.99
```


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7.23.3 CRA-IPSU-R – Remittance Advice – Inpatient Claims In Process Field Descriptions

Field	Description	Length	Data Type
Admit Date [header]	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [detail]	Number of days the recipient was in the hospital.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the detail.	4	Number (Integer)
DRG	Diagnosis Related Group.	4	Character
DRG SUPPLMNTL	DRG Supplemental Amount.	9	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header of the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [detail]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Inpatient Claims In Process – Billed Amount	Total billed amount of all the Inpatient Claims.	10	Number (Decimal)
Total Inpatient Claims In Process – TPL Amount	Total of all TPL amounts for the Inpatient Claims.	10	Number (Decimal)
Units [detail]	Units of service rendered on each detail.	8	Number (Integer)

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7.22 CRA-LTAD-R – Remittance Advice – Long Term Care Claim Adjustments

7.22.1 CRA-LTAD-R – Remittance Advice – Long Term Care Claim Adjustments Narrative

The Remittance Advice – Long Term Care Claim Adjustments Narrative report lists Long Term Care claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (Original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded monies. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that were adjusted along with explanations on why the claims were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.22.2 CRA-LTAD-R – Remittance Advice – Long Term Care Claim Adjustments Layout

```
REPORT:   CRA-LTAD-R                                    ALABAMA MEDICAID AGENCY                                        DATE:  MM/DD/CCYY
   RA#:   999999999                             MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:       9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                    LONG TERM CARE CLAIMS ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                         PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                            NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                            CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                            ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.   SERVICE DATES DAYS        BILLED        ALLOWED AMT         TPL            PATIENT            PAID
     --ICN--    ATTENDING ID   FROM    THRU  UNITS       AMOUNT        NON ALLOWED        AMOUNT         LIABILITY          AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999    (9,999,999.99)    (9,999,999.99)    (9,999,999.99)    (9,999,999.99)    (9,999,999.99)
                XXXXXXXXXXXXXXX                                       (9,999,999.99)
 RRYYJJJBBBSSS  XXXXXXXXXXXX  MMDDYY MMDDYY  999     9,999,999.99      9,999,999.99      9,999,999.99      9,999,999.99      9,999,999.99
                                                                       9,999,999.99
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD            SRV DATE                           UNITS     BILLED AMT                DETAIL EOBS
 999               MMDDYY                          9999999  9,999,999.99                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                         9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999               MMDDYY                          9999999  9,999,999.99                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                         9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999               MMDDYY                          9999999  9,999,999.99                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                         9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999               MMDDYY                          9999999  9,999,999.99                 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                         9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                                                                                   ADDITIONAL PAYMENT        9,999,999.99
                                                                                                   NET OVERPAYMENT           9,999,999.99
                                                                                                   REFUND AMOUNT APPLIED     9,999,999.99

          TOTAL LONG TERM CARE CLAIMS ADJ:         99,999,999.99     99,999,999.99     99,999,999.99     99,999,999.99     99,999,999.99
                                                                     99,999,999.99
```


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7.22.3 CRA-LTAD-R – Remittance Advice – Long Term Care Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amount [header]	Computed allowable amount for the services billed. The data displayed pertains to the adjusted claim.	9	Number (Decimal)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount requested by the provider for the service billed on this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the nursing home.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the claim detail lines. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes per detail line.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)

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Field	Description	Length	Data Type
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amount [header]	Dollar amount that is payable for the recipient's stay.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	30	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd	Revenue code pertaining to the service billed on the detail line.	3	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Character
Refund Amount Applied	Calculated amount if the daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Srv Date	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The data displayed pertains to the adjusted claim.	6	Date (MM/DD/YY)

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Field	Description	Length	Data Type
Service Dates - From	The earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
TPL Amount	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Total Long Term Care Claims ADJ - Allowed Amount	Allowed amount total of all the Long Term Care Claims Adjustments. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total Long Term Care Claims ADJ - Billed Amount	Total billed amount of all the Medicare Crossover Part A Claims. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Long Term Care Claims ADJ - Non-Allowed	Total of non-allowed amounts for the long term care adjusted claims. Subtract the total daughter non-allowed amounts from the total mother non-allowed amounts.	10	Number (Decimal)
Total Long Term Care Claims ADJ - Paid Amount	Total of all the Long Term Care Claims Adjustments. Subtract the total daughter paid amounts from the total mother paid amounts	10	Number (Decimal)
Total Long Term Care Claims ADJ - Patient Liability	Total of Patient Liability amounts for all the Long Term Care Claims Adjustments. Subtract the total daughter Patient Liability amounts from the total mother Patient Liability amounts.	9	Number (Decimal)
Total Long Term Care Claims ADJ - TPL Amount	Total of all TPL amounts for the Long Term Care Claims Adjustments. Subtract the total daughter TPL amounts from the total mother TPL amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Units [detail]	Number of units of service.	8	Number (Integer)

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7.23 CRA-LTDN-R -- Remittance Advice - Long Term Care Claims Denied

7.23.1 CRA-LTDN-R -- Remittance Advice - Long Term Care Claims Denied Narrative

The Remittance Advice – Long Term Care Claims Denied report lists Long Term Care claims that were denied. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

7.23.2 CRA-LTDN-R – Remittance Advice – Long Term Care Claims Denied Layout

```
REPORT:   CRA-LTDN-R                                    ALBAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
REPORT:   CRA-LTDN-R                                    ALBAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                     LONG TERM CARE CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

               PAT ACCT NO.                          SERVICE DATES  DAYS              BILLED                TPL              PATIENT
     --ICN--   ATTENDING ID                          FROM   THRU                     AMOUNT              AMOUNT            LIABILITY

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY MMDDYY  999           9,999,999.99         9,999,999.99         999,999.99
                XXXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999


REV CD             SRV DATE                        UNITS    BILLED AMT   DETAIL EOBS
999               MMDDYY                                                 9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
999               MMDDYY                                                 9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
999               MMDDYY                                                 9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

                  TOTAL LONG TERM CARE CLAIMS DENIED:                             99,999,999.99        99,999,999.99       9,999,999.99
```


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7.23.3 CRA-LTDN-R – Remittance Advice – Long Term Care Claims Denied Field Descriptions

Field	Description	Length	Data Type
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	This is the dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amt [detail]	This is the dollar amount requested by the provider for the service billed on the detail line.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the nursing home.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of twenty EOB codes per detail line.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
MRN	Medical Record Number submitted on the claim.	50	Character
Name [header]	Name of the recipient.	29	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character

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Field	Description	Length	Data Type
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
Rev Cd [detail]	This shows the revenue code pertaining to the service billed on the detail line.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Srv Date [detail]	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Long Term Care Claims Denied - Billed Amount	Total billed amount of all the Long Term Care Claims.	10	Number (Decimal)
Total Long Term Care Claims Denied - Patient Liability	Total of Patient Liability amounts for all the Long Term Care Claims Denied.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total Long Term Care Claims Denied – TPL Amount	Total of all TPL amounts for the Long Term Care Claims Denied.	10	Number (Decimal)
Units [detail]	Number of units of service.	8	Number (Integer)

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7.24 CRA-LTPD-R -- Remittance Advice - Long Term Care Claims Paid

7.24.1 CRA-LTPD-R -- Remittance Advice - Long Term Care Claims Paid Narrative

The Remittance Advice - Long Term Care Claims Paid report lists Long Term Care claims that were paid. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

7.24.2 CRA-LTPD-R – Remittance Advice – Long Term Care Claims Paid Layout

```
REPORT:   CRA-LTPD-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                            PAGE:      9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                      LONG TERM CARE CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID             XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID              9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER     999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                    ISSUE DATE          MM/DD/CCYY

                PAT ACCT NO.                          SERVICE DATES DAYS        BILLED       ALLOWED AMT           TPL           PATIENT
PAID
     --ICN--    ATTENDING ID                           FROM   THRU  UNITS       AMOUNT       NON ALLOWED         AMOUNT         LIABILITY
AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY MMDDYY  999     9,999,999.99      9,999,999.99      9,999,999.99
9,999,999.99      9,999,999.99
               XXXXXXXXXXXXXXX                                                                  9,999,999.99

 HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999


REV CD            SRV DATE                        UNITS                                          BILLED AMT      DETAIL EOBS
 999               MMDDYY                       9999999                                         9,999,999.99     9999 9999 9999 9999 9999 9999
9999 9999 9999 9999
                                                                                                                  9999 9999 9999 9999 9999 9999
9999 9999 9999 9999

          TOTAL LONG TERM CARE CLAIMS PAID:                                 99,999,999.99     99,999,999.99     99,999,999.99
99,999,999.99     99,999,999.99
                                                                                                 99,999,999.99
```


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7.24.3 CRA-LTPD-R – Remittance Advice – Long Term Care Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amt [header]	Computed allowable amount for the services billed.	9	Number (Decimal)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	This is the dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amt [detail]	This is the dollar amount requested by the provider for the service billed on the detail line.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the nursing home.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of twenty EOB codes per detail line.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amount [header]	Dollar amount that is payable for the recipient's stay.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character

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Field	Description	Length	Data Type
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue code pertaining to the service billed on the detail line.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [detail]	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Long Term Care Claims Paid - Allowed Amt	Allowed amount total of all the Long Term Care Claims Paid.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Long Term Care Claims Paid - Billed Amount	Total billed amount of the Long Term Care Claims.	10	Number (Decimal)
Total Long Term Care Claims Paid - Non-Allowed	Total of non-allowed amounts for the long term care paid claims.	10	Number (Decimal)
Total Long Term Care Claims Paid - Paid Amount	Total of all the Long Term Care Claims Paid.	10	Number (Decimal)
Total Long Term Care Claims Paid - Patient Liability	Total of Patient Liability amounts for all the Long Term Care Claims Paid.	9	Number (Decimal)
Total Long Term Care Claims Paid - TPL Amount	Total of all TPL amounts for the Long Term Care Claims Paid.	10	Number (Decimal)
Units [detail]	Number of units of service.	8	Number (Integer)

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7.25 CRA-LTSU-R -- Remittance Advice - Long Term Care Claims In Process

7.25.1 CRA-LTSU-R -- Remittance Advice - Long Term Care Claims In Process Narrative

The Remittance Advice - Long Term Care Claims In Process report lists Long Term Care claims that are in suspense. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all long term care claims that are in suspense along with explanations as to why they were suspended.

This report is produced during the financial cycle.

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7.25.2 CRA-LTSU-R – Remittance Advice – Long Term Care Claims In Process Layout

```
REPORT:   CRA-LTSU-R                                  ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                  LONG TERM CARE CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY

               PAT ACCT NO.                          SERVICE DATES  DAYS            BILLED                  TPL                PATIENT
     --ICN--   ATTENDING ID                            FROM   THRU                  AMOUNT                 AMOUNT             LIABILITY

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MMDDYY MMDDYY  999           9,999,999.99           9,999,999.99          9,999,999.99
                XXXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999


REV CD            SRV DATE                                                   UNITS     BILLED AMT  DETAIL EOBS
 999               MMDDYY                                                  9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
 999               MMDDYY                                                  9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
 999               MMDDYY                                                  9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
 999               MMDDYY                                                  9999999  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999

              TOTAL LONG TERM CARE CLAIMS IN PROCESS:                                 99,999,999.99          99,999,999.99          9,999,999.99
```


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7.25.3 CRA-LTSU-R – Remittance Advice – Long Term Care Claims In Process Field Descriptions

Field	Description	Length	Data Type
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount requested by the provider for the service billed on the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount requested by the provider for the service billed on the detail line.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Days [header]	Number of days the recipient was in the nursing home.	3	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the claim detail lines. There could be a maximum of twenty EOB codes per detail line.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character

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Field	Description	Length	Data Type
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue code pertaining to the service billed on the detail line.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	12	Number (Integer)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
Srv Date [detail]	If other services or supplies are billed aside from the patient stay (accommodation code), then the service date is entered and displayed. The occurrence of this field depends on the number of detail lines used to bill other than accommodation codes.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Medical Assistance Program being billed for the recipient's stay. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Long Term Care Claims In Process - Billed Amount	Total billed amount of the Long Term Care Claims.	10	Number (Decimal)
Total Long Term Care Claims In Process - Patient Liability	Total of Patient Liability amounts for all the Long Term Care Claims In Process.	9	Number (Decimal)
Total Long Term Care Claims In Process - TPL Amount	Total of all TPL amounts for the Long Term Care Claims In Process.	10	Number (Decimal)

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Field	Description	Length	Data Type
Units [detail]	Number of units of service.	8	Number (Integer)

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7.26 CRA-OPAD-R -- Remittance Advice - Outpatient Claim Adjustments

7.26.1 CRA-OPAD-R -- Remittance Advice - Outpatient Claim Adjustments Narrative

The Remittance Advice -Outpatient Claim Adjustments report lists Outpatient claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (Original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that were adjusted along with explanations on why they were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.26.2 CRA-OPAD-R -- Remittance Advice - Outpatient Claim Adjustments Layout

```
REPORT:   CRA-OPAD-R                                    ALABAMA MEDICAID                                                  DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                     OUTPATIENT CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                      PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                       ISSUE DATE           MM/DD/CCYY

      ICN        PAT ACCT NO.                          SERVICE DATES        BILLED      ALLOWED AMT          TPL         CO-PAY
PATIENT          PAID
                 ATTENDING ID                          FROM     THRU        AMOUNT      NON ALLOWED         AMOUNT       AMOUNT
LIABILITY        AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MMDDYY MMDDYY (9,999,999.99)   (9,999,999.99)   (9,999,999.99)   (999,999.99)
(999,999.99)   (9,999,999.99)
                 XXXXXXXXXXXXXXXX                                                          9,999,999.99
  RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MMDDYY MMDDYY  9,999,999.99     9,999,999.99     9,999,999.99     999,999.99
999,999.99     9,999,999.99
                 XXXXXXXXXXXXXXXX                                                          9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD PROC CODE                      SRV DATE  MODIFIERS      UNITS     BILLED AMT       ALLOWED AMT   NON ALLOWED   DETAIL EOBS
 999    XXXXXX                        MMDDYY  XX XX XX XX  999999.99   9,999,999.99      9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999
9999 9999 9999 9999 9999
                                                                                                                      9999 9999 9999 9999 9999
9999 9999 9999 9999 9999
 999    XXXXXX                        MMDDYY  XX XX XX XX  999999.99   9,999,999.99      9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999
9999 9999 9999 9999 9999
                                                                                                                      9999 9999 9999 9999 9999
9999 9999 9999 9999 9999
 999    XXXXXX                        MMDDYY  XX XX XX XX  999999.99   9,999,999.99      9,999,999.99  9,999,999.99  9999 9999 9999 9999 9999
9999 9999 9999 9999 9999
                                                                                                                      9999 9999 9999 9999 9999
9999 9999 9999 9999 9999

                                                                                          ADDITIONAL PAYMENT                 9,999,999.99
                                                                                          NET OVER PAYMENT                   9,999,999.99
                                                                                          REFUND AMOUNT APPLIED              9,999,999.99

     TOTAL OUTPATIENT ADJUSTMENT CLAIMS:                                 99,999,999.99    99,999,999.99 99,999,999.99       9,999,999
9,999,999.99   99,999,999.99
                                                                                         99,999,999.99
```


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7.26.3 CRA-OPAD-R -- Remittance Advice - Outpatient Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amt [header]	Computed allowable dollar amount for claim.	9	Number (Decimal)
Allowed Amt [detail]	Computed allowable dollar amount for this detail.	9	Number (Decimal)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the details.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number on the submitted claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Net Over Payment	Calculated amount if the daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed [detail]	The computed non-allowed amount for this detail. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)

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Field	Description	Length	Data Type
Non-Allowed [header]	The computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Proc Cd [detail]	Procedure codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered.	6	Character
Paid Amount [header]	Dollar amount that is payable for the claim.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	38	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Refund Amount Applied	Calculated amount if the daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)

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Field	Description	Length	Data Type
Srv Date [detail]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
TPL Amount [header]	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Total Outpatient Adjustment Claims - Allowed Amount	Total of allowed amounts of all the Adjustment Claims. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total Outpatient Adjustment Claims - Billed Amount	Total billed amount of all the Adjustment Claims. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total Outpatient Adjustment Claims - Co-Pay Amount	Total of all co-pay amounts for the Adjustment Claims paid. Subtract the total daughter copay amounts from the total mother copay amounts.	9	Number (Decimal)
Total Outpatient Adjustment Claims – Non-Allowed	Total of non-allowed amount for the outpatient claim adjustments. Subtract the total daughter non-allowed amounts from the total mother non-allowed amounts	10	Number (Decimal)
Total Outpatient Adjustment Claims - Paid Amount	Total of all the Adjustment Claims paid. Subtract the total daughter paid amounts from the total mother paid amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Outpatient Adjustment Claims - Patient Liability	Total of all patient liability amounts for the Outpatient Claims. Subtract the total daughter patient liability amounts from the total mother patient liability amounts.	10	Number (Decimal)
Total Outpatient Adjustment Claims - TPL Amount	Total of all TPL amounts for the Adjustment Claims paid. Subtract the total daughter TPL amounts from the total mother TPL amounts	10	Number (Decimal)
Units [detail]	Units of service rendered.	6	Number (Decimal)

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7.27 CRA-OPDN-R -- Remittance Advice - Outpatient Claims Denied

7.27.1 CRA-OPDN-R -- Remittance Advice - Outpatient Claims Denied Narrative

The Remittance Advice - Outpatient Claims Denied report lists Outpatient claims that were denied. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

7.27.2 CRA-OPDN-R -- Remittance Advice - Outpatient Claims Denied Layout

```
REPORT:   CRA-OPDN-R                                  ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                       OUTPATIENT CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.  SERVICE DATES                                BILLED          TPL                    PATIENT
    ICN         ATTENDING ID   FROM   THRU                                 AMOUNT         AMOUNT                 LIABILITY

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXXX     MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MMDDYY MMDDYY   9,999,999.99     9,999,999.99            999,999.99
                XXXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD PROC CODE   MODIFIERS                        SRV DATE UNITS     BILLED AMT    DETAIL EOBS
 999    XXXXXX    XX XX XX XX                       MMDDYY  9999999    9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                       MMDDYY  9999999    9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                       MMDDYY  9999999    9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                       MMDDYY  9999999    9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                       MMDDYY  9999999    9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

            TOTAL OUTPATIENT CLAIMS DENIED:                           99,999,999.99     99,999,999.99           9,999,999.99
```


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7.27.3 CRA-OPDN-R -- Remittance Advice - Outpatient Claims Denied Field Descriptions

Field	Description	Length	Data Type
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Detail EOBS	Explanation of Benefit (EOB) codes that apply to the detail of the claim.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number assigned by the provider. Usually used for tracking purposes.	50	Number (Integer)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Proc Code [detail;]	Procedure codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered.	6	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability [header]	Dollar amount the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character

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Field	Description	Length	Data Type
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [detail]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Outpatient Claims Denied - Billed Amount	Total of all the Outpatient Claims billed for the provider.	10	Number (Decimal)
Total Outpatient Claims Denied - Patient Liability	Total of patient liability amounts for all the Outpatient Claims Denied.	9	Number (Decimal)
Total Outpatient Claims Denied - TPL Amount	Total of all TPL amounts for the Outpatient Claims Denied, for the provider.	10	Number (Decimal)
Units [detail]	Units of service rendered.	8	Number (Integer)

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7.28 CRA-OPPD-R -- Remittance Advice - Outpatient Claims Paid

7.28.1 CRA-OPPD-R -- Remittance Advice - Outpatient Claims Paid Narrative

The Remittance Advice - Outpatient Claims Paid report lists Outpatient claims that were paid. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

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7.28.2 CRA-OPPD-R -- Remittance Advice - Outpatient Claims Paid Layout

```
REPORT:   CRA-OPPD-R                                  ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:  9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                        OUTPATIENT CLAIMS PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      ISSUE DATE           MM/DD/CCYY
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX

      ICN        PAT ACCT NO.                          SERVICE DATES        BILLED      ALLOWED AMT         TPL           CO-PAY          PATIENT           PAID
                 ATTENDING ID                          FROM     THRU        AMOUNT      NON ALLOWED        AMOUNT         AMOUNT         LIABILITY         AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY    (9,999,999.99) (9,999,999.99)   (9,999,999.99)   (999,999.99)   (999,999.99)   (9,999,999.99)
                 XXXXXXXXXXXXXXXX                                                9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD PROC CODE   MODIFIERS                          SRV DATE  UNITS    BILLED AMT     ALWD AMT     DETAIL EOBS
 999    XXXXXX    XX XX XX XX                        MMDDYY  9999999   9,999,999.99   9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                        MMDDYY  9999999   9,999,999.99   9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                        MMDDYY  9999999   9,999,999.99   9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
 999    XXXXXX    XX XX XX XX                        MMDDYY  9999999   9,999,999.99   9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                     9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

      TOTAL OUTPATIENT CLAIMS PAID:                                   99,999,999.99  99,999,999.99    99,999,999.99    9,999,999.99    99,999,999.    99,999,999.99
                                                                                     99,999,999.99
```


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7.28.3 CRA-OPPD-R -- Remittance Advice - Outpatient Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amount [header]	Computed allowable dollar amount for the claim.	9	Number (Decimal)
Alwd Amt [detail]	Computed allowable dollar amount for this detail.	9	Number (Decimal)
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to the details.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header of the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number on the submitted claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)

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Field	Description	Length	Data Type
Proc Code [detail]	Procedure codes that correspond to the revenue codes on each of the detail lines being billed. These codes are used to compute the allowable amount for the services rendered.	6	Character
Paid Amount [header]	Dollar amount that is payable for the claim.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA Number	The system assigned number for the remittance advice. There is only one number for each checkwrite. All RAs for that checkwrite will have the same RA number.	15	Number (Integer)
Rev Cd [detail]	Revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [detail]	Dates the services were rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)

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Field	Description	Length	Data Type
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Outpatient Claims Paid - Allowed Amount	Total of the allowed amounts of the Outpatient Claims.	10	Number (Decimal)
Total Outpatient Claims Paid - Billed Amount	Total billed amount of all the Outpatient Claims.	10	Number (Decimal)
Total Outpatient Claims Paid - Co-Pay Amount	Total of all co-pay amounts for the Outpatient Claims.	9	Number (Decimal)
Total Outpatient Claims Paid - Non-Allowed	Total of non-allowed amounts for the outpatient claims paid.	10	Number (Decimal)
Total Outpatient Claims Paid - Paid Amount	Total of all the Outpatient Claims paid.	10	Number (Decimal)
Total Outpatient Claims Paid - Patient Liability	Total of all patient liability amounts for the Outpatient Claims.	10	Number (Decimal)
Total Outpatient Claims Paid - TPL Amount	Total of all TPL amounts for the Outpatient Claims paid.	10	Number (Decimal)
Units [detail]	Units of service rendered.	8	Number (Integer)

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7.29 CRA-OPSU-R -- Remittance Advice - Outpatient Claims In Process

7.29.1 CRA-OPSU-R -- Remittance Advice - Outpatient Claims In Process Narrative

The Remittance Advice - Outpatient Claims In Process report lists Outpatient claims that are in suspense. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the outpatient provider a list of all outpatient claims that are in suspense along with explanations on why they were suspended.

This report is produced during the financial cycle.

7.29.2 CRA-OPSU-R -- Remittance Advice - Outpatient Claims In Process Layout

```
REPORT:   CRA-OPSU-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                       OUTPATIENT CLAIMS IN PROCESS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                      ISSUE DATE           MM/DD/CCYY

                PAT ACCT NO.                            SERVICE DATES                       BILLED             TPL             PATIENT
    ICN         ATTENDING ID                             FROM   THRU                        AMOUNT           AMOUNT           LIABILITY

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 RRYYJJJBBBSSS  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MMDDYY MMDDYY                    9,999,999.99        9,999,999.99       999,999.99
                XXXXXXXXXXXXXXXX
HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

REV CD PROC CODE   MODIFIERS                            SRV DATE  UNITS                  BILLED AMT    DETAIL EOBS
 999    XXXXXX    XX XX XX XX                          MMDDYY  9999999                  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                      9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
 999    XXXXXX    XX XX XX XX                          MMDDYY  9999999                  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                      9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
 999    XXXXXX    XX XX XX XX                          MMDDYY  9999999                  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                      9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
 999    XXXXXX    XX XX XX XX                          MMDDYY  9999999                  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                      9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
 999    XXXXXX    XX XX XX XX                          MMDDYY  9999999                  9,999,999.99  9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
                                                                                                      9999 9999 9999 9999 9999 9999 9999 9999
9999 9999
```


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```
TOTAL OUTPATIENT CLAIMS IN PROCESS:                                    99,999,999.99      99,999,999.99     9,999,999.99
```

7.29.3 CRA-OPSU-R -- Remittance Advice - Outpatient Claims In Process Field Descriptions

Field	Description	Length	Data Type
Attending ID [header]	National Provider Identification number of the attending provider.	10	Character
Billed Amount [header]	Dollar amount billed by the provider for the claim.	9	Number (Decimal)
Billed Amt [detail]	Dollar amount billed by the provider for this detail.	9	Number (Decimal0
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Detail EOBS	Explanation of Benefits (EOB) for the details.	4	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) for the header.	4	Number (Integer)
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number on the submitted claim.	50	Character
Name [header]	Name of the recipient.	29	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Proc Code [detail]	These are the procedure codes that correspond to the revenue codes on each of the detail lines being billed.	6	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability [header]	Patient liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Rev Cd [detail]	These are the revenue codes that pertain to the services being billed on the detail lines.	3	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Number (Integer)
Srv Date [detail]	Dates the services were actually rendered. Each detail line will have a date on which the service billed on that line was rendered to the recipient.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid by sources other than the Alabama Medicaid program being billed for the recipient's services. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Outpatient Claims In Process - Billed Amount	Total of all the Outpatient Claims billed for the provider.	10	Number (Decimal)
Total Outpatient Claims In Process - Patient Liability	Total of all patient liability amounts for the Outpatient Claims.	10	Number (Decimal)
Total Outpatient Claims In Process - TPL Amount	Total of all TPL amounts for the Outpatient Claims In Process.	10	Number (Decimal)

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Field	Description	Length	Data Type
Units [detail]	This shows the units of service rendered. May occur twenty-three times depending on the number of detail lines billed.	8	Number (Integer)

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7.30 CRA-PRAD-R – Remittance Advice – CMS 1500 Claim Adjustments

7.30.1 CRA-PRAD-R – Remittance Advice – CMS 1500 Claim Adjustments Narrative

The Remittance Advice - CMS 1500 Claim Adjustments report lists CMS 1500 claims that were adjusted. The report is separated by individual claims. It displays the header data for the claim being adjusted (Original) and both header and detail data for the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that were adjusted along with explanations on why they were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

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7.30.2 CRA-PRAD-R – Remittance Advice – CMS 1500 Claim Adjustments Layout

```
REPORT:   CRA-PHAD-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                        CMS 1500 CLAIM ADJUSTMENTS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                        ISSUE DATE           MM/DD/CCYY


 --ICN--     PAT ACCT NO.                          SERVICE DATES          BILLED       ALLOWED          NON            COPAY
TPL          PAID
                                                    FROM   THRU           AMOUNT        AMOUNT         ALLOWED        AMOUNT
AMOUNT       AMOUNT
NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXXX       MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY      (9,999,999.99)   (9,999,999.99) (9,999,999.99)  (9,999,999.99)
(999,999.99)  (9,999,999.99)
RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY       9,999,999.99     9,999,999.99   9,999,999.99    9,999,999.99
999,999.99    9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                                    SERVICE DATES  RENDERING          BILLED         ALLOWED      COPAY
POS PROC CD  MODIFIERS   UNITS                       FROM   THRU    PROVIDER          AMOUNT        NON-ALLOWED      TPL          PAID
DETAIL EOBS
XX    XXXXX  XX XX XX XX 9999                      MMDDYY MMDDYY  XXXXXXXXXX      9,999,999.99  9,999,999.99  9,999,999.99 9,999,999.99  9999
9999 9999 9999 9999 9999 9999 9999
                                                                                                  9,999,999.99  9,999,999.99               9999
9999 9999 9999 9999 9999 9999 9999
XX    XXXXX  XX XX XX XX 9999                      MMDDYY MMDDYY  XXXXXXXXXX      9,999,999.99  9,999,999.99  9,999,999.99 9,999,999.99  9999
9999 9999 9999 9999 9999 9999 9999
                                                                                                  9,999,999.99  9,999,999.99               9999
9999 9999 9999 9999 9999 9999 9999
XX    XXXXX  XX XX XX XX 9999                      MMDDYY MMDDYY  XXXXXXXXXX      9,999,999.99  9,999,999.99  9,999,999.99 9,999,999.99  9999
9999 9999 9999 9999 9999 9999 9999
                                                                                                  9,999,999.99  9,999,999.99               9999
9999 9999 9999 9999 9999 9999 9999

                                                                                                  ADDITIONAL PAYMENT           9,999,999.99
                                                                                                  NET OVERPAYMENT (AR)         9,999,999.99
                                                                                                  REFUND AMOUNT APPLIED        9,999,999.99

   TOTAL CMS 1500 ADJUSTMENT CLAIMS:         (99,999,999.99)  (99,999,999.99)  (99,999,999.99) (99,999,999.99) (9,999,999.99)  (99,999,999.99)
                                              99,999,999.99    99,999,999.99    99,999,999.99   99,999,999.99   9,999,999.99    99,999,999.99
```


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7.30.3 CRA-PRAD-R – Remittance Advice – CMS1500 Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amount [header]	Computed dollar amount allowable for the services rendered under the Alabama Medicaid program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Allowed Amount [detail]	Computed dollar amount allowable for the services rendered under the Alabama Medicaid program for this detail.	9	Number (Decimal)
Billed Amount [detail]	Total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Billed Amount [header]	Total dollar amount requested by the provider for the services billed on this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that was generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	8	Number (Decimal)
Co-Pay [detail]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount on this detail.	8	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character

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Field	Description	Length	Data Type
Header EOBS	Explanation of Benefits (EOB) codes that apply to the header of the claim. These codes are used to explain why the claim was adjusted. There could be a maximum of twenty EOB codes.	4	Character
ICN [header]	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number submitted on the claim. Usually used for tracking purposes.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed [detail]	The computed non-allowed amount for this detail. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
POS [detail]	Place of Service code indicating where the service was rendered. The data displayed pertains to the adjusted claim.	2	Character
Proc Cd [detail]	HCPCS or CPT code used to indicate what services were rendered to the recipient by the provider. The data displayed pertains to the adjusted claim.	5	Character

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Field	Description	Length	Data Type
Paid Amount [header]	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the Third Party Liability (TPL) amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Pat Acct No. [header]	Patient account number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Character
Refund Amount Applied	Calculated amount if daughter pays less tan the mother on Cash related adjustment.	9	Number (Decimal)
Rendering Provider [detail]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Character
Service Dates – From [header]	The earliest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)

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Field	Description	Length	Data Type
Service Dates – Thru [header]	The latest date of service on all the detail lines. The dates pertaining to the original claim are displayed first. The dates pertaining to the adjusted claim are displayed under the dates for the original claim.	6	Date (MM/DD/YY)
Service Dates – From [detail]	The earliest date of service on the detail line of the adjusted claim.	6	Date (MM/DD/YY)
Service Dates – Thru [detail]	The latest date of service on the detail line of the adjusted claim.	6	Date (MM/DD/YY)
TPL Amount [header]	Dollar amount paid for the services by any source outside of the Alabama Medicaid program that is being billed. If present, this amount is subtracted from the allowed amount to arrive at the paid amount. The first amount (credit) displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Total CMS 1500 Claims Adj Paid - Allowed Amount	Allowed amount total of all the CMS 1500 Claims Adjustments Paid. Subtract the total daughter allowed amounts from the total mother allowed amounts.	10	Number (Decimal)
Total CMS 1500 Claims Adj Paid - Billed Amount	Total billed amount of all the CMS 1500 Claims. Subtract the total daughter billed amounts from the total mother billed amounts.	10	Number (Decimal)
Total CMS 1500 Claims Adj Paid - Co-Pay Amount	Total of Co-pay amounts for all the CMS 1500 Claims Adjustments Paid. Subtract the total daughter copay amounts from the total mother copay amounts.	9	Number (Decimal)
Total CMS 1500 Claims Adj Paid - Non-Allowed	Total of non-allowed amounts for the CMS 1500 adjusted claims. Subtract the total daughter non-allowed amounts from the total mother non-allowed amounts.	10	Number (Decimal)
Total CMS 1500 Claims Adj Paid - Paid Amount	Total of all the CMS Claims Adjustments Paid. Subtract the total daughter paid amounts from the total mother paid amounts.	10	Number (Decimal)
Total CMS 1500 Claims Adj Paid - TPL Amount	Total of all Third Party (TPL) payment amounts for the CMS 1500 Claims Adjustments Paid. Subtract the total daughter TPL amounts from the total mother TPL amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Units [detail]	Units of service being billed on each detail line. The data displayed pertains to the adjusted claim.	6	Number (Integer)

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7.31 CRA-PRDN-R -- Remittance Advice - CMS 1500 Claims Denied

7.31.1 CRA-PRDN-R -- Remittance Advice - CMS 1500 Claims Denied Narrative

The Remittance Advice - CMS 1500 Claims Denied report lists CMS 1500 claims that were denied. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that were denied along with explanations on why they were denied.

This report is produced during the financial cycle.

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7.31.2 CRA-PRDN-R -- Remittance Advice - CMS 1500 Claims Denied Layout

```
REPORT:   CRA-PHDN-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                          CMS 1500 CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                   ISSUE DATE           MM/DD/CCYY


         --ICN--         PAT ACCT NO.                           SERVICE DATES                                BILLED
TPL
                                                                FROM   THRU                                  AMOUNT          COPAY
AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: XXXXXXXXXXXXXX       MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999999 999999                                 9,999,999.99    9,999,999.99
9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                  SERVICE DATES  RENDERING             BILLED
 POS  PROC CD  MODIFIERS   UNITS    FROM   THRU   PROVIDER             AMOUNT       COPAY        DETAIL EOBS
  XX   XXXXXX  XX XX XX XX 9999   999999 999999    XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
  XX   XXXXXX  XX XX XX XX 9999   999999 999999    XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
  XX   XXXXXX  XX XX XX XX 9999   999999 999999    XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
  XX   XXXXXX  XX XX XX XX 9999   999999 999999    XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999 9999
9999
```

TOTAL CMS 1500 CLAIMS DENIED: 99,999,999.99 99,999,999.99 99,999,999.99

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7.31.3 CRA-PRDN-R -- Remittance Advice - CMS 1500 Claims Denied Field Descriptions

Field	Description	Length	Data Type
Billed Amount [header]	Total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number (Decimal)
Billed Amount [detail]	Total dollar amount requested by the provider for the services billed on this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT generated.	9	Number (Integer)
Copay [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount for the claim.	9	Number (Decimal)
Copay [detail]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount for this detail.	9	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Character
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
Medical Record Number [header]	Medical Record Number assigned by the provider for tracking purposes.	15	Number (Integer)
Modifiers[detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
MRN	Medical Record Number Submitted on the claim, used for tracking purpose.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
POS [detail]	Place of Service code indicating where the services were rendered.	2	Character

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Field	Description	Length	Data Type
Proc Cd [detail]	HCPCS or CPT used to indicate what services were rendered to the recipient by the provider.	5	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Character
Rendering Provider [detail]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Character
Service Dates – From [detail]	The earliest date of service on the detail line.	6	Date (MM/DD/YY)
Service Dates – Thru [detail]	The latest date of service on the detail line.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount [header]	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total CMS 1500 Claims Denied – Billed Amount	Total billed amount of all the CMS 1500 Claims.	10	Number (Decimal)
Total CMS 1500 Claims Denied – Copay	Total amount of co-pay for all the CMS 1500 claims.	10	Number (Decimal)
Total CMS 1500 Claims Denied – TPL Amount	Total of all Third Party (TPL) payment amounts for the CMS 1500 Claims Denied.	10	Number (Decimal)
Units [detail]	Units of service being billed on each detail line.	4	Number (Integer)

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7.32 CRA-PRPD-R – Remittance Advice – CMS 1500 Claims Paid

7.32.1 CRA-PRPD-R – Remittance Advice – CMS 1500 Claims Paid Narrative

The Remittance Advice - CMS 1500 Claims Paid report lists CMS 1500 claims that were paid. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

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7.32.2 CRA-PRPD-R – Remittance Advice – CMS 1500 Claims Paid Layout

```
REPORT:   CRA-PRPD-R                                    ALABAMA MEDICAID AGENCY                                    DATE:   MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE:        9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                         CMS 1500 CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                    ISSUE DATE           MM/DD/CCYY



     --ICN--  PAT ACCT NO. SERVICE DATES          BILLED       ALLOWED          NON           COPAY              TPL            PAID
                           FROM    THRU           AMOUNT        AMOUNT         ALLOWED        AMOUNT            AMOUNT         AMOUNT
NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXXX    MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXRRYYJJJBBBSSS
XXXXXXXXXXXX MMDDYY MMDDYY       9,999,999.99     9,999,999.99   9,999,999.99    9,999,999.99     999,999.99     9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                   SERVICE DATES  RENDERING       BILLED     ALLOWED     COPAY
 POS   PROC CD  MODIFIERS   UNITS   FROM     THRU  PROVIDER        AMOUNT    NON-ALLOWED   TPL        PAID          DETAIL EOBS
XX   XXXXX  XX XX XX XX  9999    MMDDYY  MMDDYY XXXXXXXXXX  9,999,999.99 9,999,999.99  9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999
                                                                          9,999,999.99  9,999,999.99
XX   XXXXX  XX XX XX XX  9999    MMDDYY  MMDDYY XXXXXXXXXX  9,999,999.99 9,999,999.99  9,999,999.99 9,999,999.99  9999 9999 9999 9999 9999 9999
                                                                          9,999,999.99  9,999,999.99

    TOTAL CMS 1500 CLAIMS PAID                 99,999,999.99    99,999,999.99  99,999,999.99   99,999,999.99   9,999,999.99    99,999,999.99
```

7.32.3 CRA-PRPD-R – Remittance Advice – CMS 1500 Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amount [header]	Computed dollar amount allowable for the services rendered under the Medical Assistance Program being billed. This amount is arrived at by adding all the allowable amounts for all the services described on the detail lines.	9	Number (Decimal)
Allowed Amount [detail]	Computed dollar amount allowable for the services rendered under the Medical Assistance Program being billed for this detail.	9	Number (Decimal)
Billed Amount [header]	Total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number (Decimal)
Billed Amount [detail]	Total dollar amount requested by the provider for the services billed on this detail line.	9	Number (Decimal)

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Field	Description	Length	Data Type
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount [header]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Copay [detail]	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount for this detail.	4	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Character
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number assigned by the provider for tracking purposes.	50	Character
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
Non-Allowed [detail]	The computed non-allowed amount for this detail. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Non-Allowed [header]	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
POS [detail]	Place of Service code indicating where the service was rendered.	2	Character
Proc Cd [detail]	HCPCS or CPT code used to indicate what services were rendered to the recipient by the provider.	5	Character

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Field	Description	Length	Data Type
Paid Amount [header]	Dollar amount paid for the services rendered. This is arrived at by computing the allowable amount for the services and deducting the Third Party (TPL) amount.	9	Number (Decimal)
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID [header]	Medicaid Identification number of the recipient.	13	Character
Rendering Provider [detail]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Character
Service Dates – From [detail]	The earliest date of service on the detail line.	6	Date (MM/DD/YY)
Service Dates – Thru [detail]	The latest date of service on the detail line.	6	Date (MM/DD/YY)
Service Dates – From [header]	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates – Thru [header]	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)

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Field	Description	Length	Data Type
TPL Amount [header]	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
TPL: Amount [detail]	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total CMS 1500 Claims Paid - Allowed Amount	Total allowed amount of all the CMS 1500 Claims Paid.	10	Number (Decimal)
Total CMS 1500 Claims Paid - Billed Amount	Total billed amount of all the CMS 1500 Claims.	10	Number (Decimal)
Total CMS 1500 Claims Paid - Co-Pay Amount	Total of Co-pay amounts for all the CMS 1500 Claims Paid.	9	Number (Decimal)
Total CMS 1500 Claims Paid - Non-Allowed	Total of non-allowed amount for the CMS 1500 Claims paid.	10	Number (Decimal)
Total CMS 1500 Claims Paid - Paid Amount	Total of all the CMS 1500 Claims Paid.	10	Number (Decimal)
Total CMS 1500 Claims Paid - TPL Amount	Total of all TPL amounts for the CMS 1500 Claims Paid.	10	Number (Decimal)
Units [detail]	Units of service being billed on each detail line.	6	Number (Integer)

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7.33 CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process

7.33.1 CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process Narrative

The Remittance Advice - CMS 1500 Claims In Process report lists CMS 1500 claims that are in suspense. The report is separated by individual claims and displays both header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the medical professional provider a list of all CMS 1500 claims that are in suspense along with explanations on why they were suspended.

This report is produced during the financial cycle.

7.33.2 CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process Layout

```
REPORT:   CRA-PHSU-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                               PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                        CMS 1500 CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

              --ICN--     PAT ACCT NO.                          SERVICE DATES                        BILLED                                TPL
                                                                 FROM   THRU                         AMOUNT       COPAY
AMOUNT

NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX RECIPIENT ID: 999999999999   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
            RRYYJJJBBBSSS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MMDDYY MMDDYY                    9,999,999.99     9,999,999.99
9,999,999.99

HEADER EOBS:  9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

                                  SERVICE DATES RENDERING            BILLED
 POS    PROC CD  MODIFIERS   UNITS  FROM   THRU   PROVIDER             AMOUNT        COPAY       DETAIL EOBS
  XX     XXXXXX  XX XX XX XX 9999   MMDDYY MMDDYY  XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
  XX     XXXXXX  XX XX XX XX 9999   MMDDYY MMDDYY  XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
  XX     XXXXXX  XX XX XX XX 9999   MMDDYY MMDDYY  XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
  XX     XXXXXX  XX XX XX XX 9999   MMDDYY MMDDYY  XXXXXXXXXX        9,999,999.99  9,999,999.99   9999 9999 9999 9999 9999 9999 9999 9999
                                                                                                   9999 9999 9999 9999 9999 9999 9999 9999
                           TOTAL  CMS 1500 CLAIMS IN PROCESS:         99,999,999.99    99,999,999.99          99,999,999.99
```


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7.33.3 CRA-PRSU-R -- Remittance Advice - CMS 1500 Claims In Process Field Descriptions

Field	Description	Length	Data Type
Billed Amount [header]	Total dollar amount requested by the provider for the services billed on all the detail lines. This is arrived at by adding all the billed amounts on all the detail lines.	9	Number (Decimal)
Billed Amount [detail]	Total dollar amount requested by the provider for the services billed on this detail.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Copay [header]	Total dollar amount of copay for claim.	9	Number (Decimal)
Copay [detail]	Total dollar amount of copay for detail.	9	Number (Decimal)
Detail EOBS	Explanation of Benefits (EOB) codes that apply to each detail line on the claim form.	4	Character
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim. These codes are used to explain how the claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Character
ICN [header]	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim used for tracking purpose.	50	Character
Modifiers [detail]	Modifiers used to further describe the service rendered. Up to four modifiers may be displayed on each detail line.	2	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name [header]	Name of the recipient.	29	Character
POS [detail]	Place of service code indicating where the service was rendered.	2	Character

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Field	Description	Length	Data Type
Proc Cd [detail]	HCPCS or CPT code used to indicate what services were rendered to the recipient by the provider.	5	Character
Pat Acct No. [header]	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	12	Character
Rendering Provider [detail]	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Character
Service Dates - From	The earliest date of service on all the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service on all the detail lines.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total CMS 1500 Claims In Process - Billed Amount	Total billed amount of all the CMS 1500 Claims In Process.	10	Number (Decimal)
Total CMS 1500 Claims In Process – Copay	Total copay of all the CMS 1500 Claims In Process	10	Number (Decimal)

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Field	Description	Length	Data Type
Total CMS 1500 Claims In Process - TPL Amount	Total of all Third Party (TPL) payment amounts for the CMS 1500 Claims In Process.	10	Number (Decimal)
Units	Units of service being billed on each detail line.	6	Number (Integer)

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7.34 CRA-SUMM-R -- Remittance Advice Summary

7.34.1 CRA-SUMM-R -- Remittance Advice Summary Narrative

The Remittance Advice Summary is generated each claims payment cycle. Its purpose is to summarize all claim and financial activity for a each financial cycle and to report year-to-date totals of all claim and financial activity.

This report is produced during the financial cycle.

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7.34.2 CRA-SUMM-R -- Remittance Advice Summary Layout

```
REPORT:   CRA-SUMM-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                PAGE:  9,999
                                                   PROVIDER REMITTANCE ADVICE
                                                    REMITTANCE ADVICE SUMMARY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

                                          -------------------------CLAIMS DATA--------------------------

                                           CURRENT            CURRENT      YEAR-TO-DATE      YEAR-TO-DATE
                                            NUMBER             AMOUNT          NUMBER           AMOUNT
         CLAIMS PAID                        999,999      99,999,999.99        9,999,999     999,999,999.99
         CLAIM ADJUSTMENTS                  999,999      99,999,999.99        9,999,999     999,999,999.99
            TOTAL CLAIMS PAYMENTS           999,999      99,999,999.99        9,999,999     999,999,999.99
         CLAIMS DENIED                      999,999                           9,999,999
         CLAIMS IN PROCESS                  999,999                           9,999,999

                                               -----------------------EARNINGS DATA-----------------------
         PAYMENTS:
            CLAIMS PAYMENTS                                 99,999,999.99                     999,999,999.99

            CAPITATION PAYMENT†                             99,999,999.99                     999,999,999.99
            PAYOUTS                                         99,999,999.99                     999,999,999.99
            ACCOUNTS RECEIVABLE:
               CLAIM SPECIFIC:
                  CURRENT CYCLE                            (99,999,999.99)                   (999,999,999.99)
                  OUTSTANDING FROM PREVIOUS CYCLES         (99,999,999.99)                   (999,999,999.99)
               NON-CLAIM SPECIFIC                          (99,999,999.99)                   (999,999,999.99)

      NET PAYMENT**                                         99,999,999.99                     999,999,999.99

        REFUNDS:
         CLAIM SPECIFIC ADJUSTMENTS REFUNDS               (99,999,999,99)                   (999,999,999,99)
         NON-CLAIM SPECIFIC REFUNDS                       (99,999,999,99)                   (999,999,999,99)

       OTHER FINANCIAL:
          OTHER PAYOUTS                                     99,999,999.99                     999,999,999.99
          VOIDS                                            (99,999,999.99)                   (999,999,999.99)
          DEDUCTIONS THIS CYCLE                             99,999,999.99

       NET EARNINGS                                         99,999,999.99                     999,999,999.99
                                  -----CURRENT DEDUCTIONS------
                              LIEN HOLDER NAME/TYPE                                  DEDUCTION AMOUNT
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99,999,999.99
** NET PAYMENT AMOUNT HAS BEEN REDUCED DUE TO DEDUCTIONS.  PLEASE SEE 'CURRENT DEDUCTIONS' FOR DETAILS.

† THIS AMOUNT MAY INCLUDE CAPITATION, CASE MANAGEMENT PAYMENTS.  PLEASE REFER TO YOUR ROSTER.
  PLEASE REFER TO YOUR ROSTER FOR ADDITIONAL DETAIL.
```

7.34.3 CRA-SUMM-R -- Remittance Advice Summary Field Descriptions

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Field	Description	Length	Data Type
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Claims Data - Current Amount - Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Remittance Advice.	10	Number (Decimal)
Claims Data - Current Amount - Claims Paid	The total dollar amount of the claims paid during the current financial cycle.	10	Number (Decimal)
Claims Data - Current Amount - Total Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized during the current financial cycle.	10	Number (Decimal)
Claims Data - Current Number - Claim Adjustments	The total net dollar amount of all positive adjustments finalized during the current financial cycle. Negative adjustments which result in an A/R are reported below in the offsets section. Refund adjustments are reported in the Refunds section of the Remittance Advice.	6	Number (Decimal)
Claims Data - Current Number - Claims Denied	The total number of claims denied during the current financial cycle.	6	Number (Integer)
Claims Data - Current Number - Claims Paid	The total number of claims paid during the current financial cycle.	6	Number (Integer)
Claims Data - Current Number - Claims in Process	The total number of claims in process during the current financial cycle.	6	Number (Integer)
Claims Data - Current Number - Total Claims Payments	The total number of claims paid and adjustments finalized during the current financial cycle.	6	Number (Integer)
Claims Data - Y-T-D Amount - Claims Adjustments	The total net dollar amount of all positive adjustments finalized year to date Negative adjustments and Refund adjustments are reported elsewhere on the Remittance Advice.	10	Number (Decimal)

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Field	Description	Length	Data Type
Claims Data - Y-T-D Amount - Claims Paid	The total dollar amount of claims paid year to date.	10	Number (Decimal)
Claims Data - Y-T-D Amount - Total Claims Payments	The total dollar amount of all claims paid and the net dollar amount of all positive adjustments finalized year to date.	10	Number (Decimal)
Claims Data - Y-T-D Number - Claims Adjustments	The total number of adjustments finalized year to date.	7	Number (Integer)
Claims Data - Y-T-D Number - Claims Denied	The total number of claims denied year to date.	7	Number (Integer)
Claims Data - Y-T-D Number - Claims In Process	The total number of claims in process year to date.	7	Number (Integer)
Claims Data - Y-T-D Number - Claims Paid	The total number of claims paid year to date.	7	Number (Integer)
Claims Data - Y-T-D Number - Total Claims Payments	The total number of claims paid and adjustments finalized year to date.	7	Number (Integer)
Earnings Data - Current Amount Accounts Receivable Claim Specific Current Cycle	The total dollar amount of all Claim Specific Accounts Receivables established during the current financial cycle.	10	Number (Decimal)
Earnings Data - Current Amount Capitation Payment+	The total dollar amount of the Capitation Payment for the current month. This dollar amount will only be reported on the first financial cycle of every month. In addition, this number will be reported on the Remittance Advice only for those provider's who have received Capitation Payments during the financial cycle.	10	Number (Decimal)
Earnings Data - Current Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claim specific refunds received and applied during the current financial cycle.	10	Number (Decimal)
Earnings Data - Current Amount Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized from the current financial cycle. This number is propagated from the Total Claims Payments field of the Claims Data section.	10	Number (Decimal)

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Field	Description	Length	Data Type
Earnings Data – Current Amount Deductions This Cycle	The total dollar amount of deductions this cycle. Details appear at the bottom of the Summary page.	10	Number (Decimal)
Earnings Data - Current Amount Net Earnings	Calculates the net earnings for the current financial cycle. Calculation is as follows: Payments and manual payouts less offsets, refunds and voids.	9	Number (Decimal)
Earnings Data - Current Amount Net Payment	The sum of all claims payments less any offsets for the current financial cycle. If there is a double asterisk (**) after NET PAYMENT, a message will appear at the bottom of the Summary page detailing items that affected the net payment. **This amount will equal the provider's financial cycle payment and the provider's check write.**	9	Number (Decimal)
Earnings Data - Current Amount Non Claim Specific	The total dollar amount of all non-claim specific accounts receivables established during the current financial cycle.	9	Number (Decimal)
Earnings Data - Current Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied during the current weekly financial cycle.	9	Number (Decimal)
Earnings Data - Current Amount Other Payouts	Other payouts entered into the system during the current financial cycle. This only includes those checks which were issued outside the system through a manual checkwrite versus a system payout which is issued through the system.	10	Number (Decimal)
Earnings Data - Current Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established in previous cycles which have not been satisfied.	9	Number (Decimal)
Earnings Data - Current Amount System Payouts (Non Claim Specific)	The total dollar amount of all non-claim specific payouts made to the provider for the current financial cycle.	9	Number (Decimal)
Earnings Data - Current Amount Voids	The total dollar amount of all EDS issued checks which were voided during the current financial cycle.	9	Number (Decimal)

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Field	Description	Length	Data Type
Earnings Data - Y-T-D Amount Accounts Receivable Claim Specific	The total dollar amount of all current cycle claim specific Accounts Receivables established year to date. This will be equal to the current cycle amount. Accumulated year to date totals for claims specific offsets will be reported in the previous cycle A/R year to date field.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Capitation Payment	The total dollar amount of the Capitation Payment year to date. This number will be reported on the Remittance Advice only for those providers who have received admin payments during the current year.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Claim Specific Adjustment Refunds	The sum dollar amount of all claims specific refunds received and applied year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Claims Payments	The total dollar amount of all claims paid and positive adjustments finalized year to date. This number is propagated from the Total Claims Payment field of the Claims Data section.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Net Earnings	Calculates the net earnings year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Net Payment	The sum of all claims payments less any offsets year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Non Claim Specific Refunds	The sum dollar amount of all non-claim specific refunds received and applied year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Non-Claim Specific	The total dollar amount of all non-claim specific Accounts Receivables established year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Other Payouts (Non Claim Specific)	Other payouts issued year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Outstanding A/R from Prev Cycles	The total dollar amount of all claim specific Accounts Receivables established year to date.	10	Number (Decimal)

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Field	Description	Length	Data Type
Earnings Data - Y-T-D Amount System Payouts	The total dollar amount of all non-claim specific payouts made to the provider year to date.	10	Number (Decimal)
Earnings Data - Y-T-D Amount Voids	The total dollar amount of all voids for year.	10	Number (Decimal)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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7.35 CRA-TPLM-R -- Remittance Advice - TPL Information

7.35.1 CRA-TPLM-R -- Remittance Advice - TPL Information Narrative

The Remittance Advice - TPL Information report lists Third Party Liability (TPL) information pertinent to claims processed during the current financial cycle. The purpose of this report is to give the provider a listing of all TPL carriers pertinent to the recipients to whom services were rendered. This report provides information necessary for billing a third party carrier on claims denied for failing TPL edits.

This report is produced during the financial cycle.

7.35.2 CRA-TPLP-R -- Remittance Advice - TPL Information Layout

```
REPORT:   CRA-TPLM-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                             TPL INFORMATION


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                      CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

NAME                              RECIPIENT ID      --ICN--            CARRIER/EMP ID      CARRIER/EMPLOYER NAME
POLICY HOLDER NAME                POLICY NUMBER  /  GROUP NUMBER       BILLING ADDRESS

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   RRYYJJJBBBSSS        XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX/XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   RRYYJJJBBBSSS        XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX/XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   RRYYJJJBBBSSS        XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX/XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   RRYYJJJBBBSSS        XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX/XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX

XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXX   RRYYJJJBBBSSS        XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXX X XXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX/XXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX, XX  XXXXX-XXXX
```


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7.35.3 CRA-TPLM-R -- Remittance Advice - TPL Information Field Descriptions

Field	Description	Length	Data Type
Billing Address	The address where insurance claims are to be sent to bill the other insurance carrier. This includes the street address, city, state and nine-digit zip code.	80	Character
Carrier/Emp Id	Number assigned to the recipient's insurance carrier or employer, if the employer is self insured.	7	Character
Carrier/Employer Name	The name of the insurance carrier, or the name of the recipient's employer if the employer is self-insured.	45	Character
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Group Number	This is the number assigned to the employer group insured under the other insurance carrier. The group number does not apply to non-employer based policies.	16	Character
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient: First, Middle Initial, and Last.	29	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Policy Holder Name	The name of the owner of the insurance policy under which the recipient could be covered. This may or may not be the recipient.	29	Character
Policy Number	The individual identification number assigned to the policyholder by the private insurance carrier.	16	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character

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Field	Description	Length	Data Type
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)

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7.36 CRA-TRAN-R -- Remittance Advice - Financial Transactions

7.36.1 CRA-TRAN-R -- Remittance Advice - Financial Transactions Narrative

The Remittance Advice – Financial Transactions report details the provider's financial activity for both payouts and non-claim specific refunds received and applied during the current financial cycle. In addition, it lists all outstanding Accounts Receivables (A/R) in A/R number order. The purpose is to give the providers a full accounting of their financial activity. In addition, it informs the providers of all their outstanding accounts receivables.

This report is produced during the financial cycle.

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7.36.2 CRA-TRAN-R -- Remittance Advice - Financial Transactions Layout

```
REPORT:   CRA-TRAN-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:      9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                          FINANCIAL TRANSACTIONS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                   NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                    ISSUE DATE           MM/DD/CCYY

                            ---------------NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS---------------
   TRANSACTION                 PAYOUT    REASON     REASON CODE
     NUMBER       --CCN--       AMOUNT     CODE      DESCRIPTION

   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   99999999999  99999999999   9,999,999.99  9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            NO NON-CLAIM SPECIFIC PAYOUTS TO PROVIDERS

                            ---------------REFUNDS FROM PROVIDERS-----------------------
                     REFUND     REASON     REASON CODE
      --CCN--        AMOUNT      CODE      DESCRIPTION

    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    99999999999   9,999,999.99   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           NO REFUNDS FROM PROVIDERS

                        ----------------------------ACCOUNTS RECEIVABLE-----------------
      A/R          SETUP    RECOUPED      ORIGINAL        TOTAL                   REASON     REASON CODE
   NUMBER/ICN      DATE    THIS CYCLE      AMOUNT      -RECOUPED-    --BALANCE--    CODE      DESCRIPTION

   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   XXXXXXXXXXXXX  MMDDYY  9,999,999.99  9,999,999.99  9,999,999.99  9,999,999.99   9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            NO OUTSTANDING ACCOUNTS RECEIVABLE
```

7.36.3 CRA-TRAN-R -- Remittance Advice - Financial Transactions Field Descriptions

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Field	Description	Length	Data Type
A/R Number / ICN	The unique identifying Accounts Receivable number assigned during processing.	13	Character
Balance	Account Receivable balance remaining after the current financial cycle processes.	9	Number (Decimal)
CCN	Cash Control Number assigned to the cash receipt. This is used when a provider has refunded the Alabama Medicaid Agency in error or has over refunded the Alabama Medicaid Agency. For expenditures, if an expenditure is tied to a cash receipt then this field contains the corresponding CCN for the cash receipt otherwise it remains blank.	11	Number (Integer)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT generated.	9	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer was issued.	10	Date (MM/DD/CCYY)
NPI ID	National Provider Identification number of payee.	10	Number (Integer)
Original Amount	Amount of the original Accounts Receivable (A/R) setup.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
Payout Amount	Amount of the payout transaction.	9	Number (Decimal)
RA #	The system assigned number for the remittance advice. .	10	Number (Integer)
Reason Code (A/R)	Reason code which identifies the type and reason the Accounts Receivable (A/R) is established. This also generates an Explanation of Benefits (EOB) code which gives a brief explanation of the A/R transaction.	4	Character

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Field	Description	Length	Data Type
Reason Code (Payout)	Reason code assigned to indicate why the payout/refund action is taken. This also generates an associated Explanation of Benefits (EOB) code which gives a brief explanation of why the payout is issued.	4	Character
Reason Code (Refund)	Reason the non-claim specific refund transaction was performed. This also generates an associated Explanation of Benefits (EOB) code which gives a brief description of the action taken.	4	Character
Reason Code Description (A/R)	Gives a brief explanation of the A/R transaction.	50	Character
Reason Code Description (Payout)	Gives a brief explanation of why the Payout is issued.	50	Character
Reason Code Description (Refund)	Gives a brief explanation of the Refund.	50	Character
Recouped this Cycle	Dollar amount recouped this financial cycle.	9	Number (Decimal)
Refund Amount	The non-claim specific refund amount.	9	Number (Decimal)
Setup Date	Date of the original Accounts Receivable (A/R) setup.	6	Date (MM/DD/YY)
Total Recouped	Total dollar amount recouped this cycle for the AR.	9	Number (Decimal)
Transaction Number	The number assigned by the system to uniquely identify the payout transaction.	11	Number (Integer)

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7.37 CRA-XAAD-R -- Remittance Advice - Medicare Crossover Part A Claim Adjustments

7.37.1 CRA-XAAD-R -- Remittance Advice - Medicare Crossover Part A Claim Adjustments Narrative

The Remittance Advice - Medicare Crossover Part A Claim Adjustments report lists Medicare Crossover Part A claims that were adjusted. The report is separated by individual claims. It displays the header data for both the claims being adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that were adjusted along with explanations on why they were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

This report is produced during the financial cycle.

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7.37.2 CRA-XAAD-R -- Remittance Advice - Medicare Crossover Part A Claim Adjustments Layout

```
REPORT:   CRA-XAAD-R                                      ALABAMA MEDICAID AGENCY                                        DATE:  MM/DD/CCYY
   RA#:   999999999                               MEDICAID MANAGEMENT INFORMATION SYSTEM                                 PAGE:       9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                 MEDICARE CROSSOVER PART A CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                              ISSUE DATE           MM/DD/CCYY

            ICN       SERVICE DATES      ADMIT          PATIENT       COPAY       ALLOWED AMT      BILLED     TPL              PAID
          PAT ACCT NO. FROM      THRU  DAYS  DATE          LIABILITY      AMOUNT      NON ALLOWED      AMOUNT     AMOUNT           AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY     (9,999,999.99)   (999,999.99) (9,999,999.99) (9,999,999.99) (9,999,999.99) (9,999,999.99)
         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  (9,999,999.99)
        RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY      9,999,999.99     999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                   9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
                                                                                             ADDITIONAL PAYMENT                9,999,999.99
                                                                                             NET OVERPAYMENT (AR)              9,999,999.99
                                                                                             REFUND AMOUNT APPLIED             9,999,999.99

    TOTAL MEDICARE CROSSOVER PART A ADJ CLAIMS:      99,999,999.99    9,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99  99,999,999.99
```

7.37.3 CRA-XAAD-R -- Remittance Advice - Medicare Crossover Part A Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays less than the mother.	9	Number (Decimal)
Admit Date	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Allowed Amt	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amount	Dollar amount billed by the provider for the hospitalization stay.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Days	Number of days the recipient was in the hospital.	3	Number (Integer)

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Field	Description	Length	Data Type
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim used for tracking purpose.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Net Overpayment (AR)	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amount	Dollar amount that is payable for the hospitalization stay.	9	Number (Decimal)
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Pat Liability	Patient Liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character

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Field	Description	Length	Data Type
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Refund Amount Applied	Calculated amount if the daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Service Dates - From	The earliest date of service or the admit date.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service or discharge date.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part A Claim Adjustments - Allowed Amt	Total of allowed amounts for the Medicare Crossover Part A Claim Adjustments. Subtract total daughter allowed amounts from total mother allowed amounts.	9	Number (Decimal)
Total Medicare Crossover Part A Claim Adjustments - Billed Amt	Total billed amount of the Medicare Crossover Part A Claims. Subtract total daughter billed amounts from total mother billed amounts.	10	Number (Decimal)
Total Medicare Crossover Part A Claim Adjustments - Co-Pay	Total of all co-pay amounts for the Medicare Crossover Part A Claim Adjustments. Subtract total daughter copay amounts from total mother copay amounts.	9	Number (Decimal)
Total Medicare Crossover Part A Claim Adjustments - Paid Amt	Total of all the Medicare Crossover Part A Claim Adjustments. Subtract total daughter paid amounts from total mother paid amounts.	10	Number (Decimal)
Total Medicare Crossover Part A Claim Adjustments - TPL Amt	Total of all TPL amounts for the Medicare Crossover Part A Claim Adjustments. Subtract total daughter TPL amounts from total mother TPL amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicare Crossover Part A Claim Adjustments - Non-Allowed	Total of non-allowed amount for the Part A adjusted claims. Subtract total daughter non-allowed amounts from total mother non-allowed amounts.	10	Number (Decimal)

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7.38 CRA-XADN-R -- Remittance Advice - Medicare Crossover Part A Claims Denied

7.38.1 CRA-XADN-R -- Remittance Advice - Medicare Crossover Part A Claims Denied Narrative

The Remittance Advice - Medicare Crossover Part A Claims Denied report lists Medicare Crossover Part A claims that were denied. Part A crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that denied along with the explanations of benefits explaining the reason for denial.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.38.2 CRA-XADN-R – Remittance Advice – Medicare Crossover Part A Claims Denied Layout

```
REPORT:   CRA-XADN-R                                        ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                   PAGE:        9,999
                                                          PROVIDER REMITTANCE ADVICE
                                                    MEDICARE CROSSOVER PART A CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                          PAYEE ID             SSSSSSSSS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             NPI ID              9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             CHECK/EFT NUMBER     999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                             ISSUE DATE          MM/DD/CCYY

             --ICN--       SERVICE DATES      ADMIT         PATIENT        CO-PAY          ALLOWED           BILLED           TPL
            PAT ACCT NO. FROM    THRU  DAYS     DATE          LIABILITY      AMOUNT          AMOUNT            AMOUNT           AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          RRYYJJJBBBSSS MMDDYY MMDDY                        999,999.99     999,999.99      9,999,999.99       9,999,999.99    9,999,999.99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 TOTAL MEDICARE CROSSOVER PART A CLAIMS DENIED           9,999,999.99   9,999,999.99     99,999,999.99      99,999,999.99   99,999,999.99
```


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7.38.3 CRA-XADN-R – Remittance Advice – Medicare Crossover Part A Claims Denied Field Descriptions

Field	Description	Length	Data Type
Admit Date	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Allowed Amount	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amount	Dollar amount billed by the provider for the hospitalization stay.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer Payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount	Dollar amount that the recipient should pay on the claim.	9	Number (Decimal)
Days	Number of days the recipient was in the hospital.	3	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability	The amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character

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Field	Description	Length	Data Type
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Service Dates - From	The earliest date of service or the admit date.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service or discharge date.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part A Claims Denied – Allowed Amount	Total of all allowed amounts for the Medicare Crossover Part A Claims Denied.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Denied - Billed Amount	Total billed amount of all the Medicare Crossover Part A Claims.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Denied – Co-Pay Amount	Total of all co-ins amounts for the Medicare Crossover Part A Claims Denied.	9	Number (Decimal)
Total Medicare Crossover Part A Claims Denied - TPL Amount	Total of all TPL amounts for the Medicare Crossover Part A Claims Denied.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Denied - Patient Liability	Total of all Patient Liability amounts for the Medicare Crossover Part A Claims Denied.	9	Number (Decimal)

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7.39 CRA-XAPD-R -- Remittance Advice - Medicare Crossover Part A Claims Paid

7.39.1 CRA-XAPD-R -- Remittance Advice - Medicare Crossover Part A Claims Paid Narrative

The Remittance Advice - Medicare Crossover Part A Claims Paid report lists Medicare Crossover Part A claims that were paid. Part A Crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.39.2 CRA-XAPD-R -- Remittance Advice - Medicare Crossover Part A Claims Paid Layout

```
REPORT:   CRA-XAPD-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                              PAGE:       9,999
                                                         PROVIDER REMITTANCE ADVICE
                                                    MEDICARE CROSSOVER PART A CLAIMS PAID
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                      ISSUE DATE           MM/DD/CCYY

          --ICN--    SERVICE DATES      ADMIT          PATIENT       CO-PAY      ALLOWED AMT      BILLED          TPL           PAID
         PAT ACCT NO. FROM   THRU  DAYS DATE          LIABILITY      AMOUNT      NON ALLOWED      AMOUNT         AMOUNT        AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY         999,999.99    999,999.99    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                    9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX
       RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY         999,999.99    999,999.99    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                    9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL MEDICARE CROSSOVER PART A CLAIMS PAID:   9,999,999.99  9,999,999.99   99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
                                                                                  99,999,999.99
```


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7.39.3 CRA-XAPD-R -- Remittance Advice - Medicare Crossover Part A Claims Paid Field Descriptions

Field	Description	Length	Data Type
Admit Date	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Allowed Amt	Computed dollar amount allowable for the services rendered.	8	Number (Decimal)
Billed Amount	Dollar amount billed by the provider for the hospitalization stay.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Days	Number of days the recipient was in the hospital.	3	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amount	Dollar amount that is payable for the hospitalization stay.	9	Number (Decimal)

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Field	Description	Length	Data Type
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability	Patient Liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Character
Service Dates - From	The earliest date of service or the admit date.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service or discharge date.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - Allowed Amt	Total of all allowed amounts for the Medicare Crossover Part A Claims paid.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - Billed Amount	Total billed amount of the Medicare Crossover Part A Claims.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - Co-Pay Amount	Total of all Co-Pay amounts for the Medicare Crossover Part A Claims paid, for the provider.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicare Crossover Part A Claims Paid - Paid Amount	Total of all the Medicare Crossover Part A Claims paid.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - TPL Amount	Total of all TPL amounts for the Medicare Crossover Part A Claims paid.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - Non-Allowed	Total of non-allowed amounts for the Part A claims paid.	10	Number (Decimal)
Total Medicare Crossover Part A Claims Paid - Patient Liability	Total amount of patient liability amounts for the Inpatient Crossover Part A claims.	10	Number (Decimal)

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7.40 CRA-XASU-R -- Remittance Advice - Medicare Crossover Part A Claims in Process

7.40.1 CRA-XASU-R -- Remittance Advice - Medicare Crossover Part A Claims in Process Narrative

The Remittance Advice - Medicare Crossover Part A Claims in Process report lists Medicare Crossover Part A claims that are in process. Part A crossover claims consist of inpatient, home health, and extended care claims. The report is separated by individual claims and displays header and detail data. The purpose of this report is to give the provider a list of all Medicare Crossover Part A claims that are in process. The "in process" claims are also included on the remittance advice to help decrease the amount of duplicate claims submitted by the provider.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.40.2 CRA-XASU-R -- Remittance Advice - Medicare Crossover Part A Claims in Process Layout

```
REPORT:   CRA-XASU-R                                                ALABAMA MEDICAID AGENCY                                                        DATE:  MM/DD/CCYY
   RA#:   999999999                                         MEDICAID MANAGEMENT INFORMATION SYSTEM                                                 PAGE:        9,999
                                                                  PROVIDER REMITTANCE ADVICE
                                                 MEDICARE CROSSOVER PART A CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                            PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                               NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                               CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                               ISSUE DATE           MM/DD/CCYY

             --ICN--    SERVICE DATES      ADMIT     PATIENT      COPAY        ALLOWED              BILLED          TPL
           PAT ACCT NO. FROM   THRU   DAYS DATE     LIABILITY     AMOUNT        AMOUNT              AMOUNT         AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          RRYYJJJBBBSSS MMDDYY MMDDYY 999 MMDDYY    9,999,999.99   99,999.99   9,999,999.99       9,999,999.99    9,999,999.99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART A CLAIMS IN PROCESS: 99,999,999.99 999,999.99   99,999,999.99      99,999,999.99   99,999,999.99
```


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7.40.3 CRA-XASU-R -- Remittance Advice - Medicare Crossover Part A Claims in Process Field Descriptions

Field	Description	Length	Data Type
Admit Date	Date the recipient was admitted into the hospital.	6	Date (MM/DD/YY)
Billed Amount	Dollar amount billed by the provider for the hospitalization stay.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-pay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Days	Number of days the recipient was in the hospital.	3	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Patient Liability	Patient Liability amount that the recipient is responsible for paying. This amount is subtracted from the allowed amount to arrive at the paid amount.	9	Number (Decimal
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Service Dates - From	The earliest date of service or the admit date.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service or discharge date.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part A Claims in Process - Billed Amount	Total billed amount of all the Medicare Crossover Part A Claims.	10	Number (Decimal)
Total Medicare Crossover Part A Claims in Process – Patient Liability	Total of all Patient Liability amounts for the Medicare Crossover Part A Claims in Process.	10	Number (Decimal)
Total Medicare Crossover Part A Claims in Process - Copay Amount	Total copay amount of all the Medicare Crossover Part A Claims.	10	Number (Decimal)
Total Medicare Crossover Part A Claims in Process - TPL Amount	Total of all TPL amounts for the Medicare Crossover Part A Claims in Process.	10	Number (Decimal)

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7.41 CRA-XBAD-R -- Remittance Advice - Medicare Crossover Part B Claim Adjustments

7.41.1 CRA-XBAD-R -- Remittance Advice - Medicare Crossover Part B Claim Adjustments Narrative

The Remittance Advice - Medicare Crossover Part B Claim Adjustments report lists Medicare Crossover Part B claims that were adjusted. The report is separated by individual claims. It displays the header data for both the claims being adjusted (Original) and the adjustment claim. The net result of the adjustment is also displayed along with the application of any refunded money. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that were adjusted along with explanations on why they were adjusted.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

This report is produced during the financial cycle.

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7.41.2 CRA-XBAD-R -- Remittance Advice - Medicare Crossover Part B Claim Adjustments Layout

```
REPORT:   CRA-XBAD-R                                    ALABAMA MEDICAID                                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                    PAGE:       9,999
                                                       PROVIDER REMITTANCE ADVICE
                                             MEDICARE CROSSOVER PART B CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                   PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE           MM/DD/CCYY

                ICN       SERVICE DATES RENDERING                            ALLOWED AMT
             PAT ACCT NO. FROM   THRU  PROVIDER              COPAY AMT      NON ALLOWED       BILLED AMT        TPL AMT          PAID AMT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX   MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
           RRYYJJJBBBSSS  MMDDYY MMDDYY XXXXXXXXXXXXXXX      (999,999.99)   (9,999,999.99)   (9,999,999.99)   (9,999,999.99)   (9,999,999.99)
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  (9,999,999.99)
           RRYYJJJBBBSSS  MMDDYY MMDDYY XXXXXXXXXXXXXXX       999,999.99     9,999,999.99     9,999,999.99     9,999,999.99     9,999,999,99
            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                   9,999,999.99
                                                                                            ADDITIONAL PAYMENT              9,999,999.99
                                                                                            NET OVERPAYMENT (AR)            9,999,999.99
                                                                                            REFUND AMOUNT APPLIED           9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  TOTAL MEDICARE CROSSOVER PART B ADJ CLAIMS:              9,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99    99,999,999,99
                                                                           99,999,999.99
```

7.41.3 CRA-XBAD-R -- Remittance Advice - Medicare Crossover Part B Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amt	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amt	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amt	The dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)

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Field	Description	Length	Data Type
ICN	Internal Control Number used to identify and track a claim processed through the system. The first number displayed is the ICN of the original claim. The ICN of the adjusted claim is displayed under the ICN of the original claim.	13	Character
Issue Date	Date check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amt	Dollar amount that is payable.	9	Number (Decimal)
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes. This is the same for both the original and adjusted claims.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)

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Field	Description	Length	Data Type
Refund Amount Applied	Calculated amount if the daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Rendering Provider	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Integer)
Service Dates - From	The earliest date of service.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service.	6	Date (MM/DD/YY)
TPL Amt	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - Allowed Amt	Total of all allowed amounts for the Medicare Crossover Part B claims. Subtract total daughter allowed amounts from total mother allowed amounts.	9	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - Billed Amt	Total billed amount of all the Medicare Crossover Part B claims. Subtract total daughter billed amounts from total mother billed amounts.	10	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - Co-Pay Amt	Total of all co-pay amounts for the Medicare Crossover Part B claims Adjustments. Subtract total daughter copay amounts from total mother copay amounts.	9	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - Non-Allowed	Total of non-allowed amount for the Part B adjusted claims. Subtract total daughter non-allowed amounts from total mother non-allowed amounts.	10	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - Paid Amt	Total of all the paid Medicare Crossover Part B claims Adjustments. Subtract total daughter paid amounts from total mother paid amounts	10	Number (Decimal)
Total Medicare Crossover Part B Adj Claims - TPL Amt	Total of all TPL amounts for the Medicare Crossover Part B claims Adjustments. Subtract total daughter TPL amounts from total mother TPL amounts	10	Number (Decimal)

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7.42 CRA-XBDN-R -- Remittance Advice - Medicare Crossover Part B Claims Denied

7.42.1 CRA-XBDN-R -- Remittance Advice - Medicare Crossover Part B Claims Denied Narrative

The Remittance Advice - Medicare Crossover Part B Claims Denied report lists Medicare Crossover Part B claims that were denied. Part B crossover claims consist of CMS 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that denied along with the explanations of benefits explaining the reason for denial.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.42.2 CRA-XBDN-R -- Remittance Advice - Medicare Crossover Part B Claims Denied Layout

```
REPORT:   CRA-XBDN-R                                        ALABAMA MEDICAID                                                DATE:  MM/DD/CCYY
   RA#:   999999999                                MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:       9,999
                                                         PROVIDER REMITTANCE ADVICE
                                                   MEDICARE CROSSOVER PART B CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                       ISSUE DATE           MM/DD/CCYY

         --ICN--      SERVICE DATES     RENDERING
         PAT ACCT NO.  FROM    THRU     PROVIDER                          COPAY         ALLOWED          BILLED         TPL AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX         MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     RRYYJJJBBBSSS MMDDYY  MMDDYY  XXXXXXXXXXXXXXX                      999,999.99    9,999,999.99      9,999,999.99    9,999,999.99
     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS:9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS DENIED:                        9,999,999.99   99,999,999.99     99,999,999.99   99,999,999.99
```


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7.42.3 CRA-XBDN-R -- Remittance Advice - Medicare Crossover Part B Claims Denied Field Descriptions

Field	Description	Length	Data Type
Allowed Amt	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amt	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Copay Amt	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
HEADER EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number assigned by the provider. Usually used for tracking purposes.	50	Number (Integer)
Name	Name of the recipient.	29	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character

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Field	Description	Length	Data Type
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Integer)
Service Dates - From	The earliest date of service.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service.	6	Date (MM/DD/YY)
TPL Amount	Indicates the payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part B Claims Denied - Allowed	Total of all allowed amounts for the denied Medicare Crossover Part B claims.	9	Number (Decimal)
Total Medicare Crossover Part B Claims Denied - Billed	Total billed amount for the denied Medicare Part B Crossover claims.	10	Number (Decimal)
Total Medicare Crossover Part B Claims Denied - Copay	Total amount of all Co-pay amounts for the denied Medicare Crossover Part B claims.	9	Number (Decimal)
Total Medicare Crossover Part B Claims Denied - TPL Amount	Total of all TPL amounts for the denied Medicare Crossover Part B claims.	10	Number (Decimal)

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7.43 CRA-XBPD-R -- Remittance Advice - Medicare Crossover Part B Claims Paid

7.43.1 CRA-XBPD-R -- Remittance Advice - Medicare Crossover Part B Claims Paid Narrative

The Remittance Advice - Medicare Crossover Part B Claims Paid report lists Medicare Crossover Part B claims that were paid. Part B crossover claims consist of CMS 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report. The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that are being paid along with explanations on any discrepancies between the billed and the paid amount.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.43.2 CRA-XBPD-R -- Remittance Advice - Medicare Crossover Part B Claims Paid Layout

```
REPORT:   CRA-XBPD-R                                            ALABAMA MEDICAID AGENCY                                              DATE:  MM/DD/CCYY
   RA#:   999999999                                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                       PAGE:        9,999
                                                              PROVIDER REMITTANCE ADVICE
                                                        MEDICARE CROSSOVER PART B CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                        PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                           NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                           CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                                           ISSUE DATE           MM/DD/CCYY

     --ICN--         SERVICE DATES  RENDERING                                ALLOWED AMT
     PAT ACCT NO.     FROM    THRU  PROVIDER                   COPAY AMT     NON ALLOWED      BILLED AMT         TPL AMT          PAID AMT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  RRYYJJJBBBSSS  MMDDYY MMDDYY XXXXXXXXXXXXXXX                999,999.99     9,999,999.99     9,999,999.99     9,999,999.99     9,999,999.99
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                     9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

  TOTAL MEDICARE CROSSOVER PART B CLAIMS PAID               9,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99    99,999,999.99
                                                                            99,999,999.99
```


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7.43.3 CRA-XBPD-R -- Remittance Advice - Medicare Crossover Part B Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amt	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amt	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-Pay Amt	The dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	8	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Character
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amt	Dollar amount that is payable for the Part B claim.	9	Number (Decimal)
Pat Acct No.	Patient Account Number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character

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Field	Description	Length	Data Type
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Integer)
Service Dates - From	The earliest date of service or the admit date.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service or discharge date.	6	Date (MM/DD/YY)
TPL Amt	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part B Claims Paid – Allowed Amt	Total of all the allowed amounts for Medicare Part B Claims.	10	Number (Decimal)
Total Medicare Crossover Part B Claims Paid - Billed Amt	Total of all billed amounts for the Medicare Part B Crossover claims.	10	Number (Decimal)
Total Medicare Crossover Part B Claims Paid - Co-Pay Amt	Total of all co-pay amounts for the Medicare Crossover Part B claims.	9	Number (Decimal)
Total Medicare Crossover Part B Claims Paid - Non-Allowed	Total of non-allowed amount for the Part B paid claims.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicare Crossover Part B Claims Paid - Paid Amt	Total of all the paid amounts for Medicare Crossover Part B claims.	10	Number (Decimal)
Total Medicare Crossover Part B Claims Paid - TPL Amt	Total of all TPL amounts for the Medicare Crossover Part B claims.	10	Number (Decimal)

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7.44 CRA-XBSU-R -- Remittance Advice - Medicare Crossover Part B Claims in Process

7.44.1 CRA-XBSU-R -- Remittance Advice - Medicare Crossover Part B Claims in Process Narrative

The Remittance Advice - Medicare Crossover Part B Claims in Process report lists Medicare Crossover Part B claims that are in process. Part B crossover claims consist of CMS 1500 medical claims, and outpatient claims. The report is separated by individual claims and displays header and detail data. The purpose of this report is to give the provider a list of all Medicare Crossover Part B claims that are in process. The "in process" claims are also included on the remittance advice to help decrease the amount of duplicate claims submitted by the provider. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

This report is produced during the financial cycle.

Presently, no details appear for Medicare crossover claims. A Post Implementation Defect has been written to display details on Medicare crossovers.

7.44.2 CRA-XBSU-R -- Remittance Advice - Medicare Crossover Part B Claims in Process Layout

```
REPORT:   CRA-XBSU-R                                        ALABAMA MEDICAID                                                  DATE:  MM/DD/CCYY
   RA#:   999999999                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                                    PAGE:       9,999
                                                           PROVIDER REMITTANCE ADVICE
                                                   MEDICARE CROSSOVER PART B CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                    PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                       CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                       ISSUE DATE           MM/DD/CCYY

      --ICN--        SERVICE DATES  RENDERING
    PAT ACCT. NO.    FROM   THRU    PROVIDER                                  COPAY          ALLOWED            BILLED          TPL AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  RRYYJJJBBBSSS MMDDYY  MMDDYY  XXX XXXXXXXXXXXXXXX                      999,999.99      9,999,999.99        9,999,999.99       9,999,999.99
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

TOTAL MEDICARE CROSSOVER PART B CLAIMS IN PROCESS:                     9,999,999.99     99,999,999.99       99,999,999.99      99,999,999.99
```


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7.44.3 CRA-XBSU-R -- Remittance Advice - Medicare Crossover Part B Claims in Process Field Descriptions

Field	Description	Length	Data Type
Allowed	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-pay	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Header EOB Codes	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
Name	Name of the recipient.	29	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Pat Acct. No.	Unique number assigned by the provider. This is usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character

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Field	Description	Length	Data Type
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	12	Number (Integer)
Rendering Provider	The National Provider Identification number of the provider that performed the services. If the provider does not have an NPI, their Medicaid provider number will be displayed.	15	Number (Integer)
Service Dates - From	This is the earliest date of service.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part B Claims in Process - Allowed	The total of all allowed amounts for the Medicare Crossover Part B claims.	9	Number (Decimal)
Total Medicare Crossover Part B Claims in Process - Billed	The total billed amount of all the Medicare Crossover Part B claims.	10	Number (Decimal)
Total Medicare Crossover Part B Claims in Process - Co - Pay	The total of all copay amounts for the Medicare Crossover Part B claims.	9	Number (Decimal)
Total Medicare Crossover Part B Claims in Process - TPL Amount	The total of all TPL amounts for the Medicare Crossover Part B claims.	10	Number (Decimal)

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7.45 CRA-XCAD-R -- Remittance Advice - Medicare Crossover Part C Claim Adjustments

7.45.1 CRA-XCAD-R -- Remittance Advice - Medicare Crossover Part C Claim Adjustments Narrative

The Remittance Advice - Medicare Crossover Part C Claim Adjustments report lists Medicare Crossover Part C adjustment claims. Part C Crossovers consist of either the outpatient services billed through Part A Intermediaries or the outpatient services billed by Part B Intermediaries. These services are billed on the UB04 claim. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

If the adjustment produces an Accounts Receivable, only the statement NET OVERPAYMENT (AR) will appear below the mother and daughter ICNs. If the adjustment produces and additional payment, only the statement ADDITIONAL PAYMENT will appear below the mother an daughter ICNs. If the adjustment is the result of a refund being posted, only the statement REFUND AMOUNT APPLIED will appear below the mother and daughter ICNs. If the adjustment produces none of the above, no statement will appear.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare Crossovers.

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7.45.2 CRA-XCAD-R -- Remittance Advice - Medicare Crossover Part C Claim Adjustments Layout

```
REPORT:   CRA-XCAD-R                                   ALABAMA MEDICAID AGENCY                                                DATE:  MM/DD/CCYY
   RA#:   999999999                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                         PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                                MEDICARE CROSSOVER PART C CLAIM ADJUSTMENTS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                         PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                             CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                              ISSUE DATE           MM/DD/CCYY

            ICN       SERVICE DATES  RENDERING          COPAY AMT        ALLOWED AMT         BILLED AMT         TPL AMT            PAID AMT
          PAT ACCT NO. FROM    THRU   PROVIDER                            NON ALLOWED

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RRYYJJJBBBSSS MMDDYY MMDDYY  99999999 9         (999,999.99)   (9,999,999.99)    (9,999,999.99)     (9,999,999.99)    (9,999,999.99)
         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                        (9,999,999.99)
        RRYYJJJBBBSSS MMDDYY MMDDYY  9999999999          999,999.99     9,999,999.99      9,999,999.99       9,999,999.99      9,999,999.99
         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         9,999,999.99
                                                                                          ADDITIONAL PAYMENT               9,999,999.99
                                                                                          NET OVERPAYMENT (AR)             9,999,999.99
                                                                                          REFUND AMOUNT APPLIED            9,999,999.99

HEADER EOBS:9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

    TOTAL MEDICARE CROSSOVER PART C ADJ CLAIMS:        9,999,999.99    99,999,999.99     99,999,999.99      99,999,999.99     99,999,999.99
                                                                       99,999,999.99
```

7.45.3 CRA-XCAD-R -- Remittance Advice - Medicare Crossover Part C Claim Adjustments Field Descriptions

Field	Description	Length	Data Type
Additional Payment	Calculated amount if daughter pays more than the mother.	9	Number (Decimal)
Allowed Amt	Computed dollar amount allowable for the services rendered. The first amount displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Billed Amt	Dollar amount billed by the provider for the claim. The first amount displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)

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Field	Description	Length	Data Type
Co-pay AMT	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount. The first amount displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	The date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Net Overpayment	Calculated amount if the daughter pays less than the mother without Cash.	9	Number (Decimal)
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amt	Dollar amount paid for the services rendered. The first amount displayed is for the original claim. The amount for the adjusted claim is displayed under the amount for the original claim. These numbers may vary.	9	Number (Decimal)
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Refund Amount Applied	Calculated amount if daughter pays less than the mother on Cash related adjustment.	9	Number (Decimal)
Rendering Provider	The National Provider Identification number of the attending physician.	15	Number (Integer)
Service Dates - From	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest dates of service from the detail lines.	6	Date (MM/DD/YY)
TPL Amt	Indicates the payment made by sources outside the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part C Claim Adjustments - Allowed Amt	Total of all allowed amounts for the adjusted Medicare Crossover Part C claims. Subtract total daughter allowed amounts from total mother allowed amounts.	10	Number (Decimal)
Total Medicare Crossover Part C Claim Adjustments - Billed Amt	Total amount billed for the Medicare Part C Crossover adjustment claims. Subtract total daughter billed amounts from total mother billed amounts.	10	Number (Decimal)
Total Medicare Crossover Part C Claim Adjustments – Co-pay	Total amount of all copay amounts for the Medicare Crossover Part C adjustment claims. Subtract total daughter copay amounts from total mother copay amounts	10	Number (Decimal)
Total Medicare Crossover Part C Claim Adjustments – Non-Allowed	Total of non-allowed amount for the Part C adjusted claims. Subtract total daughter non-allowed amounts from total mother non-allowed amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicare Crossover Part C Claim Adjustments – Paid Amt	Total of all paid Medicare Part C claim adjustments. Subtract total daughter paid amounts from total mother paid amounts.	10	Number (Decimal)
Total Medicare Crossover Part C Claim Adjustments - TPL Amt	Total of all TPL amounts for the Medicare Crossover Part C Claim Adjustments. Subtract total daughter TPL amounts from total mother TPL amounts.	10	Number (Decimal)

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7.46 CRA-XCDN-R -- Remittance Advice - Medicare Crossover Part C Claims Denied

7.46.1 CRA-XCDN-R -- Remittance Advice - Medicare Crossover Part C Claims Denied Narrative

The Remittance Advice - Medicare Crossover Part C Claims Denied report lists Medicare Crossover Part C claims that are denied. Part C crossovers consist of either the outpatient services billed through Part A Intermediaries or the outpatient services billed by Part B Intermediaries. These services are billed on the UB04 claim. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

This report is produced during the financial cycle.

Presently, no details appear for Medicare crossover claims. A Post Implementation Defect has been written to display details on Medicare Crossovers.

7.46.2 CRA-XCDN-R -- Remittance Advice - Medicare Crossover Part C Claims Denied Layout

```
REPORT:   CRA-XCDN-R                                    ALABAMA MEDICAID AGENCY                                          DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                  PAGE:        9,999
                                                       PROVIDER REMITTANCE ADVICE
                                                  MEDICARE CROSSOVER PART C CLAIMS DENIED


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                            PAYEE ID             XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                               NPI ID              9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                               CHECK/EFT NUMBER     999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                               ISSUE DATE          MM/DD/CCYY

             --ICN--     SERVICE DATES      RENDERING                CO-PAY           ALLOWED             BILLED            TPL AMOUNT
            PAT ACCT NO. FROM    THRU       PROVIDER

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          RRYYJJJBBBSSS MMDDYY MMDDY      XXXXXXXXXX                999,999.99      9,999,999.99       9,999,999.99    9,999,999.99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

 TOTAL MEDICARE CROSSOVER PART C CLAIMS DENIED                    9,999,999.99     99,999,999.99       99,999,999.99   99,999,999.99
```


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7.46.3 CRA-XCDN-R -- Remittance Advice - Medicare Crossover Part C Claims Denied Field Descriptions

Field	Description	Length	Data Type
Allowed Amount	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amount	Dollar amount billed by the provider for the services rendered.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Co-pay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character

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Field	Description	Length	Data Type
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider	The National Provider Identification number of the attending physician.	15	Number (Interger)
Service Dates - From	The earliest date of service from the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service from the detail lines.	6	Date (MM/DD/YY)
TPL Amount	Indicates the payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part C Claims Denied - Allowed Amount	Total of all allowed amounts for the denied Medicare Crossover Part C claims.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Denied - Billed Amount	Total billed amount for the denied Medicare Part C Crossover claims.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Denied – Co-pay Amount	Total amount of all copay amounts for the denied Medicare Crossover Part C claims.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Denied - TPL Amount	Total of all TPL amounts for the denied Medicare Crossover Part C clams.	10	Number (Decimal)

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7.47 CRA-XCPD-R -- Remittance Advice - Medicare Crossover Part C Claims Paid

7.47.1 CRA-XCPD-R -- Remittance Advice - Medicare Crossover Part C Claims Paid Narrative

The Remittance Advice - Medicare Crossover Part C Claims Paid report lists Medicare Crossover Part C claims that are paid. Part C crossover claims consist of either the outpatient services billed through Part A Intermediaries or the outpatient services billed by Part B Intermediaries. These services are billed on the UB04 claim. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare Crossovers.

7.47.2 CRA-XCPD-R -- Remittance Advice - Medicare Crossover Part C Claims Paid Layout

```
REPORT:   CRA-XCPD-R                                   ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                               MEDICAID MANAGEMENT INFORMATION SYSTEM                          PAGE:        9,999
                                                        PROVIDER REMITTANCE ADVICE
                                                   MEDICARE CROSSOVER PART C CLAIMS PAID


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                 PAYEE ID              XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    NPI ID               9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                    CHECK/EFT NUMBER      999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                    ISSUE DATE           MM/DD/CCYY

          --ICN--    SERVICE DATES  RENDERING                                       ALLOWED AMT
         PAT ACCT NO. FROM   THRU   PROVIDER                          COPAY AMT       NON ALLOWED   BILLED AMT      TPL AMT      PAID AMT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX  MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       RRYYJJJBBBSSS MMDDYY MMDDYY  9999999999                        999,999.99    9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                       9,999,999.99

HEADER EOBS: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL MEDICARE CROSSOVER PART C CLAIMS PAID:                 9,999,999.99   99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
                                                                                 99,999,999.99
```


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7.47.3 CRA-XCPD-R -- Remittance Advice - Medicare Crossover Part C Claims Paid Field Descriptions

Field	Description	Length	Data Type
Allowed Amt	Computed dollar amount allowable for the services rendered.	9	Number (Decimal)
Billed Amount	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number or Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Copay Amount	Dollar amount that the recipient should pay and is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track the claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Name	Name of the recipient.	29	Character
Non-Allowed	Total computed non-allowed amount for this claim. The allowed amount is subtracted from the billed amount to arrive at the non-allowed amount.	9	Number (Decimal)
Paid Amount	Dollar amount that is payable for the services rendered.	9	Number (Decimal)
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character

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Field	Description	Length	Data Type
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider	The National Provider Identification number of the attending physician.	15	Number (Integer)
Service Dates - From	The earliest date of service on the detail lines.	6	Date (MM/DD/YY)
Service Dates - Thru	The latest date of service on the detail lines.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicaid Crossover Part C Claims Paid - Allowed Amt	Total of all allowed amounts for the Medicaid Crossover Part C claims.	10	Number (Decimal)
Total Medicaid Crossover Part C Claims Paid - Non-Allowed	Total on non-allowed amount for the dental claims paid.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Paid - Billed Amount	Total billed amount of the Medicare Crossover Part C Claims Paid.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Paid – Co-pay Amount	Total of all the Medicare Crossover Part C Claims Paid Copay amounts.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicare Crossover Part C Claims Paid - Paid Amount	Total of all the Medicare Crossover Part C Claims Paid Amounts.	10	Number (Decimal)
Total Medicare Crossover Part C Claims Paid - TPL Amount	Total of all TPL amount for the Medicare Crossover Part C Claims Paid.	10	Number (Decimal)

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7.48 CRA-XCSU-R -- Remittance Advice - Medicare Crossover Part C Claims In Process

7.48.1 CRA-XCSU-R -- Remittance Advice - Medicare Crossover Part C Claims In Process Narrative

The Remittance Advice - Medicare Crossover Part C Claims In Process report lists Medicare Crossover Part C claims that are in process. Part C crossovers consist of either the outpatient services billed through Part A Intermediaries or the outpatient services billed through Part B Intermediaries. These services are billed on the UB04 claim. Pertinent Explanation of Benefit (EOB) codes are also displayed on this report.

This report is produced during the financial cycle.

Presently, no details appear for Medicare Crossover claims. A Post Implementation Defect has been written to display details on Medicare Crossovers.

7.48.2 CRA-XCSU-R -- Remittance Advice - Medicare Crossover Part C Claims In Process Layout

```
REPORT:   CRA-XCSU-R                                    ALABAMA MEDICAID AGENCY                                    DATE:  MM/DD/CCYY
   RA#:   999999999                              MEDICAID MANAGEMENT INFORMATION SYSTEM                           PAGE:       9,999
                                                      PROVIDER REMITTANCE ADVICE
                                            MEDICARE CROSSOVER PART C CLAIMS IN PROCESS


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                  PAYEE ID             XXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     NPI ID              9999999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                     CHECK/EFT NUMBER     999999999
XXXXXXXXXXXXXXX, XX  XXXXX-XXXX                                                                     ISSUE DATE          MM/DD/CCYY

             --ICN--    SERVICE DATES  RENDERING
           PAT ACCT NO. FROM   THRU    PROVIDER                      COPAY       ALLOWED        BILLED        TPL AMOUNT

NAME: XXXXXXXXXXXX XXXXXXXXXXXXXXXX    RECIPIENT ID: XXXXXXXXXXXXX MRN: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          RRYYJJJBBBSSS MMDDYY MMDDYY 9999999999                   999,999.99   9,999,999.99   9,999,999.99    9,999,999.99
           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER EOBS:9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

     TOTAL MEDICARE CROSSOVER PART C CLAIMS IN PROCESS:          9,999,999.99 99,999,999.99  99,999,999.99    99,999,999.99
```


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7.48.3 CRA-XCSU-R -- Remittance Advice - Medicare Crossover Part C Claims In Process Field Descriptions

Field	Description	Length	Data Type
Billed Amount	Dollar amount billed by the provider.	9	Number (Decimal)
Check/EFT Number	Check number of Electronic Funds Transfer payment number corresponding to the check or EFT that is generated.	9	Number (Integer)
Header EOBS	Explanation of Benefits (EOB) codes that apply to the claim header. These codes are used to explain how the adjustment claim was processed or priced. There could be a maximum of twenty EOB codes.	4	Number (Integer)
ICN	Internal Control Number used to identify and track a claim processed through the system.	13	Number (Integer)
Issue Date	Date the check or Electronic Funds Transfer is issued.	10	Date (MM/DD/CCYY)
MRN	Medical Record Number submitted on the claim.	50	Character
Name	Name of the recipient.	29	Character
NPI ID	National Provider Identification number of the payee.	10	Number (Integer)
Pat Acct No.	Patient Account Number assigned by the provider. Usually used for filing or tracking purposes.	38	Character
Payee Address 1	Line one of the payee address.	30	Character
Payee Address 2	Line two of the payee address.	30	Character
Payee City	City of the payee address.	20	Character
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID.	15	Character
Payee Name	Name of the payee provider.	50	Character
Payee State	State code of the payee address.	2	Character
Payee Zip Code	Zip code of the payee address. It may or may not contain the zip plus four.	10	Character
RA #	The system assigned number for the remittance advice.	10	Number (Integer)

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Field	Description	Length	Data Type
Recipient ID	Medicaid Identification number of the recipient.	13	Number (Integer)
Rendering Provider	The National Provider Identification number of the attending physician.	15	Number (Integer)
Service Dates - From	This is the earliest date of service.	6	Date (MM/DD/YY)
Service Dates - Thru	This is the latest date of service.	6	Date (MM/DD/YY)
TPL Amount	Payments made by sources outside of the Alabama Medicaid program. This amount is deducted from the allowed amount to arrive at the paid amount.	9	Number (Decimal)
Total Medicare Crossover Part C Claims in Process - Billed Amount	The total billed amount of all the Medicare Crossover Part C claims.	10	Number (Decimal)
Total Medicare Crossover Part C Claims in Process - TPL Amount	The total of all TPL amounts for the Medicare Crossover Part C claims.	10	Number (Decimal)

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7.49 FIN-AL01-R -- Credit Balance Aging

7.49.1 FIN-AL01-R -- Credit Balance Aging Narrative

The Credit Balance Aging Report is based on Alabama Credit Balance Aging Report HMDR897B. This report allows the Agency to report Financial data for the CMS-64 report.

This report is produced during the financial cycle.

7.49.2 FIN-AL01-R -- Credit Balance Aging Layout

```
REPORT:   FIN-AL01-R                                ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
PROCESS:  FINJRAL01                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
LOCATION: FINPAL01R                                 CREDIT BALANCE AGING REPORT                                      Page:          9,999
                                                        PERIOD: MM/DD/CCYY


                                                     UNDER 60        OVER 60      TOT ALREADY      AMOUNT TO         AMOUNT TO
    F/C   FUND CODE DESCRIPTION       AMOUNT DUE        DAYS           DAYS         REPORTED         REPORT            RECLAIM
    ---   -------------------------   -------------- -------------- -------------- -------------- -------------- --------------
    999   XXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999. 99 999,999,999.99  999,999,999.99
    999   XXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999. 99 999,999,999.99  999,999,999.99
    999   XXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999. 99 999,999,999.99  999,999,999.99
    999   XXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999. 99 999,999,999.99  999,999,999.99
    999   XXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999.99  999,999,999.99  999,999,999.99  999,999,999. 99 999,999,999.99  999,999,999.99

          *** GRAND TOTALS            999,999,999.99  999,999,999.99  999,999,999.99  999,999,999 .99 999,999,999.99  999,999,999.99

                                                          ** END OF REPORT **
```


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7.49.3 FIN-AL01-R -- Credit Balance Aging Field Descriptions

Field	Description	Length	Data Type
Amount Due	Account Receivable (Credit Balance) amount due for the fund code.	10	Number (Decimal)
Amount to Reclaim	Account Receivable (Credit Balance) amount previously reported that needs to be reclaimed because it has been collected for the fund code..	10	Number (Decimal)
Amount to Report	Account Receivable (Credit balance) amount that has not been reported for the fund code..	10	Number (Decimal)
F/C	Fund Code.	3	Number (Integer)
Fund Code Description	Description of the Fund Code.	15	Character
Over 60 Days	Account Receivable (Credit Balance) amount due over 60 days for the fund code..	10	Number (Decimal)
Tot Already Reported	Account Receivable (Credit Balance) amount due reported for previous quarter as over 60 days due for the fund code..	10	Number (Decimal)
Under 60 Days	Account Receivable (Credit Balance) amount due less than 60 days for the fund code..	10	Number (Decimal)

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7.50 FIN-AL02-R – Alabama Invoice

7.50.1 FIN-AL02-R -- Alabama Invoice Narrative

HPE produces and delivers paper invoices to the State after each financial cycle. These reports detail the number of line items, dollars paid, and credit changes for each fund code within each of the sixteen fund groups. Medicaid providers report within twelve of these fund groups. When the invoice is delivered after the Main Financial Cycle, the twelve provider fund groups will report activity and the thirteenth will show no activity. When the invoice is delivered after the monthly Tuesday evening HIPP Financial Cycle, the twelve provider fund groups will report no activity, and the thirteenth will show the HIPP Resource activity. These reports are used by the State to draw State and Federal funds to be deposited in the appropriate payout accounts for provider resources. These reports are produced for every financial cycle.

The report has two sections: The first ‘half’ details the credit activity. The second ‘half’ details the amounts paid.

The cycle produces invoices for each State/Hurricane Evacuee combination in addition to the Alabama Invoice. The following list details the report numbers and title of the invoice reports:

FIN-AL02-R	Alabama Invoice
FIN-AL02-RRT	Alabama Invoice -Rita –Texas
FIN-AL02-RRL	Alabama Invoice – Rita - Louisiana
FIN-AL02-RYA	Alabama Invoice - Katrina – Alabama
FIN-AL02-RYL	Alabama Invoice - Katrina – Louisiana
FIN-AL02-RRM	Alabama Invoice - Katrina - Mississippi

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7.50.2 FIN-AL02-R -- Alabama Invoice Layout

```
REPORT:   FIN-AL02-R                                ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS:  FINJRAL02                          MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME:   HH:MM:SS
LOCATION: FINPAL02R                                  ALABAMA INVOICE                                                     PAGE:      9,999
                                                   PERIOD: MM/DD/CCYY
HP Enterprise Services, LLC
301 TECHNACENTER DRIVE
MONTGOMERY, ALABAMA  36117 (334) 215-0111
ALABAMA MEDICAID AGENCY
ATTN: ASSOCIATE DIRECTOR ACCOUNTS PAYABLE
FISCAL OPERATIONS

                                                                                  MM/DD/CCYY

             FUND GROUP: XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        CREDIT ACTIVITY

             FUND CODE/ DESC      RCO  COUNTY CODE   PUB/PRIV IND   CLAIM TYPE    NBR LINE ITEMS       TOTAL AMT PAID     CREDIT CHANGES

             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999           99,999,999.99      99,999,999.99
             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999           99,999,999.99      99,999,999.99
             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999           99,999,999.99      99,999,999.99

                    TOTAL                                                        999,999,999          999,999,999.99     999,999,999.99

                GRAND TOTAL                                                      999,999,999          999,999,999.99     999,999,999.99
```

```
REPORT:   FIN-AL02-R                                ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS:  FINJRAL02                          MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME:   HH:MM:SS
LOCATION: FINPAL02R                                  ALABAMA INVOICE                                                     PAGE:      9,999
                                                   PERIOD: MM/DD/CCYY
 HP Enterprise Services, LLC
  301 TECHNACENTER DRIVE (334) 215-0111
                                                 ALABAMA MEDICAID AGENCY
                                          ATTN: ASSOCIATE DIRECTOR ACCOUNTS PAYABLE
                                                       FISCAL OPERATIONS

                                                                                  XX/XX/CCXX

             FUND GROUP: XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       PAID UNDER STATE MEDICAID PROGRAM

             FUND CODE/ DESC      RCO  COUNTY CODE   PUB/PRIV IND   CLAIM TYPE    NBR LINE ITEMS      TOTAL AMT PAID      CREDIT CHANGES

             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999          99,999,999.99       99,999,999.99
             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999          99,999,999.99       99,999,999.99
             XXX XXXXXXXXXXXXXXX  XXXXX   XXXX          X              X           9,999,999          99,999,999.99       99,999,999.99

                    TOTAL                                                        999,999,999          999,999,999.99      999,999,999.99

                GRAND TOTAL                                                      999,999,999          999,999,999.99      999,999,999.99
```


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7.50.3 FIN-AL02-R -- Alabama Invoice Field Descriptions

Field	Description	Length	Data Type
Claim Type	Shows specific indicator for claim type	1	Character
County Code	Shows the County Code for a specific claim	4	Character
Credit Changes	Credit change amount for the Fund Code.	10	Number (Decimal)
Fund Code	Fund Code number along with the Fund Code description.	15	Character
Fund Code Desc	Short description of fund code.	15	Character
Fund Group	Fund Group to which the listed Fund Codes report.	50	Character
NBR Line Items	Number of Line Items for the paid claims or credit activity.	9	Number (Integer)
Grand Total Credit Changes	Total sum of the Credit Changes for all Fund Groups	10	Number (Decimal)
Grand Total NBR Line Items	The grand total sum of NBR Line Items for all Fund Groups.	9	Number (Integer)
Grand Total Total Amt Paid	The grand total sum of the Total Amt Paid for all Fund Groups.	10	Number (Decimal)
Total NBR Line Items	Total sum of the NBR Line Items per Fund Group.	9	Number (Integer)
Pub/Priv Ind	Determines if a claim is Public – B or Private – V	1	Character
RCO	Regional Care Organization designation.	5	Character
Total Credit Changes	Total sum of the Total Credit Changes per Fund Group.	10	Number (Decimal)
Total Amt Paid	Total amount paid for the Fund Code.	10	Number (Decimal)
Total Total Amt Paid	Total sum of the Total Amount Paid per Fund Group	10	Number (Decimal)

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7.51 FIN-AL03-R -- Electronic Invoices Transmitted

7.51.1 FIN-AL03-R -- Electronic Invoices Transmitted Narrative

Electronic Invoices Transmitted is the paper report displaying the data that is transmitted electronically to the State after each Main Financial Cycle.

This report is produced during the financial cycle.

7.51.2 FIN-AL03-R -- Electronic Invoices Transmitted Layout

```
REPORT:   FIN-AL03-R                          ALABAMA MEDICAID AGENCY                        Run Date: MM/DD/CCYY
PROCESS:  FINJRAL03                   MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MM:SS
LOCATION: FINPAL03R                      ELECTRONIC INVOICES TRANSMITTED                       Page:       9,999
                                              PERIOD: MM/DD/CCYY


                                                        PUB/PRIV    Claim                                   PYMT
 FUND GROUP      Fund Code/DESC        RCO     County Code   IND       Type        # LINES     PYMT DATE     AMOUNT
 XXX             XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                        TOTAL                                                       999,999                 999,999,999.99

 XXX             XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                        TOTAL                                                       999,999                 999,999,999.99

 XXX             XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                 XXX XXXXXXXXXXXXXXX   XXXXX     XXXX          X         X          999,999     YY/MM/DD    999,999,999.99
                        TOTAL                                                       999,999                 999,999,999.99

                     GRAND TOTAL                                                 999,999,999                 999,999,999.99
```

7.51.3 FIN-AL03-R -- Electronic Invoices Transmitted Field Descriptions

Field	Description	Length	Data Type
# Lines	Number of line items paid.	5	Number (Integer)
Claim Type	Shows specific indicator for claim type.	1	Character
County Code	Shows the County Code for a specific claim	4	Character
Fund Code	Shows Fund Code	3	Character

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Field	Description	Length	Data Type
Fund Code Desc	Short Description of Fund Code	15	Character
Fund Group	The Fund Group (current system known as Bene Type).	3	Number (Integer)
Pymt Amount	The payment amount for the Fund Group.	11	Number (Decimal)
Pymt Date	Payment Date.	8	Date (YY/MM/DD)
RCO	Regional Care Organization designation.	5	Character
Total # Lines	Total number of line items paid for the Fund Group	5	Number (Integer)
Total Pymt Amount	Total payment amount for the Fund Group.	11	Number (Decimal)
Grand Total # Lines	Grand total number of line items paid.	5	Number (Integer)
Grand Total Pymt Amount	Grand total payment amount.	11	Number (Decimal)
Pub/Priv Ind	Determines if a claim is Public – B or Private – V	1	Character

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7.52 FIN-AL04-O --REQ Account Receivable Report

7.52.1 FIN-AL04-O --REQ Account Receivable Report Narrative

The REQ Account Receivable Report is an online report generated from the Financial Reports and Letters panel. This is an online report that can be run at any time for any date. Please refer to the Financial User Manual-Part I for criteria input to generate this report.

7.52.2 FIN-AL04-O – REQ Account Receivable Report Layout

Report: FIN AL04-O | STATE MMIS | Date: 2009/10/01

From Date: 2008/01/01 | REQ ACCOUNT RECEIVABLE REPORT | Time: 10:38 AM

To Date: 2009/01/01 | Page # 1 of 1

REQ DOC	AR No	RECOUP TYPE	PAYEE ID	PAYEE TYPE	NAME	FUND CODE	AR STATUS	DATE ADDED	DATE EFFECTIVE	AMOUNT	BALANCE
	[redacted]	Automatic	[redacted]	Provider	[redacted]	001	A	11/25/2008	11/25/2008	$11.00	$11.00
	[redacted]	Automatic	[redacted]	Provider	[redacted]	012	A	06/18/2008	06/18/2008	$110.00	$109.00

7.52.3 FIN-AL04-O -- Account Receivable Report Field Descriptions

Field	Description	Length	Data Type
AR No	This is a unique number which is assigned to each provider accounts receivable to track accounts receivable activity	13	Number (Integer)
AR Status	This is the status assigned to the AR (A = Active, C = Closed).	1	Character
Date Added	The date the Accounts Receivable was added.	10	Date (MM/DD/CCYY)
Fund Code	This is the fund code assigned to the A/R.	3	Number (Integer)
Payee ID	This is the provider number (nine characters) or NPI (ten digits).	15	Character
Payee Type	This is the type of payee (always PROVIDER in Alabama).	2	Character
Recoup Type	The type of recoupment (manual, automatic.).	15	Character

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Field	Description	Length	Data Type
Req Doc	Request Document – (designed specifically for HWT numbers).	9	Character

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7.53 FIN-AR01-W -- Weekly Accounts Receivable Summary

7.53.1 FIN-AR01-W -- Weekly Accounts Receivable Summary Narrative

The Weekly Accounts Receivable report lists summary information for accounts receivables setups, recoupments, and counts for the previous Financial cycle. Although this report is titled “Weekly”, it is produced for each financial cycle.

This report is produced during the financial cycle.

7.53.2 FIN-AR01-W -- Weekly Accounts Receivable Summary Layout

```
Report  : FIN-AR01-W                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/YYYY
Process : FINJWAR01                           MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: FINPAR01W                             WEEKLY ACCOUNTS RECEIVABLE SUMMARY                            Page:      9,999
                                                 PERIOD: MM/DD/YYYY - MM/DD/YYYY


  Accounts Receivable Set Up (System) ............    9,999,999,999.99
  Accounts Receivable Set Up (Manual) ............    9,999,999,999.99
                                                    ==================
     Total AR Set Up ............................   99,999,999,999.99


`
  Accounts Receivable Recoupments (System) .......    9,999,999,999.99
  Accounts Receivable Recoupments (Manual) .......    9,999,999,999.99
                                                    ==================
     Total AR Recoupment ........................   99,999,999,999.99



  Number of Open Accounts Receivables ............          99,999,999



  Original Setup Amount of Open ARs ..............    9,999,999,999.99
  Recouped Amount of Open ARs ....................    9,999,999,999.99
                                                    ==================
    Outstanding Balance of Open ARs ..............    9,999,999,999.99


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

7.53.3 FIN-AR01-W -- Weekly Accounts Receivable Summary Field Descriptions

Field	Description	Length	Data Type
Accounts Receivable Recoupments (Manual)	This is the amount of ARs manually recouped for the date parameters of the Financial cycle.	10	Number (Decimal)

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Field	Description	Length	Data Type
Accounts Receivable Recoupments (System)	This is the amount of ARs recouped by the system for the date parameters of the Financial cycle.	10	Number (Decimal)
Accounts Receivable Set Up (Manual)	This is the amount of ARs manually setup for the date parameters of the Financial cycle.	10	Number (Decimal)
Accounts Receivable Set Up (System)	This is the amount of ARs setup by the system for the date parameters of the Financial cycle.	10	Number (Decimal)
Number of Open Accounts Receivables	This is the number of Open Accounts Receivables at the end of the Financial cycle.	8	Number (Decimal)
Original Setup Amount of Open ARs	This is the original setup amount of all ARs still in the Open status.	10	Number (Decimal)
Outstanding Balance of Open ARs	This is the difference between the Original Setup Amount and the Amount Recouped for all open ARs.	10	Number (Decimal)
Recouped Amount of Open ARs	This is the recouped amount of all ARs still in the Open status.	10	Number (Decimal)
Total AR Recoupment	This is the sum of the AR recoupments manually and systematically recouped for the date parameters of the Financial cycle.	10	Number (Decimal)
Total AR Set Up	This is the sum of the ARs setup systematically and manually during the dates of the Financial cycle.	10	Number (Decimal)

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7.54 FIN-AR04-W -- Provider Manually Recovered Accounts Receivable

7.54.1 FIN-AR04-W -- Provider Manually Recovered Accounts Receivable Narrative

The Provider Manually Recovered Accounts Receivable report is a list of all ARs that will not be systematically recouped. These A/Rs have been set up for providers and will be processed and recouped by means of the provider sending in payments.

This report is produced weekly.

7.54.2 FIN-AR04-W -- Provider Manually Recovered Accounts Receivable Layout

```
Report  : FIN-AR04-W                          ALABAMA MEDICAID AGNECY                                    RUN DATE: MM/DD/CCYY
Process : FINJWAR04                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:   HH:MM:SS
Location: FINPAR04W                PROVIDER MANUALLY RECOVERED ACCOUNTS RECEIVABLE                       PAGE    :          1
                                                   AS OF: MM/DD/CCYY

                                                        SET-UP      LAST-ACT          ORIGINAL          APPLIED          BALANCE
 PAYOR    ID   PAYOR    NAME                    ACCTNUM    DATE        DATE               AMOUNT           AMOUNT           AMOUNT
 ------------  ------------------------------ ---------- ---------- ----------  --------------   --------------   --------------
 XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99999999   MM/DD/CCYY MM/DD/CCYY   $9,999,999.99    $9,999,999.99   $9,999,999.99
 XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99999999   MM/DD/CCYY MM/DD/CCYY   $9,999,999.99    $9,999,999.99   $9,999,999.99
 XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99999999   MM/DD/CCYY MM/DD/CCYY   $9,999,999.99    $9,999,999.99   $9,999,999.99
 XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99999999   MM/DD/CCYY MM/DD/CCYY   $9,999,999.99    $9,999,999.99   $9,999,999.99
 XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  99999999   MM/DD/CCYY MM/DD/CCYY   $9,999,999.99    $9,999,999.99   $9,999,999.99
                                                                                 ---------------- ---------------- ----------------
                                                                     TOTALS:     $99,999,999.99   $99,999,999.99   $99,999,999.99
                                                                                                                    ================


                                                   ** END OF REPORT **
```


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7.54.3 FIN-AR04-W -- Provider Manually Recovered Accounts Receivable Field Descriptions

Field	Description	Length	Data Type
Acctnum	This is the Account Receivable number.	8	Number (Decimal)
Applied Amount	This is the amount that has been recouped to date.	11	Number (Decimal)
Balance Amount	This is the outstanding balance of the A/R at the time of the report.	11	Number (Decimal)
Last-Act Date	This is the date that the A/R received it's last recoupment.	10	Date (MM/DD/CCYY)
Original Amount	This is the original set up amount of the A/R.	11	Number (Decimal)
Payor ID	This is the provider number (nine characters) or NPI (ten digits).	10	Number (Integer)
Payor Name	This is the provider name.	30	Character
Set-Up Date	This is the date that the A/R was set up.	10	Date (MM/DD/CCYY)
Totals	Displays the totals for Original Amount, Applied Amount and Balance Amount.	12	Number (Decimal)

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7.55 FIN-AR10-W -- Accounts Receivable - Aging by Provider

7.55.1 FIN-AR10-W -- Accounts Receivable - Aging by Provider Narrative

The Accounts Receivable - Aging by Provider report lists all accounts receivables for each provider. The beginning of each provider's information includes: provider number, tax ID, address and phone number. This is followed by the ARs that are outstanding. ARs can be either adjustment ICNs that created the AR, or AR numbers for ARs that are entered on the Financial Accounts Receivable panel.

This report is produced during the financial cycle.

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7.55.2 FIN-AR10-W -- Accounts Receivable - Aging by Provider Layout

```
$Report  : FIN-AR10-W                                  ALABAMA MEDICAID AGENCY                                                  Run Date: 03/13/2007
Process : FINJWAR10                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                         Run Time:   15:31:25
Location: FINPAR10W                                      ACCOUNTS RECEIVABLE                                                        Page:         18
                                                       AGING BY PROVIDER ID
                                                  PERIOD: 03/08/2007 - 03/13/2007

AR NUM        CLAIM          RECIPIENT          RECIPIENT        DOS        AR EFF  LAST ACT.  DAYS    ORIGINAL   AMT APPLIED   BALANCE
              TYPE             NAME              NUMBER        FROM - TO    DATE     DATE    OUTST.      AMT       TO DATE

P O BOX 36549
BIRMINGHAM, AL 35236-6549
(205) 939-9874
405                                                                        20070202  20070207    39     350,000.00                218,000.00
                                                                                                                  132,000.00

Total for [redacted]    : $    218,000.00

PSY9002E
636-00-0619
BRYCE HOSPITAL ADOLESCENT UNIT
200 UNIVERSITY BOULEVARD
TUSCALOOSA, AL 35401-1294
(205) 759-0734
407                                                                        20070202         0    39     280,000.00                280,000.00
                                                                                                                        0.00

Total for [redacted]    : $    280,000.00

SPR0018H
301-79-437
SPRINGFIELD HOSPITAL
31 GRANITE STREET STE 3
MILFORD, MA 01757
(508) 482-9600
424                                                                        20070214         0    27       1,000.00                  1,000.00
                                                                                                                        0.00

Total for [redacted]    : $      1,000.00


Beginning AR Balance : $  1,214,822.87
Recouped this week   : $     12,200.23
Ending AR Balance    : $  1,202,622.64

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


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7.55.3 FIN-AR10-W -- Accounts Receivable - Aging by Provider Field Descriptions

Field	Description	Length	Data Type
Amt Applied to Date	This is the amount applied to date for this AR.	11	Number (Decimal)
AR Num	This is the unique number assigned to track accounts receivables. The format of the number is RRYYJJJBBBSSS if it is an claim adjustment AR. It is the AR number if it is an AR entered on the Financial Accounts Receivable panel.`.	13	Number (Integer)
AR Eff Date	This is the Accounts Receivable Effective Date.	10	Date (MM/DD/CCYY)
Beginning AR Balance	The beginning account balance for the total Account Receivables.	11	Number (Decimal)
Claim Type	If this is a claim based Account Receivable, the claim type will display (A – Part A crossover, B – Part B crossover, C – Outpatient crossover, D – Dental, I – Inpatient, L – Nursing Home, M – CMS-1500, O – Outpatient, P – Drug, Q – Compound Drug..	2	Character
DOS From –To	From and To Date of Service on claim.	16	Date (MM/DD/CCYY
Days Outst.	This is the number of Days the Account Receivable is Outstanding.	8	Number (Integer)
Ending AR Balance	This is the total ending balance on the Account Receivables.	11	Number (Decimal)
Last Act. Date	This is the last date of activity on the Account Receivable	10	Number (MM/DD/CCYY)
Original Amt	This is the original Amount of the Account Receivable.	11	Number (Decimal)
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID or the 10 digit NPI.	15	Character
Payee Name	This is the name of the payee.	50	Character
Payee Address1	This is line one of the payee address.	30	Character
Payee Address2	This is line two of the payee address.	30	Character
Payee City	This is the city of the payee address.	15	Character
Recipient Name	If this is a claim based Account Receivable, this is the Recipient's name.	30	Character

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Field	Description	Length	Data Type
State	This is the two character abbreviation for the payee state.	2	Character
Recipient Number	If this is a claim based Account Receivable, this is the Recipient's Medicaid ID number.	12	Number (Integer)
Recouped this Week	This is the total amount recouped this financial cycle.	11	Number (Decimal)
Total For + provider number	Total Account Receivable amount for the Provider Number.	13	Number (Decimal)
Zip	This is the zip code for the payee. It may or may not display the +4 code.	9	Number

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7.56 FIN-AR20-M -- Accounts Receivable Recoupment Summary by Reason Code

7.56.1 FIN-AR20-M -- Accounts Receivable Recoupment Summary by Reason Code Narrative

The Accounts Receivable Recoupment Summary by Reason Code report summarizes the recoupments towards accounts receivable record by the accounts receivable setup reason code. The report provides counts and totals for the current month and counts and totals for year to date. On the bottom of the report are the grand totals for each column.

This report is produced monthly.

7.56.2 FIN-AR20-M -- Accounts Receivable Recoupment Summary by Reason Code Layout

```
Report  : FIN-AR20-M                                  ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
Process : FINJMAR20                            MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:      16:30
Location: FINPAR20M                     ACCOUNTS RECEIVABLE RECOUPMENT SUMMARY BY REASON CODE                  PAGE    :          1
                                                     PERIOD: Month   CCYY

                                                MTD RECOUP                          YTD RECOUP
     ACCOUNTS RECEIVABLE SETUP REASON             COUNT        MTD RECOUP AMT          COUNT          YTD RECOUP AMT
   ----------------------------------------     ---------     -----------------     -----------     ------------------
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       999,999       $999,999,999.99      999,999,999      $9,999,999,999.99
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       999,999       $999,999,999.99      999,999,999      $9,999,999,999.99
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       999,999       $999,999,999.99      999,999,999      $9,999,999,999.99
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       999,999       $999,999,999.99      999,999,999      $9,999,999,999.99

                                                ---------     -----------------    -------------     ------------------
         GRAND TOTALS:                         9,999,999     $9,999,999,999.99    9,999,999,999     $99,999,999,999.99


       ** END OF REPORT **
```


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7.56.3 FIN-AR20-M -- Accounts Receivable Recoupment Summary by Reason Code Field Descriptions

Field	Description	Length	Data Type
Accounts Receivable Setup Reason	This is the reason an accounts receivable was setup.	40	Character
Grand Total - MTD Recoup Amt	Grand total amount of money dispositioned for the month for this reason code.	12	Number (Decimal)
Grand Total - MTD Recoup Count	Grand total number of disposition records for the month for this reason code.	7	Number (Decimal)
Grand Total - YTD Recoup Amount	Grand total amount of money dispositioned for the year for this reason code.	13	Number (Decimal)
Grand Total - YTD Recoup Count	Grand total number of disposition records for the year for this reason code.	10	Number (Decimal)
MTD Recoup Amt	Total amount of money dispositioned for the month for this reason code.	11	Number (Decimal)
MTD Recoup Count	Number of disposition records for the month for this reason code.	6	Number (Decimal)
YTD Recoup Amt	Total amount of money dispositioned for the year for this reason code.	12	Number (Decimal)
YTD Recoup Count	Number of disposition records for the year for this reason code.	9	Number (Integer)

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7.57 FIN-AR41-W -- Accounts Receivable - Weekly Activity

7.57.1 FIN-AR41-W -- Accounts Receivable - Weekly Activity Narrative

The Accounts Receivable-Weekly Activity report summarizes activity associated with outstanding provider account receivables (A/R) for each financial cycle. This report is utilized to aid in the tracking and control of account receivables, and to report to the Agency all activity associated with an outstanding A/R.

This report is generated during the financial cycle.

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7.57.2 FIN-AR41-W -- Accounts Receivable - Weekly Activity Layout

```
REPORT  : FIN-AR41-W                                ALABAMA MEDICAID AGENCY                                  DATE: MM/DD/CCYY
PROCESS : FINJWAR41                            MEDICAID MANAGEMENT INFORMATION SYSTEM                        TIME:   HH:MM:SS
LOCATION: FINPAR41W                             ACCOUNTS RECEIVABLE WEEKLY ACTIVITY                          PAGE:     99,999
                                                 PERIOD: MM/DD/CCYY - MM/DD/CCYY

PAYOR TYPE:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                    LAST
PAYOR             ACTIVITY        A/R     RSN   ----RECOUPMENT----      BEGINNING      CASH AMOUNT    OFFSET AMOUNT      ADJUSTMENT
ENDING
ID                  DATE         NUMBER   CODE  PERCENT      AMOUNT      BALANCE       THIS CYCLE      THIS CYCLE
BALANCE
999999999999999   MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99
999999999999999   MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99
999999999999999   MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99
999999999999999   MMDDCCYY  9999999999999 9999  999.99 999,999,999.99 999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99


                                                          T0TALS    9,999,999,999.99                 9,999,999,999.99
9,999,999,999.99
                                                                                     9,999,999,999.99                 9,999,999,999.99


                                                         * * END OF REPORT * *
```


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7.57.3 FIN-AR41-W -- Accounts Receivable - Weekly Activity Field Descriptions

Field	Description	Length	Data Type
A/R Number	This is the number used to track ARs throughout the system. It will be an adjustment claim ICN if the AR is a claim AR, or an AR number assigned by the system if the AR is created manually from the Financial Accounts Receivable panel.	13	Number (Integer)
Adjustment	This is the change made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	11	Number (Decimal)
Beginning Balance	This is the last account receivable balance for this A/R number and provider prior to the start of the current financial cycle. This should equal the ending balance of the previous financial cycle report.	11	Number (Decimal)
Cash Amount this Cycle	This indicates cash payments made in this processing cycle to decrease an account receivable.	11	Number (Decimal)
Ending Balance	This is the current account receivable balance after this cycle date. Calculated by taking the A/R Balance, less the cash amount this cycle, less the offset amount this cycle, and plus or minus the adjustments.	11	Number (Decimal)
Last Activity Date	This is the date the last activity was posted to the claims system.	10	Date (MM/DD/CCYY)
Offset Amount this Cycle	This is the amount satisfied in this cycle due to offsetting amounts otherwise due to the provider.	11	Number (Decimal)
Payor ID	Medicaid Identication Number of the payor. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID or the 10 digit NPI.	15	Character
Payor Type	This is the payor type. (Provider).	30	Character
Rsn Code	This is the reason code assigned at the establishment of this A/R.	4	Number (Integer)
Recoupment Amount	This is the dollar amount determined by the Alabama Medicaid Agency that is to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	20	Number (Decimal)

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Field	Description	Length	Data Type
Recoupment Percent	This is the percent amount determined by the Alabama Medicaid Agnecy that is to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	20	Number (Decimal)
Totals	These are the totals calculated for the appropriate columns.	80	Number (Decimal)

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7.58 FIN-AR42-W – Accounts Receivable – Aging by Fund Code

7.58.1 FIN-AR42-W – Accounts Receivable – Aging by Fund Code Narrative

The Accounts Receivable-Aging by Fund Code report lists all accounts receivable in aged category order. An ‘X’ in the ‘Activity Flag’ field indicates that the accounts receivable has aged 30 days with no activity within the last 30 day period. This report is utilized to aid in the control of all aged account receivables and to report all accounts which are outstanding at the end of each financial cycle. In addition, it is used to research and validate those accounts receivables which have aged greater than 15 days prior to collection action being initiated.

This report is produced weekly.

7.58.2 FIN-AR42-W – Accounts Receivable – Aging by Fund Code Layout

```
Report  : FIN-AR42-W                          ALABAMA MEDICAID AGENCY                          Run Date: 01/11/2007
Process : FINJWAR42                   MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   19:12:12
Location: FINPAR420                             ACCOUNTS RECEIVABLE                                Page:        24
                                              AGING BY FUND CODE
                                        PERIOD: 12/29/2006 - 01/11/2007

FUND CODE: PHYSICIANS
------PAYEE-------  DAYS    LAST     EFF    ACT      A/R          ICN        RSN     ORIGINAL     CASH       OFFSET    ADJUSTMENT    BALANCE
ID            TYPE  OUTST   DATE     DATE   FLG     NUMBER                  CODE    AMOUNT     RECEIPTS     AMOUNT      AMOUNT

[redacted]     P    10 20061011 20060627    X [redacted]                    9000        15.79                  0.00                      5.79
                                                                                                   0.00                    10.00
SUBTOTALS     00-15                                                              15.79                  0.00                      5.79
                                                                                                   0.00                    10.00

[redacted]     P   427 20060928 20050426    X [redacted]                    8404       797.99                342.86                    455.13
                                                                                                   0.00                     0.00
SUBTOTALS     121+                                                               797.99                342.86                    455.13
                                                                                                   0.00                     0.00

FUND TOTALS                                                                      813.78                342.86                    460.92
                                                                                                   0.00                    10.00

GRAND TOTALS                                                                 164,633.01              4,098.23               160,439.78
                                                                                                  50.00                    45.00

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


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7.58.3 FIN-AR42-W – Accounts Receivable – Aging by Fund Code Field Descriptions

Field	Description	Length	Data Type
A/R Number	This is the number used to track account receivables throughout the system.	13	Number (Integer)
Act Flg	Activity Flag, this indicates if no activity has occurred within the last 30 days.	1	Character
Adjustment Amount	This indicates the changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	10	Number (Decimal)
Balance	This is the original amount less any recovered amounts.	10	Number (Decimal)
Cash Receipts	This indicates a manual payment made to the fund to decrease an account receivable file.	10	Number (Decimal)
Days Outst	This field indicates the number of days from the “effective date” to the current cycle date for this A/R number. The field will report in the following groupings: 121+ days, 91-120 days, 61-90 days, 31-60 days, 16-30 days and 00-15 days.	4	Number (Integer)
Eff Date	This is the date on which the accounts receivable became active.	8	Date (CCYYMMDD)
Fund	This is the fund description of which the A/R is associated.	50	Character
Fund Totals	This is the subtotal amounts for each fund.	11	Number (Decimal)
Grand Totals	This is the grand total for each column.	12	Character
ICN	This is the claim number related to the account receivable.	13	Number (Integer)
Last Date	This is the last activity date on which the provider last had debit activity.	8	Date (CCYYMMDD)
Offset Amount	This indicates the amount which has been offset from the weekly claim cycle to satisfy the accounts receivable to date. In addition, other state directed offsets will also be reflected in this field.	10	Number (Decimal)
Original Amount	This is the original amount indicates the setup amount of the receivable.	10	Number (Decimal)
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID or 10 digit NPI.	15	Character
Payee Type	This is the unique code which identifies the Payee Type. (In Alabama, this will always be Provider.)	1	Character
Rsn Code	This reason code indicates how and why the A/R was established.	4	Character
Subtotals	This is the subtotal amounts for each aging period.	11	Number (Decimal)

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7.59 FIN-AR43-W – Accounts Receivable – Weekly Activity – by RSN Code

7.59.1 FIN-AR43-W – Accounts Receivable – Weekly Activity – by RSN Code Narrative

The Accounts Receivable-Weekly Activity-by RSN Code report summarizes weekly activity associated with outstanding provider account receivables (A/R) for each financial cycle. This report is utilized to aid in the tracking and control of account receivables, and to track all weekly activity associated with an outstanding A/R. This report is grouped by reason code, including subtotals at reason code breaks.

This report is produced weekly.

7.59.2 FIN-AR43-W – Accounts Receivable – Weekly Activity – by RSN Code Layout

```
REPORT  : FIN-AR43-W                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
PROCESS : FINJWAR41                           MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
LOCATION: FINPAR41W                                   ACCOUNTS RECEIVABLE                                     Page:     99,999
                                                 WEEKLY ACTIVITY - BY RSN CODE
                                                 PERIOD: MM/DD/CCYY - MM/DD/CCYY

                          LAST
  -------PAYEE------    ACTIVITY        A/R        ----RECOUPMENT----        BEGINNING     CASH AMOUNT  OFFSET AMOUNT    ADJUSTMENT       ENDING
  ID             TYPE     DATE         NUMBER      PERCENT      AMOUNT        BALANCE      THIS CYCLE      THIS CYCLE                     BALANCE
RSN CODE: 9999
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
                                          SUBTOTAL FOR REASON CODE:     99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99

RSN CODE: 9999
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
  XXXXXXXXXXXXXXX  X  MM/DD/CCYY  XXXXXXXXXXXX    999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99   9,999,999.99
                                          SUBTOTAL FOR REASON CODE:     99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99

                                                     TOTALS:            99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
```


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7.59.3 FIN-AR43-W – Accounts Receivable – Weekly Activity – by RSN Code Field Descriptions

Field	Description	Length	Data Type
A/R Number	This is the number used to track account receivables throughout the system.	13	Number (Integer)
Adjustment	These are the changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases.	11	Number (Decimal)
Beginning Balance	This is the last receivable balance for this A/R number and provider prior to the start of the current financial cycle. This should equal the ending balance of the previous weeks report.	11	Number (Decimal)
Cash Amount This Cycle	This indicates the cash payments made in this processing cycle to decrease an account receivable.	11	Number (Decimal)
Ending Balance	This is the current Account Receivable balance after this cycle date. Calculated by taking the A/R Balance At the Beginning of the Cycle, less the Cash Receipts This Cycle, less the Offset Amount This Cycle, and plus or minus the Adjustments.	11	Number (Decimal)
Last Activity Date	This is the date the last activity was posted to the claims system.	10	Date (MM/DD/CCYY)
Offset Amount This Cycle	This is the Amount satisfied in this cycle due to offsetting amounts otherwise due to the provider.	11	Number (Decimal)
Payee ID	Medicaid Identification Number of the payee. The field allows for 15 bytes. It displays the 8 or 9 byte Medicaid provider ID or the 10 byte NPI.	15	Character
Payee Type	This is the unique code which identifies the Payee Type. (In Alabama, this will always be Provider.)	1	Character
RSN Code	This is the reason code assigned at the establishment of this A/R.	4	Character
Recoupment Amount	This is the dollar amount determined by the Agency to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	11	Number (Decimal)
Recoupment Percent	This is the percent amount determined by the State to be recouped from claims activity for each payment cycle until the A/R balance has been recovered.	5	Number (Decimal)

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Field	Description	Length	Data Type
Subtotal for Reason Code	This is the subtotal for each column per reason code.	11	Number (Decimal)
Totals	This is the total for each column.	12	Number (Decimal)

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7.60 FIN-AU01-M 835/EFT 3 Day Compliance Audit Report

7.60.1 FIN-AU01-M 835/EFT 3 Day Compliance Audit Report Narrative

The 835/EFT 3 Day Compliance Audit Report shows that Alabama is within the 90% compliance for ACA III Rule 370 that states that all 835's must be returned within 3 days of the providers EFT being sent.

The report details the number of 835's released to providers that also receive an EFT payment between the first and last day of the month previous to today. Within that, it also shows the number of those 835's that were in compliance and those that were out of compliance, along with percentages for each. For those that were out of compliance, details of Medicaid ID, provider name, check write date, 835 release date, EFT release date, funding group and number of days(days out of compliance) between 835 release date and EFT release date are shown.

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7.60.2 FIN-AU01-M 835/EFT 3 Day Compliance Audit Report Layout

```
Report  : FIN-AU01-M                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : FINAU01                        MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINAU01M                        835/EFT 3 DAY COMPLIANCE AUDIT REPORT                             Page:      9,999
                                     AUDIT REPORT PERIOD:  MM/DD/YY THROUGH MM/DD/YY
-------------------------------------------------------------------------------------------------------------------------------

 TOTAL 835/TRANSMITTED:       999,999

 TOTAL 835/EFT <= 3 DAYS:     999,999     999.99% (IN COMPLIANCE)
 TOTAL 835/EFT > 3 DAYS:      999,999     999.99% (OUT OF COMPLIANCE)

                                                  --- 835/EFT OUT OF COMPLIANCE ---

 PROVIDER ID       PROVIDER NAME                                        CHECK WRITE   835 RELEASE    EFT RELEASE   FUNDING   NUMBER
                                                                            DATE          DATE           DATE       GROUP     DAYS
 XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY     XXX      9999


    ********************************************** NO PROVIDERS OUT OF COMPLIANCE **********************************************

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

7.60.3 FIN-AU01-R 835/EFT 3 Day Compliance Audit Report Descriptions

Field	Description	Length	Data Type
835 Release Date	The 835 release date	10	Date (MM/DD/CCYY)
Audit Report Period--begin	The beginning date for the period of this run	10	Date (MM/DD/CCYY)
Audit Report Period--end	The ending date for the period of this run	10	Date (MM/DD/CCYY)
Check Write Date	The check write date	10	Date (MM/DD/CCYY)
EFT Release Date	The EFT Release Date	10	Date (MM/DD/CCYY)
Funding Group	The funding group code	2	Character
Number Days	The number of days out of compliance	4	Number (Integer)

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Field	Description	Length	Data Type
Provider ID	The pay-to provider's Medicaid ID	15	Character
Provider Name	The provider's pay-to name	50	Character
Total 835/EFT <= 3 Days	The 835/EFT transactions that are less that or equal to 3 days (in compliance)	7	Number (Integer)
Total 835/EFT <= 3 Days Percent	The percent in compliance	7	Number (Decimal)
Total 835/EFT > 3 Days	The 835/EFT transactions that are that 3 days (out of compliance)	7	Number (Integer)
Total 835/EFT > 3 Days Percent	The percent out of compliance	7	Number (Decimal)
Total 835/Transmitted	The total 835 Transmitted in this period	7	Number (Integer)

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7.61 FIN-AU02-R EOB CARC/RARC Cross Walking Audit Report

7.61.1 FIN-AU02-R EOB CARC/RARC Cross Walking Audit Report Narrative

The EOB CARC/RARC Cross Walking Audit Report reports any EOB that did not cross walk in the check write cycle. The result of not cross walking will cause a CO/193 to be sent to the provider.

A cross walk takes place for each EOB to a Claim Adjustment Reason Code (CARC) and Remarks Reason Code (RARC). This cross walk is maintained for the 835 processing of a claim. For each EOB that is set, a valid cross walk combination is established that is sent to a provider, that gives an explanation about their claims (such as to why something did not pay as they submitted). Alabama specific EOB's cannot be sent, but they must be cross walked to a valid HIPAA CARC/RARC combination. EOB's are cross walked by a combination of the date of service on a claim and the date that the claim is processed on an 835. If any EOB is processed that does not have a valid combination on the date of the check write cycle, a default CARC of 193 (which was determined by the Agency as a general generic response) is sent (no RARC). This is then detailed on this report so that a cross walk combination can be established before the next check write cycle.

The report details each EOB and each claim and detail that did not cross walk. This lists each error, sorted by error type (Either by paid date, run date, or using a previous cross walk), EOB, financial run date, claim to date of service, ICN, and detail number.

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7.61.2 FIN-AU02-R EOB CARC/RARC Cross Walking Audit Report Layout

```
Report  : FIN-AU02-R                              ALABAMA MEDICAID AGENCY                                    Run Date: xx/xx/xxxx
Process : FINJRA02                          MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   xx:xx:xx
Location: FINPAU02                            EOB CARC/RARC CROSS WALKING REPORT                                 Page:      xxxxx
                                              CHECK WRITE CYCLE DATE: XX/XX/XXXX

                                              - CARC/RARC CROSS WALKING ISSUES -

                              DETAIL   CLAIM   CLAIM     TO DATE OF    PAID
 EOB      ICN                 NUMBER    TYPE   STATUS     SERVICE      DATE      CROSS WALK ISSUE
-------------------------------------------------------------------------------------------------------------------------------

 XXXX     XXXXXXXXXXXXX        999       X       X       XX/XX/XXXX  XX/XX/XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXX     XXXXXXXXXXXXX        999       X       X       XX/XX/XXXX  XX/XX/XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 TOTAL EOBS WITH CROSS WALKING ISSUES:               999,999
 TOTAL CLAIMS WITH CROSS WALKING ISSUES:             999,999
 TOTAL CLAIM DETAILS WITH CROSS WALKING ISSUES:      999,999
    ********************************************** NO CROSS WALK ISSUES ***********************************************************

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

7.61.3 FIN-AU02-R EOB CARC/RARC Cross Walking Audit Report Descriptions

Field	Description	Length	Data Type
Claim Status	Claim status, Paid (P), Denied (D), Suspended (S).	1	Character
Claim Type	Type of Claim.	1	Character

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Field	Description	Length	Data Type
Cross Walk Issue	Type of cross walk issue that failed. • NO CROSS WALK FOUND USING RUN DATE AND TDOS -> No cross walk was found using current check write run date and claim TDOS • NO CROSS WALK FOUND USING PAID DATE AND TDOS -> No cross walk was found using original paid date and claim TDOS (adjusted claim) – This would occur in the original claim never had a cross walked value • NO CROSS WALK FOUND USING ORIGINAL CROSS WALK DATA -> No cross walk was found using the original cross walked values that were returned on the original 835 (adjusted claim)	50	Character
Cycle Date	Date of the financial cycle.	10	Date (MM/DD/CCYY)
Detail Number	Claim detail number.	3	Number (integer)
EOB	Explanation of Benefits Code.	4	Character
ICN	ICN Number.	15	Character
Paid Date	This is the date the claim is finalized through adjudication. This is not the date the funds are released.	10	Date (MM/DD/CCYY)
To Date of Service	To date of service for the claim detail	10	DATE(MM/DD/CCYY)
Total EOBS With Cross Walking Issues	Total number of unique EOBs that failed the cross walk in the financial cycle.	6	Number (Integer)
Total Claims With Cross Walking Issues	Total number of unique ICN's that failed the cross walk in the financial cycle	6	Number (Decimal)

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Field	Description	Length	Data Type
Total Claim Details With Cross Walking Issues	Total number of claim details that failed the cross walk in the financial cycle	6	Number (Integer)

7.62 FIN-BAAR-R – Provider YTD Offset Balancing

7.62.1 FIN-BAAR-R – Provider YTD Offset Balancing Narrative

The Provider YTD Offset Balancing report is an internal EDS Financial report used to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This report reports any differences between the sum of AR offsets and the YTD offsets for claims and non-claims transactions.

This report is produced during the financial cycle.

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7.62.2 FIN-BAAR-R – Provider YTD Offset Balancing Layout

```
REPORT:   FIN-BAAR-R                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS:  FINJRBAL-AR                   MEDICAID MANANGMENT INFORMATION SYSTEM                   RUN TIME: HH:MM:SS
LOCATION: FINP_BAL_AR                      PROVIDER YTD OFFSET BALANCING                            PAGE: 9,999
                                         PERIOD: MM/DD/CCYY - MM/DD/CCYY


PROVIDER SAK      YTD NON-CLAIM OFFSET   YTD ADVANCED OFFSET       YTD CAIM OFFSET      AR TABLE OFFSET


                                                 * * REPORT BALANCED * * *
```

```
REPORT:   FIN-BAAR-R                          ALANAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS:  FINJRBAL-AR                   MEDICAID MANAGEMENT INFORMATION SYSTEMS                  RUN TIME: HH:MM:SS
LOCATION: FINP_BAL_AR                      PROVIDER YTD OFFSET BALANCING                            PAGE: 9,999
                                         PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                         FINANCIAL CYCLE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


 PROVIDER SAK      YTD NON-CLAIM OFFSET   YTD ADVANCED OFFSET       YTD CAIM OFFSET      AR TABLE OFFSET

 999999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 999999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 999999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99
 999999999           99,999,999.99          99,999,999.99          99,999,999.99         99,999,999.99


                                             * * * REPORT NOT BALANCED * * *
```


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7.62.3 FIN-BAAR-R -- Provider YTD Offset Balancing Field Descriptions

Field	Description	Length	Data Type
AR Table Offset	This is the account receivable Offset amount.	10	Number (Decimal)
Financial Cycle	This is the name of the financial cycle that is being balanced. For Provider, this will be Main Financial Cycle.	30	Character
Provider SAK	This is the provider's system assigned key for the out of balance record.	8	Number (Integer)
YTD Advanced Offset	This is the year to date advanced offset amount.	10	Number (Decimal)
YTD Claim Offset	This is the year to date offset amount for claims type transactions.	10	Number (Decimal)
YTD Non-Claim Offset	This is the year to date offset amount for non-claims transactions.	10	Number (Decimal)

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7.63 FIN-BACH-R -- Provider YTD Check Balancing

7.63.1 FIN-BACH-R -- Provider YTD Check Balancing Narrative

The Provider YTD Check Balancing report is an internal EDS Financial report used to verify that provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This reports any differences between the total sum of checks for the provider and the YTD check amount.

This report is produced during the financial cycle.

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7.63.2 FIN-BACH-R -- Provider YTD Check Balancing Layout

```
REPORT : FIN-BACH-R                                    ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS: FINJRBAL_CHK                             MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME: HH:MM:SS
LOCATION:FINP_BAL_CHK                                PROVIDER YTD CHECK BALANCING                                   PAGE:     9,999
                                                   PERIOD: MM/DD/CCYY - MM/DD/CCYY


PROVIDER
TOTAL AMT PAID +PAID TOT ADJ  +PAID ADMIN  + PAID CAP + EXPENSE TOT + CLAIM INTEREST -CLAIM OFFSET - NONCLM OFFSET - ADVANCE OFFSET = CHECK TOT

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99

999999999999999
999,999,999.99  9,999,999.99 9,999,999.99 9,999,999.99  9,999,999.99  9,999.999.99  99,999,999.99  99,999,999.99  99,999,999.99  999,999,999.99


  TOTAL CHECK/EFT BY PROVIDER:         ####
  TOTAL CHECK/EFT BY DATE ISSUED:      ####

                                                   * * * END OF REPORT * * *

                                              * * * REPORT DOES NOT BALANCE!!! * * *
```


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7.63.3 FIN-BACH-R -- Provider YTD Check Balancing Field Descriptions

Field	Description	Length	Data Type
Advance Offset	This is the amount deducted for advance offsets.	10	Number (Decimal)
Check Tot	This is the total amount of the check.	11	Number (Decimal)
Claim Interest	This is the amount paid for claim interest.	9	Number (Decimal)
Claim Offset	This is the amount deducted for claim offsets.	10	Number (Decimal)
Expense Tot	This is the amount paid for expenses.	9	Number (Decimal)
NonClm Offset	This is the amount deducted for non-claim offsets.	10	Number (Decimal)
Paid Admin	This is the amount paid for admin fee.	9	Number (Decimal)
Paid Cap	This is the amount paid for capitation fee.	9	Number (Decimal)
Paid Tot Adj	This is the total amount paid for adjustments.	9	Number (Decimal)
Provider	This is the provider system assigned key code.	9	Character
Total Amt Paid	This is the total amount paid for original claims.	9	Number (Decimal)
Total Check/EFT by Date Issued	This is the number of checks or electronic fund transfers issued for the payment date.	4	Number (Integer)
Total Check/EFT by Provider	This is the number of checks or electronic fund transfers issued to providers.	4	Number (Integer)

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7.64 FIN-BACY-R -- Financial Balancing

7.64.1 FIN-BACY-R -- Financial Balancing Narrative

The Financial Balancing Report contains system-generated financial counts and dollar totals on claim and non-claim transactions processed in the financial cycle. The Financial Balancing Report is a system-generated tool created for the purpose of allowing the cycle monitor to ensure the financial cycle is balanced and no errors have occurred. Please note: The form counts for paid claims represent the paid claims that were selected for payment. Please note that there are entries on this CORE report that do not apply to Alabama, and there fore will always be zero. Alabama does not do fiscal pends, payment holds, or FICA. Since this is a standard CORE balancing report, these items will remain and will simply report zeros.

This report is produced during the financial cycle.

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7.64.2 FIN-BACY-R -- Financial Balancing Layout

```
REPORT:   FIN-BACY-R                          ALABAMA MEDICAID AGENCY                                                  RUN DATE: MM/DD/CCYY
PROCESS:  FINJRBAL_CYC                    MEDICAID MANAGEMENT INFORMATION SYSTEM                                       RUN TIME:   HH:MM:SS
LOCATION: FINP_BAL_CYCLE                      FINANCIAL BALANCING REPORT                                               PAGE:          9,999
                                            PERIOD: MM/DD/CCYY - MM/DD/CCYY
      Claims Extracted By Form:


              PHARMACY:
                       Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                       Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                       A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                       C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                       Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                       Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                            Number of Encounters           999,999,999

              CMS 1500:
                       Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                       Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                       A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                       C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                       Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                       Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                            Number of Encounters           999,999,999

              DENTAL:
                       Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                       Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                       A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                       C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                       Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                       Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                            Number of Encounters           999,999,999

              UB04:
                       Original Claims      +       999,999,999.99          Number of Paid Claims          999,999,999
                       Paid Adjustments     +       999,999,999.99          Number of Denied Claims        999,999,999
                       A/R Adjustments      -       999,999,999.99          Number of Suspended Claims     999,999,999
                       C/R Adjustments      -       999,999,999.99          Number of Adjusted Claims      999,999,999
                       Payment Holds        -       999,999,999.99          Number of Holds                999,999,999
                       Fiscal Pend          -       999,999,999.99          Number of Pends                999,999,999
                                                                            Number of Encounters           999,999,999
                                          ----------------------
              TOTAL CLAIMS EXTRACTED        =       999,999,999.99

      Regular Expenditures Extracted        +       999,999,999.99
      Immediate Expenditures Extracted      +       999,999,999.99
      Manual Expenditures Extracted         +       999,999,999.99
         Expenditure Holds                  -       999,999,999.99
         Expenditure Fiscal Pends           -       999,999,999.99
      Capitation Payment                    +       999,999,999.99
         Capitation Holds                   -       999,999,999.99
```


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```
          Capitation Fiscal Pends              -       999,999,999.99

                                             -----------------------
       TOTAL  EXPENSES                        =       999,999,999.99
       ------------------------------------------------------------
       Offsets Applied In Current Cycle       -       999,999,999.99
       Total FICA Deducted In Current Cycle   -       999,999,999.99
                                             -----------------------
          Total Payments Due Before Credits   =       999,999,999.99

       History Credits:
          System A/R's Created                +       999,999,999.99
          System Cash Receipt Dispositions    +       999,999,999.99
          Cash Receipt Disposition Reissue    +       999,999,999.99
                                             -----------------------
       TOTAL PAYMENTS DUE                             999,999,999.99
       ============================================================

REPORT:   FIN-BACY-R                          ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS:  FINJRBAL_CYC                      MEDICAID MANAGEMENT INFORMATION SYSTEM                             RUN TIME:   HH:MM:SS
LOCATION: FINP_BAL_CYCLE                      FINANCIAL BALANCING REPORT                                       PAGE:          9,999
                                            PERIOD: MM/DD/CCYY - MM/DD/CCYY

       Payments:
          System Checks Issued                           999,999,999.99
          Manual Checks Issued/Reissued                  999,999,999.99
          EFT's Transmitted                              999,999,999.99
                                             -----------------------
       TOTAL PAYMENTS ISSUED                             999,999,999.99
       ============================================================
       Difference (Payments Due - Payments Issued)       999,999,999.99


                ADJUSTMENT CLAIM SUMMARY INFORMATION:

                                                 GROSS PAID AMOUNT                                   COUNTS

                    PHARMACY ADJUSTMENTS     -      999,999,999.99           ADJUSTMENT COUNT          99,999
                    CMS 1500 ADJUSTMENTS     -      999,999,999.99           ADJUSTMENT COUNT          99,999
                    DENTAL ADJUSTMENTS       -      999,999,999.99           ADJUSTMENT COUNT          99,999
                    UB04 ADJUSTMENTS         -      999,999,999.99           ADJUSTMENT COUNT          99,999

                                                         END OF REPORT
```


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7.64.3 FIN-BACY-R -- Financial Balancing Field Descriptions

Field	Description	Length	Data Type
Capitation Fiscal Pend	Dollar totals of all capitations that were held due to fiscal pends	11	Number (Decimal)
Capitation Holds	Dollar totals of all capitations that were held due to Payment holds	11	Number (Decimal)
Capitation Payment	The dollar amount of capitation payments processed from the Managed Care program. To be accumulated the following must be true: the Date effective must equal the maximum date effective for the MCO and code region, the system assigned key MCO must be valid and the Code region must be valid. The dollar amounts will only be brought in to the financial cycle once every month since Managed Care jobs run monthly to produce the current month payments.	11	Number (Decimal)
Cash Receipt Disposition Reissue	The amount of the cash receipt disposition reissue.	11	Number (Decimal)
Dental Adjustments – Gross Paid Amount	This is gross paid amount for Dental Adjustments.	11	Number (Decimal)
Dental Adjustments – Adjustment Count	The Dental Adjustments Adjustment Count.	5	Number (Integer)
Dental - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true: Adjustment claim may be paid or denied, amount paid of adjustment claim will be less than amount paid of original claim. ICN will have region 45, 46, or 49 – 60. If the region is 51 or 54 then the following equation applies - (adjustment claim amount paid minus original claim amount paid) plus cash receipt disposition amount will be less than zero. For all other regions 45, 46, 49-50, 52-53, 55-60, the adjustment claim amount paid minus the original claim amount paid less than zero.	11	Number (Decimal)
Dental - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true: Adjustment claim may be paid or denied, amount paid of adjustment claim equal to or less than amount paid of original claim. ICN will have region 51 or 54 and (adjustment claim amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number (Decimal)

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Field	Description	Length	Data Type
Dental - Number of Adjusted Claims	Total count of all finalized adjustment dental claims processed during the financial cycle. Claim type D are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number (Integer)
Dental - Number of Denied Claims	Total count of all denied status dental claims processed in the financial cycle. Claim type D with claim status D.	9	Number (Integer)
Dental - Number of Paid Claims	Total count of all paid status dental claims processed in the financial cycle. Claim type D with claim status P.	9	Number (Integer)
Dental - Number of Suspended Claims	Total count of all suspended status dental claims at the time of the financial cycle. Claim type D with claim status S.	9	Number (Integer)
Dental - Original Claims	Dollar totals of all claim net payments on paid original claims processed during the cycle for claim type D.	11	Number (Decimal)
Dental - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim type D. To be accumulated the following must be true: The region of the ICN 45, 46, or 49-60. The adjustment claim amount is greater or equal to the original claim payment.	11	Number (Decimal)
Dental Fiscal Pend	This is the total dollar amount of fiscal pends for claim type D.	11	Number (Decimal)
Dental Number of Encounters	Total count of all encounters for claim type D.	9	Number (Integer)
Dental Number of Holds	Total count of all payment holds for claim type D.	9	Number (Integer)
Dental Number of Pends	Total count of all fiscal pends for claim type D.	9	Number (Integer)
Dental Payment Holds	This is the total dollar amount of payment holds for claim type D.	11	Number (Decimal)
Difference (Payments Due -- Payments Issued)	This is the difference between (Total Payments Due - Total Payments Issued). If the difference is zero, then the cycle has balanced. Anything other than a zero will be researched by the cycle monitor for the cause of the out of balance situation and corrected where possible.	11	Number (Decimal)
Expenditure Fiscal Pend	Dollar totals of all expenditures that were held due to fiscal pend.	11	Number (Decimal)

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Field	Description	Length	Data Type
Expenditure Holds	Dollar totals of all expenditures that were held due to payment holds.	11	Number (Decimal)
CMS1500 Adjustments – Gross Paid Amount	The adjustment gross amount for CMS 1500.	5	Number (Decimal)
CMS1500 Adjustments – Adjustment Count	The CMS 1500 Adjustments Adjustment Count.	5	Number (Integer)
CMS1500 - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim types M and B. To be accumulated the following must be true: Adjustment claim may be paid or denied. Amount paid of the adjustment will be less than amount paid of original claim. ICN has region 45, 46, or 49-60.If the region is 51 or 54 then the following equation applies: adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount less than zero. For all other regions 45, 46, 49-50, 52- 3, 55-60, adjustment amount paid minus original claim amount paid less than zero.	11	Number (Decimal)
CMS1500 - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types M and B. To be accumulated the following must be true: Adjustment claim may be paid or denied. Amount paid of the adjustment will be equal to or less than amount paid of original claim. ICN has region 51 or 54 and (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number (Decimal)
CMS1500 - Number of Adjusted Claims	Total count of all finalized adjustment CMS 1500 claims processed during the financial cycle. Claim types M and B that are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number (Integer)
CMS1500 - Number of Denied Claims	Total count of all denied status CMS 1500 claims processed in the financial cycle. Claim types M and B with claim status D.	9	Number (Integer)
CMS1500 - Number of Paid Claims	Total count of all paid status CMS 1500 claims processed in the financial cycle. Claim types M and B with claim status P.	9	Number (Integer)
CMS1500 - Number of Suspended Claims	Total count of all suspended status CMS 1500 claims at the time of the financial cycle. Claim types M and B with claim status S.	9	Number (Integer)

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Field	Description	Length	Data Type
CMS1500 - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the cycle for claim types M and B.	11	Number (Decimal)
CMS1500 - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim types M and B. To be accumulated the following must be true: The region of the ICN must 45, 46, or 49-60 The adjustment amount is more than or equal to the original claim payment.	11	Number (Decimal)
CMS1500 Fiscal Pend	This is the total dollar amount of fiscal pends for claim types M and B.	11	Number (Decimal)
CMS1500 Number of Encounters	Total count of all encounters for claim types M and B.	9	Number (Integer)
CMS1500 Number of Holds	Total count of all payment holds for claim types M and B.	9	Number (Integer)
CMS1500 Number of Pends	Total count of all fiscal pends for claim types M and B.	9	Number (Integer)
CMS1500 Payment Holds	This is the total dollar amount of payment holds for claim types M and B.	11	Number (Decimal)
History Credits: System A/R's Created	This field contains the Accounts Receivable which were system generated. The amounts are taken from the Accounts Receivable table where the Date added is within the financial cycle dates and the Code Reason Four is '8400' or '8420'. NOTE: For the report to balance, system A/R's created must equal the sum of all A/R adjustments from the claim extracted by form section of the report.	11	Number (Decimal)
History Credits: System Cash Receipt Dispositions	This field contains the cash receipt dispositions that were system generated. The amounts are taken from the Cash Receipt Dispositions table where the Date posted is within the financial cycle dates and the Code Reason Four is between '8000' and '8219' or the Code Reason Four is '8230'. NOTE: For the report to balance, system cash receipt dispositions must equal the sum of all C/R adjustments from the claim extracted by form section of the report.	11	Number (Decimal)
History Credits: Total Payments Due	This is the sum of (Total Payments Due Before Credits + System A/Rs Created + System Cash Receipt Dispositions).	11	Number (Decimal)

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Field	Description	Length	Data Type
Immediate Expenditures Extracted	The amount of Immediate Expenditures Extracted	11	Number (Decimal)
Manual Expenditures Extracted	The amount of Manual Expenditures Extracted	11	Number (Decimal)
Offsets Applied in Current Cycle	The amount of offsets applied in the current cycle	11	Number (Decimal)
Payments: EFT's Transmitted	This is the total accumulated amount of electronic fund transfers generated for the current financial cycle.	11	Number (Decimal)
Payments: Manual Checks Issues/Reissued	This field contains the checks that were manually generated by clerks. The amount is derived from the Expenditures table where the Date issued is within the financial cycle dates and the Code Payment Type = 'M'(manual).	11	Number (Decimal)
Payments: System Checks Issued	This amount is the total accumulated amount of paper checks written in the financial cycle.	11	Number (Decimal)
Payments: Total Payments Issued	This is the sum of all payments.	11	Number (Decimal)
Pharmacy Adjustments – Gross Paid Amount	The gross paid amount for Pharmacy Adjustments	5	Number (Decimal)
Pharmacy Adjustments – Adjustment Count	The Pharmacy Adjustments Adjustment Count	5	Number (Integer)
Pharmacy - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type P and Q. To be accumulated the following must be true: The adjustment may be paid or denied - amount paid of the adjustment less than amount paid of original claim - ICN region 45, 46, or 49 – 60. If the region is 51 or 54 then the following equation will apply - (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount will be less than zero. For all other regions 45, 46, 49 - 50, 52 - 53, 55 - 60, adjustment amount paid minus original claim amount paid will be less than zero.	11	Number (Decimal)

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Field	Description	Length	Data Type
Pharmacy - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types P and Q. To be accumulated the following must be true: The adjustment claim can be paid or denied - Amount paid of the adjustment will be equal to or less than amount paid of original claim. ICN will have region 51 or 54 - (adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount will be zero.	11	Number (Decimal)
Pharmacy - Number of Adjusted Claims	Total count of all finalized adjustment pharmacy claims processed during the financial cycle. Claim types P and Q that are paid or denied with an ICN region of 45, 46, or 49-60.	9	Number (Integer)
Pharmacy - Number of Denied Claims	Total count of all denied status pharmacy claims processed in the financial cycle. Claim types P and Q with claim status D.	9	Number (Integer)
Pharmacy - Number of Paid Claims	Total count of all paid status pharmacy claims processed in the financial cycle. Claim types P and Q with claim status P.	9	Number (Integer)
Pharmacy - Number of Suspended Claims	Total count of all suspended status pharmacy claims at the time of the financial cycle. Claim types P and Q with claim status S.	9	Number (Integer)
Pharmacy - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the cycle for claim types P and Q.	11	Number (Decimal)
Pharmacy - Paid Adjustments	Dollar totals of claim net payments on paid positive result adjustments for claim types P and Q. To be accumulated the following must be true: The region of the ICN must 45, 46, or 49 - 60- The adjustment amount is more than or equal to the original claim payment.	11	Number (Decimal)
Pharmacy Fiscal Pend	This is the total dollar amount of fiscal pends for claim types P and Q.	11	Number (Decimal)
Pharmacy Number of Encounters	Total count of all encounters for claim types P and Q.	9	Number (Integer)
Pharmacy Number of Holds	Total count of all payment holds for claim types P and Q.	9	Number (Integer)
Pharmacy Number of Pends	Total count of all fiscal pends for claim types P and Q.	9	Number (Integer)
Pharmacy Payment Holds	This is the total dollar amount of payment holds for claim types P and Q.	11	Number (Decimal)

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Field	Description	Length	Data Type
Regular Expenditures Extracted	The amount of Regular Expenditures Extracted.	11	Number (Decimal)
Total Claims Extracted	This is the sum of (Original Claims + Paid Claims - A/R Adjustments - C\R Adjustments) for all claims processed in the financial cycle.	11	Number (Decimal)
Total Expenses	This is the sum of (Total Claims Extracted + System Expenditures Extracted + Manual Expenditures Extracted + Capitation Payment).	11	Number (Decimal)
Total FICA Deducted in Current Cycle	This is the total dollar amount of FICA withheld in the current cycle.	11	Number (Decimal)
UB04 Adjustments – Gross Adjustment Amount	This is gross paid amount for UB04 Adjustments.	5	Number (Decimal)
UB04 Adjustments – Adjustment Count	The UB04 Adjustments Adjustment Count.	5	Number (Integer)
UB04 - A/R Adjustments	Total dollar amount of negative payment result adjustments for claim type A, C, I, L, and O. To be accumulated the following must be true: Adjustment claim may be paid or denied- Amount paid of adjustment less than amount paid of original claim- ICN will have region 45, 46, or 49-60. If the region is 51 or 54 the following equation applies: adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount less than zero. For all other regions 45, 46, 49-50, 52 - 53, 55-60, adjustment amount paid minus original claim amount paid less than zero.	11	Number (Decimal)
UB04 - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim types A, C, I, L, and O. To be accumulated the following must be true: Adjustment claim may be paid or denied- Amount paid of Adjustment equal to or less than amount paid of original claim. ICN region 51 or 54 and (Adjustment amount paid minus original claim amount paid) plus cash receipt disposition amount is zero.	11	Number (Decimal)
UB04 - Number of Adjusted Claims	Total count of all finalized adjustment UB04 claims processed during the financial cycle. Claim types A, C, I, L, and O that are paid or denied with an ICN region of 45, 46, or 49 - 60.	9	Number (Decimal)

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Field	Description	Length	Data Type
UB04 - Number of Denied Claims	Total count of all denied status UB04 claims processed in the financial cycle. Claim types A, C, I, L, and O with claim status D.	9	Number (Integer)
UB04 - Number of Paid Claims	Total count of all paid status UB04 claims processed in the financial cycle. Claim types A, C, I, L, and O with claim status P.	9	Number (Integer)
UB04 - Number of Suspended Claims	Total count of all suspended status UB04 claims at the time of the financial cycle. Claim types A, C, I, L, and O with claim status S.	9	Number (Integer)
UB04 - Original Claims	Dollar totals of all claim net payments for paid original claims processed during the cycle for claim types A, C, I, L, and O.	11	Number (Decimal)
UB04 - Paid Adjustments	Dollar totals of claim net payments for paid positive result adjustments for claim types A, C, I, L, and O. To be accumulated the following must be true: The region of the ICN 45, 46, or 49-60. The adjustment is greater or equal to the original claim payment.	11	Number (Decimal)
UB04 Fiscal Pend	This is the total dollar amount of fiscal pends for claim types A, C, I, L, and O.	11	Number (Decimal)
UB04 Number of Encounters	Total count of all encounters for claim types A, C, I, L, and O.	9	Number (Integer)
UB04 Number of Holds	Total count of all payment holds for claim types A, C, I, L, and O.	9	Number (Integer)
UB04 Number of Pends	Total count of all fiscal pends for claim types A, C, I, L, and O.	9	Number (Integer)
UB04 Payment Holds	This is the total dollar amount of payment holds for claim types A, C, I, L, and O.	11	Number (Decimal)

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7.65 FIN-BAEX-R -- Provider YTD Expenditure Balancing

7.65.1 FIN-BAEX-R -- Provider YTD Expenditure Balancing Narrative

The Provider YTD Expenditure Balancing report is an internal EDS Financial report to verify that the provider earnings files are in balance with the payment transactions. This report contains some System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This report reports any differences between the provider YTD expenditure amount and the sum of expenditures.

This report is produced during the financial cycle.

7.65.2 FIN-BAEX-R -- Provider YTD Expenditure Balancing Layout

```
REPORT:   FIN-BAEX-R                          ALABAMA MEDICAID AGENCY                                RUN DATE: MM/DD/CCYY
Process:  FINJRBAL_EXP                   MEDICAID MANAGEMENT INFORMATION SYSTEM                       RUN TIME: HH:MM:SS
Location: FINP_BAL_EXP                     PROVIDER YTD EXPENDITURE BALANCING                           PAGE:     99,999
                                            PERIOD: MM/DD/CCYY - MM/DD/CCYY

 PROVIDER SAK           AMOUNT EXPENSE            MANUAL CHECK AMOUNT        AMOUNT EXPENSE TOTAL

  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99
  999999999             999,999,999.99               999,999,999.99             999,999,999.99

                                     * * * REPORT OUT OF BALANCE * * *
```


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7.65.3 FIN-BAEX-R -- Provider YTD Expenditure Balancing Field Descriptions

Field	Description	Length	Data Type
Amount Expense	This is the expense amount.	11	Number (Decimal)
Amount Expense Total	This is the total amount of the expenses.	11	Number (Decimal)
Manual Check Amount	This is the amount of the manual payment.	11	Number (Decimal)
Provider SAK	This is the provider system assigned key and location.	9	Number (Integer)

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7.66 FIN-BAMC-R -- Financial Managed Care Balancing

7.66.1 FIN-BAMC-R -- Financial Managed Care Balancing Narrative

The Financial Managed Care Balancing report is an internal EDS Financial report used to verify the provider earnings files are in balance with the payment transactions. This report shows the Capitation amounts for Providers. It also shows the year to date (YTD) amounts as well.

This report is produced during the financial cycle.

7.66.2 FIN-BAMC-R -- Financial Managed Care Balancing Layout

```
REPORT:   FIN-BAMC-R                        ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS:  FINJRBAL_CAP                 MEDICAID MANAGEMENT INFORMATION SYSTEM                RUN TIME:      HH:MM
LOCATION: FINP_BAL_CAP                  FINANCIAL MANAGED CARE BALANCING                         PAGE:      9,999
                                         PERIOD: MM/DD/CCYY - MM/DD/CCYY

 PROVIDER ID          AMT CAPITATION YTD    AMT CAPITATION

 999999999999999      $999,999,999.99       $999,999,999.99
 999999999999999      $999,999,999.99       $999,999,999.99
 999999999999999      $999,999,999.99       $999,999,999.99
 999999999999999      $999,999,999.99       $999,999,999.99
 999999999999999      $999,999,999.99       $999,999,999.99
 999999999999999      $999,999,999.99       $999,999,999.99


                                                 ***REPORT BALANCED***
```


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7.66.3 FIN-BAMC-R -- Financial Managed Care Balancing Field Descriptions

Field	Description	Length	Data Type
Amt Capitation	The dollar amount of the capitation payments for the provider for the week.	11	Number (Decimal)
Amt Capitation YTD	The dollar amount of the capitation payments accumulated Year To Date.	11	Number (Decimal)
Provider ID	This is the provider number (nine characters) or NPI (ten digits).	15	Number (Integer)

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7.67 FIN-BARE-R -- Provider YTD Refund Balancing

7.67.1 FIN-BARE-R -- Provider YTD Refund Balancing Narrative

The Provider YTD Refund Balancing report is an internal EDS Financial report used to verify the provider earnings files are in balance with the payment transactions. This report contains System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This report reports any differences between the provider year to date (YTD) refunds and the provider refunds.

This report is produced during the financial cycle.

7.67.2 FIN-BARE-R -- Provider YTD Refund Balancing Layout

```
 REPORT : FIN-BARE-R                                ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
 PROCESS: FINJRBAL_REF                            MEDICAID MANAGEMENT INFORMATION SYSTEM               RUN TIME: HH:MM:SS
 LOCATION:FINP_BAL_REF                              PROVIDER YTD REFUND BALANCING                             PAGE: 9,999
                                                   PERIOD: MM/DD/CCYY - MM/DD/CCYY


PROVIDER SAK          AMT CLAIM REFUND    AMT CLAIM REFUND YTD  AMT NON-CLAIM REFUND     AMT NON-CLAIM REFUND YTD


                                                 * * * REPORT BALANCED * * *




REPORT : FIN-BARE-R                                 ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS: FINJRBAL_REF                            MEDICAID MANANGMENT INFORMATION SYSTEM              RUN TIME: HH:MM:SS
LOCATION:FINP_BAL_REF                              PROVIDER YTD REFUND BALANCING                             PAGE: 9,999
                                                  PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                  FINANCIAL CYCLE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER SAK          AMT CLAIM REFUND    AMT CLAIM REFUND YTD  AMT NON-CLAIM REFUND     AMT NON-CLAIM REFUND YTD
999999999               99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
999999999               99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
999999999               99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
999999999               99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99
999999999               99,999,999.99       99,999,999.99         99,999,999.99                 99,999,999.99


                                                 * * * REPORT NOT BALANCED * * *
```

7.67.3 FIN-BARE-R -- Provider YTD Refund Balancing Field Descriptions

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Field	Description	Length	Data Type
Amt Claim Refund	This is the amount of claim refund for this period.	11	Number (Decimal)
Amt Claim Refund YTD	This is the amount of claim refund for the year.	11	Number (Decimal)
Amt Non-Claim Refund	This is the amount of non-claim refund for this period.	11	Number (Decimal)
Amt Non-Claim Refund YTD	This is the amount of non-claim refund for the year.	11	Number (Decimal)
Provider SAK	This is the provider system assigned key and location.	9	Number (Integer)

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7.68 FIN-BAVO-R -- Provider YTD Void Balancing

7.68.1 FIN-BAVO-R -- Provider YTD Void Balancing Narrative

The Provider YTD Void Balancing report is an internal EDS Financial report used to verify the provider earnings files are in balance with the payment transactions. This report contains System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This report reports any differences between the provider YTD check voids and the provider voids on the t_check table and t_check_void table.

This report is produced during the financial cycle.

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7.68.2 FIN-BAVO-R -- Provider YTD Void Balancing Layout

```
REPORT : FIN-BAVO-R                                ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS: FINJRBAL_VOD                           MEDICAID MANAGEMENT INFORMATION SYSTEM                RUN TIME: HH:MM:SS
LOCATION:FINP_BAL_VOI                               PROVIDER YTD VOID BALANCING                              PAGE: 9,999
                                                  PERIOD: MM/DD/CCYY - MM/DD/CCYY

PROVIDER SAK       YTD VOID AMT   CASH RCPT NUM     CASH RCPT AMT   NUM CHECK     VOID      CHECK AMT

 NUMBER OF VOID CASH RECEIPTS PROCESSED:      0
 NUMBER OF VOID CASH RECEIPTS ON FILE:        0


* * REPORT BALANCED * *  *




REPORT : FIN-BAVO-R                                ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS: FINJRBAL_VOD                           MEDICAID MANAGEMENT INFORMATION SYSTEM                RUN TIME: HH:MM:SS
  LOCATION:FINP_BAL_VOI                             PROVIDER YTD VOID BALANCING                              PAGE: 9,999
                                                  PERIOD: MM/DD/CCYY - MM/DD/CCYY


 PROVIDER SAK       YTD VOID AMT   CASH RCPT NUM     CASH RCPT AMT    NUM CHECK     VOID      CHECK AMT
 999999999          99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 999999999          99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 999999999          99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99
 999999999          99,999,999.99   XXXXXXXXX         99,999,999.99   XXXXXXXXX      X        99,999,999.99

 NUMBER OF VOID CASH RECEIPTS PROCESSED:      0
 NUMBER OF VOID CASH RECEIPTS ON FILE:        0


                                                  * * * REPORT NOT BALANCED * *  *
```


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7.68.3 FIN-BAVO-R -- Provider YTD Void Balancing Field Descriptions

Field	Description	Length	Data Type
Cash Rcpt Amt	This is the cash receipt amount.	10	Character
Cash Rcpt Num	This is the unique identifier for the cash receipt.	11	Character
Check Amt	This is the check amount.	10	Number (Decimal)
Num Check	This is the check number identifier.	9	Character
Number of Void Cash Receipts Processed	This is the number of void cash receipt transactions that were processed.	6	Number (Decimal)
Number of Void Cash Receipts on File	This is the number of void cash receipt transactions that are on file.	6	Number (Decimal)
Provider SAK	This is the provider system assigned key and location.	9	Character
Void	This is the code status of the check.	1	Character
YTD Void Amt	This is the amount of voided checks for the provider.	10	Number (Decimal)

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7.69 FIN-BAXR-R -- Financial Payment Xref Balancing

7.69.1 FIN-BAXR-R -- Financial Payment Xref Balancing Narrative

The Financial Payment Xref Balancing report is an internal EDS Financial report used to verify that the provider earnings files are in balance with the payment transactions. This report contains System Assigned Keys (SAK) to assist the EDS staff to locate and address balancing issues quickly. This report is typically used by EDS's internal staff.

This report shows checks that are out of balance with the chk_clm_xref file. This report will show any differences between the check amount to the sum of all the amounts associated by the check xref table.

This report is produced during the financial cycle.

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7.69.2 FIN-BAXR-R -- Financial Payment Xref Balancing Layout

```
REPORT:   FIN-BAXR-R                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS:  FINJRBAL_XREF                  MEDICAID MANAGEMENT INFORMATION SYSTEM                  RUN TIME: HH:MM:SS
LOCATION: FINP_BAL_XREF                     FINANCIAL CHECK XREF BALANCING                          PAGE: 9,999
                                              CHECK DATE:  MM/DD/CCYY
                                                EFT DATE:  MM/DD/CCYY


                          CHECK NUMBER          CHECK AMOUNT              CHECK XREF AMOUNT
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99
                          999999999            999,999,999.99               999,999,999.99

                                              * * * REPORT NOT BALANCED * * *



REPORT:   FIN-BAXR-R                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/YYYY
PROCESS:  FINJRBAL_XREF                  MEDICAID MANAGEMENT INFORMATION SYSTEM                  RUN TIME: HH:MM:SS
LOCATION: FINP_BAL_XREF                     FINANCIAL CHECK XREF BALANCING                          PAGE: 9,999
                                              CHECK DATE:  MM/DD/CCYY
                                                EFT DATE:  MM/DD/CCYY


                          CHECK NUMBER         CHECK AMOUNT              CHECK XREF AMOUNT


                                                 * * * REPORT BALANCED * * *
```


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7.69.3 FIN-BAXR-R -- Financial Payment Xref Balancing Field Descriptions

Field	Description	Length	Data Type
Check Amount	This field shows the amount of the check issued.	11	Number (Decimal)
Check Date	Date the check was issued.	10	Date (MM/DD/CCYY)
Check Number	This field shows the number of the check in question.	9	Number (Decimal)
Check Xref Amount	This field shows the sum of the records from the check claims cross reference table.	11	Number (Decimal)
EFT Date	Date the electronic funds transfer was created.	10	Date (MM/DD/CCYY)

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7.70 FIN-CR05-W -- Cash Dispositioned Not Posted

7.70.1 FIN-CR05-W -- Cash Dispositioned Not Posted Narrative

The Cash Dispositioned Not Posted report itemizes all provider refund cash receipts which have been fully dispositioned but not fully posted. It lists the original cash receipt amount, disposition amounts posted to date and not posted to date for each receipt. It is broken down by Unit and for each Unit it is segregated into age categories of 00 - 20, 21 - 45, 46 - 60, 61 - 90, 91 - 120, 121 - 365 and 365 +days. It is used to identify cash control numbers with dispositions that still need to be posted. Appropriate staff will review this report on a weekly basis and those cash receipts will be prioritized for resolution.

The sequence is by Unit (MED, SURS,), then by age in days, then by Cash Control Number (CCN). Note that Drug Rebate and TPL are not represented on this report because their cash receipts are dispositioned within their own subsystems.

This report is produced during the financial cycle.

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7.70.2 FIN-CR05-W -- Cash Dispositioned Not Posted Layout

```
Report  : FIN-CR05-W                                ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
Process : FINJWCR05                          MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:      HH:MM
Location: FINPCR05W                                   CASH DISPOSITIONED                                          PAGE:      9,999
                                                UNIT: Medical

                    CCN                ORIGINAL AMOUNT          DISPOSITIONS                 DISPOSITIONS
                                                                POSTED TO DATE               NONPOSTED TO DATE

                                          NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD
121 - 364 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 91 - 120 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 61 - 90 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 46 - 60 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 21 - 45 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 0 - 20 DAYS
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
                    XXXXXXXXXXX            $9,999,999.99              $9,999,999.99              $9,999,999.99
     SUBTOTALS                            $999,999,999.99            $999,999,999.99            $999,999,999.99

 Medical                  TOTALS          $999,999,999.99            $999,999,999.99            $999,999,999.99
```


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```
Report  : FIN-CR05-W                          ALABAMA MEDICAID                                                    RUN DATE: MM/DD/CCYY
Process : FINJWCR05                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                    RUN TIME:   HH:MM:SS
Location: FINPCR05W                       CASH DISPOSITION NOT POSTED                                                 PAGE:      9,999
                                                UNIT: All Units

 Medical                    TOTALS        $999,999,999.99            $999,999,999.99            $999,999,999.99
 TPL                        TOTALS        $999,999,999.99            $999,999,999.99            $999,999,999.99
 SURS                       TOTALS        $999,999,999.99            $999,999,999.99            $999,999,999.99
 Drug Rebate                TOTALS        $999,999,999.99            $999,999,999.99            $999,999,999.99

 = GRAND TOTALS FOR ALL UNITS             $999,999,999.99            $999,999,999.99            $999,999,999.99
                                     ======================     ======================     ======================
                                                  ** END OF REPORT **
```

7.70.3 FIN-CR05-W -- Cash Dispositioned Not Posted Field Descriptions

Field	Description	Length	Data Type
CCN	A unique number used for tracking cash receipts in the system.	11	Number (Integer)
Dispositions Nonposted to Date	This indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping and has not been posted yet.	9	Number (Decimal)
Dispositions Posted to Date	This indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping and has been posted.	9	Number (Decimal)
Grand Totals for All Units	The sum of all units.	12	Number (Decimal)
Original Amount	A check amount received by cash control clerk.	9	Number (Decimal)
Subtotals	Subtotals are calculated for each aging category.	9	Number (Decimal)
Totals	Totals are calculated for each Unit.	11	Number (Decimal)

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7.71 FIN-CR10-W -- Cash Disposition Adjustment Postings Report

7.71.1 FIN-CR10-W -- Cash Disposition Adjustment Postings Report Narrative

The Cash Disposition Adjustment Postings report details each of the Cash Control Numbers (CCN) that had a disposition during this Financial Cycle. The sort order of the report is by CCN. The last line of the report is the sum of the Total Cash Posted in Cycle. This number corresponds with the sum of each of the C/R Adjustments for each claim type from the FIN-BACY-R and also the System Cash Receipt Dispositions line near the bottom of the FIN-BACY-R report.

This report is produced weekly.

7.71.2 FIN-CR10-W -- Cash Disposition Adjustment Postings Report Layout

```
Report  : FIN-CR10-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : FINJRUCSH                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: FIN_UPDT_CASH                   CASH DISPOSITION ADJUSTMENT POSTINGS REPORT                        Page:      9,999
                                          PERIOD:   MM/DD/CCYY - MM/DD/CCYY
                                               POSTING DATE: MM/DD/CCYY

 CASH CNTL NUMBER   SEQ BATCH         AMOUNT DISPOSITION        AMOUNT CASH DISPOSITION
   999999999          999              999,999,999.99                 999,999,999.99



                                                                 ==================
       Total Cash Posted in Cycle (C/R Adjustments on FIN-BACY-R)      999,999,999.99


                                                ** NO DATA THIS REPORT **
```


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7.71.3 FIN-CR10-W -- Cash Disposition Adjustment Postings Report Field Descriptions

Field	Description	Length	Data Type
Amount Cash Disposition	This is the cash dollar amount dispositioned.	12	Number (Decimal)
Amount Disposition	This is the dollar amount dispositioned.	12	Number (Decimal)
Cash Cntl Number	This is the unique number assigned to the cash receipt.	9	Number (Integer)
Posting Date	This is the date the cash disposition was posted.	10	Date (MM/DD/CCYY)
Seq Batch	This is the sequence number assigned to the cash control number when the cash is dispositioned	3	Number (Integer)
Total Cash Posted in Cycle	This is the total dollar amount posted during this reported cycle.	13	Number (Decimal)

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7.72 FIN-CR11-M -- Cash Receipts Posted By Fund Code

7.72.1 FIN-CR11-M -- Cash Receipts Posted By Fund Code Narrative

The Cash Receipts Posted by Fund Code report lists all posted cash transactions by fund code. The report does NOT show cash refunds or Drug Rebate cash postings.

This report is produced monthly.

7.72.2 FIN-CR11-M -- Cash Receipts Posted By Fund Code Layout

```
Report  : FIN-CR11-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : FINJMCR11                   MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: FINPCR11M                      CASH RECEIPTS POSTED BY FUND CODE                                 Page:      9,999
                                                   FOR: Month

FUND CODE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

              NUM SEQ                                  REASON                DATE              AMOUNT
  CCN         BATCH    UNIT DESCRIPTION                CODE   ADJUSTED ICN   POSTED            POSTED
99999999999   9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX  9999999999999  MM/DD/CCYY        9,999,999.99



                                                                         SUBTOTAL:            9,999,999.99

                                                                            TOTAL:            9,999,999.99

                                                   **  END OF REPORT  **
```


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7.72.3 FIN-CR11-M – Cash Receipts Posted By Fund Code Field Descriptions

Field	Description	Length	Data Type
Adjusted ICN	This is the number of the adjusted claim.	13	Number (Integer)
Amount Posted	This is the amount of cash posted.	11	Number (Decimal)
CCN	This is the cash control number.	11	Number (Integer)
Date Posted	This is the date the cash receipt was posted.	10	Date (MM/DD/CCYY)
Fund Code	This is the recipient fund code category.	10	Character
Num Seq Batch	This field reports sequential batch number that uniquely identifies each individual disposition which was applied to a cash receipt.	4	Number (Integer)
Reason Code	This is the code for the transaction reason.	4	Character
Subtotal	This is the subtotal of cash posted by fund code.	11	Number (Decimal)
Total	This is the total of all amounts posted for all fund codes.	11	Number (Decimal)
Unit Description	This is a description of the unit handling the cash receipt posting: Drug Rebate, Medical, or TPL.	3	Character

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7.73 FIN-CR16-O -- Daily Cash Receipts Log by CCN

7.73.1 FIN-CR16-O -- Daily Cash Receipts Log by CCN Narrative

The Daily Cash Receipts Log by CCN is a report that displays the sequence of cash receipts by CCN, then by Unit. Daily, this reports all deposit transactions by CCN Number. This is an online report that can be run at any time for any deposit date.

This report shows the complete total at the bottom of the report for all CCN's.

7.73.2 FIN-CR16-O -- Daily Cash Receipts Log by CCN Layout

Report: FIN-1907-D	STATE MMIS	Date: 2007/03/20
Receipt Date: 2007/03/20	Daily Cash Receipt Log	Time: 2:32 PM
	by CCN	Page # 1 of 1

CCN	Unit / Reason	Check Number	Remitter Name	Check Amount
[redacted]	Drug Rebate	[redacted]	[redacted]	$5.00
[redacted]	Drug Rebate			$5.00
[redacted]	Drug Rebate			$50.00
			Total:	$60.00

7.73.3 FIN-CR16-O -- Daily Cash Receipts Log by CCN Field Descriptions

Field	Description	Length	Data Type
CCN	This is the cash control number.	11	Character
Check Amount	This is the amount of deposit.	11	Number (Decimal)
Check Number	This is the check number of the check that was sent in as a cash receipt.	9	Character
Remitter Name	This is the name of the remitter.	39	Character
Total (Check Amount)	This is the total amount of deposits.	11	Number (Decimal)
Unit/Reason	This is the unit/reason that applies to MED, TPL, Drug Rebate.	15	Character

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7.74 FIN-CR17-O -- Daily Cash Receipts Log by Unit

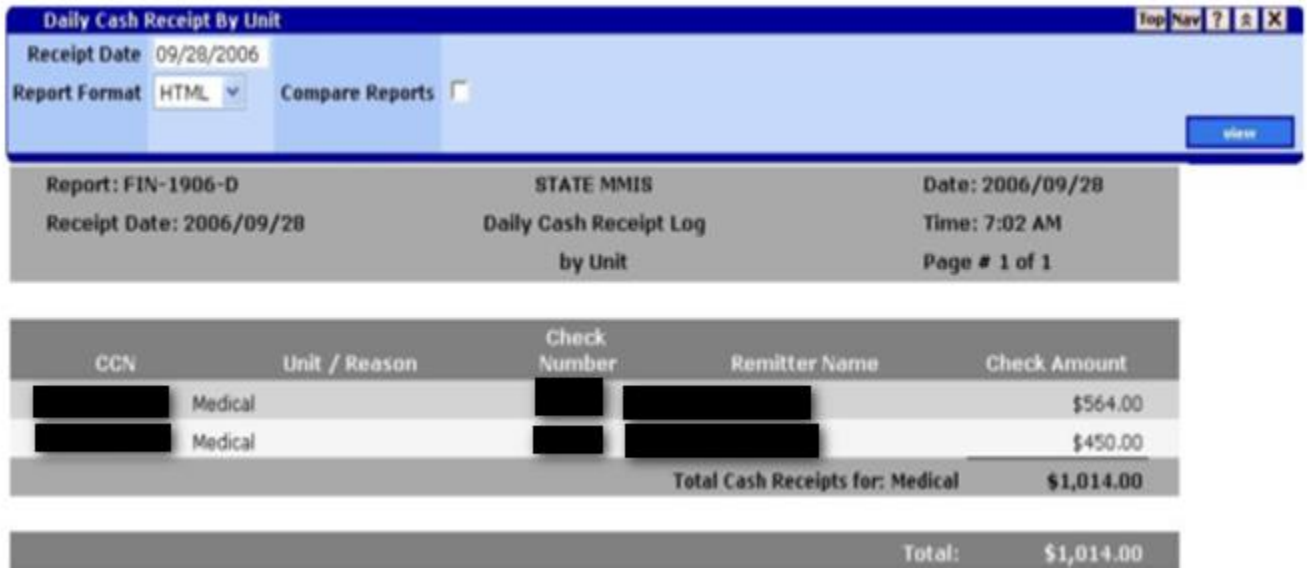
7.74.1 FIN-CR17-O -- Daily Cash Receipts Log by Unit Narrative

The sequence is by Unit (Drug Rebate, MED, SUR, TPL), then Cash Control Number (CCN). Daily, this reports all deposit transactions by each unit. This is an online report that can be run at any time for any deposit date.

This report will sub-total by unit and report the complete total at the bottom of the report for all of the units.

This report is available online.

7.74.2 FIN-CR17-O -- Daily Cash Receipts Log by Unit Layout



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7.74.3 FIN-CR17-O -- Daily Cash Receipts Log by Unit Field Descriptions

Field	Description	Length	Data Type
CCN	This is the cash control number.	11	Character
Check Amount	This is the amount of deposit.	11	Number (Integer)
Check Number	This is the check number of the check that was sent in as a cash receipt.	9	Character
Remitter Name	This is the name of the remitter.	39	Character
Total (Check Amount)	This is the total check amount.	11	Number (Decimal)
Total	This is the total number of deposits.	6	Number (Integer)
Unit/Reason	This is the unit/reason that applies to MED, TPL, SUR.	15	Character

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7.75 FIN-CR18-O -- Cash Control Balance Report

7.75.1 FIN-CR18-O -- Cash Control Balance Report Narrative

The Cash Control Balance report is used to balance the daily cash receipts. It reports the total count of CCN's for the day and the number of CCN's that will be deposited. This is an online report that can be run at any time for any deposit date.

This report is available online.

7.75.2 FIN-CR18-O -- Cash Control Balance Report Layout

```
Report: FIN-1908-D                STATE MMIS                Date: 2007/02/15
Receipt Date: 2007/02/15          Cash Control Balance Report   Time: 8:15 PM
                                                            Page # 1 of 1

Check Receipts:        3
      Deposits:        3
      Variance:        0

                  CCN                 Explanation
```

7.75.3 FIN-CR18-O -- Cash Control Balance Report Field Descriptions

Field	Description	Length	Data Type
CCN	This is the cash control number that is part of the variance.	11	Number (Integer)
Check Receipts	This is the total number of cash receipts for the day.	6	Number (Decimal)
Deposits	This is the total number of cash receipts that will be deposited.	6	Number (Decimal)
Explanation	This is the reason the cash control number reported as a variance.	35	Character
Variance	This is the number of difference between the total receipt count and the deposit count.	6	Number (Decimal)

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7.76 FIN-CR19-O -- Daily Cash Deposit Log

7.76.1 FIN-CR19-O -- Daily Cash Deposit Log Narrative

The Daily Cash Deposit Log report is the daily deposit log that is used to balance deposits. It is summarized by unit/reason and provides the total of the deposit on the bottom of the page.

This is an online report that can be run at any time for any deposit date.

7.76.2 FIN-CR19-O -- Daily Cash Deposit Log Layout

Report: FIN-1909-D	STATE MMIS	Date: 2007/02/15
Receipt Date: 2007/02/15	Daily Cash Deposit Log	Time: 8:24 PM
		Page # 1 of 1

Unit / Reason	Number Of Checks	Amount Deposited
Medical	3	$102.25
Total:	3	$102.25

7.76.3 FIN-CR19-O -- Daily Cash Deposit Log Field Descriptions

Field	Description	Length	Data Type
Amount Deposited	This is the total deposit amount for each unit/reason.	11	Number (Decimal)
Number of Checks	This is the total count of checks for each unit/reason.	6	Number (Decimal)
Total (Amount Deposited)	This is the total amount deposited.	11	Number (Decimal)
Total (Number of Checks)	This is the total number of all checks.	6	Number (Decimal)
Unit/Reason	This is the unit/reason for the cash receipt.	15	Character

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7.77 FIN-CR21-M -- Cash Receipts Posted by Unit

7.77.1 FIN-CR21-M -- Cash Receipts Posted by Unit Narrative

The Cash Receipts Posted by Unit report is a detail listing of all posted cash transactions by business unit except for Drug Rebate. The report does not show cash refunds or Drug Rebate cash postings.

This report is produced monthly.

7.77.2 FIN-CR21-M -- Cash Receipts Posted by Unit Layout

```
Report  : FIN-CR21-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : FINJMCR11                   MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:      HH:MM
Location: FINPCR21M                        CASH RECEIPTS POSTED BY UNIT                                    Page:      9,999
                                                PERIOD: XXXXXXXX     CCYY

       UNIT:  XXX  XXXXXXXXXXXXXXXXXXXX
                                                                                          DATE
CCN         FUND CODE  DESCRIPTION                                      ADJUSTED ICN      POSTED              AMOUNT

XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99
XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99
XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99

                                                                                        SUBTOTAL:         $999,999,999.99

       UNIT:  XXX  XXXXXXXXXXXXXXXXXXXX
                                                                                          DATE
CCN         FUND CODE  DESCRIPTION                                      ADJUSTED ICN      POSTED              AMOUNT

XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99
XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99
XXXXXXXXXXX XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999999999999   MM/DD/CCYY          $9,999,999.99

                                                                                        SUBTOTAL:         $999,999,999.99

                                                                                           TOTAL:         $999,999,999.99

                                                    ** END OF REPORT **
```


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7.77.3 FIN-CR21-M -- Cash Receipts Posted by Unit Field Descriptions

Field	Description	Length	Data Type
Adjusted ICN	This is the number of the adjusted claim.	13	Number (Integer)
Amount	This is the amount of cash posted.	9	Number (Decimal)
CCN	This is the cash control number.	11	Number (Integer)
Date Posted	This is the date the cash receipt was posted.	10	Date (MM/DD/CCYY)
Description	This is a description of the Fund Code.	40	Character
Fund Code	This is the Fund Code to which the Cash Receipt is posted. The field is 10 bytes. Alabama's Fund Codes will report as 3 digits.	10	Number (Integer)
Subtotal	This is the subtotal of cash posted by the unit.	11	Number (Decimal)
Total	This is the total of cash posted for all units.	11	Number (Decimal)
Unit	This is the unit/reason entered on the cash receipt. The field also displays a 20 byte description of the unit.	3 + 20	Character

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7.78 FIN-CR22-M -- Cash Summary - by Reason

7.78.1 FIN-CR22-M -- Cash Summary - by Reason Narrative

The Cash Summary-by Reason report summarizes the number and amount of cash receipts posted during the month. It is grouped by reason code.

This report is produced monthly.

7.78.2 FIN-CR22-M -- Cash Summary - by Reason Layout

```
Report  : FIN-CR22-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : FINJMCR11                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINPCR22M                           CASH SUMMARY BY REASON                                       Page:          1
                                                  PERIOD: NOVEMBER      CCYY

  REASON     REASON                                                NUMBER                     AMOUNT
  CODE       DESCRIPTION                                           POSTED                     POSTED

  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99                   $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99                   $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99                   $999,999,999.99
  XXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        99                   $999,999,999.99

                                                   TOTAL                    TOTAL
                                                   NUMBER:     9,999        AMOUNT:   $9,999,999,999.99

                                                    ** END OF REPORT **
```


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7.78.3 FIN-CR22-M -- Cash Summary - by Reason Field Descriptions

Field	Description	Length	Data Type
Amount Posted	This is the amount of cash posting for the related reason code, grouped by month-to-date and by year-to-date.	11	Number (Decimal)
Number posted	This is the number of cash postings for the related reason code, grouped by month-to-date and by year-to-date.	5	Number
Reason Code	This is the reason code for cash disposition.	4	Character
Reason Description	This is the reason for the transaction.	50	Character
Total Amount	This is the total amount of cash postings for all reason codes.	11	Number (Decimal)
Total Number	This is the total number of cash postings for all reason codes.	6	Number (Decimal)

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7.79 FIN-ERR-W -- Financial Extractor Error Report

7.79.1 FIN-ERR-W -- Financial Extractor Error Report Narrative

The Financial Extractor Error report contains all claims that have failed edits in the financial batch cycle. The claims listed on the report were not able to be processed due to critical data problems that would make it impossible to process within financial. The reason the claim was identified is also posted. This report is reviewed by the Claims subsystem SEs after each financial so that errors can be researched and solved. The claims will continue to report until the error is resolved. Once resolved, the claims will process in the next financial cycle.

This report is produced during the financial cycle.

Note that the ICNs on this report do appear on the claims UI panels. However, they will not appear on the Remittance Advice until the error is resolved.

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7.79.2 FIN-ERR-W -- Financial Extractor Error Report Layout

```
Report  : FIN-ERR-W                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : FINP_FLUSH_RPT                  MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINJWERR                           FINANCIAL EXTRACTOR ERROR REPORT                                Page:      99999
                                                   RUN DATE: MM/DD/CCYY

                                                    ENVIRONMENT: XXXX
                                                    DATABASE:    XXXXXX

CLAIM      SAK      CLAIM        ICN         ERROR TYPE  ERROR   ERROR DESRIPTION
TYPE                STATUS      NUMBER                   NUMBER


XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXX    999999999     X      XXXXXXXXXXXXX   XXXXXXXXX   9999    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


Report  : FIN-ERR-W                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : FINP_FLUSH_RPT                  MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINJWERR                           FINANCIAL EXTRACTOR ERROR REPORT                                Page:      99999
                                                    RUN DATE: MM/DD/CCYY

                                                   ENVIRONMENT: XXXX
                                                   DATABASE:    XXXXXX

                                             * * *  S U M M A R Y  R E P O R T  * * *

ERROR NUMBER   OCCURRENCE    DESCRIPTION
=====================================================================
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999           99999       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


NUMBER OF PAID      UB04 CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF DENIED    UB04 CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF SUSPENDED UB04 CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF REJECTED  UB04 CLAIMS IN ERROR THIS RUN:       99999
-----------
TOTAL NUMBER OF UB04 CLAIMS IN ERROR THIS RUN:           99999
```


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```
NUMBER OF PAID      DNTL CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF DENIED    DNTL CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF SUSPENDED DNTL CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF REJECTED  DNTL CLAIMS IN ERROR THIS RUN:       99999
-----------
TOTAL NUMBER OF DNTL CLAIMS IN ERROR THIS RUN:           99999
_____________________________________________________________________________________________________________________________

NUMBER OF PAID      PHRM CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF DENIED    PHRM CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF SUSPENDED PHRM CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF REJECTED  PHRM CLAIMS IN ERROR THIS RUN:       99999
-----------
TOTAL NUMBER OF PHRM CLAIMS IN ERROR THIS RUN:           99999
_____________________________________________________________________________________________________________________________

NUMBER OF PAID      PHYS CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF DENIED    PHYS CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF SUSPENDED PHYS CLAIMS IN ERROR THIS RUN:       99999
NUMBER OF REJECTED  PHYS CLAIMS IN ERROR THIS RUN:       99999
-----------
TOTAL NUMBER OF PHYS CLAIMS IN ERROR THIS RUN:           99999
_____________________________________________________________________________________________________________________________

GRAND TOTAL OF CLAIMS IN ERROR THIS RUN:                 99999

=============================================================================================================================

Report  : FIN-ERR-W                              ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : FIN_FLUSH_RPT                   MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: FINJWERR                           FINANCIAL EXTRACTOR ERROR REPORT                                 Page:      99999
                                                    RUN DATE:  MM/DD/CCYY

                                                  ENVIRONMENT: XXXX
                                                  DATABASE:    XXXXXX

                                          * * *  S U M M A R Y  R E P O R T  * * *

TOTAL AMOUNT OF PAID UB04 CLAIMS IN ERROR THIS RUN:     999,999,999.99
TOTAL AMOUNT OF PAID PHYS CLAIMS IN ERROR THIS RUN:     999,999,999.99
TOTAL AMOUNT OF PAID PHRM CLAIMS IN ERROR THIS RUN:     999,999,999.99
TOTAL AMOUNT OF PAID DNTL CLAIMS IN ERROR THIS RUN:     999,999,999.99
_____________________________________________________________________________________________________________________________

                                                          ** END OF REPORT **
```


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7.79.3 FIN-ERR-W -- Financial Extractor Error Report Field Descriptions

Field	Description	Length	Data Type
Claim Status	The status of the claim (Paid, Denied, Adjusted, Suspended).	1	Character
Claim Type	This is the type claim (PHYS, PHRM, DNTL and UB04).	4	Character
Database	The related database the report was run against. (Example: almism)	6	Character
Environment	The environment region that the report is generated for (Acceptance, Model Office, Production, Test)	4	Character
Error Description	This is the description of the error.	100	Character
Error Number	This is the number assigned to the error which corresponds to the fin_error_code table.	4	Number (Integer)
Error Type	This is the type of edit which error occurred in. (Provider, Claim, Fund Code, Recipient.)	10	Character
Grand Total of Claims in Error this Run	This is the grand total of claims that occur on the report.	9	Number (Integer)
ICN Number	This is the internal claim number of the claim as specified on the claim header.	13	Number (Integer)
Number of Denied	This is the number of denied claims that occur on the report for each claim type, UB04, Physician, Dental and Pharmacy.	9	Number (Integer)
Number of Paid	This is the number of paid claims that occur on the report for each claim type, UB04, Physician, Dental and Pharmacy.	9	Number (Integer)
Number of Rejected	This is the number of rejected claims that occur on the report for each claim type, UB04, Physician, Dental and Pharmacy.	9	Number (Integer)
Number of Suspended	This is the number of suspended claims that occur on the report for each claim type, UB04, Physician, Dental and Pharmacy.	9	Number (Integer)

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Field	Description	Length	Data Type
Occurrence	This is the frequency of which a given error occurs on the report.	9	Number (Integer)
SAK	This is the system assigned key of the claim in error. Since this is an internal report to target problems to be fixed, the claim sak is correctly displayed.	9	Number (Integer)
Total Number of Dental Claims in Error this Run	This is the total number claims in error for dental.	9	Number (Integer)
Total Number of Physician Claims in Error this Run	This is the total number claims in error for physician.	9	Number (Integer)
Total Number of UB04 Claims in Error this Run	This is the total number claims in error for UB04.	9	Number (Integer)
Total Number of Pharmacy Claims in Error this Run	This is the total number claims in error for pharmacy.	9	Number (Integer)
Total Amount of Paid UB04 Claims In Error This Run	This is the total amount of paid UB04 claims in error this run.	12	Number (Decimal)
Total Amount of Paid PHYS Claims in Error this Run	This is the total amount of paid Physician claims in error this run.	12	Number (Decimal)
Total Amount of Paid PHRM Claims in Error this Run	This is the total amount of paid Pharmacy claims in error this run.	12	Number (Decimal)
Total Amount of Paid DNTL Claims in Error this Run	This is the total amount of paid Dental claims in error this run.	12	Number (Decimal)

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7.80 FIN-EX10-O -- Expenditure Report-Online

7.80.1 FIN-EX10-O -- Expenditure Report-Online Narrative

The Expenditure report is an online report that lists all expenditures that meet the report criteria selected. The report displays the Expenditure ID and type, Reason Codes, Payee information, fund and category of service codes, issue date and dollar amount. This report can be run at any time from the Financial Reports and Letters – Expenditure Report panel.

7.80.2 FIN-EX10-O -- Expenditure Report-Online Layout

Report: Fin EX10-O
From Date: 2002/01/01
To Date: 2006/11/11

STATE MMIS
Expenditure Inquiry REPORT

Date: 2006/12/01
Time: 1:03 PM
Page # 1 of 1

EXPEND ID	PROCES TYPE	EXPEND REASON	PAYEE ID	PAYEE TYPE	PAYEE NAME	FUND CODE	PAYMENT DATE	EXPEND AMOUNT
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	678.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	906.00
[redacted]	Regular	8300	[redacted]	Provider	[redacted]	007	05/08/2005	915.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	679.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	890.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	890.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	889.00
[redacted]	Regular	8330	[redacted]	Provider	[redacted]	007	05/08/2005	456.00
[redacted]	Regular	8400	[redacted]	Provider	[redacted]	007	05/08/2005	4434.00

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7.80.3 FIN-EX10-O -- Expenditure Report-Online Field Descriptions

Field	Description	Length	Data Type
Expend Amount	This field reports the amount of the expenditure.	11	Number (Decimal)
Expend ID	This is the unique system-generated number that identifies an expenditure transaction.	11	Number (Integer)
Expend Reason	This is the reason for the transaction.	10	Character
Fund Code	This field reports the fund code that is used in financial reporting to correctly categorize funds (money).	4	Character
Payee ID	A unique number that identifies a payee in the system. This number is dependent on the Payee Type selected. If Provider, it will display the Medicaid ID or Provider NPI. If HIPP Resource, it will display the HIPP Resource Payee ID.	15	Number (Integer)
Payee Name	This is the name of the payee (organization or person) associated with the payment.	30	Character
Payee Type	The type of the Payee. (Provider, Carrier, HIPP Resource)	20	Character
Payment Date	This is the date the payment was issued.	8	Date (MM/DD/CCYY)
Process Type	This field reports the type of expenditure	15	Character

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7.81 FIN-LN01-R -- Provider Lien Activity

7.81.1 FIN-LN01-R -- Provider Lien Activity Narrative

The Provider Lien Activity report details provider lien activity for the current and previous payment cycles. The provider lien activity report is used to show the current status of a provider lien. In Alabama, the lien panels and subsequent reports are used only for IRS tax levies.

This report is produced during the financial cycle.

7.81.2 FIN-LN01-R -- Provider Lien Activity Layout

```
$Report  : FIN-LN01-R                          ALABAMA MEDICAID AGENCY                                    Run Date: 03/06/2007
Process : FINJRLN01                    MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   12:35:21
Location: FINPLN01R                                LIEN ACTIVITY                                              Page:          2
                                         PERIOD: 02/27/2007-03/05/2007
                                         FINANCIAL CYCLE: Main Financial Cycle

PAYEE TYPE: Provider

PAYEE          STATUS  LIEN        LIEN    RSN    ORIG LIEN        LIEN PAYMENTS          APPLIED AMOUNT          INCREASE     BALANCE
ID                     DATE       NUMBER  CODE     AMOUNT       %              $      THIS WEEK      TO DATE      /DECREASE

[redacted]        0    20020507   [redacted]  8500     30,333.00   0.00         300.00        0.00          0.00          0.00     30,333.00
                  0    20020509   [redacted]  8500  5,000,000.00   0.00   1,000,000.00        0.00          0.00          0.00  5,000,000.00
                  0    20020509   [redacted]  8500     50,000.00  30.00           0.00        0.00          0.00          0.00     50,000.00
                  0    20020423   [redacted]  8502        100.00   0.00          25.00        0.00          0.00          0.00        100.00
                  0    20020423   [redacted]  8503          0.00  31.00           0.00        0.00          0.00          0.00          0.00
                  0    20060517   [redacted]  9907     10,000.00   0.00          10.00        0.00          0.00          0.00     10,000.00
                  0    20060517   [redacted]  9907     10,000.00   0.00          10.00        0.00          0.00          0.00     10,000.00

                                GRAND TOTALS      8,318,467.00           1,001,220.00        0.00      2,232.80          0.00  8,316,234.20

                                                        ** End of Report **
```


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7.81.3 FIN-LN01-R -- Provider Lien Activity Field Descriptions

Field	Description	Length	Data Type
Applied Amount This Week	This indicates the dollar amount from claims processing that was applied to the lien this financial cycle.	11	Number (Decimal)
Applied Amount To Date	This indicates the dollar amount from claims processing that was applied to the lien to date.	11	Number (Decimal)
Balance	This indicates the difference between the original amount, less any payments made to date or any increases/decreases made.	11	Number (Decimal)
Grand Totals	This is the Grand Total for each amount column.	11	Number (Decimal)
Increase/Decrease	This indicates the dollar amount that the lien amount increased or decreased by a manual adjustment during the current weekly cycle.	11	Number (Decimal)
Lien Date	This is the setup date of the original lien transaction.	8	Date (MM/DD/CCYY)
Lien Number	This is the number used to track the lien through the system.	9	Number (Integer)
Lien Payments $	This indicates the dollar amount of the provider's total claims payment to be deducted each cycle.	11	Number (Decimal)
Lien Payments %	This indicates the percentage of the provider's total claims payment to be deducted each cycle.	5	Number (Decimal)
Original Lien Amount	This indicates the initial setup amount associated with this lien.	11	Number (Decimal)
Payee ID	This is the provider number from which lien payments are being deducted. The field is 15 bytes to accommodate either Medicaid 8 or 9 character ID or 10 digit NPI.	15	Number (Integer)
Payee Type	This is the type of payee. In Alabama, it will always be Provider.	10	Character
Rsn Code	This indicates the reason why a lien is issued and the source of the lien document.	4	Character
Status	This indicates the current status of the lien (O = open or C = closed).	1	Character

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7.82 FIN-PR01-R -- Payment Register by Benefit Plan

7.82.1 FIN-PR01-R -- Payment Register by Benefit Plan Narrative

The Payment Register by Benefit Plan is a cycle report that generates the Pre-Payment Register by Benefit Plan in benefit plan order. For each benefit plan, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years. It also provides summarized Account Receivables, Liens, and FICA information. Note that in Alabama, payments are not broken out by specific Benefit Plan. However, since TXIX and XIXQ are identified as paying Benefit Plans, payments made for claims for recipients that are covered by these major plans will report dollars paid.

This report is produced during the financial cycle.

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7.82.2 FIN-PR01-R -- Payment Register by Benefit Plan Layout

```
REPORT:   FIN-PR01-R                          ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY
PROCESS:  FINJRPR01                   MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   HH:MM:SS
LOCATION: FINPPR01R                      PAYMENT REGISTER BY BENEFIT PLAN                    Page:      9,999
                                               PERIOD: MM/DD/CCYY

                                  ------------------PAYMENT TOTALS-------------------
BENEFIT PLAN                 CLAIM        CATEGORY        CURRENT          PREVIOUS
                             COUNT         TOTAL          FISCAL YR.       FISCAL YR.

ALIEN                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
CCP                         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
CUST                        999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
LOCMR                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
MN                          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
MNCAT                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
NET                         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
NFMED                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
PE                          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
PKU                         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
Q1                          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
Q2                          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
QMB                         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
S-CHC                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
S-IHS                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
S-PLS                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
SLA                         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
SLMB                        999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
TB                          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
TXIX                        999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
W-ADP                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
W-ADV                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
W-IHA                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
W-IHC                       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
W-MR                        999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            -------   ---------------   ---------------   ---------------
      CLAIMS TOTALS         999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            -------   ---------------   ---------------   ---------------
                 ARs        999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                 LIENS      999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                 FICA       999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99

                            -------   ---------------   ---------------   ---------------
      OTHER TOTALS          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            -------   ---------------   ---------------   ---------------
                            -------   ---------------   ---------------   ---------------
      GRAND TOTALS          999,999   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            =======   ===============   ===============   ===============

                                              ** END OF REPORT **
```


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7.82.3 FIN-PR01-R -- Payment Register by Benefit Plan Field Descriptions

Field	Description	Length	Data Type
ARs (Amounts)	This is the amount of account receivables in the prepayment cycle. Category Total, Current Fiscal Yr., Previous Fiscal Yr.	11	Number (Decimal)
ARs (Claim Count)	This is the number of account receivables in the prepayment cycle	6	Number (Integer)
Benefit Plan	This is the benefit plan.	15	Character
Category Total	This column contains category total for the corresponding Benefit Plan.	11	Number (Decimal)
Claim Count	This column contains the claim count total for the corresponding Benefit Plan.	6	Number
Claims Totals (Category Total)	This is the total sum of the Category Total for Benefit Plan.	11	Number (Decimal)
Claims Totals (Claim Count)	This is the total of the Claim Count for Benefit Plan.	6	Number (Integer)
Claims Totals (Current Fiscal Yr.)	This is the total sum of the Current Fiscal Yr. for Benefit Plan.	11	Number (Decimal)
Claims Totals (Previous Fiscal Yr.)	This is the total sum of the Previous Fiscal Yr. for Benefit Plan.	11	Number (Decimal)
Current Fiscal YR	This column contains current fiscal year total for the corresponding benefit plan.	11	Number (Decimal)
FICA (Amounts)	This is the amount of Federal Insurance Contribution Act transactions in the prepayment cycle. Category Total, Current Fiscal Yr., Previous Fiscal Yr. This amount will be zero for Alabama reporting.	11	Number (Decimal)
FICA (Claim Count)	This is the number of Federal Insurance Contribution Act transactions in the prepayment cycle.	6	Number (Integer)
Grand Totals (Category Total)	This is the grand total sum of the Category Total.	11	Number (Decimal)
Grand Totals (Claim Count)	This is the grand total of the Claim Count.	6	Number (Integer)
Grand Totals (Current Fiscal Yr.)	This is the grand total sum of the Current Fiscal Yr.	11	Number (Decimal)

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Field	Description	Length	Data Type
Grand Totals (Previous Fiscal Yr.)	This is the grand total sum of the Previous Fiscal Yr.	11	Number (Decimal)
Liens (Amounts)	This is the amount of liens in the prepayment cycle. Category Total, Current Fiscal Yr., Previous Fiscal Yr.	11	Number (Decimal)
Liens (Claim Count)	This is the number of liens in the prepayment cycle	6	Number (Integer)
Other Totals (Category Total)	This is the total sum of the Category Total for ARs, Liens and FICA.	11	Number (Decimal)
Other Totals (Claim Count)	This is the total of the Claim Count for ARs, Liens and FICA.	6	Number (Integer)
Other Totals (Current Fiscal Yr.)	This is the total sum of the Current Fiscal Yr. for ARs, Liens and FICA.	11	Number (Decimal)
Other Totals (Previous Fiscal Yr.)	This is the total sum of the Previous Fiscal Yr. for ARs, Liens and FICA.	11	Number (Decimal)
Previous Fiscal YR	This column contains the previous fiscal year total for the corresponding benefit plan.		

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7.83 FIN-PR03-R -- Payment Register by Fund Code

7.83.1 FIN-PR03-R -- Payment Register by Fund Code Narrative

The Payment Register by Fund Code is a weekly report that generates the Pre-Payment Register by Fund Code in fund code order. For each fund code, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years.

This report is produced during the financial cycle.

7.83.2 FIN-PR03-R -- Payment Register by Fund Code Layout

```
REPORT:   FIN-PR03-R                          ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
PROCESS:  FINJRPR03                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
LOCATION: FINPPR03R                                PAYMENT REGISTER BY FUND CODE                                   Page:      9,999
                                                   PERIOD: MM/DD/CCYY

                         ---------------- PAYMENT AMOUNT -------------------   -----------------RECOUPMENT TOTALS-----------------
FUND CODE                    CATEGORY        CURRENT          PREVIOUS            CATEGORY           CURRENT          PREVIOUS
                              TOTAL          FISCAL YR.       FISCAL YR.           TOTAL            FISCAL YR.        FISCAL YR.

XXX XXXXXXXXXXXXXXXXX   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXX XXXXXXXXXXXXXXXXX   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXX XXXXXXXXXXXXXXXXX   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
XXX XXXXXXXXXXXXXXXXX   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
                        ---------------   ---------------   ---------------   ---------------   ---------------   ---------------
GRAND TOTALS            $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
                        ===============   ===============   ===============   ===============   ===============   ===============
```


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7.83.3 FIN-PR03-R -- Payment Register by Fund Code Field Descriptions

Field	Description	Length	Data Type
Fund Code	This is the fund code and fund code description.	12	Character
Grand Totals	These are the grand totals for each of the amount fields.	11	Number (Decimal)
Recoupment Totals (Category Total)	This is the Category Total amount for each fund code.	11	Number (Decimal)
Recoupment Totals (Current Fiscal Yr.)	This is the Current Fiscal Yr. amount for each fund code.	11	Number (Decimal)
Recoupment Totals (Previous Fiscal Yr.)	This is the Previous Fiscal Yr. amount for each fund code.	11	Number (Decimal)
Payment Amount (Category Total)	This is the Category Total amount for each fund code.	11	Number (Decimal)
Payment Amount (Current Fiscal Yr.)	This is the Current Fiscal Yr. amount for each fund code.	11	Number (Decimal)
Payment Amount (Previous Fiscal Yr.)	This is the Previous Fiscal Yr. amount for each fund code.	11	Number (Decimal)

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7.84 FIN-PR04-R -- Payment Register by Provider Type

7.84.1 FIN-PR04-R -- Payment Register by Provider Type Narrative

The Payment Register by Provider Type report generates the Pre-Payment Register by Provider Type (M2750R10) in provider type order. For each provider type, the report provides both the payment and recoupment amounts for the category, current fiscal year, and previous fiscal years. It also summarizes the Non-Provider payment information.

This report is produced during the financial cycle.

7.84.2 FIN-PR04-R -- Payment Register by Provider Type Layout

```
REPORT  : FIN-PR04-R                                ALABAMA MEDICAID AGENCY                        Run Date: MM/DD/CCYY
PROCESS : FINJRPR04                            MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:   HH:MM:SS
LOCATION: FINPPR04R                           PAYMENT REGISTER BY PROVIDER TYPE                        Page:      9,999
                                                     PERIOD: MM/DD/CCYY - MM/DD/CCYY

                            -------------------PAYMENT AMOUNT------------------   -----------------RECOUPMENT TOTALS-----------------
  PROVIDER                     CATEGORY          CURRENT          PREVIOUS          CATEGORY          CURRENT          PREVIOUS
   TYPE                         TOTAL           FISCAL YR.       FISCAL YR.         TOTAL           FISCAL YR.       FISCAL YR.

99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ---------------   ---------------   ---------------   ---------------   ---------------   ---------------
         TOTALS             $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ---------------   ---------------   ---------------   ---------------   ---------------   ---------------

  NONPROVIDER                  CATEGORY          CURRENT          PREVIOUS
   TYPE                         TOTAL           FISCAL YR.       FISCAL YR.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            $999,999,999.99   $999,999,999.99   $999,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                            $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ---------------   ---------------   ---------------
 NONPROV TOTALS             $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ---------------   ---------------   ---------------

                            ---------------   ---------------   ---------------   ---------------   ---------------   ---------------
   GRAND TOTALS             $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99   $999,999,999.99
                            ===============   ===============   ===============   ===============   ===============   ===============
```


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7.84.3 FIN-PR04-R -- Payment Register by Provider Type Field Descriptions

Field	Description	Length	Data Type
Grand Totals	These are the grand totals for each of the amount columns.	11	Number (Decimal)
Non Provider Type	Non Provider does not have a numeric code for type. Non Providers are listed on the Financial – Related Data – Other - Non-Provider panel. In Alabama, these will be the IRS Tax levy entities. Note there is no data for 'recoupment' because payouts to these entities are never recouped.	50	Character
Recoupment Totals (Category Total)	This is the Category Total amount for each provider type.	11	Number (Decimal)
Recoupment Totals (Current Fiscal Yr.)	This is the Current Fiscal Yr. amount for each provider type.	11	Number (Decimal)
Recoupment Totals (Previous Fiscal Yr.)	This is the Previous Fiscal Yr. amount for each provider type.	11	Number (Decimal)
Payment Amount (Category Total)	This is the Category Total amount for each provider type.	11	Number (Decimal)
Payment Amount (Current Fiscal Yr.)	This is the Current Fiscal Yr. amount for each provider type.	11	Number (Decimal)
Payment Amount (Previous Fiscal Yr.)	This is the Previous Fiscal Yr. amount for each provider type.	11	Number (Decimal)
Provider Type	The type of Provider for each category (Provider Type). Displays the 2 digit provider type and the description of the provider type.	50	Character
Totals	Totals for the provider type and non-provider type groupings.	11	Number (Decimal)

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7.85 FIN-PR05-R -- Payment Register by Provider Type to be Paid

7.85.1 FIN-PR05-R -- Payment Register by Provider Type to be Paid Narrative

The Payment Register by Provider Type to be Paid report generates the Pre-Payment Register by Provider Type (M2750R02) in provider type order. For each provider type, the report provides the number of providers and the paid amount. It also summarizes Non-Provider payments.

This report is produced during the financial cycle.

7.85.2 FIN-PR05-R -- Payment Register by Provider Type to be Paid Layout

```
Report  : FIN-PR05-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : FINJRPR05                   MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: FINPPR05R                         PAYMENT REGISTER BY PROVIDER TYPE                          Page:              1
                                                  TO BE PAID
                                             PERIOD: MM/DD/CCYY - MM/DD/CCYY

       PROVIDER   PROVIDER                                        TOTAL PROVIDERS          TOTAL
       TYPES      DESC                                            SELECTED                 AMOUNT PAID
       --------   --------                                        ---------------          -----------
       99         Extended Care Facility                           999999                         $10.00
       31         Physician                                        999999                    $233,983.40
       40         Specialized Foster Care/MR                       999999                         $10.00
                                                                  ______________      ____________________
                                                       TOTALS     999999                    $234,003.40

                                                        NON-PROVIDER PAYOUTS                  $21,977.76
                                                                ==========        =====================
                                                                GRAND TOTAL                 $255,981.17

                                                     ** END OF REPORT **
                                                  ** NO DATA THIS REPORT **
```


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7.85.3 FIN-PR05-R -- Payment Register by Provider Type to be Paid Field Descriptions

Field	Description	Length	Data Type
Grand Totals (Total Amount Paid)	This is the grand total of the Total Amount Paid field.	12	Number (Decimal)
Non-Provider Payouts	This is the non-provider payout amount. Non Providers are listed on the Financial – Related Data – Other – Non Provider panel. In Alabama, these will always be Tax Levy entities.	11	Number (Decimal)
Provider Desc	This is the description of the provider type.	30	Character
Provider Types	This is the provider type code.	2	Number (Integer)
Total Amount Paid	This is the total amount paid.	11	Number (Decimal)
Total Providers Selected	This is the total providers selected in the provider type.	5	Number (Decimal)
Totals (Total Providers Selected)	This is the grand total of the Total Providers Selected field.	6	Number (Decimal)

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7.86 FIN-PR06-R -- Payment Register by Claim Type

7.86.1 FIN-PR06-R -- Payment Register by Claim Type Narrative

The Payment Register by Claim Type report generates the Pre-Payment Register by Claim Type in claim type order. For each claim and financial transaction type, the report provides the claim count and payment amounts for the category, current fiscal year, and previous fiscal years.

This report is produced during the financial cycle.

7.86.2 FIN-PR06-R -- Payment Register by Claim Type Layout

```
REPORT:   FIN-PR06-R                                ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
PROCESS:  FINJRPR06                          MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
LOCATION: FINPPR06R                                 PAYMENT REGISTER BY CLAIM TYPE                        Page:     9,999
                                                        PERIOD: MM/DD/CCYY


                                                                                  ------------------PAYMENT TOTALS-------------------
TXN TYPE                                      TXN                                     CATEGORY         CURRENT          PREVIOUS
                                             COUNT                                      TOTAL          FISCAL YR.       FISCAL YR.

CLAIM TYPE A  INPATIENT XOVER CLAIMS       999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
CLAIM TYPE D  DENTAL                       999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
CLAIM TYPE I  INPATIENT                    999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
CLAIM TYPE O  OUTPATIENT                   999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99

FIN TXN    F  FICA                         999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
FIN TXN    R  AR                           999,999                               $-999,999,999.99  $-999,999,999.99  $-999,999,999.99
FIN TXN    S  EXPENDITURE                  999,999                                $999,999,999.99   $999,999,999.99   $999.999,999.99
FIN TXN    V  CAPITATION                   999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
FIN TXN    X  LIEN                         999,999                                $999,999,999.99   $999,999,999.99   $999,999,999.99
                                  -------                                         ---------------   ---------------   ---------------
GRAND TOTALS                      999,999                                         $999,999,999.99   $999,999,999.99   $999,999,999.99
                                  =======                                         ===============   ===============   ===============

                                                        ** END OF REPORT **
```


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7.86.3 FIN-PR06-R -- Payment Register by Claim Type Field Descriptions

Field	Description	Length	Data Type
TXN Count	The count for each transaction type.	6	Number (Integer)
TXN Type	This is the name and code of the type of claim or transaction. The claim type section lists only the claim types that were paid for the financial cycle. The financial transaction type lists all the financial transaction types whether there is activity or not. Note that for Alabama, FICA will always be zeros.	13	Character
Grand Totals (Claim Count)	This is the grand total for Transaction Count.	6	Number (Integer)
Grand Totals (Amounts)	This is the grand total sum of each amount. Category Total, Current Fiscal Yr., Previous Fiscal Yr.	11	Number (Decimal)
Payment Totals (Category Total)	This is the total sum of Category Total per Transaction Type.	11	Number (Decimal)
Payment Totals (Current Fiscal Yr.)	This is the total sum of Current Fiscal Yr. per Transaction Type.	11	Number (Decimal)
Payment Totals (Previous Fiscal Yr.)	This is the total sum of Previous Fiscal Yr. per Transaction Type.	11	Number (Decimal)

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7.87 FIN-PR08-R -- Payment Register

7.87.1 FIN-PR08-R -- Payment Register

The Payment Register report is ordered by Payment Number. This report lists the name of the payee, their mailing address, their street address with the city, state, and zip. Payment number, the type of media that was used (Electronic Funds Transfer or Paper), and the Payment amount are displayed for each payee.

On the bottom part of the report the payment types are broken down by Title XIX and non Title XIX. The first column is the count and the final column is the payment amount.

This report is produced during the financial cycle.

7.87.2 FIN-PR08-R -- Payment Register Layout

Report : FIN-PR08-R ALABAMA MEDICAID AGENCY Run Date: MM/DD/CCYY

Process : FINJRPR08 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: HH:MM:SS

Location: FINPPR08R PAYMENT REGISTER Page: 9999

PAYMENT DATE: MM/DD/CCYY

PAYEE TYPE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME OF PAYEE	PAYEE ID	MAILING ADDRESS CITY AND STATE	PAYMENT NUM	ISSUE DATE	MEDIA TYPE	PAYMENT AMOUNT
---	---	---	---	---	---	---
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	CCYYMMDD	XXXXX	999,999,999,999.99

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XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX, XX 99999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999
CCYYMMDD XXXXX 999,999,999,999.99

XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX, XX 99999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999
CCYYMMDD XXXXX 999,999,999,999.99

XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX, XX 99999

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Report : FIN-PR08-R ALAMBAMA MEDICAID AGENCY RUN DATE: MM/DD/CCYY

Process : FINJRPR08 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN TIME: HH:MM:SS

Location: FINPPR08R PAYMENT REGISTER PAGE: 9999

PAYMENT DATE: MM/DD/CCYY

	COUNT TOTALS:	PAYMENT AMOUNT
EFT-PAYMENTS	999,999,999	99,999,999,999.99
T19: 999,999,999.99		
NON-T19: 999,999,999.99		
PAPER-PAYMENTS	999,999,999	99,999,999,999.99
T19: 999,999,999.99		
NON-T19: 999,999,999.99		
STATE TRANSFER	999,999,999	99,999,999,999.99
T19: 999,999,999.99		
NON-T19: 999,999,999.99		

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REGISTER-TOTALS	9,999,999,999	999,999,999,999.99

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7.87.3 FIN-PR08-R -- Payment Register Field Descriptions

Field	Description	Length	Data Type
EFT-Payments Count	This field is the number of electronic fund transfer payments.	9	Number (Decimal)
EFT-Payments Non-T19 Amount	This field is the total reimbursement amount of the non-T19 electronic fund transfer payments. In Alabama, this will always be zero.	11	Number (Decimal)
EFT-Payments Payment Amount Total	This field is the total payment amount of warrants on all EFT payments.	13	Number (Decimal)
EFT-Payments T19 Amount	This field is the total reimbursement amount of T19 electronic fund transfer payments.	11	Number (Decimal)
Issue Date	Issue date of payment (Checkwrite date).	8	CCYYMMDD
Mailing Address City and State	The payee's mailing address.	26	Character
Media Type	This field is the media indicator. The two possible values are: electronic fund transfer, or check.	5	Character
Name of Payee	This field is the payee name.	31	Character
Paper-Payments Count	This field is the number of paper payments paid.	9	Number (Decimal)
Paper-Payments Non-T19 Amount	This field is the total reimbursement amount of non-T19 paper payments. In Alabama, this will always be zero.	11	Number (Decimal)
Paper-Payments Payment Amount	This field is the total payment amount of payments (checks) on all paper payments.	13	Number (Decimal)
Paper-Payments T19 Amount	This field is the total reimbursement amount of T19 paper payments.	11	Number (Decimal)
Payee ID	This is the identification number of the payee.	15	Number (Integer)
Payee Type	This is the number for the payee type.	30	Character
Payment Amount	This field is the payment amount.	14	Number (Decimal)
Payment Date	This is the period for which the report was run.	8	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
Payment Num	This field is the payment number.	9	Number (Integer)
Register-Totals Count	This field is the total number of payments made for electronic funds transfer, paper, and state transfers.	10	Number (Decimal)
Register-Totals Payment Amount	This field is the total payment amount of payments made, both electronic funds transfer, paper and state transfers.	14	Number (Decimal)
State transfer - Reimbursement Amount	This field is the total reimbursement amount reimbursed on the state transfer payments. This field is N/A for Alabama Medicaid.	13	Number (Decimal)
State transfer - Payment Amount	This field is the total payment amount of payments (checks) on all state transfer payments. This field is N/A for Alabama Medicaid.	13	Number (Decimal)
State transfer - Count	This field is the number of state transfer payments. This field is N/A for Alabama Medicaid.	9	Number (Decimal)
State transfer - Non-T19 Amount	This field is the total reimbursement amount of non-T19 state transfer payments. This field is N/A for Alabama Medicaid.	11	Number (Decimal)
State transfer - T19 Amount	This field is the total reimbursement amount of T19 state transfer payments. This field is N/A for Alabama Medicaid.	11	Number (Decimal)

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7.88 FIN-PR10-R -- Payment Register - Summary of Counts

7.88.1 FIN-PR10-R -- Payment Register - Summary of Counts Narrative

The Payment Register-Summary of Counts report provides summary information for the Payment Register. This report gives the paper payment amount, Electronic Funds Transfer (EFT) amount, and the ON-US transfer amount. Finally the report gives a count of paper payments, EFT's, and ON-US transfers.

This report is produced in the financial cycle.

7.88.2 FIN-PR10-R -- Payment Register - Summary of Counts Layout

```
Report  : FIN-PR10-R          ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY

Process : FINJRPR08           MEDICAID MANAGEMENT INFORMATION SYSTEM     Run Time:  HH:MM:SS

Location: FINPPR08R           PAYMENT REGISTER SUMMARY OF COUNTS         Page:      9999

                              PERIOD: MM/DD/CCYY
```

```
TOTAL PAYMENT AMOUNT          999,999,999,999.99
```


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PAPER CHECK AMOUNT	999,999,999,999.99
EFT AMOUNT	999,999,999,999.99
ON-US TRANSFER AMOUNT	999,999,999,999.99

PAPER CHECK COUNT	999,999,999
EFT COUNT	999,999,999
ON-US TRANSFER COUNT	999,999,999

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7.88.3 FIN-PR10-R -- Payment Register - Summary of Counts Field Descriptions

Field	Description	Length	Data Type
EFT Amount	This is the electronic fund transfer amount.	14	Number (Decimal)
EFT Count	This is the electronic fund transfer count.	9	Number (Decimal)
ON-US Transfer Amount	This is the state transfer amount. This field is N/A for Alabama Medicaid.	14	Number (Decimal)
ON-US Transfer Count	This is the state transfer count. This field is N/A for Alabama Medicaid.	9	Number (Decimal)
Paper Check Amount	This is the paper payment amount.	14	Number (Decimal)
Paper Payment Count	This is the paper payment count.	9	Number (Decimal)
Total Payment Amount	This is the total payment amount.	14	Number (Decimal)

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7.89 FIN-PR30-R -- Approved To Pay Reports

7.89.1 FIN-PR30-R -- Approved To Pay Narrative

The Approved to Pay reports list financial totals by Fund Group/Fund Code. These reports are produced for every financial cycle. These reports detail the paid amounts, denied amounts, credited, paid adjustments, AR [er fimd cpde created per checkwrite, payouts, refunds and total paid amounts for each fund code within each of the sixteen fund groups. Fund Group 13 is designated for HIPP payments and is no longer used.

The cycle produces Approved to Pay Reports for each State/Hurricane Evacuee combination in addition to the 'standard' Approved to Pay. The following list details the report numbers and total of the reports.

FIN-PR30-R	Approved To Pay
FIN-PR30-RRT	Approved To Pay - Rita – Texas
FIN-PR30-RRL	Approved To Pay - Rita – Louisiana
FIN-PR30-RYA	Approved To Pay - Katrina – Alabama
FIN-PR30-RYL	Approved To Pay - Katrina – Louisiana
FIN-PR30-RYM	Approved To Pay - Katrina – Mississippi

Approved to Pay reports may be regenerated at the Agency's request. Regenerated reports are created with the same report name and number as the original. Regenerated reports are identified by (Rerun) appearing in the report title. Example: Approved to Pay (Rerun)

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7.89.2 FIN-PR30-R -- Approved To Pay Layout

```
REPORT:   FIN-PR30-R                    ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY

PROCESS:  FINJRPR30                  MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:   HH:MM:SS

LOCATION: FINPPR30R                      Approved To Pay                      Page:     9,999

                                PERIOD: MM/DD/CCYY



FUND GROUP:  999 - XXXXXXXXXXXXXXXXXXXXXX




FUND CODE              PAID       DENIED      CREDITS     PAID ADJ     ACCT REC     PAYOUTS      REFUNDS
TOTAL PAID
```

```
 999 XXXXXXXX      999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99  999,999,999.99

 999 XXXXXXXX      999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99  999,999,999.99

 999 XXXXXXXX      999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99  999,999,999.99

 999 XXXXXXXX      999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
999,999,999.99  999,999,999.99
```


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999 XXXXXXXX 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99
999,999,999.99 999,999,999.99

SUBTOTALS 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 $999,999,999.99 999,999,999.99
999,999,999.99 999,999,999.99

GRANDTOTALS 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 $999,999,999.99 999,999,999.99
999,999,999.99 999,999,999.99

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7.89.3 FIN-PR30-R -- Approved To Pay Field Descriptions

Field	Description	Length	Data Type
Credits	Dollar amount of claims credited.	16	Number (Decimal)
Denied	Dollar amount of claims denied.	16	Number (Decimal)
Acct Rec	Dollar amount of AR per fund code created per checkwrite.	16	Number (Decimal)
Fund Code	Identifies the Fund Code (invoice category) by fund code number.	3	Character
Fund Code Description	Description of the fund code.	8	Character
Fund Group	Identifies the Fund Group (benefit category) by fund group number and description..	3	Number (Decimal)
Fund Group Description	Description of the fund group.	15	Character
Grandtotals	Grand total sums of the amounts for each column.	16	Number (Decimal)
Paid	Dollar amount paid for the fund code.	7	Number (Decimal)
Paid Adj	Dollar amount of adjusted claims paid.	16	Number (Decimal)
Payouts	Dollar amount of claims adjustments due to expenditures (lump sum audit payments)..	16	Number (Decimal)
Refunds	Dollar amount refunded on paid claims.	16	Number (Decimal)
Subtotals	Total sum of the amounts for each column within a Fund Group..	16	Number (Decimal)
Total Paid	Total dollar amount paid for the fund code.	16	Number (Decimal)

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7.90 FIN-PR31R – Approved to Pay by Line Count Reports

7.90.1 FIN-PR31-R – Approved to Pay by Line Count Narrative

The Approved to Pay by Line Count reports list financial line item count by Fund Group/Fund Code. These reports are produced for every financial cycle. These reports detail the number of paid claims, denied amounts, credited, paid adjustments, denied adjustments, payouts, refunds and total paid amounts for each fund code within each of the sixteen fund groups. Fund Group 13 is designated for HIPP payments and is no longer used.

The cycle produces Approved to Pay Reports for each State/Hurricane Evacuee combination in addition to the Approved to Pay. The following list details the report numbers and total of the reports.

FIN-PR31-R	Approved To Pay by Line Count
FIN-PR31-RRT	Approved To Pay by Line Count - Rita – Texas
FIN-PR31-RRL	Approved To Pay by Line Count - Rita – Louisiana
FIN-PR31-RYA	Approved To Pay by Line Count - Katrina – Alabama
FIN-PR31-RYL	Approved To Pay by Line Count - Katrina – Louisiana
FIN-PR31-RYM	Approved To Pay by Line Count - Katrina – Mississippi

Approved to Pay reports may be regenerated at the Agency's request. Regenerated reports are created with the same report name and number as the original. Regenerated reports are identified by (Rerun) appearing in the report title. Example: Approved to Pay by Line Count (Rerun)

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7.90.2 FIN-PR31-R – Approved to Pay by Line Layout

REPORT: FIN-PR31-R ALABAMA MEDICAID AGENCY Run Date: MM/DD/CCYY

PROCESS: FINJRPR31 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: HH:MM:SS

LOCATION: FINPPR31R Approved To Pay by Line Count Page: 9,999

PERIOD: MM/DD/CCYY

Fund Group: 999 XXXXXXXXXXXXXXXXXXXXXXX

FUND CODE	PAID	DENIED	PROCESSED	CREDITS	PAID ADJ	DENY ADJ	PAYOUTS	REFUNDS	TOTAL PAID
999 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
999 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
999 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
999 XXXXXXXXXXXXXX	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
SUBTOTALS	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

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GRANDTOTALS	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

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7.90.3 FIN-PR31-R – Approved to Pay by Line Field Descriptions

Field	Description	Length	Data Type
Credits	Number of claims credited.	5	Number (Decimal)
Denied	Number of denied claims.	5	Number (Decimal)
Deny Adj	Number of claims with denied adjustments.	5	Number (Decimal)
Fund Code	Identifies the Fund Code (invoice category) by fund code number.	3	Character
Fund Code Description	Description of the fund code	15	Character
Fund Group	Identifies the Fund Group (benefit category) by fund group number and description..	3	Number (Decimal)
Fund Group Description	Decription of the fund group.	15	Character
Grandtotals	Grand totals for each column.	5	Number (Decimal)
Paid	Number of paid claims.	5	Number (Decimal)
Paid Adj	Number of claims with paid adjustments.	5	Number (Decimal)
Payouts	Number of claims with lump sum audits.	5	Number (Decimal)
Processed	Number of claims processed.	5	Number (Decimal)
Refunds	Number of claims with refunds.	5	Number (Decimal)
Subtotals	Total sum of each column.	5	Number (Decimal)
Total Paid	Total sum paid of all the columns in a row.	5	Number (Decimal)

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7.91 FIN-PR32R – Approved to Pay Encounter Line Count Report

7.91.1 FIN-PR32-R – Approved to Pay Encounter Line Count Report Narrative

The Approved to Pay Encounter Line Count report lists financial Encounter line item count by Fund Group/Fund Code. These reports are produced for every financial cycle. These reports detail the number of paid claims, denied amounts, credited, paid adjustments, denied adjustments, payouts, refunds and total paid amounts for each fund code within each of the sixteen fund groups. Fund Group 13 is designated for HIPP payments and is longer used.

7.91.2 FIN-PR32-R – Approved to Pay Encounter Line Count Report Layout

```
REPORT:   FIN-PR32-R                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS:  FINJRPR32                   MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:   HH:MM:SS
LOCATION: FINPPR32R                        Approved To Pay Encounter Line Count                        PAGE:          9,999
                                                PERIOD: MM/DD/CCYY
FUND GROUP: 001 - Nursing Home

FUND CODE                      PAID     DENIED  PROCESSED      CREDITS    PAID ADJ       DENY ADJ      PAYOUTS      REFUNDS      TOTAL PAID
001 NURSING FAC             999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
999 XXXXXXXXXXXXXXX         999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
999 XXXXXXXXXXXXXXX         999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
999 XXXXXXXXXXXXXXX         999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
999 XXXXXXXXXXXXXXX         999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
-----------------------------------------------------------------------------------------------------------------------------------------------
SUBTOTALS                   999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999

GRANDTOTALS                 999,999    999,999     999,999      999,999     999,999        999,999      999,999      999,999         999,999
===============================================================================================================================================

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

7.91.3 FIN-PR32-R – Approved to Pay Encounter Line Count Report Field Descriptions

Field	Description	Data Type	Length
Credits	Number of claims credited.	Number	9
Denied	Number of denied claims.	Number	9

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Field	Description	Data Type	Length
Deny Adj	Number of claims with denied adjustments.	Number	9
Fund Code	Invoice category.	Character	3
Fund Code Description	Description of the Fund Code (Invoice Category)	Character	15
Fund Group	Invoice Group	Number	3
Fund Group Description	Description of the fund group (benefit category).	Character	15
Grandtotals	All Lines find County by groups.	Number	9
Paid	Number of paid claims	Number	9
Paid Adj	Number of claims with paid adjustments.	Number	9
Payouts	Number of claims with lump sum audits.	Number	9
Processed	Number of claims processed.	Number	9
Refunds	Number of claims with refunds.	Number	9
Subtotals	Total Lines find County by groups.	Number	9
Total Paid	Total number of claims paid.	Number	9

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7.91 FIN-PY05-W -- Voided Payments by External Number

7.91.1 FIN-PY05-W -- Voided Payments by External Number Narrative

The Voided Payments by External Number report identifies system payments voided during the current cycle. It is used to validate that all void transactions have processed appropriately through the system. The purpose of this report is to identify any external payment numbers which were voided during the current cycle.

This report is produced during the financial cycle.

7.91.2 FIN-PY05-W -- Voided Payments by External Number Layout

```
Report  : FIN-PY05-W          ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY

Process : FINJWPY05     MEDICAID MANAGEMENT INFORMATION SYSTEM           Run Time:   HH:MM:SS

Location: FINPPY05W           VOIDED PAYMENTS BY EXTERNAL NUMBER         Page:     9,999

                        Period: MM/DD/YYYY - MM/DD/CCYY
```

```
     -----PAYEE . ------    EXTERNAL PYMNT NUMBER    PAYMENT DATE     CCN     PYMNT AMOUNT        REASON

ID              TYPE    PAYMENT NUMBER

XXXXXXXXXXXXXXX         X      999999999          MM/DD/CCYY     99999999999   999,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXX



TOTAL # OF VOIDS:                 99,999
```


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TOTAL VOIDED DOLLARS 999,999,999.99

** END OF REPORT **

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7.91.3 FIN-PY05-W -- Voided Payments by External Number Field Descriptions

Field	Description	Length	Data Type
CCN	Cash Control Number: This is a unique number assigned by the system to track payments received.	11	Number (Integer)
External Payment Number	The number assigned to the check during the payment printing process.	9	Number (Integer)
Payee ID	The unique number which identifies the payee for which the payment is being voided. This will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	15	Character
Payment Amount	This indicates the amount of the system payment being voided.	11	Number (Decimal)
Payment Date	This indicates the issue date for the payment to be voided.	10	Date (MM/DD/CCYY)
Reason	This indicates the reason the payment was voided.	25	Character
Total # of Voids	This indicates the total number of payments that have been voided.	3	Number (Decimal)
Total Voided Dollars	This indicates the total dollar amount for the total number of payments that have been voided.	11	Number (Decimal)
Payee Type	This code indicates the type of payee: P=- provider.	4	Character

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7.92 FIN-PY10-M -- Stop Payment

7.92.1 FIN-PY10-M -- Stop Payment Narrative

The Stop Payment report is a monthly report of all 'stop payments' that the state requested. It details the date the payment was issued, date the payment was stopped, the payment number, the payment amount, and the payee name.

This report is produced monthly.

7.92.2 FIN-PY10-M -- Stop Payment Layout

REPORT: FIN-PY10-M ALABAMA MEDICAID AGENCY Run Date: MM/DD/CCYY

PROCESS: FINJMPY10 MEDICAID MANAGEMENT INFORMATION SYSTEM Run Time: HH:MM:SS

LOCATION: FINPPY10M STOP PAYMENT REPORT Page: 9,999

PERIOD: OCTOBER CCYY

DATE ISSUED	DATE OF STOP PAY	PAYMENT NUMBER	PAYMENT AMOUNT	PAYEE NAME
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	999999999	999,999,999.99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTALS	99,999	999,999,999.99

** END OF REPORT **

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7.92.3 FIN-PY10-M -- Stop Payment Field Descriptions

Field	Description	Length	Data Type
Date Issued	This is the date the stop payment was issued.	10	Date (MM/DD/CCYY)
Date of Stop Pay	This is the date the stop payment was effective.	10	Date (MM/DD/CCYY)
Payee Name	This is the name of the payee.	30	Character
Payment Amount	This is the amount of the payment.	11	Number (Decimal)
Payment Number	This is the payment number.	9	Number (Integer)
Total Issued (Count)	This is the total issued count.	5	Number (Decimal)
Total Issued (Amount)	This is the total sum of the payment amount.	11	Number (Decimal)

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7.93 FIN-PY11-M -- Cleared Payments

7.93.1 FIN-PY11-M -- Cleared Payments Narrative

The Cleared Payments report shows all cleared payments summarized by the paid date, number of payments, and payment amount. This report is produced monthly.

7.93.2 FIN-PY11-M -- Cleared Payments Layout

```
Report  : FIN-PY11-M          ALABAMA MEDICAID AGENCY                RUN DATE: MM/DD/CCYY
Process : FINJMPY11          MEDICAID MANAGEMENT INFORMATION SYSTEM          RUN TIME:   HH:MM:SS
  Location: FINPPY11M          CLEARED PAYMENTS REPORT                PAGE:        9
                          PERIOD: AUGUST    CCYY

   DATE                      PAYMENT          PAYMENT
  CLEARED                     NUMBER           AMOUNT
  ----------                ----------     ---------------
  MM/DD/CCYY                  999999999        999,999,999.99
  MM/DD/CCYY                  999999999        999,999,999.99
  MM/DD/CCYY                  999999999        999,999,999.99
  MM/DD/CCYY                  999999999        999,999,999.99
```


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GRAND TOTAL 999,999,999.99

** END OF REPORT **

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7.93.3 FIN-PY11-M -- Cleared Payments Field Descriptions

Field	Description	Length	Data Type
Date Cleared	This is the date the payment was cleared..	10	Date (MM/DD/CCYY)
Grand Total	The total payment amounts for all payments cleared in the month.	11	Number (Decimal)
Payment Amount	This is the amount of the payment.	11	Number (Decimal)
Payment Number	This is the number that identifies the payment.	9	Number (Integer)

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7.94 FIN-PY12-M -- Payments Staledated

7.94.1 FIN-PY12-M -- Payments Staledated Narrative

The Payments Staledated report provides Alabama Medicaid Agency (Agency) with a monthly report of all payments staledated. The sequence is by payment number, date issued, date the payment was staledated, the payment amount, and the payee name.

This report is produced monthly.

7.94.2 FIN-PY12-M -- Payments Staledated Layout

```
REPORT  : FIN-PY12-M                ALABAMA MEDICAID AGENCY                Run Date: MM/DD/CCYY

PROCESS : FINJMPY12            MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS

LOCATION: FINPPY12M                PAYMENTS STALEDATED REPORT                 Page:     9,999

                              PERIOD: OCTOBER  CCYY



    DATE       DATE       FUND   PAYMENT       PAYMENT       PAYEE

    ISSUED      STALEDATED   CODE   NUMBER        AMOUNT       ID            PAYEE NAME


    MM/DD/CCYY   MM/DD/CCYY   XXX   XXXXXXXXX    999,999,999.99   XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    MM/DD/CCYY   MM/DD/CCYY   XXX   XXXXXXXXX    999,999,999.99   XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    MM/DD/CCYY   MM/DD/CCYY   XXX   XXXXXXXXX    999,999,999.99   XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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MM/DD/CCYY MM/DD/CCYY XXX XXXXXXXXX 999,999,999.99 XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MM/DD/CCYY MM/DD/CCYY XXX XXXXXXXXX 999,999,999.99 XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MM/DD/CCYY MM/DD/CCYY XXX XXXXXXXXX 999,999,999.99 XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MM/DD/CCYY MM/DD/CCYY XXX XXXXXXXXX 999,999,999.99 XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

GRAND

TOTALS 99,999 999,999,999.99

** END OF REPORTS **

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7.94.3 FIN-PY12-M -- Payments Staledated Field Descriptions

Field	Description	Length	Data Type
Date Issued	This is the date issued.	10	Date (MM/DD/CCYY)
Date Staledated	This is the staledated date.	10	Date (MM/DD/CCYY)
Fund Code	This is the fund code.	3	Character
Payee ID	This is the payee identification number. This will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	15	Character
Payee Name	This is the payee name.	30	Character
Payment Amount	This is the amount on the payment.	11	Number (Decimal)
Payment Number	This is the payment number of check or electronic funds transfer.	9	Character
Total Staledate Amount	This is the total amount of payments.	11	Number (Decimal)
Total Staledate Count	This is the total number of payments.	5	Number (Decimal)

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7.95 FIN-PY13-M -- Payments Staledated FY YTD

7.95.1 FIN-PY13-M -- Payments Staledated FY YTD Narrative

The Payments Staledated FY YTD report provides the Agency with a monthly report of all payments staledated from FY YTD. The sequence is by payment number, date issued, fund code, date the payment was staledated, the payment amount, and the payee name.

This report is produced monthly.

7.95.2 FIN-PY13-M -- Payments Staledated FY YTD Layout

```
REPORT  : FIN-PY13-M                ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY

PROCESS : FINJMPY13            MEDICAID MANAGEMENT INFORMATION SYSTEM              Run Time:   HH:MM:SS

LOCATION: FINPPY13M                 PAYMENTS STALEDATED FY YTD REPORT                Page:     9,999

                              PERIOD: MM/DD/CCYY
```

DATE ISSUED	DATE STALEDATED	FUND CODE	PAYMENT NUMBER	PAYMENT AMOUNT	PAYEE ID	PAYEE NAME
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
MM/DD/CCYY	MM/DD/CCYY	XXX	999999999	999,999,999.99	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

GRAND TOTALS	99,999	999,999,999.99

** EMD OF REPORT **

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7.95.3 FIN-PY13-M -- Payments Staledated FY YTD Field Descriptions

Field	Description	Length	Data Type
Date Issued	This is the date issued.	10	Date (MM/DD/CCYY)
Date Staledated	This is the staledated date.	10	Date (MM/DD/CCYY)
Fund Code	This is the fund code.	3	Character
Payee ID	This is the payee identification number. This will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	15	Character
Payee Name	This is the payee name.	30	Character
Payment Amount	This is the amount on the payment.	11	Number (Decimal)
Payment Number	This is the payment number of check or electronic funds transfer.	9	Number (Integer)
Total Staledate Amount	This is the total amount of payments from the fiscal year beginning Oct.1.	11	Number (Decimal)
Total Staledate Count	This is the total staledate count from the fiscal year beginning Oct. 1.	5	Number (Decimal)

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7.96 FIN-PY16-R -- EFT Activity

7.96.1 FIN-PY16-R -- EFT Activity Narrative

The EFT Activity report summarizes electronic funds transfer (EFT) activity for the current Release Date. It lists each individual transaction for the providers participating in EFT for the Release Date and the total dollar amount transferred. This report is used to identify EFT activity for each Release Date. It will also allow tracking of EFT participation trends and the associated dollars.

This report is produced during the EFT Release process which is triggered by the user clicking 'Finished' in the EFT Release Panel.

7.96.2 FIN-PY16-R -- EFT Activity Layout

REPORT : FIN-PY16-R ALABAMA MEDICAID AGENCY Run Date: MM/DD/CCYY

PROCESS : FINJRPY17 ELECTRONIC FUNDS TRANSFER ACTIVITY REPORT Run Time: HH:MM:SS

LOCATION: FINPPY17 RELEASE DATE: MM/DD/CCYY Page: 99,999

PAYEE TYPE: Provider

PAYEE ID	ACCOUNT NAME	BANK ROUTING	ACCT NUMBER	EFT NUMBER	EFT AMOUNT
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99

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999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999999999999	999999999	$999,999,999.99
999999999 .	XXXXXXXXXXXXXXXXXXXXXXXX	999999999	999999999999999999999	999999999	$999,999,999.99

SUBTOTAL: $999,999,999.99

TOTAL: $999,999,999.99

* * END OF REPORT * *

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7.96.3 FIN-PY16-R -- EFT Activity Field Descriptions

Field	Description	Length	Data Type
Account Name	This is the name of the provider on the electronic funds transfer.	22	Character
Acct Number	This is the bank account number to which the electronic funds transfer is transmitted.	21	Character
Payee ID	This is the identification provider number and service location number to which the electronic funds transfer was issued.	10	Character
Bank Routing	This indicates the bank routing number to which the electronic funds transfer is transmitted.	9	Number (Integer)
EFT Amount	This is the amount of the electronic funds transfer.	11	Number (Decimal)
EFT Number	This indicates the unique number assigned for electronic funds transfer tracking purposes.	9	Number (Integer)
Subtotal	This is the subtotal of the Payee Type group. Note that in Alabama, only Provider has EFT, so there will only be one group.	11	Number (Decimal)
Total	This is the total dollar amount of all Electronic Funds Transfers for the current financial cycle.	11	Number (Decimal)

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7.97 FIN-PY17-W -- Stoppay - Reissue Detail Weekly Activity

7.97.1 FIN-PY17-W -- Stoppay - Reissue Detail Weekly Activity Narrative

The Stoppay-Reissue Detail Weekly Activity report lists all stopped check numbers that have been reissued, dates and amounts, the reissued check number, the provider number and name, the reason code, the stoppay and reissue dates. This report is run on a weekly basis, showing the activity for the week. This report is used to follow-up with providers as necessary, and provides detail backup for bank reconciliations.

This report is produced weekly.

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7.97.2 FIN-PY17-W -- Stoppay - Reissue Detail Weekly Activity Layout

```
REPORT  : FIN-PY17-W                                ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
PROCESS : FINJWPY17                           MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
LOCATION: FINPPY17W                                 STOPPAY/VOID REISSUE DETAIL                                        Page:      9,999
                                                      PERIOD: MM/DD/CCYY - MM/DD/CCYY

ORIGINAL     ORIGINAL    REISSUE     REISSUE      PAYEE           PAYEE    PAYEE
PAYMENT
PYMT NUM     PYMT DATE   PYMT NUM    PYMT DTE     ID              TYPE     NAME
AMOUNT

REASON    F MUTILATED CHECK

999999999    MM/DD/CCYY  999999999   MM/DD/CCYY   999999999999999   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999,999,999.99
999999999    MM/DD/CCYY  999999999   MM/DD/CCYY   999999999999999   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999,999,999.99


REASON:   0 FAILED EFT


999999999    MM/DD/CCYY  999999999   MM/DD/CCYY   999999999999999   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999,999,999.99
999999999    MM/DD/CCYY  999999999   MM/DD/CCYY   999999999999999   X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999,999,999.99

                                                          * * END OF REPORT * *
```

Reissue Reason Codes

```
REISSUE REASON  DESCRIPTION
A               CHECK OUTSTANDING
C               CHECK VOIDED
D               STOP/CHECK PRESENT
E               STOP/CHECK NOT PRESENTED
F               MUTILATED CHECK
G               VOID/INCORRECT PAYMENT
H               VOID/WRONG PROVIDER
I               VOID/DUPLICATE PAYMENT
J               VOID/WRONG LOCATION
K               VOID/WRONG PROVIDER ID
L               VOID/CHECK STALE-DATED
M               VOID/NEW TAX ID NUMBER
N               VOID/WRONG PROCEDURE CODE
O               VOID/FAILED EFT
```


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7.97.3 FIN-PY17-W -- Stoppay - Reissue Detail Weekly Activity Field Descriptions

Field	Description	Length	Data Type
Payment Amount	This is the dollar amount of the original payment.	11	Number (Decimal)
Original Payment Date	This is the date of the original payment.	8	Date (MM/DD/CCYY)
Original Payment Number	This is the payment number of the original payment.	9	Number (Integer)
Payee ID	This is the ID of the payee for whom the stoppay and reissue has been requested. This will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	9	Number (Integer)
Payee Name	This is the name of the payee for whom the stoppay and reissue has been requested.	23	Character
Payee Type	The type of the Payee. (Provider)	1	Character
Reason	The code and description of the reason the stoppay request was issued.	40	Character
Reissue Payment Date	This is the date of the reissue (replacement) payment.	8	Date (MM/DD/CCYY)
Reissue Payment Number	This is the check number of the reissued (replacement) payment.	9	Number (Integer)

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7.98 FIN-PY50-O -- Payment Inquiry Online Report

7.98.1 FIN-PY50-O -- Payment Inquiry Online Report Narrative

Payment Inquiry Online Report is generated from the Financial – Reports and Letters - Payment Inquiry Panel. It can be generated at any time.

7.98.2 FIN-PY50-O -- Payment Inquiry Online Report Layout

Report: FIN-PY50-O
From Date: 2002/07/26
To Date: 2005/07/26

STATE MMIS
Payment Inquiry Report

Date: 2005/07/26
Time: 11:49 AM
Page # 1 of 1

PAYMENT NUMBER	PAYMENT TYPE	RA NUMBER	PAYMENT STATUS	PAYMENT DATE	AMOUNT
11111111111	CHECK	11111111111	VOIDED	07/27/2005	$99,999.99
11111111111	CHECK	999999999	CLEARED	02/23/2005	$9,999.99
	TOTAL				**$110,999.97**
999999999	EFT	11111111111	VOIDED	07/27/2005	$99,999.99
999999999	EFT	999999999	CLEARED	02/23/2005	$9,999.99
	TOTAL				**$110,999.97**

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7.98.3 FIN-PY50-O -- Payment Inquiry Online Report Field Descriptions

Field	Description	Length	Data Type
Amount	This field reports the amount of the payment.	11	Number (Decimal)
Payment Date	This is the date the payment was issued.	8	Date (MM/DD/CCYY)
Payment Number	This is the unique system-generated identifier of the payment transaction. Examples include check number or electronic funds transfer transmission number.	9	Number (Integer)
Payment Status	This field reports the status of the payment. Examples include issued, voided, stopped or cleared.	10	Character
Payment Type	This field shows the payment type. Examples include check, electronic funds transfer and money order.	15	Character
RA Number	This field reports the Remittance Advice Number.	11	Number (Integer)
Total	This field reports the total payment amount for the payment identification number.	11	Number (Decimal)

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7.99 FIN-PY51-O -- Payment Transaction Inquiry Report

7.99.1 FIN-PY51-O -- Payment Transaction Inquiry Report Narrative

The Payment Transaction Inquiry report lists all transactions associated with a payment or a Remittance Advice. This report can be generated at any time from the Financial – Reports and Letters – Payment Transaction Inquiry Panel..

7.99.2 FIN-PY51-O -- Payment Transaction Inquiry Report Layout

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Report: Fin-PY51-O
From Date: 01/01/2002
To Date: 11/11/2006

STATE MMIS
Payment Transaction Inquiry Report

Date: 2006/12/01
Time: 1:12 PM
Page # 1 of 15

FINANCIAL CYCLE	RA NUMBER	PAYMENT ID	PAYMENT TYPE	PAYMENT STATUS	ISSUE DATE	TXN TYPE	FUND CODE	FUND PAYER
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	LIEN RECOVERY	065	Test Fund Payer [redacted]
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	LIEN RECOVERY	065	Test Fund Payer [redacted]
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	LIEN RECOVERY	065	Test Fund Payer [redacted]
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	LIEN RECOVERY	065	Test Fund Payer [redacted]
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	LIEN RECOVERY	065	Test Fund Payer [redacted]
desc fin cycle	[redacted]	[redacted]	EFT	Issued	02/26/2005	ALL CLAIM TYPES	001	Test Fund Payer [redacted]

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7.99.3 FIN- PY51-O -- Payment Transaction Inquiry Report Field Descriptions

Field	Description	Length	Data Type
Financial Cycle	This is the financial cycle the payment occurred in.	15	Character
Fund Code	This field reports the fund code that is used in financial reporting to correctly categorize funds (money).	3	Character
Fund Payer	This field reports the fund payer associated with the transaction.	15	Character
Issue Date	This is the date the payment was issued.	8	Date (MM/DD/CCYY)
Payment ID	This is the unique system-generated identifier of the payment transaction. Examples include check number or electronic funds transfer transmission number.	9	Character
Payment Status	This field reports the status of the payment. Examples include issued, voided, stopped or cleared.	10	Character
Payment Type	This field shows the payment type. Examples include check, electronic funds transfer and money order.	15	Character
RA Number	This field reports the Remittance Advice Number.	9	Character
Txn Type	This is the type of transaction. Transactions can be a specific claim transaction, such as, Dental or Centers for Medicare and Medicaid Services (CMS) 1500; or a financial transaction, such as, Accounts Receivable, Expenditures or Cash Receipts.	15	Character

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7.100 FIN-PY60-O -- Payment Status Recon Report

7.100.1 FIN-PY60-O -- Payment Status Recon Report Narrative

The Payment Status Recon report lists checkwrite total information for the range and financial cycle selected. This report can be generated at any time from the Financial – Reports and Letters – Payment Status Recon Panel.

7.100.2 FIN-PY60-O -- Payment Status Recon Report Layout

Report: FIN-PY60-O
From Date: 2005/08/01
To Date: 2005/08/15

STATE MMIS
Payment Status/Recon Report

Date: 2005/08/26
Time: 11:49 AM
Page # 1 of 1

	Checkwrite Total	Category Total
08/07/2005 Checkwrite	$254,070,093.31	
EFT Amount		$96,568,721.25
Check Amount		$157,501,372.06
Check Cleared Amount		$0.00
Void Amount		$3,162,824.81
Reissue Amount		$9,194.81
Staledate Amount		$882,456.03
Stop Pay Amount		$1,713,302.70
Staledate Cleared Amount		$0.00
08/14/2005 Checkwrite	$43,257,710.65	
EFT Amount		$13,284,263.89
Check Amount		$29,973,446.76
Check Cleared Amount		$153,539,933.56
Void Amount		$7,591,112.50
Reissue Amount		$4,700.81
Staledate Amount		$1,282,488.38
Stop Pay Amount		$7,627,355.44
Staledate Cleared Amount		$2,882,456.03

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7.100.3 FIN-PY60-O -- Payment Status Recon Report Field Descriptions

Field	Description	Length	Data Type
Category Total	The subtotal amounts of the various checkwrite categories associated with the payment cycle.	11	Number (Decimal)
Check Amount	Total amount of paper checks that were issued during the financial cycle.	11	Number (Decimal)
Check Cleared Amount	Total amount of the paper checks that were cleared during the payment cycle.	11	Number (Decimal)
Checkwrite Date	Date of the checkwrite.	8	Date (MM/DD/CCYY)
Checkwrite Total	Total amount paid for the issue date (checkwrite date) listed.	11	Number (Decimal)
EFT Amount	Total amount included that was included in the Electronic Funds Transfer during the payment cycle.	11	Number (Decimal)
Reissue Amount	Total amount that was reissued during the payment cycle.	11	Number (Decimal)
Staledate Amount	Total amount that was staledated during the payment cycle.	11	Number (Decimal)
Statedate Cleared Amount	Total amount of staledated checks that were cleared during the financial cycle.	11	Number (Decimal)
Stop Pay Amount	Total amount of payments that were stopped during the financial cycle.	11	Number (Decimal)
Void Amount	Total amount that was voided during the financial cycle.	11	Number (Decimal)

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7.101 FIN-TI01-R -- Financial Transactions Input - Payouts

7.101.1 FIN-TI01-R -- Financial Transactions Input - Payouts Narrative

The Financial Transaction Input - Payouts report lists all system generated and manual payout transactions entered into the system for the current processing financial cycle. It lists each transaction by payee number with summary totals for the number of transactions input and their associated dollar amount.

This report is used as a monitoring and control report for all financial payout transactions entered into the system during the current processing cycle. It is one of a series of reports utilized to ensure that all financial transactions received are input into the system on a weekly basis. This report will be sorted by reason code and is produced with every financial cycle.

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7.101.2 FIN-TI01-R -- Financial Transactions Input - Payouts Layout

```
Report  : FIN-TI01-R                          ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : FINJRTI01                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:      HH:MM
Location: FINPTI01                           FINANCIAL TRANSACTIONS INPUT                                          Page:     99,999
                                                        PAYOUTS
                                            PERIOD: MM/DD/YYYY - MM/DD/YYYY

   TRANSACTION      ---PAYEE---                                                   RECIPIENT       PAYOUT      REASON FUND   USER
     NUMBER         NUMBER    TYPE        ---------PAYEE NAME---------            NUMBER          AMOUNT       CODE  CODE    ID

 9999999999999  999999999999  BE  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX
 9999999999999  999999999999  OT  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX
 9999999999999  999999999999  CY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX
 9999999999999  999999999999  BE  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX
 9999999999999  999999999999  CR  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX
 9999999999999  999999999999  PR  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX  99,999,999.99  XXXX  XXXXX  XXXXXXXX

                  TOTAL PAYOUT TRANSACTIONS INPUT:                                                  999,999,999.99


                                                  * * * END OF REPORT * * *
                                                * * * NO DATA THIS REPORT * * *
```


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7.101.3 FIN-TI01-R -- Financial Transactions Input - Payouts Field Descriptions

Field	Description	Length	Data Type
Fund Code	This is the recipient fund code category code.	3	Character
Payee Name	This is the name of the payee. The payee name is extracted from the following sources: Provider - provider database; Carrier - TPL database; and Recipient - recipient database. All other payee names are manually entered into the expenditure payout file.	50	Character
Payee Number	This is the account identification number of the payee. This number is extracted from the following sources: Provider-provider number from the provider file; and Carrier-carrier ID from the TPL carrier file. All other payee types are assigned an account identification number by the system which is carried on a payee table. This is used to maintain an audit trail of all payees which are not carried on file in the system for other purposes such as a third party carrier, etc. For providers, this will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	12	Character
Payee Type	This is the code describing the type of payee; valid values are: H = TPL Carrier P = Provider	2	Character
Payout Amount	This is the payout amount for the specific transaction.	10	Number (Decimal)
Reason Code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character
Recipient Number	This is the recipient's Program identification number. This field is N/A for Alabama.	12	Number
Total Payout Transactions Input (Count)	This is the total number of payout transactions input this week.	5	Number (Integer)
Total Payout Transactions Input (Amount)	This is the total amount payout transactions input this week.	11	Number (Decimal)
Transaction Number	This is the transaction number assigned at entry to the payout transaction.	13	Number (Integer)
User ID	This is the user identification number.	8	Character

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7.102 FIN-TI02-R -- Financial Transactions Input - Provider Accounts Receivable

7.102.1 FIN-TI02-R -- Financial Transactions Input - Provider Accounts Receivable Narrative

The Financial Transaction Input - Provider Accounts Receivables report lists all manual accounts receivable setups and dispositions entered into the system for the current financial cycle. It lists each transaction in provider number order with summary totals for the number of transactions input and their associated dollar amount. This report is used as a monitoring and control report for all financial manual accounts receivable setups and dispositions transactions entered into the system during the current processing cycle. It is one of a series of reports utilized to ensure that all financial transactions received are input into the system on a cycle basis.

This report is produced upon during the financial cycle.

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7.102.2 FIN-TI02-R -- Financial Transactions Input - Provider Accounts Receivable Layout

```
Report  : FIN-TI02-R                          ALABAMA MEDICAID AGENCY                                  Run Date:  MMDDCCYY
Process : FINJRTI02                         FINANCIAL TRANSACTIONS INPUT                               Run Time:  HH:MM:SS
Location: FINPTI02                               ACCOUNTS RECEIVABLES                                      Page:     9,999
                                             Period: MM/DD/CCYY-MM/DD/CCYY

                 PAYEE                                  A/R                                 REASON            USER
          ID              TYPE        RID NO.            NUMBER              AMOUNT          CODE              ID

     SETUPS

            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX
            9999999999     P        999999999999        9999999999999        999,999,999.99     XXXX            XXXXXXXX

    TOTAL A/R SETUPS INPUT:                     99,999                       999,999,999.99


                                                 * * * END OF REPORT * * *

                                                * * * NO DATA THIS RUN * * *
```


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7.102.3 FIN-TI02-R -- Financial Transactions Input - Provider Accounts Receivable Field Descriptions

Field	Description	Length	Data Type
A/R Number	This is the unique control number assigned to each manual accounts receivable transaction.	13	Character
Amount	This is the amount of the accounts receivable transaction. For the section on setups, this field will contain the original setup amount of the provider accounts receivable. For the section titled manual dispositions, this field will contain the manual disposition amount (increase or decrease) entered for an existing accounts receivable.	11	Number (Decimal)
Payee Type	This is a one-byte alphabetic code used to indicate the payee type (P = Provider).	1	Character
Payee ID	For providers, this will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	10	Number (Integer)
RID No.	This is the recipient's identification number.	12	Character
Reason code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character
Setups	This section lists all manual accounts receivable setup during the current processing cycle.	0	Character
Total A/R Setups Input (Count)	This is the total number of manual accounts receivable setups for the current week.	5	Number (Integer)
Total A/R Setups Input (Amount)	This is the total amount of manual accounts receivable setups for the current week.	11	Number (Decimal)
User ID	This is the identification number of the clerk who initiated the transaction.	8	Character

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7.103 FIN-TI04-R -- Financial Transactions Input - Payouts by Reason Code

7.103.1 FIN-TI04-R -- Financial Transactions Input - Payouts by Reason Code Narrative

The Financial Transaction Input - Payouts by reason code report lists all system generated and manual payout transactions entered into the system for the current processing cycle in Reason Code order. At each reason code break there is a subtotal line with a count of inputs for that reason code and the total amount of the inputs for that reason code.

This report is produced during the financial cycle.

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7.103.2 FIN-TI04-R -- Financial Transactions Input - Payouts by Reason Code Layout

```
Report  : FIN-TI04-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : FINJRTI04                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: FINPTI04                           FINANCIAL TRANSACTIONS INPUT                                    Page:     99,999
                                               PAYOUTS - BY REASON CODE
                                            PERIOD: MM/DD/CCYY - MM/DD/CCYY

REASON   TRANSACTION      ---PAYEE---                                                    RECIPIENT      PAYOUT         FUND    USER
 CODE      NUMBER     ID           TYPE         ---------PAYEE NAME---------            NUMBER         AMOUNT         CODE    ID

 XXXX  9999999999999  999999999999  RE  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999  99,999,999.99   XXX  XXXXXXXX
 XXXX  9999999999999  999999999999  OT  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999  99,999,999.99   XXX  XXXXXXXX
 XXXX  9999999999999  999999999999  CY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999  99,999,999.99   XXX  XXXXXXXX
 XXXX  9999999999999  999999999999  CR  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999  99,999,999.99   XXX  XXXXXXXX
 XXXX  9999999999999  999999999999  PR  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999999  99,999,999.99   XXX  XXXXXXXX
                            REASON CODE TOTAL FOR PAYOUTS:       99,999                                 999,999,999.99

                            TOTAL PAYOUT TRANSACTIONS INPUT:     99,999                                 999,999,999.99


* * * END OF REPORT * * *
* * * NO DATA THIS REPORT * * *
```


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7.103.3 FIN-TI04-R -- Financial Transactions Input - Payouts by Reason Code Field Descriptions

Field	Description	Length	Data Type
Fund Code	This is the recipient fund code category code.	3	Character
Payee Name	This is the name of the payee. The payee name is extracted from the following sources: Provider - provider database; Carrier - TPL database; and Recipient - recipient database. All other payee names are manually entered into the expenditure payout file.	50	Character
Payee ID	This is the payee identification number of the payee. This number is extracted from the following sources: Provider - provider number from the provider file Carrier - carrier ID from the TPL carrier file Recipient - recipient ID from the recipient file. All other payee types are assigned an account ID number by the system which is carried on a payee table. This is used to maintain an audit trail of all payees which are not carried on file in the system for other purposes such as a third party carrier, etc.	12	Character
Payee Type	This is the code describing the type of payee; valid values are: R = Recipient O = Other H =TPL Carrier P = Provider	2	Character
Payout Amount	This is the payout amount for the specific transaction.	10	Number (Decimal)
Recipient Number	This is the recipient's identification number. This field is N/A in Alabama.	12	Number (Integer)
Reason Code	This is the 4 byte reason code assigned to the transaction which identifies the type and purpose of the action taken.	4	Character
Reason Code Total for Payouts (Amount)	This is the total amount of payouts by reason code.	11	Number (Decimal)
Reason Code Total for Payouts (Count)	This is the total count of payouts by reason code.	11	Number (Decimal)
Total Payout Transactions Input (Amount)	This is the total amount of both system and manual payout transactions input this cycle.	11	Number (Decimal)

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Field	Description	Length	Data Type
Total Payout Transactions Input (Count)	This is the total count of all payout transactions input for the cycle.	11	Number (Decimal)
Transaction Number	This is the transaction number assigned at entry to the payout transaction.	13	Number (Integer)
User ID	This is the identification number of the clerk who initiated the transaction.	8	Character

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7.104 FIN-TX05-Q -- 1099 Payment Summary

7.104.1 FIN-TX05-Q -- 1099 Payment Summary Narrative

The 1099 Payment Summary is used to view all entities that have received payment during the year. The sequence is by Tax ID and then Provider ID. This report lists all entities that received money during the year.

The report displays the tax ID, the Provider ID, location code (LOC), the check amount, the manual check amount, the claim refunds, the non-claim refunds, the voids, and the net 1099.

At the end of the report is the 1099 totals. This gives totals for all of the Tax ID's. It displays totals for check amount, manual check amount, claim refunds, non-claim refunds, voids, and the net 1099 amount.

This report is produced quarterly.

7.104.2 FIN-TX05-Q -- 1099 Payment Summary Layout

```
Report:    FIN-TX05-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process:   FINJ1099_40                   MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:  HH:MM:SS
Location:  Finptx05q                           1099 PAYMENT SUMMARY                                         Page:     9,999
                                                     TAX YEAR: CCYY

                                          MANUAL PAYMENT                    NON-CLAIM                   BACKUP WITHHOLD
TAX ID        PROVIDER ID    PAYMENT AMOUNT     AMOUNT       CLAIM REFUNDS     REFUNDS         VOIDS            AMOUNT     NET 1099 AMOUNT

XXX-XX-XXXX XXXXXXXXXXXXXXX  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
XXX-XX-XXXX XXXXXXXXXXXXXXX  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
XXX-XX-XXXX XXXXXXXXXXXXXXX  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
XXX-XX-XXXX XXXXXXXXXXXXXXX  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
XXX-XX-XXXX XXXXXXXXXXXXXXX  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99

             1099 TOTALS     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
     NUMBER OF RECORDS:            999,999

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


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7.104.3 FIN-TX05-Q -- 1099 Payment Summary Field Descriptions

Field	Description	Length	Data Type
1099 Totals	This is the totals for each of the columns.	12	Number (Decimal)
Backup Withhold Amount	This is the total amount of backup withholding for the year for the provider number.	10	Number (Decimal)
Payment Amount	This is the total dollar amount of all system-generated payments received by the provider during the year.	10	Number (Decimal)
Claim Refunds	This is the total dollar amount of all claim specific refunds received and processed during the year for the provider number.	10	Number (Decimal)
Manual Payment Amount	This is the total dollar amount of all manual payments received by the provider during the year.	10	Number (Decimal)
Net 1099 Amount	This is the sum of Check Amount + Manual Check Amount - Claim Refunds - Non Claim Refunds - Voids.	10	Number (Decimal)
Non-Claim Refunds	This is the total dollar amount of all non-claim specific refunds received and processed during the year for the provider number.	10	Number (Decimal)
Number of Records	Total number of payment records.	9	Number (Integer)
Provider ID	This is the Provider identification of the provider who received monies during the year. For providers, this will be the provider's Medicaid 8 or 9 character provider number or 10 digit NPI.	10	Character
Tax ID	This is the tax identification of the provider who received monies during the year.	11	Character
Voids	This is the total dollar amount of all voids processed during the year for the provider number.	10	Number (Decimal)

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7.105 FIN-TX06-Q -- 1099 Exception

7.105.1 FIN-TX06-Q -- 1099 Exception Narrative

The 1099 Exception report, sorted by Tax ID and provider number, lists all errors encountered during the 1099 process. The errors reported are: Total Amount Paid is Less than $600.00, Provider Number is Not On File, Provider Pay to Name Missing, Provider Pay to Address Missing, and Provider EIN/SSN is Missing or Invalid.

The report displays the Tax ID, the Provider ID, the location code (LOC), the amount, and the error message that corresponds to the Tax ID. This report is produced quarterly.

7.105.2 FIN-TX06-Q -- 1099 Exception Layout

```
Report:    FIN-TX06-Q                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process:   FIN1099_40                          1099 EXCEPTION REPORT                                    Run Time:   HH:MM:SS
Location:  finptx05q                           FOR CALENDAR YEAR: CCYY                                      Page:      9,999


                TAX ID         PROVIDER ID              AMOUNT                        ERROR MESSAGE
              -----------     ---------------        ---------------                -------------------------------
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXX-XX-XXXX     XXXXXXXXXXXXXXX          99,999,999.99                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NUMBER OF RECORDS: 9,999,999     TOTAL AMOUNT:     $9,999,999,999.99


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


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7.105.3 FIN-TX06-Q -- 1099 Exception Field Descriptions

Field	Description	Length	Data Type
Amount	This is the net dollar amount of the entity for which a 1099 is being processed.	10	Number (Decimal)
Error Message	This is the description of the error encountered during the 1099 process.	30	Character
Number of Records	The total number of error records.	7	Number (Integer)
Provider ID	This is the Provider identification or payee identification of the entity for which a 1099 is being processed.	9	Character
Tax ID	This is the tax identification of the entity for which a 1099 is being processed.	11	Character
Total Amount	This is the total dollar amount.	10	Number (Decimal)

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7.106 FIN-TX10-Q -- Missing Provider Information

7.106.1 FIN-TX10-Q -- Missing Provider Information Narrative

The Missing Provider Information report shows which providers are missing tax related information. The information they are missing is shown and the totals of the different pieces of information that is missing is shown. This report is produced quarterly.

7.106.2 FIN-TX10-Q -- Missing Provider Information Layout

```
Report : FIN-TX10-Q                                  ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process: FINJ1099_00                            MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location:FINP1566                                MISSING PROVIDER INFORMATION REPORT                      Page:      9,999
TAX YEAR:  CCYY

PROVIDER ID         PROVIDER NAME                         ISSUE DATE    TAX ID                  ERROR MSG

XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY   999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


NUMBER OF MISSING TAX IDs            :       9999
NUMBER OF MISSING IRS TAX INFORMATION:         9999

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


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7.106.3 FIN-TX10-Q -- Missing Provider Information Field Descriptions

Field	Description	Length	Data Type
Issue Date	This is the date of the cycle.	10	Date (MM/DD/CCYY)
Number of Missing Tax IDs	This is the number of providers that are missing the tax identification number.	6	Number (Integer)
Number of Missing IRS Tax Information	This is the total number of records that are missing IRS Tax Information.	6	Number (Integer)
Provider Address	This is the provider’s address.	49	Character
Error Message	This is the error message reporting either Missing Tax IDs or Missing IRS Tax Information.	27	Character
Provider Name	This is the provider's name.	39	Character
Tax ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	11	Character

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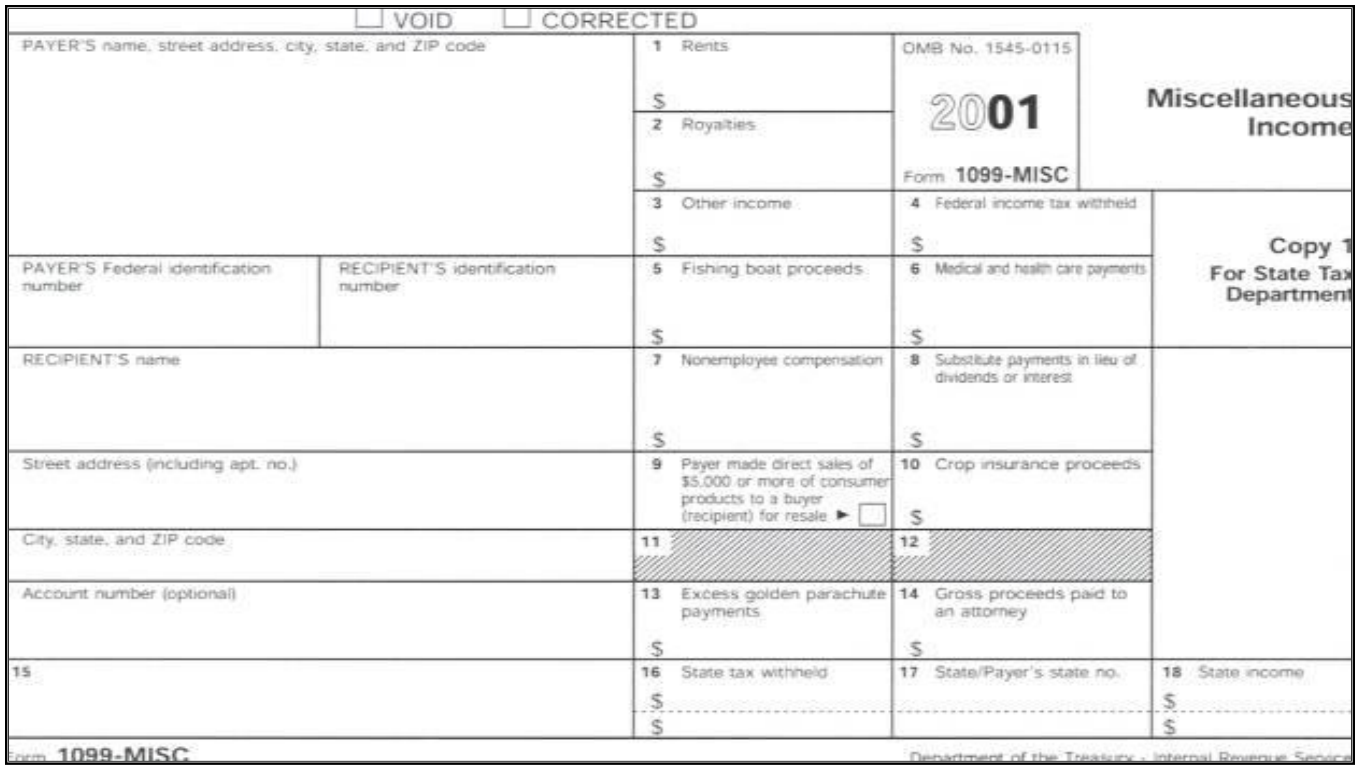
7.107 PAPR1099 -- Paper 1099

7.107.1 PAPR1099 -- Paper 1099 Narrative

The paper 1099 report is printed on preprinted 1099 forms. The form is systematically generated and printed as defined by federal guidelines.

7.107.2 PAPR1099 -- Paper 1099 Layout



☐ VOID ☐ CORRECTED			
PAYER'S name, street address, city, state, and ZIP code	1 Rents $	OMB No. 1545-0115 2001 Form 1099-MISC	Miscellaneous Income
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	Copy 1 For State Tax Department
PAYER'S Federal identification number / RECIPIENT'S identification number	5 Fishing boat proceeds $	6 Medical and health care payments $	
RECIPIENT'S name	7 Nonemployee compensation $	8 Substitute payments in lieu of dividends or interest $	
Street address (including apt. no.)	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
City, state, and ZIP code	11	12	
Account number (optional)	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15	16 State tax withheld $ $	17 State/Payer's state no.	18 State income $ $
Form 1099-MISC		Department of the Treasury - Internal Revenue Service	

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7.107.3 PAPR1099 -- Paper 1099 Field Descriptions

Field	Description	Length	Data Type
Payee Address 1	This is the mailing address street 1. This is the street address for a carrier.	30	Character
Payee Address 2	This is the mailing address street 2. This is the street address for a carrier.	30	Character
Payee City	This is the mailing address city. This is the city where a carrier would deliver business mail.	15	Character
Payee Name	This is the name associated with an organization or person.	39	Character
Payee Payment Amount	This is the totals accumulated for one 1099 record.	11	Number (Decimal)
Payee State	This is the mailing address state. The carrier entity uses this to designate what state to direct business mail.	2	Character
Payee Tax ID	This is the tax identification number assigned to a provider by the Internal Revenue Service.	9	Character
Payee Zip Code	This is the mailing address zip code. This is the first 5 digits of the zip code for a business mailing zip code.	5	Character
Payee Zip Code 4	This is the mailing address zip code + 4. This is the last 4 digits of a zip code.	4	Character
Payer Address	This is the Payer's address.	30	Character
Payer City, State, and Zip	This is the Payer's city, state, and zip code.	30	Character
Payer EIN	This is the Payer's employee identification number.	10	Character
Payer Name	This is the Payer's name.	30	Character

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7.108 FIN-PR12-R – Medicaid Check/EFT Register Summary

7.108.1 FIN-PR12-R – Medicaid Check/EFT Register Summary Narrative

The Medicaid Check/EFT Register Summary is used to view Fund Group Total Check/EFT amounts for the financial cycle. The report displays the Fund Group, the total EFT and total Non-EFT for the Fund Group and the grand totals.

This report is produced with each financial cycle.

7.108.2 FIN-PR12-R – Medicaid Check/EFT Register Summary Layout

```
Report : FIN-PR12-R                                  ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process: FINJRPR12                          MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location:FINPR12R                             MEDICAID CHECK/EFT REGISTER SUMMARY                               Page:      9,999
                                              REPORT PERIOD: MM/DD/CCYY TO MM/DD/CCYY
                                              CHECK NUMBERS: 9999999999 TO 9999999999

_____________________________________________________________________________________________________________________________
                  FUND GROUP                                          TYPE          COUNT           AMOUNT
_____________________________________________________________________________________________________________________________

    XXX  Hospitals                                                      EFT:        999,999      999,999,999.99
                                                                    NON-EFT:        999,999      999,999,999.99
                                                                      TOTAL:        999,999      999,999,999.99
    XXX  Non-Institutional                                              EFT :       999,999      999,999,999.99
                                                                    NON-EFT :       999,999      999,999,999.99
                                                                      TOTAL :       999,999      999,999,999.99

   **  GRAND TOTALS  **                                                 EFT :       999,999      999,999,999.99
                                                                    NON-EFT :       999,999      999,999,999.99
                                                                      TOTAL :       999,999      999,999,999.99

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


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7.108.3 FIN-PR12-R – Medicaid Check/EFT Register Summary Descriptions

Field	Description	Length	Data Type
Fund Group	Number and Description of the Fund Group.	30	Character
Type	Payment Type: EFT or Check, and Total for Group.	8	Character
Count	Count for EFT, Check, and Total for Group.	6	Number
Amount	Amount for EFT, Check, and Total for Group.	11	Number (Decimal)
Grand Totals	Grand Totals for EFT, Check, and Count for all Fund Groups	11	Number (Decimal)

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7.109 FIN-PR13-R – Medicaid Check/EFT Register Detail

7.109.1 FIN-PR13-R – Medicaid Check/EFT Register Detail Narrative

The Medicaid Check/EFT Register Detail is used to view Fund Group Total Check/EFT amounts for the financial cycle. This report is used by the EDS Financial Team to identify paper checks within a Fund Group that are to be held until the Agency makes funds available.

The report page breaks by Fund Group. It displays the check number, payee number, payee name, Remittance Advice number, payment amount, issue date, fund code, and payment type for each payment within the fund group.

This report is produced with each financial cycle.

7.109.2 FIN-PR13-R – Medicaid Check/EFT Register Detail Layout

```
Report : FIN-PR13-R                                    ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process: FINJRPR13                               MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:   HH:MM:SS
Location:FINPR13R                                  MEDICAID CHECK/EFT REGISTER DETAIL                       Page:      9,999
                                                   REPORT PERIOD: MM/DD/CCYY TO MM/DD/CCYY
                                                   CHECK NUMBERS: 9999999999 TO 9999999999
                                                     FUND GROUP: 999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

_____________________________________________________________________________________________________________________________
   CHECK NUM      PAYEE NUM                    PAYEE NAME           RA NUM        AMOUNT       TYPE    ISSUE DATE    FUND CODE
_____________________________________________________________________________________________________________________________

   999999999  999999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999  99999999999.99   XXXXX   MM/DD/CCYY       999
   999999999  999999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999  99999999999.99   XXXXX   MM/DD/CCYY       999

       TOTALS                                                   EFT :         999,999,999.99
                                                            NON-EFT :         999,999,999.99
                                                              TOTAL :         999,999,999.99

    **  GRAND TOTALS  **                                        EFT :         999,999,999.99
                                                            NON-EFT :         999,999,999.99
                                                              TOTAL :         999,999,999.99


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


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7.109.3 FIN-PR13-R – Medicaid Check/EFT Register Detail Descriptions

Field	Description	Length	Data Type
Check Num	EFT or Check Number of the payment.	9	Character
Payee Num	This is the payee identification number of the payee. This number is extracted from the following sources: Provider - provider number from the provider file Carrier - carrier ID from the TPL carrier file Recipient - recipient ID from the recipient file. All other payee types are assigned an account ID number by the system which is carried on a payee table. This is used to maintain an audit trail of all payees which are not carried on file in the system for other purposes such as a third party carrier, etc.	15	Character
Payee Name	Name of the Payee.	50	Character
Amount	Amount of the payment.	11	Number (Decimal)
Grand Totals	Grand Totals for EFT, Check, and Count for all Fund Groups.	11	Number (Decimal)
Totals	Totals for EFT, Check, and Count for the Fund Group.	11	Number (Decimal)
RA Num	Number of the Remittance Advice.	9	Number
Issue Date	Issue date of the EFT/Check.	10	Date (MM/DD/CCYY)
Type	Payment type: Paper or EFT	5	Character
Fund Code	Fund Code to which the payment reported.	3	Number

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7.110 FIN-PHPV-R – Encounter Voids Report

7.110.1 FIN-PHPV-R – Encounter Voids Report Narrative

Reports PHP voids between September 12, 2009 and February 28, 2010 and the A/R transactions that were created to recoup claims at PHP per diem rates for the reporting period. This report is produced with the regular Financial cylce.

7.110.2 FIN-PHPV-R – Encounter Voids Report Layout

```
Report  : FIN-PHPV-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : FINJRPHPR                   MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: FINPPHPVR                         Encounter Adjustments/Voids                                  Page:      9,999
                                              PERIOD: MM/DD/CCYY


PROVIDER          SAK CLAIM     AR NUM / ICN     SAK AR        SAK PAYEE  ENCOUNTER AMT       A/R AMT         ERROR
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX   999999999     XXXXXXXXXXXXX    XXXXXX        XXXXX      999,999,999.99    999,999,999.99  XXXXXXXXXXXXXXXXXXXXXX

-------------------------------------------------------------------------------------------------------------------------------------
GRANDTOTALS                                                                 999,999,999.99    999,999,999.99

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


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7.110.3 FIN-PHPV-R – Encounter Voids Report Field Descriptions

Field	Description	Length	Data Type
A/R AMT	This is the A/R amount of the voided claim.	11	Number (Decimal)
A/R Number	This is the number used to track account receiveables throughout the system.	6	Number
Enounter Amt	This is the Encounter amout of the voided claim.	12	Number (Decimal)
Error	This is the description of the error.	22	Character
Grandtotal – A/R AMT	This is the grand total of the AR's.	11	Number (Decimal)
Grandtotal – Encounter AMT	This is the grand total of the voided Encounters.	11	Number (Decimal)
ICN	This is the ICN of the voided claim.	13	Number
Payee	This is the SAK payee number.	5	Number
Provider	This is the provider number	15	Character
SAK Claim	This is the SAK of the voided claim.	9	Number

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