AMMIS Managed Care User Manual

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Table of Contents

1 DOCUMENT CONTROL 1
1.1 DOCUMENT INFORMATION PAGE 1
1.2 AMENDMENT HISTORY 1
1.3 RELATED DOCUMENTATION 6
2 MANAGED CARE INTRODUCTION 7
2.1 MANAGED CARE USER MANUAL OVERVIEW 7
2.2 MANAGED CARE USER MANUAL OBJECTIVE 7
3 MANAGED CARE OVERVIEW 8
3.1 INTRODUCTION TO MANAGED CARE 8
4 MANAGED CARE GETTING STARTED 9
4.1 OVERVIEW 9
4.2 SYSTEM SECURITY 9
4.3 LOGGING IN/LOGGING OUT 9
4.3.1 Logging into the AMMIS 9
4.3.2 Logging off the AMMIS 10
4.4 SCREEN DISPLAY FEATURES 10
4.4.1 To Set System Text Size 10
4.5 CHANGING PASSWORDS 10
5 SYSTEM WIDE COMMON TERMINOLOGY AND LAYOUTS 12
5.1 PAGE LAYOUT 12
5.2 SHORTCUT KEYS 13
5.3 SEARCH OPTIONS 14
5.3.1 Search Panels 14
5.3.2 Search Results 14
5.3.3 Hot Links 15
5.3.4 Pop-Up Search 16
5.4 PANEL LAYOUT 16
5.4.1 Panel Type and Functions 16
5.4.2 Help Functionality 17
5.4.3 Question Mark Icon ? 17
5.4.4 Field Level Help 18
5.4.4.1 Field Level Help Description 18
6 MANAGED CARE PANELS 19
6.1 PMP SEARCH PANEL OVERVIEW 20
6.1.1 PMP Search Panel Narrative 20
6.1.2 PMP Search Panel Layout 20
6.1.3 PMP Search Panel Field Descriptions 20
6.1.4 PMP Search Panel Field Edit Error Codes 20
6.1.5 PMP Search Panel Extra Features 20
6.1.6 PMP Search Panel Accessibility 21
6.1.6.1 To Access the PMP Search Panel 21
6.2 PMP SEARCH RESULTS PANEL OVERVIEW 22
6.2.1 PMP Search Results Narrative 22
6.2.2 PMP Search Results Layout 22
6.2.3 PMP Search Results Field Descriptions 22
6.2.4 PMP Search Results Field Edit Error Codes 23
6.2.5 PMP Search Results Extra Features 23

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6.2.6 PMP Search Results Accessibility 23
6.2.6.1 To Access the Region Enrollment Maintenance Panel 23
6.3 PMP MINI SEARCH PANEL OVERVIEW 24
6.3.1 PMP Mini Search Panel Narrative 24
6.3.2 PMP Mini Search Panel Layout 24
6.3.3 PMP Mini Search Panel Field Descriptions 24
6.3.4 PMP Mini Search Panel Field Edit Error Codes 24
6.3.5 PMP Mini Search Panel Extra Features 24
6.3.6 PMP Mini Search Panel Accessibility 24
6.3.6.1 To Access the PMP Mini Search Panel 24
6.4 PMP INFORMATION PANEL OVERVIEW 26
6.4.1 PMP Information Panel Narrative 26
6.4.2 PMP Information Panel Layout 26
6.4.3 PMP Information Panel Field Descriptions 26
6.4.4 PMP Information Panel Field Edit Error Codes 26
6.4.5 PMP Information Panel Extra Features 27
6.4.6 PMP Information Panel Accessibility 27
6.4.6.1 To Access the PMP Information Panel 27
6.5 NPI SEARCH PANEL OVERVIEW 28
6.5.1 NPI Search Panel Narrative 28
6.5.2 NPI Search Panel Layout 28
6.5.3 NPI Search Panel Field Descriptions 28
6.5.4 NPI Search Panel Field Edit Error Codes 29
6.5.5 NPI Search Panel Extra Features 29
6.5.6 NPI Search Results Accessibility 29
6.5.6.1 To Access the NPI Search Panel 29
6.6 NPI MAINTENANCE PANEL OVERVIEW 30
6.6.1 NPI Maintenance Panel Narrative 30
6.6.2 NPI Maintenance Panel Layout 30
6.6.3 NPI Maintenance Panel Field Descriptions 30
6.6.4 NPI Maintenance Panel Field Edit Error Codes 30
6.6.5 NPI Maintenance Panel Extra Features 30
6.6.6 NPI Maintenance Results Accessibility 30
6.6.6.1 To Access the NPI Maintenance Panel 30
6.7 PI ELIGIBILITY PANEL OVERVIEW 31
6.7.1 NPI Eligibility Panel Narrative 31
6.7.2 NPI Eligibility Panel Layout 31
6.7.3 NPI Eligibility Panel Field Descriptions 31
6.7.4 NPI Eligibility Panel Field Edit Error Codes 33
6.7.5 NPI Eligibility Panel Extra Features 33
6.7.6 NPI Eligibility Results Accessibility 33
6.7.6.1 To Access the NPI Eligibility Panel 33
6.8 NPI NOTES PANEL OVERVIEW 34
6.8.1 NPI Notes Panel Narrative 34
6.8.2 NPI Notes Panel Layout 34
6.8.3 NPI Notes Panel Field Descriptions 34
6.8.4 NPI Notes Panel Field Edit Error Codes 35
6.8.5 NPI Notes Panel Extra Features 35
6.8.6 NPI Notes Results Accessibility 35
6.8.6.1 To Access the NPI Notes Panel 35
6.9 PMP MAINTENANCE PANEL OVERVIEW 36
6.9.1 PMP Maintenance Panel Narrative 36
6.9.2 PMP Maintenance Panel Layout 36
6.9.3 PMP Maintenance Panel Field Descriptions 36
6.9.4 PMP Maintenance Panel Field Edit Error Codes 37

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6.9.5 PMP Maintenance Panel Extra Features ... 37
6.9.6 PMP Maintenance Panel Accessibility ... 37
6.9.6.1 To Access the PMP Maintenance Panel ... 37
6.10 PMP PANEL OVERVIEW ... 38
6.10.1 PMP Panel Narrative ... 38
6.10.2 PMP Panel Layout ... 38
6.10.3 PMP Panel Field Descriptions ... 38
6.10.4 PMP Panel Field Edit Error Codes ... 39
6.10.5 PMP Panel Extra Features ... 40
6.10.6 PMP Panel Accessibility ... 40
6.10.6.1 To Access the PMP Panel ... 40
6.11 CAPITATION RATE OVERRIDE PANEL OVERVIEW ... 42
6.11.1 Capitation Rate Override Panel Narrative ... 42
6.11.2 Capitation Rate Override Panel Layout ... 42
6.11.3 Capitation Rate Override Panel Field Descriptions ... 42
6.11.4 Capitation Rate Override Panel Field Edit Error Codes ... 42
6.11.5 Capitation Rate Override Panel Extra Features ... 43
6.11.6 Capitation Rate Override Panel Accessibility ... 44
6.11.6.1 To Access the Capitation Rate Override Panel ... 44
6.11.6.2 To Add on the Capitation Rate Override Panel ... 44
6.11.6.3 To Update on the Capitation Rate Override Panel ... 44
6.12 PMP CAPITATION HISTORY PANEL OVERVIEW ... 45
6.12.1 PMP Capitation History Panel Narrative ... 45
6.12.2 PMP Capitation History Panel Layout ... 45
6.12.3 PMP Capitation History Panel Field Descriptions ... 45
6.12.4 PMP Capitation History Panel Field Edit Error Codes ... 48
6.12.5 PMP Capitation History Panel Extra Features ... 48
6.12.6 PMP Capitation History Panel Accessibility ... 48
6.12.6.1 To Access the PMP Capitation History Panel ... 48
6.13 FTE INFORMATION PANEL OVERVIEW ... 49
6.13.1 FTE Information Panel Narrative ... 49
6.13.2 FTE Information Panel Layout ... 49
6.13.3 FTE Information Panel Field Descriptions ... 49
6.13.4 FTE Information Panel Edit Error Codes ... 51
6.13.5 FTE Information Panel Extra Features ... 51
6.13.6 FTE Information Panel Accessibility ... 51
6.13.6.1 To Access the FTE Information Panel ... 51
6.13.6.2 To Add on the FTE Information Panel ... 52
6.13.6.3 To Update on the FTE Information Panel ... 52
6.14 PMP CMF SEARCH PANEL OVERVIEW ... 53
6.14.1 PMP CMF Search Panel Narrative ... 53
6.14.2 PMP CMF Search Panel Layout ... 53
6.14.3 PMP CMF Search Panel Field Descriptions ... 53
6.14.4 PMP CMF Search Panel Field Edit Error Codes ... 53
6.14.5 PMP CMF Search Panel Extra Features ... 54
6.14.6 PMP CMF Search Panel Accessibility ... 54
6.14.6.1 To Access the PMP CMF Panel ... 54
6.15 PMP MASS-TRANSFER & RELEASE PANEL OVERVIEW ... 55
6.15.1 PMP Mass-Transfer & Release Panel Narrative ... 55
6.15.2 PMP Mass-Transfer & Release Panel Layout ... 55
6.15.3 PMP Mass-Transfer & Release Panel Field Descriptions ... 55
6.15.4 PMP Mass-Transfer & Release Panel Field Edit Error Codes ... 56
6.15.5 PMP Mass-Transfer & Release Panel Extra Features ... 58
6.15.6 PMP Mass-Transfer & Release Panel Accessibility ... 58
6.15.6.1 To Access the PMP Mass-Transfer & Release Panel ... 58

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6.15.6.2 To Add on the PMP Mass-Transfer & Release Panel ... 58
6.15.6.3 To Update on the PMP Mass-Transfer & Release Panel ... 59
6.15.6.4 To Delete from the PMP Mass-Transfer & Release Panel ... 59
6.16 PMP PANEL RESTRICTIONS PANEL OVERVIEW ... 60
6.16.1 PMP Panel Restrictions Panel Narrative ... 60
6.16.2 PMP Panel Restrictions Panel Layout ... 60
6.16.3 PMP Panel Restrictions Panel Field Description ... 60
6.16.4 PMP Panel Restrictions Panel Field Edit Error Codes ... 62
6.16.5 PMP Panel Restrictions Panel Extra Features ... 62
6.16.6 PMP Panel Restrictions Panel Accessibility ... 63
6.16.6.1 To Access the PMP Panel Restrictions Panel ... 63
6.16.6.2 To Add on the PMP Panel Restrictions Panel ... 63
6.16.6.3 To Update on the PMP Panel Restrictions Panel ... 63
6.17 PMP SPECIAL CONDITIONS PANEL OVERVIEW ... 64
6.17.1 PMP Special Conditions Panel Narrative ... 64
6.17.2 PMP Special Conditions Panel Layout ... 64
6.17.3 PMP Special Conditions Panel Field Descriptions ... 64
6.17.4 PMP Special Conditions Panel Field Edit Error Codes ... 65
6.17.5 PMP Special Conditions Panel Extra Features ... 65
6.17.6 PMP Special Conditions Panel Accessibility ... 65
6.17.6.1 To Access the PMP Special Conditions Panel ... 65
6.17.6.2 To Add on the PMP Special Conditions Panel ... 65
6.17.6.3 To Update on the PMP Special Conditions Panel ... 66
6.17.6.4 To Delete from the PMP Special Conditions Panel ... 66
6.18 REGION ENROLLMENT MAINTENANCE PANEL OVERVIEW ... 67
6.18.1 Region Enrollment Maintenance Panel Narrative ... 67
6.18.2 Region Enrollment Maintenance Panel Layout ... 67
6.18.3 Region Enrollment Maintenance Panel Field Descriptions ... 67
6.18.4 Region Enrollment Maintenance Panel Field Edit Error Codes ... 68
6.18.5 Region Enrollment Maintenance Panel Extra Features ... 71
6.18.6 Region Enrollment Maintenance Panel Accessibility ... 71
6.18.6.1 To Access the Region Enrollment Maintenance Panel ... 71
6.18.6.2 To Add on the Region Enrollment Maintenance Panel ... 71
6.18.6.3 To Update on the Region Enrollment Maintenance Panel ... 72
6.18.6.4 To Delete from the Region Enrollment Maintenance Panel ... 72
6.19 PMP NOTES PANEL OVERVIEW ... 73
6.19.1 PMP Notes Panel Narrative ... 73
6.19.2 PMP Notes Panel Layout ... 73
6.19.3 PMP Notes Panel Field Descriptions ... 73
6.19.4 PMP Notes Field Edit Error Codes ... 73
6.19.5 PMP Notes Panel Extra Features ... 74
6.19.6 PNP Notes Panel Accessibility ... 74
6.19.7 To Access PMP Notes Panel ... 74
6.19.7.1 To Add on the PMP Notes Panel ... 74
6.19.7.2 To Update on the PMP Note Panel ... 74
6.19.7.3 To Delete on the PMP Note Panel ... 74
6.20 MANAGED CARE MAINTENANCE PANEL OVERVIEW ... 75
6.20.1 Managed Care Maintenance Panel Narrative ... 75
6.20.2 Managed Care Maintenance Panel Layout ... 75
6.20.3 Managed Care Maintenance Panel Field Descriptions ... 75
6.20.4 Managed Care Maintenance Panel Field Edit Error Codes ... 75
6.20.5 Managed Care Maintenance Panel Extra Features ... 75
6.20.6 Managed Care Maintenance Panel Accessibility ... 75
6.20.6.1 To Access the Managed Care Maintenance Panel ... 75
6.21 CASE PMP ASSIGNMENT HISTORY PANEL OVERVIEW ... 76

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6.21.1 Case PMP Assignment History Panel Narrative ... 76
6.21.2 Case PMP Assignment History Panel Layout ... 76
6.21.3 Case PMP Assignment History Panel Field Descriptions ... 76
6.21.4 Case PMP Assignment History Panel Field Edit Error Codes ... 79
6.21.5 Case PMP Assignment History Panel Extra Features ... 81
6.21.6 Case PMP Assignment History Panel Accessibility ... 81
6.21.6.1 To Access the Case PMP Assignment History Panel ... 81
6.21.6.2 To Add on the Case PMP Assignment History Panel ... 81
6.21.6.3 To Update on the Case PMP Assignment History Panel ... 82
6.22 MC ASSIGNMENT REQUESTS PANEL OVERVIEW ... 83
6.22.1 MC Assignment Requests Panel Narrative ... 83
6.22.2 MC Assignment Requests Panel Layout ... 83
6.22.3 MC Assignment Requests Panel Field Descriptions ... 83
6.22.4 MC Assignment Requests Panel Field Edit Error Codes ... 84
6.22.5 MC Assignment Requests Panel Extra Features ... 85
6.22.6 MC Assignment Requests Panel Accessibility ... 85
6.22.6.1 To Access the MC Assignment Requests Panel ... 85
6.22.6.2 To Add on the MC Assignment Requests Panel ... 85
6.22.6.3 To Update on the MC Assignment Requests Panel ... 85
6.22.6.4 To Delete from the MC Assignment Requests Panel ... 85
6.23 RECIPIENT CAPITATED LOCK-IN ASSIGNMENT HISTORY PANEL OVERVIEW ... 86
6.23.1 Recipient Capitated Lock-In Assignment History Panel Narrative ... 86
6.23.2 Recipient Capitated Lock-In Assignment History Panel Layout ... 86
6.23.3 Recipient Capitated Lock-In Assignment History Panel Field Descriptions ... 86
6.23.4 Recipient Capitated Lock-In Assignment History Panel Field Edit Error Codes ... 87
6.23.5 Recipient Capitated Lock-In Assignment History Panel Extra Features ... 87
6.23.6 Recipient Capitated Lock-In Assignment History Panel Accessibility ... 87
6.23.6.1 To Access the Recipient Capitated Lock-In Assignment History Panel ... 87
6.23.6.2 To Add on the Recipient Capitated Lock-In Assignment History Panel ... 87
6.23.6.3 To Update on the Recipient Capitated Lock-In Assignment History Panel ... 87
6.24 RECIPIENT ICN ASSIGNMENT HISTORY PANEL ... 88
6.24.1 Recipient ICN Assignment History Panel Narrative ... 88
6.24.2 Recipient ICN Assignment History Panel Layout ... 88
6.24.3 Recipient ICN Assignment History Panel Field Descriptions ... 88
6.24.4 Recipient ICN Assignment History Panel Field Edit Error Codes ... 89
6.24.5 Recipient ICN Assignment History Panel Extra Features ... 89
6.24.6 Recipient ICN Assignment History Panel Accessibility ... 89
6.24.6.1 To Access the Recipient ICN Assignment History Panel ... 89
6.25 RECIPIENT MC SPECIAL CONDITIONS PANEL OVERVIEW ... 90
6.25.1 Recipient MC Special Conditions Panel Narrative ... 90
6.25.2 Recipient MC Special Conditions Panel Layout ... 90
6.25.3 Recipient MC Special Conditions Panel Field Descriptions ... 90
6.25.4 Recipient MC Special Conditions Panel Field Edit Error Codes ... 90
6.25.5 Recipient MC Special Conditions Panel Extra Features ... 92
6.25.6 Recipient MC Special Conditions Panel Accessibility ... 92
6.25.6.1 To Access the Recipient MC Special Conditions Panel ... 92
6.25.7 To Add on the Recipient MC Special Conditions Panel ... 92
6.25.8 To Update on the Recipient MC Special Conditions Panel ... 92
6.25.8.1 To Delete from the Recipient MC Special Conditions Panel ... 92
6.26 RECIPIENT PMP ASSIGNMENT HISTORY PANEL ... 93
6.26.1 Recipient PMP Assignment History Panel Narrative ... 93
6.26.2 Recipient PMP Assignment History Panel Layout ... 93
6.26.3 Recipient PMP Assignment History Panel Field Descriptions ... 93
6.26.4 Recipient PMP Assignment History Panel Field Edit Error Codes ... 95
6.26.5 Recipient PMP Assignment History Panel Extra Features ... 97

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6.26.6 Recipient PMP Assignment History Panel Accessibility ... 97
6.26.6.1 To Access the Recipient PMP Assignment History Panel ... 97
6.26.6.2 To Add on the Recipient PMP Assignment History Panel ... 97
6.26.6.3 To Update on the Recipient PMP Assignment History Panel ... 98
6.27 RECIPIENT PMP DISTANCE PANEL OVERVIEW ... 99
6.27.1 Recipient PMP Distance Panel Narrative ... 99
6.27.2 Recipient PMP Distance Panel Layout ... 99
6.27.3 Recipient PMP Distance Panel Field Descriptions ... 99
6.27.4 Recipient PMP Distance Panel Field Edit Error Codes ... 100
6.27.5 Recipient PMP Distance Panel Extra Features ... 100
6.27.6 Recipient PMP Distance Panel Accessibility ... 100
6.27.6.1 To Access the Recipient PMP Distance Panel ... 100
6.28 RECIPIENT PMP LOCKOUT PANEL OVERVIEW ... 101
6.28.1 Recipient PMP Lockout Panel Narrative ... 101
6.28.2 Recipient PMP Lockout Panel Layout ... 101
6.28.3 Recipient PMP Lockout Panel Field Descriptions ... 101
6.28.4 Recipient PMP Lockout Panel Field Edit Error Codes ... 102
6.28.5 Recipient PMP Lockout Panel Extra Features ... 102
6.28.6 Recipient PMP Lockout Panel Accessibility ... 103
6.28.6.1 To Access the Recipient PMP Lockout Panel ... 103
6.28.6.2 To Add on the Recipient PMP Lockout Panel ... 103
6.28.6.3 To Update on the Recipient PMP Lockout Panel ... 103
6.29 CAPITATION INFORMATION PANEL OVERVIEW ... 104
6.29.1 Capitation Information Panel Narrative ... 104
6.29.2 Capitation Information Panel Layout ... 104
6.29.3 Capitation Information Panel Field Descriptions ... 104
6.29.4 Capitation Information Panel Field Edit Error Codes ... 104
6.29.5 Capitation Information Panel Extra Features ... 104
6.29.6 Capitation Information Panel Accessibility ... 105
6.29.6.1 To Access the Capitation Information Panel ... 105
6.30 CAPITATION ADJUSTMENT APPROVAL PANEL OVERVIEW ... 106
6.30.1 Capitation Adjustment Approval Panel Narrative ... 106
6.30.2 Capitation Adjustment Approval Panel Layout ... 107
6.30.3 Capitation Adjustment Approval Panel Field Descriptions ... 107
6.30.4 Capitation Adjustment Approval Panel Field Edit Error Codes ... 109
6.30.5 Capitation Adjustment Approval Panel Extra Features ... 109
6.30.6 Capitation Adjustment Approval Panel Accessibility ... 109
6.30.6.1 To Access the Capitation Adjustment Approval Panel ... 109
6.30.6.2 To Update the Capitation Adjustment Approval Panel ... 109
6.31 MASS CAPITATION ADJUSTMENT REQUESTS PANEL OVERVIEW ... 110
6.31.1 Mass Capitation Adjustment Requests Panel Narrative ... 110
6.31.2 Mass Capitation Adjustment Requests Panel Layout ... 111
6.31.3 Mass Capitation Adjustment Requests Panel Field Descriptions ... 111
6.31.4 Mass Capitation Adjustment Requests Panel Field Edit Error Codes ... 112
6.31.5 Mass Capitation Adjustment Requests Panel Extra Feature ... 113
6.31.6 Mass Capitation Adjustment Requests Panel Accessibility ... 113
6.31.6.1 To Access the Mass Capitation Adjustment Requests Panel ... 113
6.31.7 To Add on the Mass Capitation Adjustment Requests Panel ... 113
6.31.8 To Update on the Mass Capitation Adjustment Requests Panel ... 114
6.32 STANDARD CAPITATION RATES PANEL OVERVIEW ... 115
6.32.1 Standard Capitation Rates Panel Narrative ... 115
6.32.2 Standard Capitation Rates Panel Layout ... 115
6.32.3 Standard Capitation Rates Panel Field Descriptions ... 115
6.32.4 Standard Capitation Rates Panel Field Edit Error Codes ... 116
6.32.5 Standard Capitation Rates Panel Extra Features ... 116

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6.32.6 Standard Capitation Rates Panel Accessibility 116
6.32.6.1 To Access the Standard Capitation Rates Panel 116
6.32.6.2 To Add on the Standard Capitation Rates Panel 117
6.32.6.3 To Update on the Standard Capitation Rates Panel 117
6.32.6.4 To Delete from the Standard Capitation Rates Panel 117
6.33 RELATED DATA – CODES PAGE OVERVIEW 118
6.33.1 Related Data - Codes Page Narrative 118
6.33.2 Related Data – Codes Page Layout 118
6.33.3 Related Data – Codes Page Field Descriptions 118
6.33.4 Related Data – Codes Page Field Edit Error Codes 119
6.33.5 Related Data – Codes Page Extra Features 119
6.33.6 Related Data – Codes Page Accessibility 119
6.33.6.1 To Access the Related Data – Codes Page 119
6.34 CODES-CAPITATION REASON PANEL OVERVIEW 120
6.34.1 Codes-Capitation Reason Panel Narrative 120
6.34.2 Codes-Capitation Reason Panel Layout 120
6.34.3 Codes-Capitation Reason Panel Field Descriptions 120
6.34.4 Codes-Capitation Reason Panel Field Edit Error Codes 121
6.34.5 Codes-Capitation Reason Panel Extra Features 121
6.34.6 Codes-Capitation Reason Panel Accessibility 121
6.34.6.1 To Access the Capitation Reason Panel 121
6.34.6.2 To Add on the Capitation Reason Panel 121
6.34.6.3 To Update on the Capitation Reason Panel 122
6.35 CODES-MC AREA TYPE PANEL OVERVIEW 123
6.35.1 Codes-MC Area Type Panel Narrative 123
6.35.2 Codes-MC Area Type Panel Layout 123
6.35.3 Codes-MC Area Type Panel Field Descriptions 123
6.35.4 Codes-MC Area Type Panel Field Edit Error Codes 123
6.35.5 Codes-MC Area Type Panel Extra Features 123
6.35.6 Codes-MC Area Type Panel Accessibility 123
6.35.6.1 To Access the MC Area Type Panel 123
6.36 CODES-MC ASSIGNMENT REASON PANEL OVERVIEW 124
6.36.1 Codes-MC Assignment Reason Panel Narrative 124
6.36.2 Codes-MC Assignment Reason Panel Layout 124
6.36.3 Codes-MC Assignment Reason Panel Field Descriptions 124
6.36.4 Codes-MC Assignment Reason Panel Field Edit Error Codes 125
6.36.5 Codes-MC Assignment Reason Panel Extra Features 125
6.36.6 Codes-MC Assignment Reason Panel Accessibility 125
6.36.6.1 To Access the MC Assignment Reason Panel 125
6.36.6.2 To Add on the Capitation Reason Panel 125
6.36.6.3 To Update on the Capitation Reason Panel 125
6.37 CODES-MC SPECIAL CONDITION PANEL OVERVIEW 127
6.37.1 Codes MC Special Condition Panel Narrative 127
6.37.2 Codes-MC Special Condition Panel Layout 127
6.37.3 Codes-MC Special Condition Panel Field Descriptions 127
6.37.4 Codes-MC Special Condition Panel Field Edit Error Codes 127
6.37.5 Codes-MC Special Condition Panel Extra Features 128
6.37.6 Codes-MC Special Condition Panel Accessibility 128
6.37.6.1 To Access the MC Special Condition Panel 128
6.37.6.2 To Add on the MC Special Condition Panel 128
6.37.7 To Update on the MC Special Condition Panel 128
6.38 CODES-MC SPECIAL CONDITION CLASS PANEL OVERVIEW 129
6.38.1 Codes-MC Special Condition Class Panel Narrative 129
6.38.2 Codes-MC Special Condition Class Panel Layout 129
6.38.3 Codes-MC Special Condition Class Panel Field Descriptions 129

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6.38.4 Codes-MC Special Condition Class Panel Field Edit Error Codes ... 129
6.38.5 Codes-MC Special Condition Class Panel Extra Features ... 129
6.38.6 Codes-MC Special Condition Class Panel Accessibility ... 130
6.38.6.1 To Access the MC Special Condition Class Panel ... 130
6.38.6.2 To Add on the MC Special Condition Class Panel ... 130
6.38.6.3 To Update on the MC Special Condition Class Panel ... 130
6.39 CODES-MC SPECIAL CONDITION TYPE PANEL OVERVIEW ... 131
6.39.1 Codes-MC Special Condition Type Panel Narrative ... 131
6.39.2 Codes-MC Special Condition Type Panel Layout ... 131
6.39.3 Codes-MC Special Condition Type Panel Field Descriptions ... 131
6.39.4 Codes-MC Special Condition Type Panel Field Edit Error Codes ... 131
6.39.5 Codes-MC Special Condition Type Panel Extra Features ... 132
6.39.6 Codes-MC Special Condition Type Panel Accessibility ... 132
6.39.6.1 To Access the MC Special Condition Type Panel ... 132
6.39.6.2 To Add on the MC Special Condition Type Panel ... 132
6.39.6.3 To Update on the MC Special Condition Type Panel ... 132
6.40 CODES-PMP DISENROLLMENT REASON PANEL OVERVIEW ... 133
6.40.1 Codes-PMP Disenrollment Reason Panel Narrative ... 133
6.40.2 Codes-PMP Disenrollment Reason Panel Layout ... 133
6.40.3 Codes-PMP Disenrollment Reason Panel Field Descriptions ... 133
6.40.4 Codes-PMP Disenrollment Reason Panel Field Edit Error Codes ... 133
6.40.5 Codes-PMP Disenrollment Reason Panel Extra Features ... 134
6.40.6 Codes-PMP Disenrollment Reason Panel Accessibility ... 134
6.40.6.1 To Access the PMP Disenrollment Reason Panel ... 134
6.40.6.2 To Add on the PMP Disenrollment Reason Panel ... 134
6.40.6.3 To Update on the PMP Disenrollment Reason Panel ... 134
6.41 CODES-PMP ENROLLMENT STATUS PANEL OVERVIEW ... 135
6.41.1 Codes-PMP Enrollment Status Panel Narrative ... 135
6.41.2 Codes-PMP Enrollment Status Panel Layout ... 135
6.41.3 Codes-PMP Enrollment Status Panel Field Descriptions ... 135
6.41.4 Codes-PMP Enrollment Status Panel Field Edit Error Codes ... 135
6.41.5 Codes-PMP Enrollment Status Panel Extra Features ... 135
6.41.6 Codes-PMP Enrollment Status Panel Accessibility ... 135
6.41.6.1 To Access the PMP Enrollment Status Panel ... 135
6.41.6.2 To Update on the PMP Enrollment Status Panel ... 135
6.42 CODES-PMP FOCUS PANEL OVERVIEW ... 137
6.42.1 Codes-PMP Focus Panel Narrative ... 137
6.42.2 Codes-PMP Focus Panel Layout ... 137
6.42.3 Codes-PMP Focus Panel Field Descriptions ... 137
6.42.4 Codes-PMP Focus Panel Field Edit Error Codes ... 137
6.42.5 Codes-PMP Focus Panel Extra Features ... 138
6.42.6 Codes-PMP Focus Panel Accessibility ... 138
6.42.6.1 To Access the PMP Focus Panel ... 138
6.42.6.2 To Add on the PMP Focus Panel ... 138
6.42.6.3 To Update on the PMP Focus Panel ... 138
6.43 CODES-PMP TRANSFER-DISENROLLMENT REASON PANEL OVERVIEW ... 139
6.43.1 Codes-PMP Transfer-Disenrollment Reason Panel Narrative ... 139
6.43.2 Codes-PMP Transfer-Disenrollment Reason Panel Layout ... 139
6.43.3 Codes-PMP Transfer-Disenrollment Reason Panel Field Descriptions ... 139
6.43.4 Codes-PMP Transfer-Disenrollment Reason Panel Field Edit Error Codes ... 139
6.43.5 Codes-PMP Transfer-Disenrollment Reason Panel Extra Features ... 140
6.43.6 Codes-PMP Transfer-Disenrollment Reason Panel Accessibility ... 140
6.43.6.1 To Access the PMP Transfer-Disenrollment Reason Panel ... 140
6.43.6.2 To Add on the PMP Transfer-Disenrollment Reason Panel ... 140
6.43.6.3 To Update on the PMP Transfer-Disenrollment Reason Panel ... 140

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6.44 CODES-PMP TRANSFER-DISENROLLMENT STATUS PANEL OVERVIEW 141
6.44.1 Codes-PMP Transfer-Disenrollment Status Panel Narrative..... 141
6.44.2 Codes-PMP Transfer-Disenrollment Status Panel Layout 141
6.44.3 Codes-PMP Transfer-Disenrollment Status Panel Field Descriptions..... 141
6.44.4 Codes-PMP Transfer-Disenrollment Status Panel Field Edit Error Codes 141
6.44.5 Codes-PMP Transfer-Disenrollment Status Panel Extra Features..... 142
6.44.6 Codes-PMP Transfer-Disenrollment Status Panel Accessibility..... 142
6.44.6.1 To Access the PMP Transfer-Disenrollment Status Panel..... 142
6.44.6.2 To Add on the PMP Transfer-Disenrollment Status Panel 142
6.44.6.3 To Update on the PMP Transfer-Disenrollment Status Panel 142
6.45 CODES-PMP VENDOR PANEL OVERVIEW 143
6.45.1 Codes-PMP Vendor Panel Narrative 143
6.45.2 Codes-PMP Vendior Panel Layout 143
6.45.3 Codes-PMP VendorPanel Field Descriptions..... 143
6.45.4 Codes-PMP Vendor Panel Field Edit Error Codes..... 143
6.45.5 Codes-PMP Vendor Panel Extra Features 143
6.45.6 Codes-PMP Vendor Panel Accessibility 143
6.45.6.1 To Access the PMP Vendor Panel..... 143
6.45.6.2 To Add on the PMP Vendor Panel 144
6.45.6.3 To Update on the PMP Transfer-Disenrollment Status Panel 144
6.46 RELATED DATA – OTHER PAGE OVERVIEW 145
6.46.1 Related Data - Other Page Narrative 145
6.46.2 Related Data – Other Page Layout 145
6.46.3 Related Data – Other Page Field Descriptions 145
6.46.4 Related Data – Other Page Field Edit Error Codes..... 145
6.46.5 Related Data – Other Page Extra Features 145
6.46.6 Related Data – Other Page Accessibility 145
6.46.6.1 To Access the Related Data – Other Page 145
6.48 OTHER-PMP MASS-TRANSFER & RELEASE APPROVAL PANEL OVERVIEW..... 146
6.48.1 Other PMP Mass-Transfer & Release Approval Panel Narrative 146
6.48.2 Other-PMP Mass-Transfer & Release Approval Panel Layout..... 146
6.48.3 Other-PMP Mass-Transfer & Release Approval Panel Field Descriptions..... 146
6.48.4 Other-PMP Mass-Transfer & Release Approval Panel Field Edit Error Codes 147
6.48.5 Other-PMP Mass-Transfer & Release Approval Panel Extra Features..... 147
6.48.6 Other-PMP Mass-Transfer & Release Approval Panel Accessibility..... 148
6.48.6.1 To Access the PMP Mass-Transfer & Release Approval Other Panel..... 148
6.48.6.2 To Update on the PMP Mass-Transfer & Release Approval Other Panel..... 148
6.49 OTHER PMP MASS-DISENROLLMENT APPROVAL PANEL OVERVIEW..... 149
6.49.1 Other PMP Mass-Disenrollment Approval Panel Narrative..... 149
6.49.2 Other PMP Mass-Disenrollment Approval Panel Layout..... 149
6.49.3 Other PMP Mass-Disenrollment Approval Panel Field Descriptions 149
6.49.4 Other PMP Mass-Disenrollment Approval Panel Field Edit Error Codes 150
6.49.5 PMP Mass-Disenrollment Approval Other Panel Extra Features 150
6.49.6 Other PMP Mass-Disenrollment Approval Panel Accessibility..... 151
6.49.6.1 To Access the PMP Mass-Disenrollment Approval Other Panel..... 151
6.49.6.2 To Update on the PMP Mass-Disenrollment Approval Other Panel..... 151
6.50 RELATED DATA – XREF PAGE OVERVIEW 152
6.50.1 Related Data - Other Page Narrative 152
6.50.2 Related Data – Xref Page Layout 152
6.50.3 Related Data – Xref Page Field Descriptions..... 152
6.50.4 Related Data – Xref Page Field Edit Error Codes 152
6.50.5 Related Data – Xref Page Extra Features..... 153
6.50.6 Related Data – Xref Page Accessibility..... 153
6.50.6.1 To Access the Related Data – Xref Page 153
6.51 XREF HIPAA MMIS ASSIGNMENT REASON XREF PANEL OVERVIEW 154

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6.51.1 Xref HIPAA MMIS Assignment Reason Xref Panel Narrative 154
6.51.2 Xref HIPAA MMIS Assignment Reason Xref Panel Layout 154
6.51.3 Xref HIPAA MMIS Assignment Reason Xref Panel Field Descriptions 154
6.51.4 Xref HIPAA MMIS Assignment Reason Xref Panel Field Edit Error Codes 154
6.51.5 Xref HIPAA MMIS Assignment Reason Xref Panel Extra Features 155
6.51.6 Xref HIPAA MMIS Assignment Reason Xref Panel Accessibility 155
6.51.6.1 To Access the HIPAA MMIS Assignment Reason Xref Panel 155
6.51.6.2 To Add on the HIPAA MMIS Assignment Reason Xref Panel 155
6.51.6.3 To Update on the HIPAA MMIS Assignment Reason Xref Panel 155
6.52 XREF-HIPAA MMIS LANGUAGE XREF PANEL OVERVIEW 156
6.52.1 Xref-HIPAA MMIS Language Xref Panel Narrative 156
6.52.2 Xref-HIPAA MMIS Language Xref Panel Layout 156
6.52.3 Xref-HIPAA MMIS Language Xref Panel Field Descriptions 156
6.52.4 Xref-HIPAA MMIS Language Xref Panel Field Edit Error Codes 156
6.52.5 Xref-HIPAA MMIS Language Xref Panel Extra Features 156
6.52.6 Xref-HIPAA MMIS Language Xref Panel Accessibility 156
6.52.6.1 To Access the HIPAA MMIS Language Xref Panel 156
6.53 XREF-HIPAA MMIS RACE XREF PANEL OVERVIEW 157
6.53.1 Xref-HIPAA MMIS Race Xref Panel Narrative 157
6.53.2 Xref-HIPAA MMIS Race Xref Panel Layout 157
6.53.3 Xref-HIPAA MMIS Race Xref Panel Field Descriptions 157
6.53.4 Xref-HIPAA MMIS Race Xref Panel Field Edit Error Codes 157
6.53.5 Xref-HIPAA MMIS Race Xref Panel Extra Features 157
6.53.6 Xref-HIPAA MMIS Race Xref Panel Accessibility 157
6.53.6.1 To Access the HIPAA MMIS Race Xref Panel 157
6.54 XREF-MC REGION/AREA XREF PANEL OVERVIEW 158
6.54.1 Xref-MC Region/Area Xref Panel Narrative 158
6.54.2 Xref-MC Region/Area Xref Panel Layout 158
6.54.3 Xref-MC Region/Area Xref Panel Field Descriptions 158
6.54.4 Xref-MC Region/Area Xref Panel Field Edit Error Codes 158
6.54.5 Xref-MC Region/Area Xref Panel Extra Features 159
6.54.6 Xref-MC Region/Area Xref Panel Accessibility 159
6.54.6.1 To Access the MC Region/Area Xref Panel 159
6.55 XREF MC REGION/PROGRAM XREF PANEL OVERVIEW 160
6.55.1 Xref MC Region/Program Xref Panel Narrative 160
6.55.2 Xref MC Region/Program Xref Panel Layout 160
6.55.3 Xref MC Region/Program Xref Panel Field Descriptions 160
6.55.4 Xref MC Region/Program Xref Panel Field Edit Error Codes 160
6.55.5 Xref MC Region/Program Xref Panel Extra Features 160
6.55.6 Xref MC Region/Program Xref Panel Accessibility 161
6.55.6.1 To Access the MC Region/Area Xref Panel 161
6.56 XREF-MC SPECIAL CONDITION/CLASS XREF PANEL OVERVIEW 162
6.56.1 Xref-MC Special Condition/Class Xref Panel Narrative 162
6.56.2 Xref-MC Special Condition/Class Xref Panel Layout 162
6.56.3 Xref-MC Special Condition/Class Xref Panel Field Descriptions 162
6.56.4 Xref-MC Special Condition/Class Xref Panel Field Edit Error Codes 162
6.56.5 Xref-MC Special Condition/Class Xref Panel Extra Features 162
6.56.6 Xref-MC Special Condition/Class Xref Panel Accessibility 163
6.56.6.1 To Access the MC Special Condition/Class Xref Panel 163
6.57 XREF-MC SPECIAL CONDITION/MC PROGRAM XREF PANEL OVERVIEW 164
6.57.1 Xref-MC Special Condition/MC Program Xref Panel Narrative 164
6.57.2 Xref-MC Special Condition/MC Program Xref Panel Layout 164
6.57.3 Xref-MC Special Condition/MC Program Xref Panel Field Descriptions 164
6.57.4 Xref-MC Special Condition/MC Program Xref Panel Field Edit Error Codes 164
6.57.5 Xref-MC Special Condition/MC Program Xref Panel Extra Features 165

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6.57.6 Xref-MC Special Condition/MC Program Xref Panel Accessibility 165
6.57.6.1 To Access the MC Special Condition/MC Program Xref Panel 165
6.58 XREF MC SPECIAL CONDITION/TYPE XREF PANEL OVERVIEW 166
6.58.1 Xref MC Special Condition/Type Xref Panel Narrative 166
6.58.2 Xref MC Special Condition/Type Xref Panel Layout 166
6.58.3 Xref MC Special Condition/Type Xref Panel Field Descriptions 166
6.58.4 Xref MC Special Condition/Type Xref Panel Field Edit Error Codes 166
6.58.5 Xref MC Special Condition/Type Xref Panel Extra Features 166
6.58.6 Xref MC Special Condition/Type Xref Panel Accessibility 167
6.58.6.1 To Access the MC Special Condition/Type Xref Panel 167
6.58.6.2 To Add on the MC Special Condition/Type Xref Panel 167
6.58.6.3 To Update on the MC Special Condition/Type Xref Panel 167
6.59 XREF-PMP EDB XREF PANEL OVERVIEW 168
6.59.1 Xref-PMP EDB Xref Panel Narrative 168
6.59.2 Xref-PMP EDB Xref Panel Layout 168
6.59.3 Xref-PMP EDB Xref Panel Field Descriptions 168
6.59.4 Xref-PMP EDB Xref Panel Field Edit Error Codes 168
6.59.5 Xref-PMP EDB Xref Panel Extra Features 169
6.59.6 Xref-PMP EDB Xref Panel Accessibility 169
6.59.6.1 To Access the PMP EDB Xref Panel 169
6.59.6.2 To Add on the PMP EDB Xref Panel 169
6.59.6.3 To Update on the PMP EDB Xref Panel 169
6.59.6.4 To Delete from the PMP EDB Xref Panel 169
7 MANGED CARE REPORTS 171
7.1 HMNMC046—EMERGENCY ROOM MANAGEMENT REPORT 172
7.1.1 HMNMC046—Emergency Room Management Report Narrative 172
7.1.2 HMNMC046—Emergency Room Management Report Layout 173
7.1.3 HMNMC046—Emergency Room Management Report Field Descriptions 177
7.2 HMNMC047—MEDICARE ELIGIBLES REPORT 179
7.2.1 HMNMC047—Medicare Eligibles Report Narrative 179
7.2.2 HMNMC047—Medicare Eligibles Report Layout 179
7.2.3 HMNMC047—Medicare Eligibles Report Field Descriptions 183
7.3 MGD-0002-M—CAPITATION PAYMENT LISTING FOR PATIENT 1ST REPORT 184
7.3.1 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Narrative 184
7.3.2 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Layout 184
7.3.3 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Field Descriptions 185
7.4 MGD-0004-M—CAPITATION PAYMENT LISTING FOR MEDICARE ADVANTAGE REPORT 187
7.4.1 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Narrative .. 187
7.4.2 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Layout 188
7.4.3 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Field Descriptions 189
7.5 MGD-0055-M—MONTHLY PMP ENROLLMENT ROSTER FOR PATIENT 1ST REPORT191
7.5.1 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Narrative 191
7.5.2 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Layout 192
7.5.3 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Field Descriptions195
7.6 MGD-0056-M—MONTHLY PMP ENROLLMENT ROSTER FOR MEDICARE ADVANTAGE REPORT 199
7.6.1 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Narrative Report199
7.6.2 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Report Layout199
7.6.3 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Report Field Descriptions 202
7.7 MGD-0070-M—MONTHLY MANAGED CARE ENROLLED BUT NOT ELIGIBLE REPORT205
7.7.1 MGD-0070-M—Monthly Managed Care Enrolled but Not Eligible Report Narrative 205
7.7.2 MGD-0070-M—Monthly Managed Care Enrolled but Not Eligible Report Layout 205

© Copyright 2019 DXC Technology Company. All rights reserved.

7.7.3 MGD-0070-M—Monthly Managed Care Enrolled But Not Eligible Report Field Descriptions 207
7.8 MGD-0080-M—CAPITATION ERRORS REPORT 212
7.8.1 MGD-0080-M—Capitation Errors Report Narrative 212
7.8.2 MGD-0080-M—Capitation Errors Report Layout 212
7.8.3 MGD-0080-M—Capitation Errors Report Field Descriptions 213
7.9 MGD-0081-M – CAPITATION ERRORS REPORT 216
7.9.1 MGD-0081-M – Capitation Errors Layout Report 216
7.9.2 MGD-0081-M – Capitation Errors Report Field Descriptions 217
7.10 MGD-0100-M—CAPITATION PAYMENT SUMMARY BY PROVIDER REPORT 219
7.10.1 MGD-0100-M—Capitation Payment Summary by Provider Report Narrative 219
7.10.2 MGD-0100-M—Capitation Payment Summary by Provider Report Layout 219
7.10.3 MGD-0100-M—Capitation Payment Summary by Provider Report Field Descriptions ... 219
7.11 MGD-0302-M—CAPITATION SUMMARY BY PROGRAM REPORT 222
7.11.1 MGD-0302-M—Capitation Summary by Program Report Narrative 222
7.11.2 MGD-0302-M—Capitation Summary by Program Report Layout 223
7.11.3 MGD-0302-M—Capitation Summary by Program Report Field Descriptions 223
7.12 MGD-A037-W- PATIENT 1ST PROVIDERS NOT YET REENROLLED REPORT 225
7.12.1 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Narrative 225
7.12.2 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Layout 226
7.12.3 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Field Descriptions 227
7.13 MGD-A059-M—MEDICARE ADVANTAGE ENROLLMENT SUMMARY REPORT 228
7.13.1 MGD-A059-M—Medicare Advantage Enrollment Summary Report Narrative 228
7.13.2 MGD-A059-M— Medicare Advantage Enrollment Summary Report Layout 229
7.13.3 MGD-A059-M— Medicare Advantage Enrollment Summary Report Field Descriptions . 230
7.14 MGD-A115-M—PATIENT 1ST ASSIGNMENT ERRORS REPORT 231
7.14.1 MGD-A115-M—Patient 1st Assignment Errors Report Narrative 231
7.14.2 MGD-A115-M—Patient 1st Assignment Errors Report Layout 231
7.14.3 MGD-A115-M—Patient 1st Assignment Errors Report Field Descriptions 231
7.15 MGD-A120-M -- CAPITATION PAYMENT SUMMARY BY PAYEE PROVIDER REPORT233
7.15.1 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Narrative ... 233
7.15.2 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Layout 234
7.15.3 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Field Descriptions 235
7.16 MGD-A130-M—CAPITATION PAYMENT SUMMARY 237
7.16.1 MGD-A130-M—Capitation Payment Summary 237
7.16.2 MGD-A130-M—Capitation Payment Summary 238
7.16.3 MGD-A130-M—Capitation Payment Summary Report Field Descriptions 239
7.17 MGD-A131-M—CAPITATION PAYMENT SUMMARY BY PLAN 242
7.17.1 MGD-A131-M—Capitation Payment Summary by PLAN 242
7.17.2 MGD-A131-M—Capitation Payment Summary by PLAN 243
7.17.3 MGD-A131-M—Capitation Payment Summary Report Field Descriptions 244
7.18 MGD-A500-Q—PATIENT 1ST REFERRAL REPORT 247
7.18.1 MGD-A500-Q—Patient 1st Referral Report Narrative 247
7.18.2 MGD-A500-Q—Patient 1st Referral Report Layout 248
7.18.3 MGD-A500-Q—Patient 1st Referral Report Field Descriptions 250
7.19 MGD-A810-M—MONTHLY MEDICARE ADVANTAGE ENROLLMENT AND ERRORS REPORT 252
7.19.1 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Narrative . 252
7.19.2 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Layout 252
7.19.3 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Field Descriptions 253
7.20 MGD-A815-M—MANUAL OVERRIDE OF EDB INFORMATION REPORT 256
7.20.1 MGD-A815-M—Manual Override of EDB Information Report Narrative 256
7.20.2 MGD-A815-M—Manual Override of EDB Information Report Layout 257
7.20.3 MGD-A815-M—Manual Override of EDB Information Report Field Descriptions 258

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7.21 MGD-A820-M—MONTHLY ICN ENROLLMENT AND ERRORS REPORT 259
7.21.1 MGD-A820-M—Monthly ICN Enrollment and Errors Report Narrative 259
7.21.2 MGD-A820-M— Monthly ICN Enrollment and Errors Report Layout 259
7.21.3 MGD-A820-M—Monthly ICN Enrollment and Errors Report Field Descriptions 261
7.22 MGD-A821-M—ICN OVERLAPPING SPECIAL CONDITIONS 263
7.22.1 MGD-A821-M—ICN Overlapping Special Conditions Report Narrative 263
7.22.2 MGD-A821-M— ICN Overlapping Special Conditions Report Layout 263
7.22.3 MGD-A821-M— ICN Overlapping Special Conditions Report Field Descriptions 263
7.23 MGM71802DAT – CAPITATION RECONCILIATION REPORT 265
7.23.1 Mgm71802.dat – Capitation Reconciliation Report Narrative 265
7.23.2 Mgm71802.dat – Capitation Reconciliation Report Layout 265
7.23.3 Mgm71802.dat – Capitation Reconciliation Report Field Descriptions 265
7.24 MGM71822DAT – ICN CAPITATION RECONCILIATION REPORT 271
7.24.1 Mgm71822.dat – ICN Capitation Reconciliation Report Narrative 271
7.24.2 Mgm71822.dat – ICN Capitation Reconciliation Report Layout 271
7.24.3 Mgm71822.dat – ICN Capitation Reconciliation Report Field Descriptions 271

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1 DOCUMENT CONTROL

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1.1 DOCUMENT INFORMATION PAGE

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1.2 AMENDMENT HISTORY

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				update layout and field descriptions
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				panel – removed field edit for Provider ID.
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07/15/2018	22.0		Application of CO 14843	Remove PHI/PHII from MC manual
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				MGD – 0004-M Capitation Payment Listing Report CO 15328 Modified MGD-0080-M—Capitation Errors Report narrative, layout, and field descriptions Added MGD-0081-M Capitation Errors Report

1.3 RELATED DOCUMENTATION

Document	Description	url

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2 MANAGED CARE INTRODUCTION

2.1 MANAGED CARE USER MANUAL OVERVIEW

The Alabama Medicaid Management Information System (AMMIS) has several functional areas that perform specific operations for the system users. This user manual is designed to cover the information necessary to perform the tasks associated with the Managed Care functional area.

This manual covers the following:

- Managed Care Overview
- Managed Care Getting Started
- System Wide Common Terminology and Layouts
- Managed Care Panels
- Managed Care Reports

2.2 MANAGED CARE USER MANUAL OBJECTIVE

The objective of the AMMIS Managed Care User Manual is to provide system users with detailed descriptions of the online system, including panel and report field descriptions, panel functionality descriptions and graphical representations of panels and report layouts.

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3 MANAGED CARE OVERVIEW

3.1 INTRODUCTION TO MANAGED CARE

The Managed Care function is designed to allow the state the ability to develop and implement various managed care systems to ensure recipient access to necessary medical care, while at the same time controlling medical assistance program costs. Currently the State uses a combination of Primary Care Case Management (PCCM) programs and Medicare Advantage Plans. Through each of these programs recipients are assigned a primary medical provider (PMP) or Medicare contract vendor, who is responsible for managing the recipient's healthcare needs. Though designed to be comprehensive in meeting patient needs, payment does not include all services that may be provided. As a result, the managed care system must support both capitation, global, and fee for service payment options. The objectives of each managed care program are:

- increased recipient access to healthcare,
- increased use of case management and preventive services, and
- optimal patient outcomes.

The Managed Care has the following main areas:

- Recipient enrollment and eligibility in the various plans.
- Provider enrollment for both Patient 1st PMPs and Medicare Advantage Vendors.
- Auto assignment of eligible recipients into the plans.
- Capitation Payment information.
- Enrollment Roster information.
- Mass Disenrollment and Panel Transfer information

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4 MANAGED CARE GETTING STARTED

4.1 OVERVIEW

The AMMIS is designed according to a set of development standards. This section is designed to introduce users to standard system navigation features within the AMMIS.

4.2 SYSTEM SECURITY

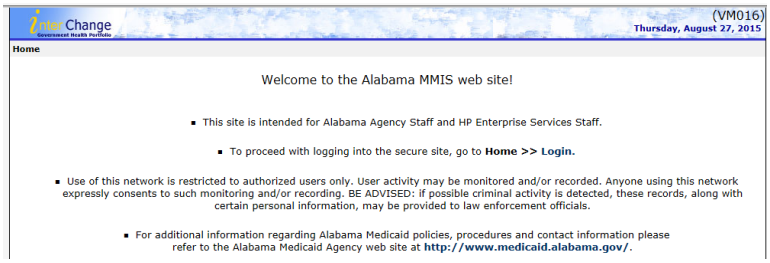
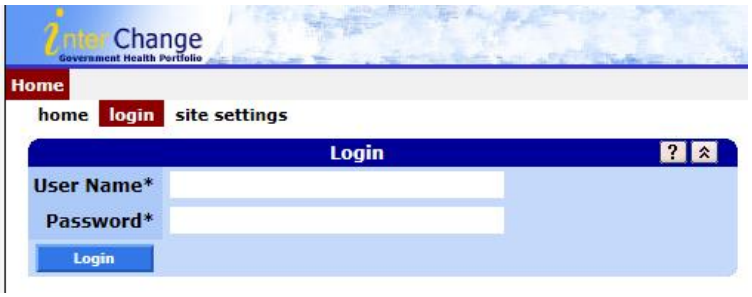
System security is handled by your system administrator. For all other security concerns with operating the system, refer to your department's business rules and practices.

4.3 LOGGING IN/LOGGING OUT

Users must successfully log in to the AMMIS in order to utilize the services available within the secure portal.

4.3.1 Logging into the AMMIS

Follow the steps below to log in to the website:

Step	Action	Response
1	Click **Internet Explorer** or **Netscape Communicator** browser located on your workstation.	Internet Explorer or Netscape Communicator launches.
2	Enter https://pro.alxix.slg.eds.com/alabama/default.aspx and press **Enter** key on your keyboard.	Security Alert message displays.
3	AMMIS Home page displays.  	AMMIS Authentication Home page displays.
4	Click Home -> Login  Note: All field edits are available on iTRACE for login panel.	
5	Enter **User Name** and **Password**. Click **OK**.	

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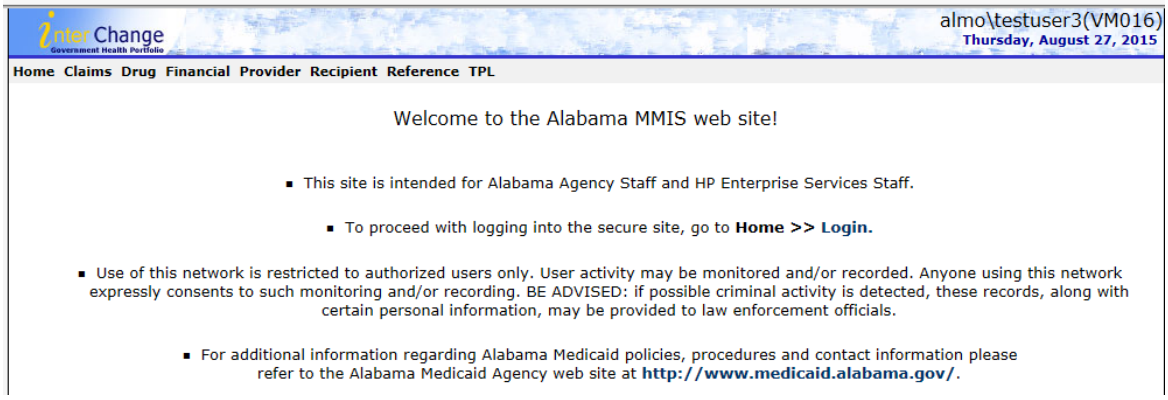
Step	Action	Response
		

4.3.2 Logging off the AMMIS

Click the Exit button on your internet browser or Click Home -> LogOff to log off the AMMIS.

4.4 SCREEN DISPLAY FEATURES

The AMMIS is designed to display within Web browser pages that fit on a computer (PC) desktop with a screen resolution of 1024 x 768 pixels. However, in order to fit large system objects such as panels, pages, reports, and letters into one screen print, the user has the option of resetting the text size of the Web browser so that the selected area of the system fits into a screen print.

In addition, there may be some Web browser pages that use a lower pixel configuration and cause a horizontal scroll bar to appear at the bottom of the page for viewing the left side and the right side of the information displayed. In general, pages should only require vertical scrolling.

4.4.1 To Set System Text Size

To set system text size, perform the following steps:

Step	Action	Response
1	Log into the AMMIS.	Home page displays.
2	Select **View**.	View menu displays.
3	Point to **Text Size** and click **Smaller**.	Default text size is set to medium. After the user selects smaller, the system objects appear smaller.

4.5 CHANGING PASSWORDS

The Change Password panel allows users to change their account password.

Navigation Path: [Home] – [Change Password]

NOTE:

Each field which contains an asterisk represents a required field. Therefore, the corresponding panel is not considered complete until those fields have been completed with the appropriate data.

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Follow the steps below to change your password:

Step	Action	Response
1	Enter Current password.	
2	Press **Tab**.	User is taken to the New password field.
3	Enter New password.	
4	Press **Tab**.	User is taken to the Confirm password field.
5	Confirm password by entering it again.	

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5 SYSTEM WIDE COMMON TERMINOLOGY AND LAYOUTS

The following section identifies common system terminology and features, and where applicable, an associated screen capture or design layout. This is not an all-inclusive list of common system terms and layouts; however, it is a basic foundation for the beginning user to view and understand prior to navigating the system. These terms are used by technical team recipients, training specialists, and help desk staff when discussing or more importantly, documenting aspects of the system.

For information about system wide objects, instead of clicking a subsystem link within the technical design page, the user clicks the System Wide link to open documentation of system objects which are common system wide within the application.

Below is a partial list of common terms described within this document:

- Page
- Page Header
- Page Footer
- Sub Menu
- Shortcut Keys (ctrl + alt +shortcut key)
- Main Menu bar
- Panel
- Mini Search panel
- Hot Link
- Help Functionality

5.1 PAGE LAYOUT

A page is defined as the entire screen that appears in the Web browser. The page contains a Page Header with the day and date displayed, a Main Menu bar, a Sub Menu and any associated panels. The bottom of the page contains the Page Footer with the Hewlett Packard copyright text displayed.

The Main Menu bar contains a horizontal set of links which display pull-down menus. Each pull down menu opens an associated page within the system.

Beneath the Main Menu bar is the Sub Menu of horizontal links that open an associated page within the system. The Sub Menu links appear in the same order as the Main Menu pull down options, and the Sub Menu links are spelled the same as the Main Menu pull down options.

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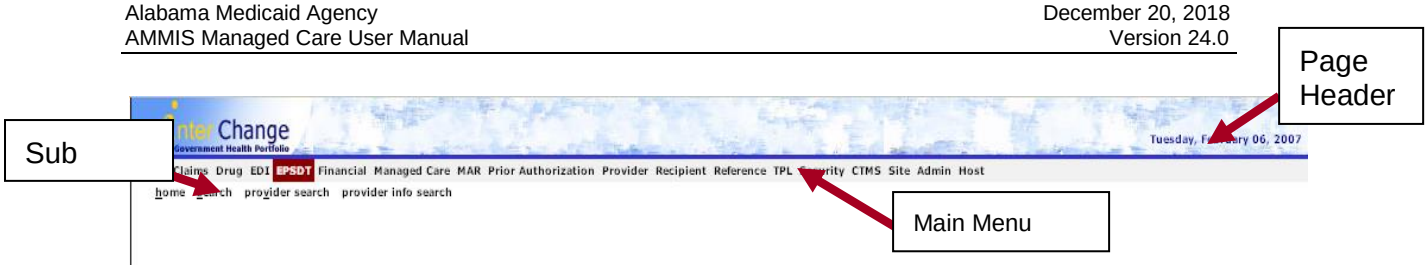
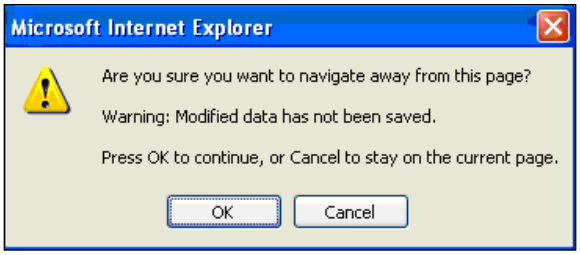


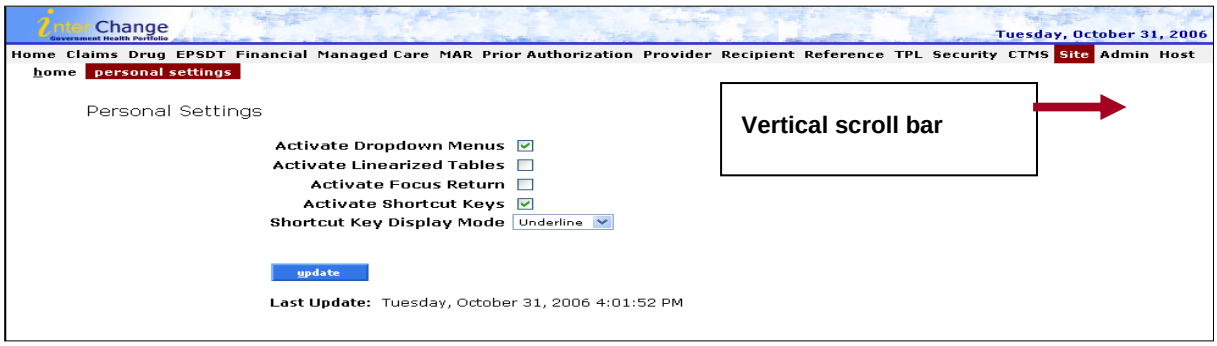
If a user attempts to add, update or delete information within a page the system prompts the user to "Save" or "Cancel" their changes via a pop-up window message prior to navigating away from the page. When the system generates the message, the detail panel is locked open, and navigation away from the page is not permitted until changes are either correctly saved or cancelled.



5.2 SHORTCUT KEYS

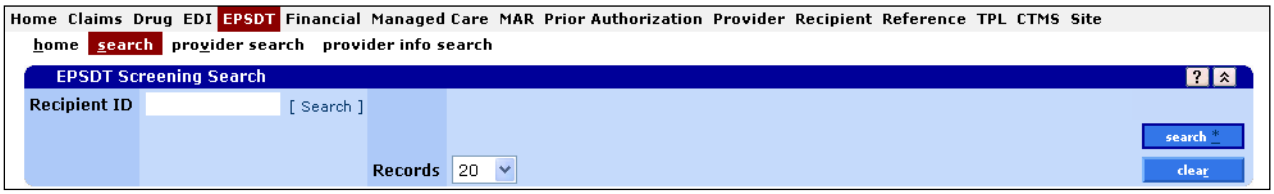
If the user activates the shortcut keys function, the Sub Menu links can be used in combination with (Ctrl +Alt + shortcut key) to quickly open the associated panel.

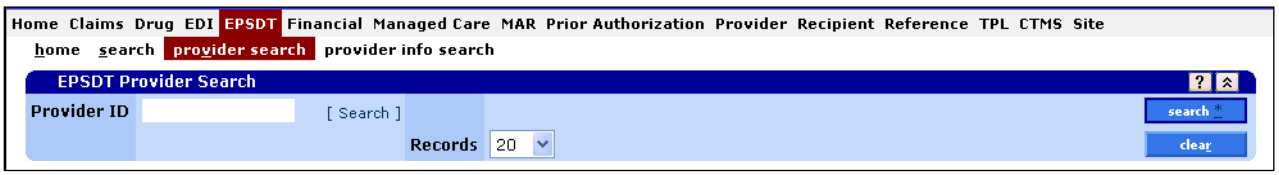
To activate the shortcut key, click on the Site link, select Personal Settings, check "Activate Shortcut Keys" and click the blue "Update" button.



To know which letter to use in combination with the (Ctrl + Alt) shortcut keys, the user must look at the Sub Menu name. Within the name, the letter that has a horizontal bar below it is the shortcut key letter.

Within the EPSDT Sub Menu, the user can use the shortcut keys to quickly navigate from the EPSDT Search panel to the EPSDT Provider Search panel by using the following shortcut key combination: (Ctrl + Alt + V) since the letter "V" is found within the horizontal bars on the Sub Menu provider search link.





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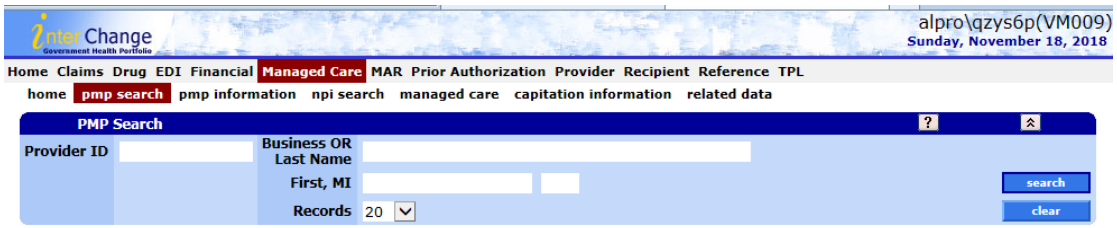
5.3 SEARCH OPTIONS

There are several search options available within interChange.

5.3.1 Search Panels

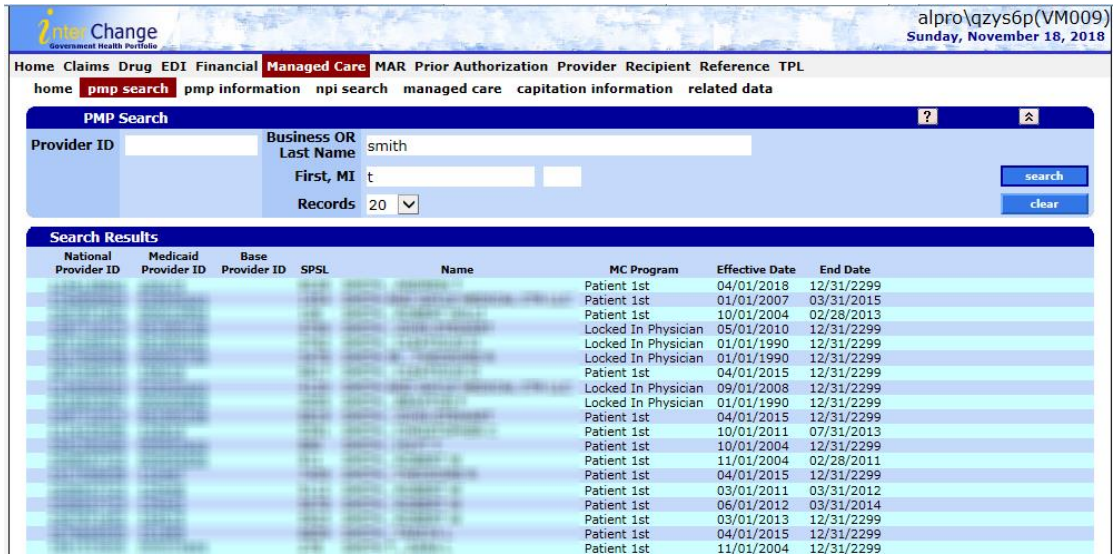
The AMMIS contains two types of search panels: Search and Advanced Search. An example of the EPSDT Screening Search panel with the Search button displaying is shown below:



Note: The Advanced Search button functionality does not exist in the EPSDT subsystem.

5.3.2 Search Results

Search results can be sorted in ascending or descending order by clicking the column name in the Search Results panel. All search results are resorted, not just the search results displayed on the current search result panel.



If the user clicks once on a search result row, the associated information panel opens. For example, the user clicked the 3rd row of the EPSDT Provider Info Search Results panel (as shown above) and the associated Provider Information panel displayed.

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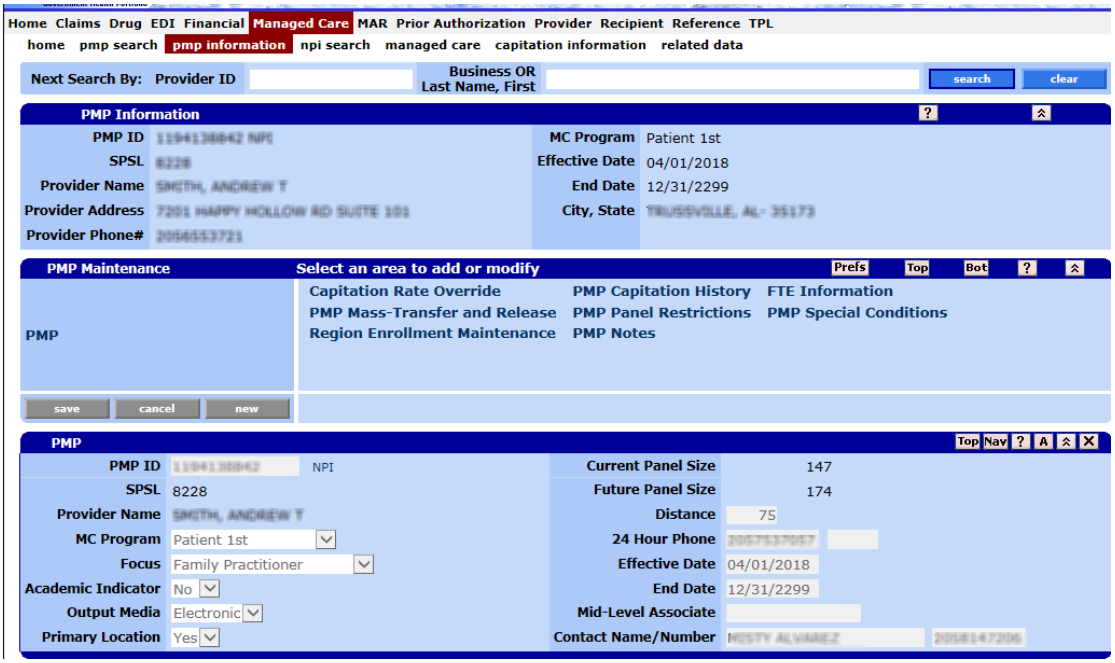

5.3.3 Hot Links

Within certain Search panels, the user can also click hot links to see additional information. If the fields in a column are underlined, there is a hot link available. Users are provided with additional information related to a field by clicking the hotlink, as shown below.

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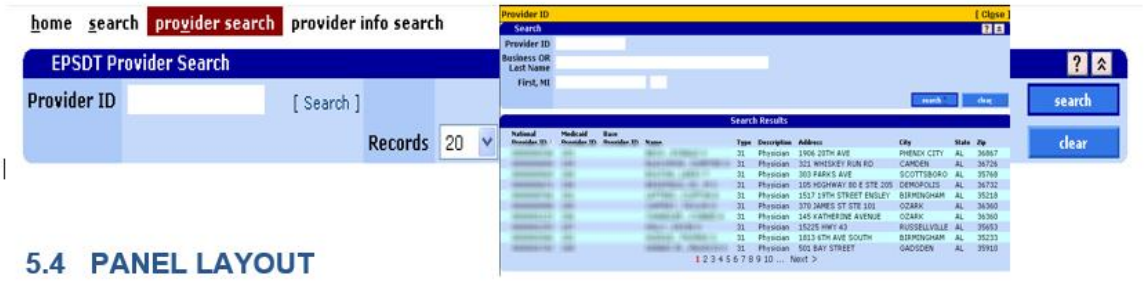
5.3.4 Pop-Up Search

A Pop-Up Search allows the user to search for field data without leaving the page. By clicking on the [Search] link, the user accesses the search panel that is associated with that particular field.



5.4 PANEL LAYOUT

A panel is defined as a portion of a page that performs a well-defined unit of functionality. Some panels always appear on a page, while others only appear when invoked by the user.

5.4.1 Panel Type and Functions

The system contains various panel types with specific functions for each panel type. Some panels have common icons while other panels have icons specific to their functions. Listed below are icons that can be found on panels within the EPSDT system:

Name	Icon	Description
Clear Button	clear	Clears all actions to all panels on the page. Can be found on the navigation panel.
Close Button	✕	Closes a panel.
Help Button	?	Opens a window that displays the panel help page.
Maximize Button	⌄	Expands a panel to display all of its content.
Minimize Button	⌃	Collapses a panel.
[Search]	[Search]	Opens a search panel associated to a particular field. Allows the user to search for unknown information, such as a Provider ID, using other information, such as the Provider Name.
Search	search	Searches for information based on criteria entered into field(s) on panel.

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5.4.2 Help Functionality

The interChange system contains two paths to locate help: Question Mark Icon and Field Level Help.

5.4.3 Question Mark Icon ?

The Question Mark icon is used to access page/panel level help. Click the Question Mark icon to launch a separate Internet browser that contains information on the page/panel.

5.4.3.1.1 Panel Help Feature - Question Mark Function Description

Upon accessing the **Panel Help** function a description of the panel is displayed within the window:

The second item displayed is the **Panel Layout**:

The third item displayed is the **Field Description** information related to the panel:

Field	Description	Field Type	Data Type	Length
Clear	Clears previous searches	Button	N/A	0
Search	Searches through Recipient records	Button	N/A	0
Recipient ID	Recipient identification number of the Recipient. Must be 12 characters in length.	Field	Number	12
Records	Number of records to display per page.	Field	Drop Down List Box	0
[Search]	Hyperlink to a list of Recipients	Hyperlink	N/A	0

The fourth item displayed is the **Field Edit** information related to the panel. This portion of documentation provides the field name, the error messages associated to the field(s) and a brief explanation of how to correct the data in the field in order to bypass the error message displayed in the user interface.

Field	Field Type	Error Code	Error Message	To Correct
Recipient ID	Field	0	Validate	Recipient ID must be numeric.
	Field	1	Validate	Recipient ID must be entered for search criteria.

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The information available via the Question Mark icon is virtually the same panel information accessible in iTRACE. For example, the bottom of the page contains data such as; Requirements, Test Cases, Change Orders/Defects and any associated documentation that relates to a panel.

To close out of the Help panel, click the in the browser title bar.

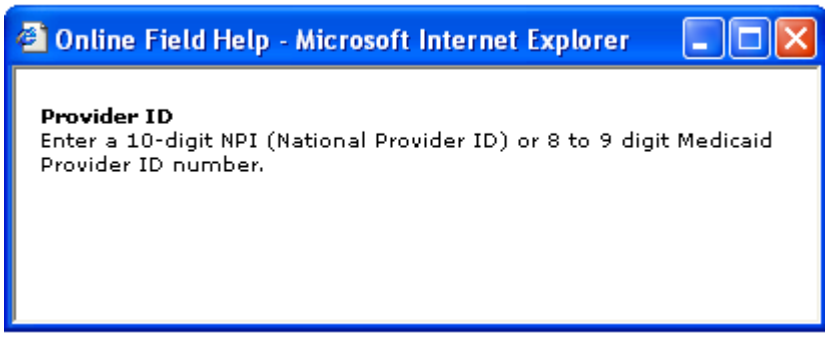
5.4.4 Field Level Help

Field Level Help is used to access field definitions related to a specific field selected. Click the Field Name to launch a pop-up window that contains information on the field selected.

5.4.4.1 Field Level Help Description

When hovering the cursor over a field name, such as **Provider ID**, a question mark appears as part of the cursor.

Click once on the text area of the field and a pop-up window appears with a description of the field, such as the one provided below:



To close out of the Field Level Help window, click the in the Online Field Help title bar.

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6 MANAGED CARE PANELS

This section gives a brief description of each panel, shows a sample, and describes all associated panel fields and field edits.

Note: Any names, addresses, or other personal information displayed in panel images are fictitious and are not representative of an actual person.

The panels Field Description table is sorted in alphabetical order. There may be some instances in which the publication script has altered this sort order and these anomalies were not changed during production of this document.

Each panel covers the following:

- Panel Narrative
- Panel Layout
- Panel Field Descriptions
- Panel Field Edit Error Code Tables
- Panel Extra Features
- Panel Accessibility

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6.1 PMP SEARCH PANEL OVERVIEW

6.1.1 PMP Search Panel Narrative

The PMP Search panel allows the user to enter criteria for searching through the Managed Care providers (PMPs).

This panel is inquiry only.

Navigation Path: [Managed Care] – [PMP Search]

6.1.2 PMP Search Panel Layout

6.1.3 PMP Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	Allows the user to clear any changes on the PMP Search panel.	Button	N/A	0
Business OR Last Name	Provider individual Last Name or the business name.	Field	Character	50
First, MI	First Name and Middle Initial of the Provider.	Field	Character	50
Provider ID	Provider identification number used for the search.	Field	Character	15
Records	Allows the user to select the number of records to display per page.	Combo Box	Drop Down List Box	0
Search	Initiates the Search by Provider ID.	Button	N/A	0

6.1.4 PMP Search Panel Field Edit Error Codes

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

6.1.5 PMP Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.1.6 PMP Search Panel Accessibility

6.1.6.1 To Access the PMP Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.

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6.2 PMP SEARCH RESULTS PANEL OVERVIEW

6.2.1 PMP Search Results Narrative

The PMP Search Results panel displays the results of the user's search for Managed Care providers (PMPs) based on the entered criteria.

This panel is inquiry only.

Navigation Path: [Managed Care] – [PMP Search] - [(click the search button)]

6.2.2 PMP Search Results Layout

Search Results

National Provider ID	Medicaid Provider ID	Base Provider ID	SPSL	Name	MC Program	Effective Date	End Date
[illegible]		[illegible]	[illegible]	[illegible]	Locked In Physician	07/01/2007	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Locked In Physician	01/01/2008	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	07/31/2006
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	11/01/2004	12/31/2299
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	08/01/2004	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	08/31/2007
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	08/01/2004	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	11/01/2004	08/31/2005
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	11/01/2004	12/31/2299
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Locked In Physician	07/01/2007	12/31/2299
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	11/01/2004	12/31/2299
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Locked In Physician	07/01/2007	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	09/01/2004	08/31/2006
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	03/01/2005	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	03/31/2006
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	01/01/2005	12/31/2299
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	10/01/2004	12/31/2299
	[illegible]	[illegible]	[illegible]	[illegible]	Patient 1st	02/01/2005	12/31/2299

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

6.2.3 PMP Search Results Field Descriptions

Field	Description	Field Type	Data Type	Length
Base Provider ID	Provider's base identification number.	Hyperlink	N/A	0
Effective Date	Effective date Managed Care program is active.	Field	Date (MM/DD/CCYY)	8
End Date	Date the PMP's Managed Care program ends.	Field	Date (MM/DD/CCYY)	8
MC Program	Identification of the Managed Care program.	Field	Character	50
Medicaid Provider ID	Provider's Medicaid Provider identification number.	Hyperlink	N/A	0
Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
National Provider ID	Provider's National Provider identification number.	Hyperlink	N/A	0
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9

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6.2.4 PMP Search Results Field Edit Error Codes

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

6.2.5 PMP Search Results Extra Features

Field	Field Type
No extra features found for this panel.	

6.2.6 PMP Search Results Accessibility

6.2.6.1 To Access the Region Enrollment Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	PMP Search results display.

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6.3 PMP MINI SEARCH PANEL OVERVIEW

6.3.1 PMP Mini Search Panel Narrative

The PMP Mini Search panel allows the user to search for Managed Care providers (PMPs) and Business or Last Name, First using limited criteria.

This panel is inquiry only.

Navigation Path: [Managed Care] – [PMP Information] - [(select row from search results)]

6.3.2 PMP Mini Search Panel Layout

6.3.3 PMP Mini Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Business or Last Name, First	Business or Provider Last Name, First used for the search.	Field	Character	50
Clear	Allows the user to clear any changes on the Codes panel.	Button	N/A	0
Provider ID	Provider identification used for the search.	Field	Character	15
Search	Initiates the Search by Current Provider identification number, Business or Last Name, First.	Button	N/A	0
Records	Allows the user to select the number of records to display per page.	Combo Box	Drop Down List Box	0

6.3.4 PMP Mini Search Panel Field Edit Error Codes

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

6.3.5 PMP Mini Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.3.6 PMP Mini Search Panel Accessibility

6.3.6.1 To Access the PMP Mini Search Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.

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Step	Action	Response
3	Enter the **Provider ID** and click **Search**; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Mini Search panel displays.

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6.4 PMP INFORMATION PANEL OVERVIEW

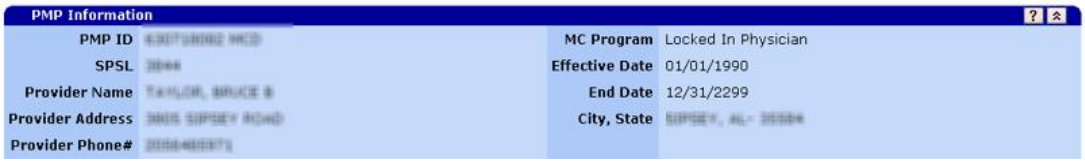
6.4.1 PMP Information Panel Narrative

The PMP Information panel displays information about the selected Managed Care provider (PMP).

This panel is inquiry only.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)]

6.4.2 PMP Information Panel Layout



6.4.3 PMP Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
City, State	Provider's Service Location City, State and Zip code.	Field	Character	32
Effective Date	Effective date for PMP for this managed care program. Used to signify the start of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8
End Date	End date for PMP for this managed care program. Used to signify the end of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8
MC Program	Identification of the Managed Care program.	Field	Character	50
PMP ID	Unique provider identification number.	Field	Character	15
PMP ID Type (no label)	The PMP identification type.	Field	Character	3
Provider Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
Provider Phone#	Provider's phone number.	Field	Character	10
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9

6.4.4 PMP Information Panel Field Edit Error Codes

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

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6.4.5 PMP Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.4.6 PMP Information Panel Accessibility

6.4.6.1 To Access the PMP Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.

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6.5 NPI SEARCH PANEL OVERVIEW

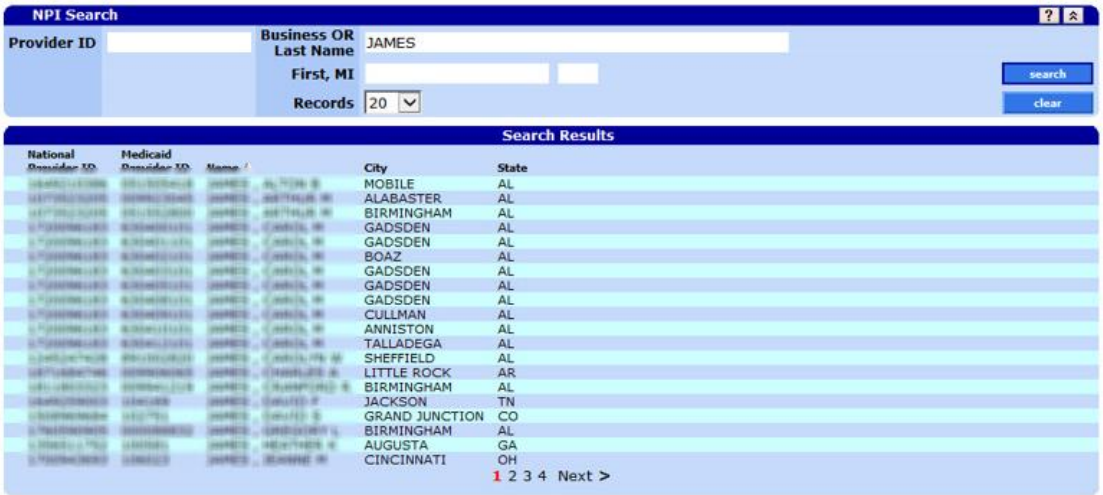
6.5.1 NPI Search Panel Narrative

The NPI Search panel allows the user to enter criteria for searching through the Managed Care providers.

This panel is inquiry only.

Navigation Path: [Managed Care] – [NPI Search]

6.5.2 NPI Search Panel Layout



6.5.3 NPI Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Clear	The Clear button will clear the search fields.	Button	N/A	0
Search	Search for a NPI.	Button	N/A	0
Records	Number of records to display in the search results.	Combo Box	Drop Down List Box	0
Business OR Last Name	Provider individual Last Name or the business name.	Field	Character	50
City	Mailing address city. This is the city where a provider would receive business mail.	Field	Character	30
First, MI	First Name and Middle Initial of the Provider.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Medicaid Provider ID	The provider's Medicaid Provider identification number.	Field	Character	15
Name	Provider's individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
National Provider ID	The provider's National Provider identification number.	Field	Character	15
Provider ID	Provider identification number to search for.	Field	Character	15
State	Mailing address state. This is the state where a provider would receive business mail.	Field	Character	2

6.5.4 NPI Search Panel Field Edit Error Codes

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

6.5.5 NPI Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.5.6 NPI Search Results Accessibility

6.5.6.1 To Access the NPI Search Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **NPI Search**.	NPI Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	NPI Search results display.

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6.6 NPI MAINTENANCE PANEL OVERVIEW

6.6.1 NPI Maintenance Panel Narrative

The NPI Maintenance panel allows inquiries or updates to a provider's NPI Note and Eligibility information.

This panel is inquiry only.

Navigation Path: [Managed Care] - [NPI Search] - [(select row from search results)]

6.6.2 NPI Maintenance Panel Layout

6.6.3 NPI Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Cancel Changes.	Button	N/A	0
Save	Save Changes.	Button	N/A	0
NPI Eligibility	Link to the NPI Eligibility panel.	Hyperlink	N/A	0
NPI Notes	Link to the NPI Notes panel.	Hyperlink	N/A	0

6.6.4 NPI Maintenance Panel Field Edit Error Codes

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

6.6.5 NPI Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.6.6 NPI Maintenance Results Accessibility

6.6.6.1 To Access the NPI Maintenance Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **NPI Search**.	NPI Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	NPI Search results display.
4	If the above search results in only one row then **NPI Maintenance** panel is displayed directly or if the	NPI Maintenance panel displays.

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Step	Action	Response
	search results in multipay rows then select a row from the data list.	

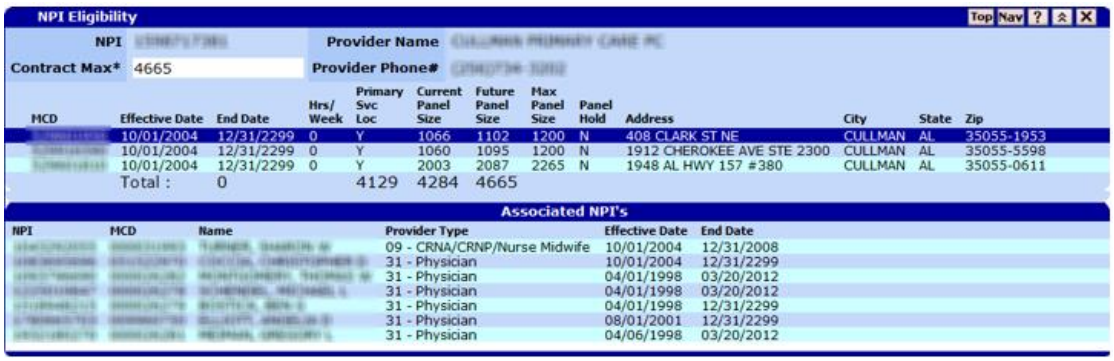
6.7 PI ELIGIBILITY PANEL OVERVIEW

6.7.1 NPI Eligibility Panel Narrative

This panel displays the list of all the service locations that are associated with an NPI and also provides the capability to update Contract Max for an NPI.

Navigation Path: [Managed Care] - [NPI Search] - [(select row from search results)] - [NPI Eligibility]

6.7.2 NPI Eligibility Panel Layout



6.7.3 NPI Eligibility Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Address	Service Location address street 1 + 2. This is the street address for a provider.	Field	Character	60
City	Service Location address city. This is the city where a provider would receive business mail.	Field	Character	30
Contract Max	The maximum number of recipients an NPI is allowed to service. This field can be updated with the revised Contract Max value.	Field	Number (Integer)	9
Current Panel Size	This is the number of recipients that are assigned to the PMP as of the current date. This applies only to the Inclusion Restriction.	Field	Number (Integer)	9
Effective Date	This is the effective date for PMP for this managed care program and service location. Used to signify the start of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	This is the end date for PMP for this managed care program and service location. Used to signify the end of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8
Future Panel Size	This is the number of recipients that are assigned to the PMP as of the next enrollment date for the program. This applies only to the Inclusion Restriction.	Field	Number (Integer)	9
Hrs/Week	Number of hours the provider works at the service location per week.	Field	Number (Integer)	9
MCD	Provider ID value of type MCD.	Field	Character	15
Max Panel Size	This is the maximum number of recipients that the PMP is willing to see in the restricted demographics. No max panel is set for a Restriction Type of 'Exclusion'.	Field	Number (Integer)	9
Name	Last Name, First Name and Middle Initial of Provider.	Field	Character	50
NPI	NPI Provider identification number to search for.	Field	Character	15
Panel Hold	This column allows the user to halt new assignments for the Inclusion restriction.	Field	Character	1
Primary Svc Loc	Indicates if this service location is the PMP's primary location.	Field	Character	1
Provider Name	This is the name associated with an organization or person.	Field	Character	50
Provider Phone	This is the 24 hour availability phone number for the provider in the format area code + prefix + suffix.	Field	Character	10
Provider Type	Provider Type for that particular service location.	Field	Character	20
State	Service Location address state. This is the state where a provider would receive business mail.	Field	Character	2

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Field	Description	Field Type	Data Type	Length
Zip	Service Location address zip code. This is the first 5 digits of the zip code for a business mailing zip code. Mailing address zip code + 4. This is the last 4 digits of a zip code.	Field	Character	9

6.7.4 NPI Eligibility Panel Field Edit Error Codes

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

6.7.5 NPI Eligibility Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.7.6 NPI Eligibility Results Accessibility

6.7.6.1 To Access the NPI Eligibility Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Car**e and click **NPI Search**.	NPI Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	NPI Search results display.
4	If the above search results in only one row then **NPI Maintenance** panel is displayed directly or if the search results in multipay rows then select a row from the data list.	NPI Maintenance panel displays.
5	Click on **NPI Eligibility** panel link.	NPI Eligibility panel is displayed.
6	Select a record from **NPI Eligibility** panel	**Associated NPI** panel is displayed.

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6.8 NPI NOTES PANEL OVERVIEW

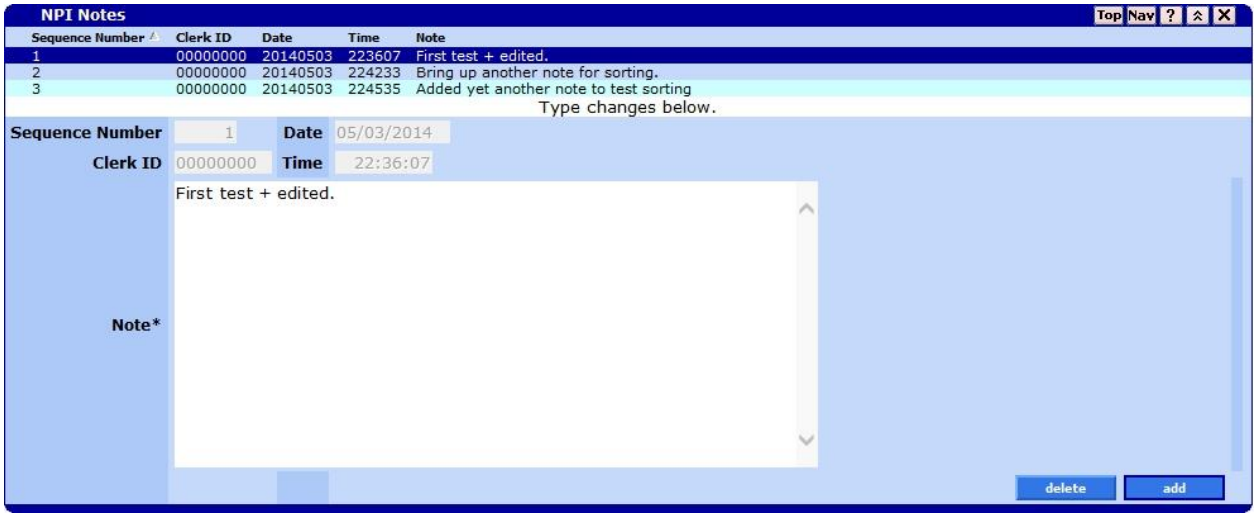
6.8.1 NPI Notes Panel Narrative

Use the Note panel to enter notes. Includes fields for date, time, clerk number and note sequence number.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] - [NPI Search] - [(select row from search results)] - [NPI Notes]

6.8.2 NPI Notes Panel Layout



6.8.3 NPI Notes Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a note.	Button	N/A	0
Clerk ID	ID of the user who enters the note. This value will be set from the user's security profile.	Field	Character	8
Date	Date that the note was added. Updates do not change this.	Field	Date (MM/DD/CCYY)	8
Date (Label)	Date that the note was added. Updates do not change this.	Field	Date (CCYYMMDD)	8
Delete	Delete a note.	Button	N/A	0
Note	Actual text of the note.	Field	Character	1000

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Field	Description	Field Type	Data Type	Length
Sequence Number	Sequence number than uniquely identifies a note.	Field	Number (Integer)	9
Time	Actual Time that the note was added. Updates do not change this.	Field	Number (Integer)	6

6.8.4 NPI Notes Panel Field Edit Error Codes

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

6.8.5 NPI Notes Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.8.6 NPI Notes Results Accessibility

6.8.6.1 To Access the NPI Notes Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **NPI Searc**h.	NPI Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	NPI Search results display.
4	If the above search results in only one row then NPI Maintenance panel is displayed directly or if the search results in multipay rows then select a row from the data list.	NPI Maintenance panel displays.
5	Click on **NPI Notes** panel link	NPI Notes panel is displayed.

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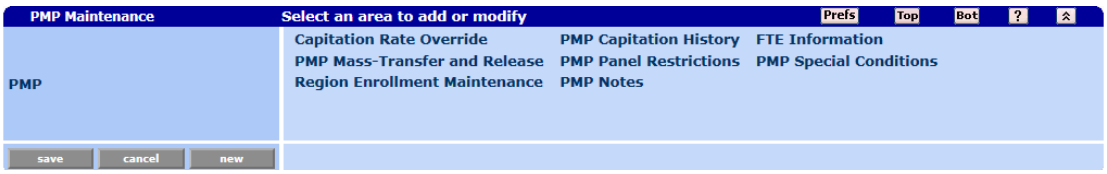
6.9 PMP MAINTENANCE PANEL OVERVIEW

6.9.1 PMP Maintenance Panel Narrative

The PMP Maintenance panel allows inquiries or updates to a provider's PMP (Managed Care Provider) information. This panel is inquiry only.

Navigation Path: [Managed Care] - [PMP Search] - [(select row from search results)]

6.9.2 PMP Maintenance Panel Layout



6.9.3 PMP Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the PMP Maintenance panel.	Button	N/A	0
Capitation Rate Override	Hyperlink to PMP Capitation Rate Override panel.	Hyperlink	N/A	0
FTE Information	Hyperlink to FTE Information panel.	Hyperlink	N/A	0
New	Allows the user to create a new record for PMP.	Button	N/A	0
PMP Capitation History	Hyperlink to PMP History Capitation panel.	Hyperlink	N/A	0
PMP CMF Search	Hyperlink to PMP CMF Search panel.	Hyperlink	N/A	0
PMP Mass-Transfer and Release	Hyperlink to PMP Mass-Transfer & Release panel.	Hyperlink	N/A	0
PMP Notes	Hyperlink to the PMP Notes panel.	Hyperlink	N/A	0
PMP Panel Restrictions	Hyperlink to PMP Panel Restrictions panel.	Hyperlink	N/A	0
PMP Special Conditions	Hyperlink to PMP Special Condition panel.	Hyperlink	N/A	0
Region Enrollment Maintenance	Hyperlink to Region Enrollment Maintenance panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the PMP Maintenance panel.	Button	N/A	0

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6.9.4 PMP Maintenance Panel Field Edit Error Codes

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

6.9.5 PMP Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.9.6 PMP Maintenance Panel Accessibility

6.9.6.1 To Access the PMP Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.

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6.10 PMP PANEL OVERVIEW

6.10.1 PMP Panel Narrative

The PMP panel displays information about the selected Managed Care provider (PMP).

Only users with update authority are allowed to add or change information on this panel.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - PMP

6.10.2 PMP Panel Layout

6.10.3 PMP Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24 Hour Phone	The 24 hour availability phone number for the provider in the format area code + prefix + suffix. This field is divided into 2 fields, which are 24 Hour Phone (length 10) and Extension (length 4).	Field	Character	14
Academic Indicator	Indicates whether the provider is associated with a teaching facility.	Comb o Box	Drop Down List Box	0
Contact Name/Number	Identifies the name of a contact person and contact phone number, which can be used to contact the contact person.	Field	Character	36
Current Panel Size	Number of recipients currently assigned to the PMP service location.	Field	Number (Integer)	9
Distance	Indicates how many miles in all directions that the provider is willing to provide coverage.	Field	Number (Integer)	4
Effective Date	Effective date the PMP's managed care program and service location began. Used to signify the start of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	End date for PMP's Managed Care program and service location. Used to signify the end of a span or period of participation in the Managed Care program.	Field	Date (MM/DD/CCYY)	8
Focus	Contains list of valid focuses that a PMP can have. A "focus" is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrition.	Combo Box	Drop Down List Box	0
Future Panel Size	Number of recipients assigned to the PMP service location that are effective AFTER this month.	Field	Number (Integer)	9
MC Program	Identification of the Managed Care program.	Combo Box	Drop Down List Box	0
Mid-Level Associate	Identifies the name of 'mid-level' medical personnel contact (e.g., nurse practitioner).	Field	Character	16
Output Media	Type of media used for output. Valid values are "Electronic", "Paper" and "Both".	Combo Box	Drop Down List Box	0
PMP ID	Primary Medical Provider (PMP) Identification number.	Field	Character	15
PMP ID Type (no label)	Primary Medical Provider (PMP) Identification number type.	Field	Character	3
Provider Name	Provider's individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9

6.10.4 PMP Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
24 Hour Phone	Field	1	24 Hour Phone is required.	Enter a valid 24 Hour Phone.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Required input must be 10 characters in length.	Enter a valid 24 Hour Phone Number.
Distance	Field	8	Distance is required.	Distance is Required if MC Program is Patient 1st.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date.
	Field	4122	Effective Date must be the first day of the month.	The valid Effective Date is the first day of the month.
	Field	10063	Date range is not within the Provider's Medicaid Eligibility.	Verify keying. Effective Date must be within the provider's eligibility.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
End Date	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
Focus	Combo Box	1	A valid Focus is required.	Select a Focus from the Drop Down list.
MC Program	Combo Box	1	A valid MC Program is required.	Select a valid MC Program from the Drop Down list.

6.10.5 PMP Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.10.6 PMP Panel Accessibility

6.10.6.1 To Access the PMP Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.

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Step	Action	Response
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.

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6.11 CAPITATION RATE OVERRIDE PANEL OVERVIEW

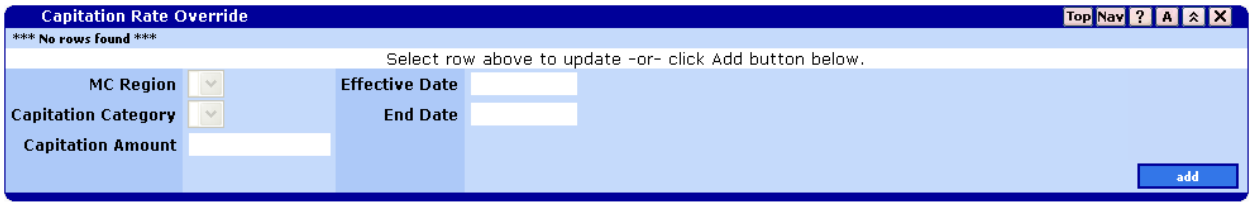
6.11.1 Capitation Rate Override Panel Narrative

The Capitation Rate Override panel allows the user to override the standard capitation rates for a specific PMP. Unless an override rate is entered, the rate specified in the Standard Capitation Rates panel will be utilized for the given capitation category.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [Capitation Rate Override]

6.11.2 Capitation Rate Override Panel Layout



6.11.3 Capitation Rate Override Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Capitation Rate Override information.	Button	N/A	0
Capitation Amount	Amount of the capitation payment. Format 9999999.99.	Field	Number (Decimal)	9
Capitation Category	Category of the capitation. Format Code - Description.	Combo Box	Drop Down List Box	0
Effective Date	Effective date of the payment record.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the payment record.	Field	Date (MM/DD/CCYY)	8
MC Region	Identification of the Managed Care region.	Combo Box	Drop Down List Box	0

6.11.4 Capitation Rate Override Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Capitation Amount	Field	3	Capitation Amount must be greater than zero.	Verify Input. Capitation Amount must be greater than 0.
	Field	4	Enter a valid value.	Enter a valid numeric value.
Capitation Category	Combo Box	91006	A valid Capitation Category is required.	Select valid option from Capitation Category list.

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Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date must be equal to first day of the month.	Effective Date must be in the form MM/DD/CCYY where DD = 01.
	Field	2	Effective Date is required.	Enter a valid Effective Date. Format is MM/DD/CCYY.
	Field	8012	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be <= to End Date
	Field	91001	Invalid date. Format is mm/dd/ccyy.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	91030	Date segments can not overlap.	Verify dates against list. Date segments cannot overlap for the same MC Region and Capitation Category.
End Date	Field	2	End Date must be equal to last day of the month.	End Date must be in the form MM/DD/CCYY where DD is the last day of the month, ex: Jan has 31 days, 01/31/2099.
	Field	91001	Invalid date. Format is mm/dd/ccyy.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	91002	End Date is required.	Enter a valid End Date. Format is MM/DD/CCYY.
	Field	91030	Date segments can not overlap.	Verify Effective Date, End Date, MC Region, and Capitation Category against the list. Date segments cannot overlap for the same MC Region and Capitation Category.
MC Region	Combo Box	91006	A valid MC Region is required.	Select valid option from MC Region List.

6.11.5 Capitation Rate Override Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.11.6 Capitation Rate Override Panel Accessibility

6.11.6.1 To Access the Capitation Rate Override Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select Capitation Rate Override.	Capitation Rate Override panel displays.

6.11.6.2 To Add on the Capitation Rate Override Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **MC Region** from drop down list box.	
3	Select **Capitation Category** from drop down list box.	
4	Enter Capitation Amount.	
5	Enter Effective Date.	
6	Enter End Date.	
7	Click **Save**.	Capitation Rate Override information is saved.

6.11.6.3 To Update on the Capitation Rate Override Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Capitation Rate Override information is saved.

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6.12 PMP CAPITATION HISTORY PANEL OVERVIEW

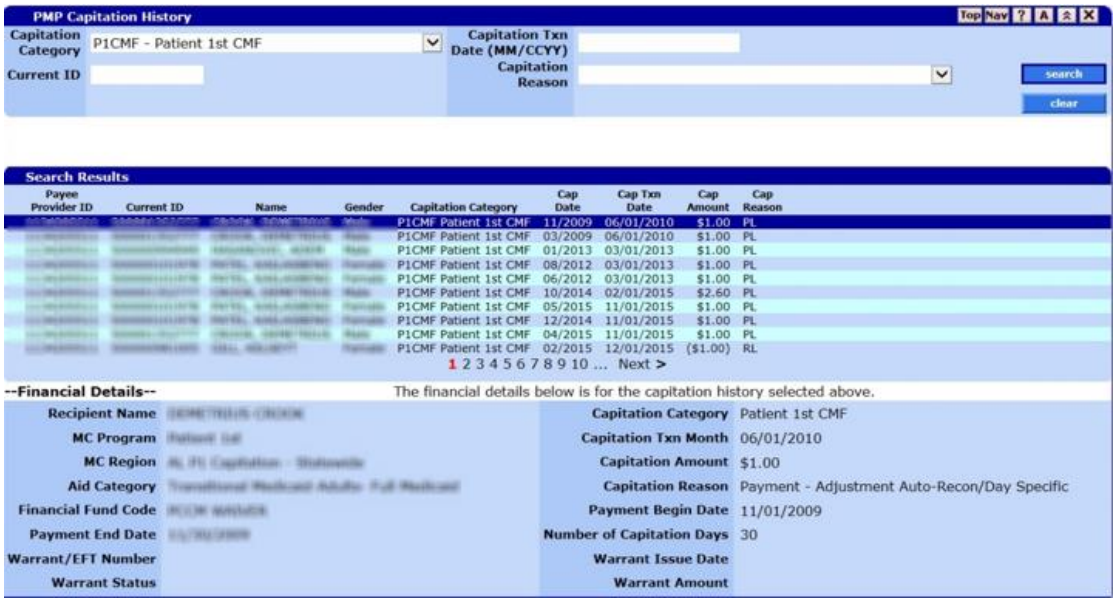
6.12.1 PMP Capitation History Panel Narrative

The PMP Capitation History panel is used to display all capitation transactions made to a specific Managed Care provider and to show financial details for each of those transactions. It can be used to verify that all payments have been made to a provider during a given capitation month and to verify that the amounts for those payments are correct.

This panel is an inquiry panel, but the audit button exists because this table is updated in a batch process.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [PMP Capitation History]

6.12.2 PMP Capitation History Panel Layout



6.12.3 PMP Capitation History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Aid Category	Identifies the type of aid for which a recipient is eligible. In the datalist the Aid Category is the code (length 2) and in the data panel the Aid Category is the code (length 1) " - " and description (length 36).	Field	Character	40
Cap Amount	Amount of money (check or EFT) we will pay to an external entity for capitation. Format 9999999.99.	Field	Number (Decimal)	9
Cap Date	Month that the capitation payment covers.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Cap Reason	Code of the reason the capitation is being done.	Field	Character	2
Cap Txn Date	Date that the capitation payment was made.	Field	Date (MM/DD/CCYY)	8
Cap Txn Date [Search]	Allows the user to search by the date the capitation payment was made.	Field	Date (MM/DD/CCYY)	8
Capitation Amount	Amount of money (check or EFT) we will pay to an external entity for capitation. Format 9999999.99.	Field	Number (Decimal)	10
Capitation Category	Describes the managed care CapitationCategory.	Field	Character	35
Capitation Category [Search]	Allows the user to search by the category of the capitation.	Combo Box	Drop Down List Box	0
Capitation Reason	Reason the capitation is being done. In the datalist, the code is displayed and in the data panel, the description is displayed.	Field	Character	50
Capitation Reason [Search]	Allows the user to search by Capitation Reason. The drop down list consists of the code and description. The data list field contains only the code.	Combo Box	Drop Down List Box	0
Capitation TXN Date	Date that the capitation payment was made.	Field	Date (MM/DD/CCYY)	8
Capitation Txn Month	Date that the capitation payment was made. If the payment is being made for a retro month the date is still the current month, i.e., payment in April of February admin fee, this date would have the April payment date.	Field	Date (MM/DD/CCYY)	8
Clear	The Clear button will clear the search fields.	Button	N/A	0
Current ID	Recipient’s identification number.	Field	Character	12

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Field	Description	Field Type	Data Type	Length
Current ID [Search]	Allows the user to search by the Recipient's identification number.	Combo Box	Drop Down List Box	0
Financial Fund Code	Description of the Financial Fund Code.	Field	Character	50
Gender	Gender of recipient.	Field	Character	12
MC Region	Identification of the Managed Care region.	Field	Character	40
MC Program	Describes the medical assistance program.	Field	Character	50
Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
Number of Capitation Days	Number of days out of the month that the capitation payment covers.	Field	Number (Integer)	2
Payee Provider ID	Number of the provider that received the capitation payment.	Field	Character	15
Payment Begin Date	Date that capitation payment coverage began.	Field	Date (MM/DD/CCYY)	8
Payment End Date	Date that the capitation payment coverage ended.	Field	Date (CCYYMMDD)	8
Recipient Name	Name of the Recipient.	Field	Character	50
Search	The Search button will return the search results.	Button	N/A	0
Warrant /EFT Number	This is the payment/check number for the payment.	Field	Character	9
Warrant Amount	Amount for which the check was written.	Field	Number (Decimal)	11
Warrant Issue Date	Date that the payment was issued.	Field	Date (CCYYMMDD)	8
Warrant Status	Description of the check statuses that is used for display and reporting purposes.	Field	Character	30

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6.12.4 PMP Capitation History Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Capitation Txn Date	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.
Capitation Category [Search]	Combo Box	1	Sorting requries at least one search criteria. If searching for either Capiation Category or Capiation Reason then a second criteria is required.	Please select appropriate search criteria.

6.12.5 PMP Capitation History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.12.6 PMP Capitation History Panel Accessibility

6.12.6.1 To Access the PMP Capitation History Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP Capitation History.	PMP Capitation History panel displays.
6	Enter search criteria or leave capitation category blank and click search; or select a detail line from the results displayed.	PMP Capitation History information displays.

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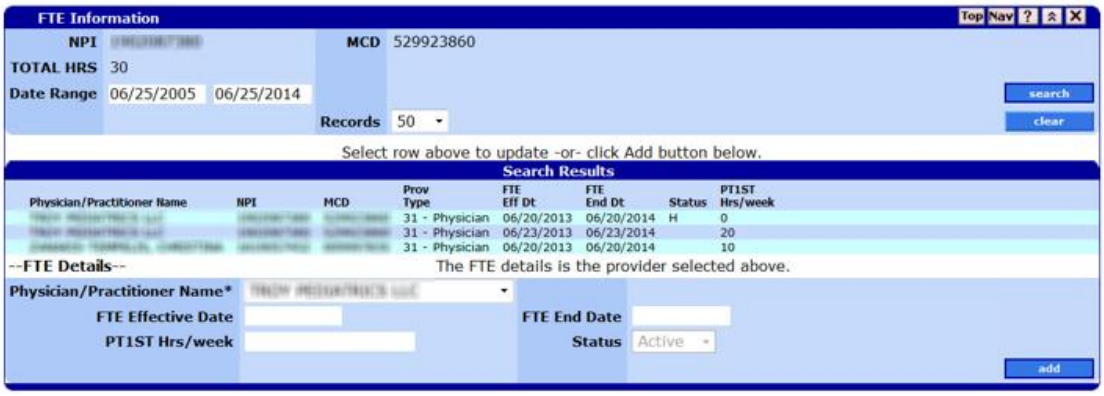
6.13 FTE INFORMATION PANEL OVERVIEW

6.13.1 FTE Information Panel Narrative

This panel contains Patient 1st full time employment (FTE) application information.

Navigation Path: [Managed Care] - [PMP Search] - [(select row from search results)] - [FTE Information]

6.13.2 FTE Information Panel Layout



6.13.3 FTE Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows a user to add FTE Information.	Button	N/A	0
Clear	Allows a user to clear search criteria entered on the panel.	Button	N/A	0
Date Range	Date Range to be displayed in Search Results panel	Field Type	Data Type	8
FTE Effective Date	Effective Date of the FTE.	Field	Date (MM/DD/CCYY)	8
FTE End Date	End Date of the FTE.	Field	Date (MM/DD/CCYy)	8
MCD	Medicaid assigned provider ID for group/group member	Label	Character	15
NPI	National Provider Identification number of the provider at the service location. Only healthcare providers are assigned NPI IDs.	Label	Character	15
Physician/Practitioner Name	Name of the provider. This can be a personal or business name. The contents of this attribute (business or personal) can be determined by checking the provider name type.	Combo Box	Character	50

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PT1ST Hrs/week	Number of hours the provider works at the service location per week.	Field	Number (Integer)	9
Records	Allows the user to select the number of records to display.	Combo Box	Drop Down List Box	0
Search	Search for records matching NPI and MCD criteria.	Button	N/A	0
Status	Specifies if the assignment is valid (space) or if the assignment has been historied ('H').	Field	Character	1
TOTAL HRS	TOTAL HRS assign to providers.	Label	N/A	0

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6.13.4 FTE Information Panel Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
FTE Effective Date	Field	1	Invalid date. Format is mm/dd/ccyy	Enter a valid End Date. Format is MM/DD/CCYY.
		2	Effective Date must be greater than or equal to 1/1/1900.	Please enter the valid date.
		3	Effective Date must be less than or equal to 12/31/2299.	Please enter the valid date.
FTE End Date	Field	1	Invalid date. Format is mm/dd/ccyy	Enter a valid End Date. Format is MM/DD/CCYY.
		2	End Date must be greater than or equal to 1/1/1900.	Please enter the valid date.
		3	End Date must be less than or equal to 12/31/2299.	Please enter the valid date.
PT1ST Hrs/ Week	Field	1	PT1ST Hrs/ Week must be greater than or equal to 0.	Please enter greater than or equal to 0.
Physician/Practitioner Name	Field	1	Date segments cannot overlap.	Physician/Practitioner Name can not have overlapping dates. Please modify dates to correct edit.

6.13.5 FTE Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.13.6 FTE Information Panel Accessibility

6.13.6.1 To Access the FTE Information Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click Login.	Main Menu page displays.
2	Point to **Managed Care** and click PMP Search.	PMP Search panel displays.

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Step	Action	Response
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select **FTE Information** panel.	FTE Information panel displays.

6.13.6.2 To Add on the FTE Information Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter comments in the **Note** field.	
3	Click **Save**.	FTE information is saved.

6.13.6.3 To Update on the FTE Information Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	FTE Information panel information is saved.

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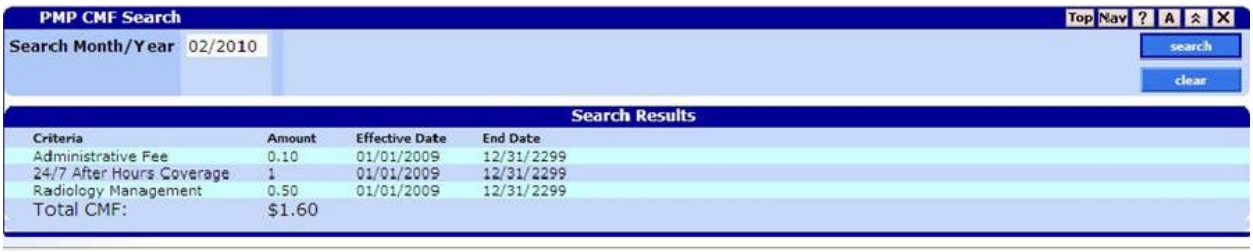
6.14 PMP CMF SEARCH PANEL OVERVIEW

6.14.1 PMP CMF Search Panel Narrative

The PMP CMF (Case Management Fee) Search panel allows the user to see what was paid to a given provider for a given month and year. This panel is inquiry only.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [PMP CMF Search]

6.14.2 PMP CMF Search Panel Layout



6.14.3 PMP CMF Search Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Amount	Amount that was paid for that component on the requested date is displayed.	Field	Number (Decimal)	5
Clear	Allows the user to clear any changes on the PMP CMF Search panel.	Button	N/A	0
Criteria	Name of the case management fee component.	Field	Character	25
Effective Date	Date the case management fee criteria's component became effective.	Field	Date (MM/DD/CCYY)	8
End Date	Date the case management fee criteria's coverage ends.	Field	Date (MM/DD/CCYY)	8
Search	Initiates the Search by Month/Year.	Button	N/A	0
Search Month/Year [Search]	Allows the user to search by the month and year of the case management fee.	Field	Date (MM/CCYY)	7

6.14.4 PMP CMF Search Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Search Month/Year	Field	1	Search Month/Year is required.	The Search Month/Year is required.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Invalid Format. Format is MM/CCYY format.	The date must be in MM/CCYY format.

6.14.5 PMP CMF Search Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.14.6 PMP CMF Search Panel Accessibility

6.14.6.1 To Access the PMP CMF Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Managed Care** and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP CMF Search.	PMP CMF Search panel displays.
6	Enter the **search month/year** and click search.	PMP CMF information displays.

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6.15 PMP MASS-TRANSFER & RELEASE PANEL OVERVIEW

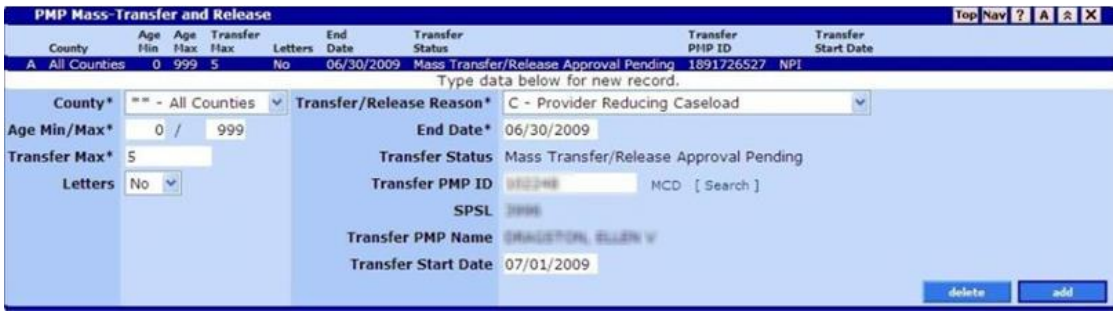
6.15.1 PMP Mass-Transfer & Release Panel Narrative

The PMP Mass-Transfer & Release panel allows the user to transfer or release selected parts of a provider's caseload of recipients.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [PMP Mass-Transfer & Release]

6.15.2 PMP Mass-Transfer & Release Panel Layout



6.15.3 PMP Mass-Transfer & Release Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Mass-Transfer & Release information.	Button	N/A	0
Age Max	Maximum age of the recipients the PMP wishes to transfer/release. Default value is 999.	Field	Number (Integer)	3
Age Min	Minimum age of the recipients the PMP wishes to transfer/release. Default value is 000.	Field	Number (Integer)	3
Age Min/Max	Minimum age of the recipients the PMP wishes to transfer/release. Default value is 000. / Maximum age of the recipients the PMP wishes to transfer/release. Default value is 999.	Field	Number (Integer)	6
County	Name of the county that the PMP wishes to transfer/release recipients. Default is All Counties.	Combo Box	Drop Down List Box	0
Delete	Allows the user to remove PMP Mass-Transfer & Release information.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
End Date	Assignment end date for the recipient's being transferred/released from their current PMP.	Field	Date (MM/DD/CCYY)	8
Letters	Indicates if letters should be produced as a result of this transfer/release. Default value is No.	Combo Box	Drop Down List Box	0
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Transfer Max	Maximum number of recipients the PMP wishes to transfer/release.	Field	Number (Integer)	6
Transfer PMP ID	Identifies the transfer provider enrollment tracking ID. This field is the Transfer PMP ID.	Field	Character	15
Transfer PMP Name	Transfer PMP provider individual name (format Last Name, First Name, Middle Initial) or the business name.	Field	Character	50
Transfer Start Date	Displays the date the system has been requested to use as the new assignment date for the recipients.	Field	Date (MM/DD/CCYY)	8
Transfer Status	Contains the transfer/release status description.	Combo Box	Drop Down List Box	0
Transfer/Release Reason	Contains the PMP transfer/release reason description. Format is code (length 2) " - ", and description (length 50).	Combo Box	Drop Down List Box	0

6.15.4 PMP Mass-Transfer & Release Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Age Max	Field	11	Max age must be larger than min age.	Enter a value larger than in the min age field.
	Field	12	Age Max is required.	Enter a valid numeric Age Max.
Age Min	Field	1	Min Age must be numeric.	Enter a valid minimum age.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	Age Min is required.	Enter a valid numeric minimum age.
	Field	3	Minimun Age must be less than Maximum Age.	Modify Age Min/Max so that minumum age is less than maximum age.
End Date	Field	1	End Date must be the last day of the month.	Enter the last day of the month in the DD portion of the end date.
	Field	2	End Date is required.	Enter a valid End Date. Format is MM/DD/CCYY.
	Field	3	Invalid date. Format is MM/DD/CCYY.	Enter a valid End Date.
Transfer PMP ID	Field	1	Selected Transfer PMP ID/SPSL is no longer enrolled.	Please select a PMP that is enrolled as of the current date.
	Field	2	Transfer PMP ID not active for Transfer Start Date.	Selected a Transfer Start Date that is within the PMP's active period.
	Field	3	Selected Transfer PMP does not have the same plan as the current PMP within the same region. Please select a valid Transfer PMP ID.	Select a PMP that is enrolled in the same Health Care Program and region as the current PMP.
	Field	4	Transfer PMP ID cannot be the same as the disenrolling PMP.	Select a different PMP or SPSL than the one currently working on.
Transfer Start Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter a valid Transfer Start Date. Format is MM/DD/CCYY.
	Field	2	Transfer PMP ID not active for Transfer Start Date	Verify Input.Transfer Start Date must be between Effective Date and End Date of the PMP ID
	Field	3	Selected Transfer PMP ID/SPSL is no longer enrolled.	Verify Input. Transfer PMP ID is no longer enrolled.
	Field	4	Transfer PMP ID is required, because Transfer Start Date was entered.	Enter a valid PMP ID or remove the value in the Transfer Start Date.

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Field	Field Type	Error Code	Error Message	To Correct
Transfer/Release Reason	Field	1	A valid Transfer Reason is required.	Select a valid value from the Transfer/Release dropdown list.

6.15.5 PMP Mass-Transfer & Release Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.15.6 PMP Mass-Transfer & Release Panel Accessibility

6.15.6.1 To Access the PMP Mass-Transfer & Release Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP Mass-Transfer & Release.	PMP Mass-Transfer & Release panel displays.

6.15.6.2 To Add on the PMP Mass-Transfer & Release Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **County** from drop down list box.	
3	Enter Age Min/Max.	
4	Enter Transfer Max.	
5	Select **Letters** from drop down list box.	
6	Select **Transfer/Release Reason** from drop down list box.	
7	Enter End Date.	
8	Enter Transfer PMP ID.	
9	Enter Transfer Start Date.	
10	Click **Save**.	PMP Mass-Transfer & Release information is saved.

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6.15.6.3 To Update on the PMP Mass-Transfer & Release Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Mass-Transfer & Release information is saved.

6.15.6.4 To Delete from the PMP Mass-Transfer & Release Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.16 PMP PANEL RESTRICTIONS PANEL OVERVIEW

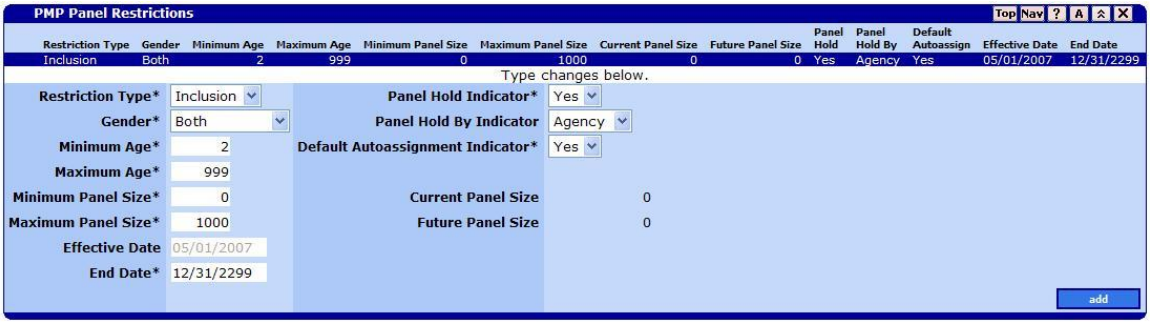
6.16.1 PMP Panel Restrictions Panel Narrative

The PMP Panel Restrictions panel allows the user to specify restrictions, such as age, gender, and maximum number of recipients that PMPs are allowed to place on their panel of recipients. This information is retained at a PMP level.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [PMP Panel Restrictions]

6.16.2 PMP Panel Restrictions Panel Layout



6.16.3 PMP Panel Restrictions Panel Field Description

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Panel Restriction information.	Button	N/A	0
Current Panel Size	Specifies the current number of recipients who meet the specified restrictions that the PMP will allow.	Field	Number (Integer)	9
Default Autoassignment Indicator	Indicates if default auto assignment processing is allowed on this PMP.	Combo Box	Drop Down List Box	0
Default Autoassign	Indicates if default auto assignment processing is allowed on this PMP.	Field	Character	0
Effective Date	Date that the restrictions become effective.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the restrictions are no longer effective.	Field	Date (MM/DD/CCYY)	8
Future Panel Size	Specifies the future number of recipients who meet the specified restrictions that the PMP will allow.	Field	Number (Integer)	9
Gender	Specifies the gender of the recipients who are either included or excluded from the PMP's panel.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Maximum Age	Specifies the maximum age of the recipients who are either included or excluded from the PMP's panel.	Field	Number (Integer)	3
Maximum Panel Size	Specifies the maximum number of recipients who meet the specified restrictions that the PMP will allow.	Field	Number (Integer)	9
Minimum Age	Specifies the minimum age of the recipients who are either included or excluded from the PMP's panel.	Field	Number (Integer)	3
Minimum Panel Size	Specifies the minimum number of recipients who meet the specified restrictions that the PMP will allow. This is an informational field.	Field	Number (Integer)	9
Panel Hold Indicator	Indicates if panel hold has been placed on the panel restriction.	Combo Box	Drop Down List Box	0
Panel Hold	Indicates if panel hold has been placed on the panel restriction.	Field	Character	0
Panel Hold By Indicator	Indicates by whom the panel hold has been placed, if panel hold has been placed on the panel restriction. The four valid values for this Combo Box are A – Agency, P – Provider, H – HP and N – No hold. If the value of Panel Hold Indicator is Yes then the valid values are A, P and H. If the value of Panel Hold Indicator is No then the valid value is only N.	Combo Box	Drop Down List Box	0
Panel Hold By	Indicates by whom the panel hold has been placed, if panel hold has been placed on the panel restriction. If the value of Panel Hold Indicator is Yes then the valid values are A=Agency, P=Provider, and H=HP. If the value of Panel Hold Indicator is No then the valid value is only N=No Hold.	Field	Character	1
Restriction Type	Specifies the type of restriction: Inclusion or Exclusion.	Combo Box	Drop Down List Box	0

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6.16.4 PMP Panel Restrictions Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	70	Invalid date. Format is MM/DD/CCYY.	Enter a valid End Date in MM/DD/CCYY format. 12/31/2299 indicates open ended end date.
Gender	Combo Box	10	Gender is required.	Select a valid value from the Gender dropdown list.
Maximum Panel Size	Field	50	Max Panel Size is required.	Enter a valid Maximum Panel Size for PMP.
	Field	51	Maximum Panel Size must be greater than or equal to Minimum Panel Size.	Enter a Maximum Panel Size that is greater than or equal to the Minimum Panel Size.
Maximum Age	Field	30	Max Age is required.	Enter a valid maximum age limit for the PMP. 999 is a valid maximum age.
Minimum Panel Size	Field	40	Min Panel Size is required.	Enter a valid Minimum Panel Size for PMP. Zero is a valid value. If field spaced out, may need to enter 000000 to get past edit.
Minimum Age	Field	20	Min Age is required.	Enter a valid minimum age limit for this PMP. Zero is a valid value.
	Field	21	Minimum Age must be Less than or Equal to Maximum Age.	Modify Minimum or Maximum age so that age limits are correct. Minimum must be less than or equal to Maximum Age.
Restriction Type	Combo Box	1	Panel Restriction: At least ONE Inclusion should have an end date that matches the PMP Panel's end date.	Choose a valid value from the Restriction Type dropdown list if blank and other value present.
Panel Hold By Indicator	Combo Box		Panel Hold By Indicator required when Panel Hold Indicator = Yes	If value for Panel Hold Indicator is Yes then value for this Combo Box should be either Agency, Provider or DXC.

6.16.5 PMP Panel Restrictions Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.16.6 PMP Panel Restrictions Panel Accessibility

6.16.6.1 To Access the PMP Panel Restrictions Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP Panel Restrictions.	PMP Panel Restrictions panel displays.

6.16.6.2 To Add on the PMP Panel Restrictions Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **Restriction Type** from drop down list box.	
3	Select **Gender** from drop down list box.	
4	Enter Minimum Age.	
5	Enter Maximum Age.	
6	Enter Minimum Panel Size.	
7	Enter Maximum Panel Size.	
8	Enter Effective Date.	
9	Enter End Date.	
10	Select **Panel Hold Indicator** from drop down list box.	
11	Select **Panel Hold By Indicator** from drop down list box.	
12	Select **Default Autoassignment Indicator** from drop down list box.	
13	Click **Save**.	PMP Panel Restriction information is saved.

6.16.6.3 To Update on the PMP Panel Restrictions Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Panel Restriction information is saved.

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6.17 PMP SPECIAL CONDITIONS PANEL OVERVIEW

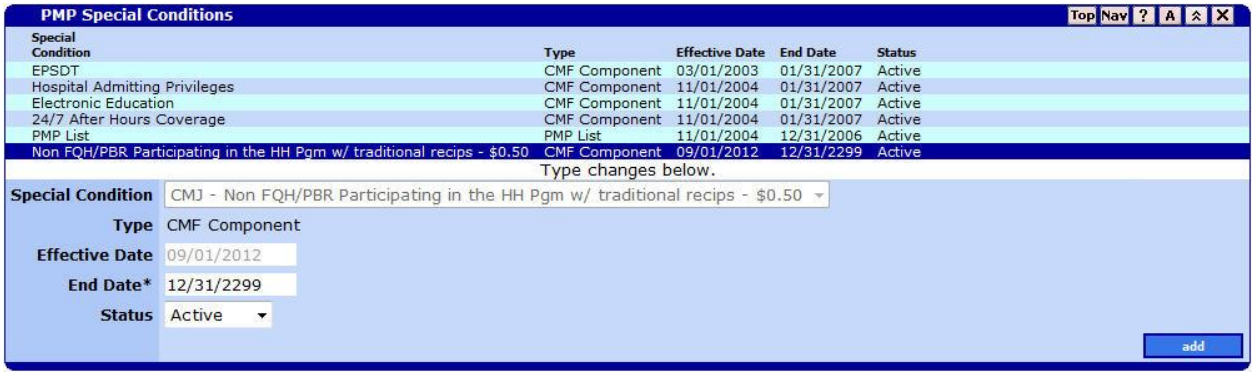
6.17.1 PMP Special Conditions Panel Narrative

This PMP Special Conditions panel allows the user to specify state-specific, special conditions that apply to the selected PMP service location.

Only users with update authority are allowed to change information on this panel.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [PMP Special Conditions]

6.17.2 PMP Special Conditions Panel Layout



6.17.3 PMP Special Conditions Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Special Conditions information.	Button	N/A	0
Effective Date	Date that the Special Condition became effective for the PMP.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the Special Condition no longer applied to the PMP.	Field	Date (MM/DD/CCYY)	8
Special Condition	Describes the Special Condition that applies to the PMP.	Combo Box	Drop Down List Box	0
Status	Status of the Special Condition. The Status may either be Active or History.	Combo Box	Drop Down List Box	0
Type	Describes the Type of the Special Condition.	Field	Character	0

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6.17.4 PMP Special Conditions Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date is required.	Effective Date is required. Format is MM/DD/CCYY.
	Field	2	Effective Date must be less than end date.	Effective Date must be less than end date. Modify one of the dates to correct this edit.
	Field	3	Overlapping date segments	Special Conditions of the same type can not have overlapping dates. Please modify dates to correct edit.
End Date	Field	10	End Date is required.	Enter a valid End Date. Format is MM/DD/CCYY.
	Field	11	End Date must be the last day of the month.	Enter a valid end of month date. Example: 01/31/2008.
	Field	12	Invalid date. Format is MM/DD/CCYY.	Enter a valid End Date. Format is MM/DD/CCYY

6.17.5 PMP Special Conditions Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.17.6 PMP Special Conditions Panel Accessibility

6.17.6.1 To Access the PMP Special Conditions Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click **Search**; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP Special Conditions.	PMP Special Conditions panel displays.

6.17.6.2 To Add on the PMP Special Conditions Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **Special Conditions** from drop down list box.	
3	Enter Effective Date.	

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Step	Action	Response
4	Enter End Date.	
5	Select **Status** from drop down list box.	
6	Click **Save**.	PMP Special Conditions information is saved.

6.17.6.3 To Update on the PMP Special Conditions Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Special Conditions information is saved.

6.17.6.4 To Delete from the PMP Special Conditions Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.18 REGION ENROLLMENT MAINTENANCE PANEL OVERVIEW

6.18.1 Region Enrollment Maintenance Panel Narrative

The Region Enrollment Maintenance panel allows the user to enroll the selected Managed Care provider (PMP) into one or more geographical regions of the state.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [PMP Search] - [(select row from search results)] - [Region Enrollment Maintenance]

6.18.2 Region Enrollment Maintenance Panel Layout

6.18.3 Region Enrollment Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Region Enrollment Maintenance information.	Button	N/A	0
Disenroll Date	Date that the PMP has elected to disenroll from the specified region.	Field	Date (MM/DD/CCYY)	8
Disenrollment Information	This label defines the "Disenrollment Information" section on the panel.	Field	N/A	0
Disenroll Reason	Contains the PMP enrollment reason description. Format is code (length 2), " - ", and description (length 50).	Combo Box	Drop Down List Box	0
Effective Date	Effective date of the Managed Care region assignment.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the Managed Care region.	Field	Date (MM/DD/CCYY)	8
Enrollment Status	Contains the enrollment status description.	Combo Box	Drop Down List Box	0
Letters	Indicates whether letters should be produced as a result of the disenrollment. Default value is 'No'.	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
MC Region	Identification of the Managed Care region.	Combo Box	Drop Down List Box	0
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Transfer PMP ID	Primary Medical Provider (PMP) Identification number of the provider who is receiving the transferred recipients.	Field	Character	15
Transfer PMP Name	Transfer PMP provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
Transfer Start Date	Start date of the transfer.	Field	Date (MM/DD/CCYY)	8

6.18.4 Region Enrollment Maintenance Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Disenroll Date	Field	10232	End/Disenrollment Dates not within the Provider's Managed Care contract dates	Verify input. Disenrollment and Assign date must be >= Effective Date and <= End Date.
	Field	10233	Disenroll Date must Match the End Date.	Enter the same value in Disenroll Date tha is currently entered in End Date.
	Field	10234	Invalid date. Format is MM/DD/CCYY.	Enter a valid Disenroll Date in MM/DD/CCYY format.
Disenroll Reason	Field	10002	Disenroll Reason is required.	Select a valid Disenroll Reason from the Disenroll Reason drop down menu.
Effective Date	Field	1	Effective Date is required.	Enter a valid Effective Date in MM/DD/CCYY format.
	Field	4122	Effective Date must be the first day of the month.	Effective Date must be in the form MM/DD/CCYY where DD must be 01.
	Field	8012	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be < to End Date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.
End Date	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	91030	Date segments can not overlap.	Verify Effective Date, End Date, and MC Region against the list. Date segments cannot overlap for the same MC Region.
	Field	91135	End Date must be the last day of the month.	End Date must be in the format MM/DD/CCYY where DD must be the last day of the month. Example: Jan 2099 has 31 days; therefore the end date would be 01/31/2099.
Enrollment Status	Combo Box	1	Valid Enrollment Status is required.	Select an Enrollment Status from the drop down list.
	Combo Box	10070	Enrollment Status may only change to Enrolled.	Verify input. Initial Status must be 'Enrolled'
	Combo Box	10071	Enrollment Status may only change to Mass Disenrollment Approval Pending.	Verify input. Status change from 'enrolled' can only change to Mass Disenrollment Approval Pending.
	Combo Box	10072	Enrollment Status may only change to Enrolled or Mass Disenrollment Approved.	Verify input. Status change from 'Mass Disenrollment Approval Pending' may only change to 'Enrolled' or 'Mass Disenrollment Approved'.
	Combo Box	10073	Enrollment Status may only change to Enrolled or Mass Disenrollment Approval Pending.	Verify input. Status change from 'Mass Disenrollment Approved' may only change to 'Enrolled' or 'Mass Disenrollment Approval Pending'.
	Combo Box	10079	Enrollment Status may not change.	Verify input. Enrollment status may not change when currently 'Disenrolled'.
MC Region	Combo Box	1	Valid MC Region is required.	Select an MC Region from the drop down list.

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Field	Field Type	Error Code	Error Message	To Correct
Transfer PMP ID	Field	10075	Transfer PMP ID is required, because Transfer Start Date was entered.	Verify input. Enter a valid PMP ID or remove the Transfer Start Date.
	Field	10076	Transfer PMP ID cannot be the same as the disenrolling PMP.	Verify input. Enter a valid Transfer PMP ID that is different from the original PMP ID.
	Field	10080	Transfer PMP ID must be enrolled in a MC Region on the Transfer Start Date.	Verify input. Validate the Transferring PMP ID has a MC Region for the Transfer Date.
	Field	1	Selected Transfer PMP ID/SPSL is no longer enrolled.	Please select a PMP that is enrolled as of the current date.
	Field	2	Transfer PMP ID not active for Transfer Start Date.	Selected a Transfer Start Date that is within the PMP's active period.
	Field	3	Selected Transfer PMP does not have the same plan as the current PMP. Please select a valid Transfer PMP ID.	Select a PMP that is enrolled in the same Health Care Program as the current PMP.
Transfer Start Date	Field	10074	Transfer Start Date is required, because Transfer PMP ID was entered.	Verify Input. Either remove the PMP ID or enter a valid transfer start date.
	Field	10077	Transfer Start Date must fall between enrolled dates.	Verify Input. Transfer Start Date must be >= Effective Date and <= End Date.
	Field	10078	Transfer Start Date must be after the Disenrollment and Assign End Date.	Verify Input. Transfer Date must be > Disenrollment & Assign End Date.
	Field	10079	Transfer PMP ID not active for Transfer Start Date	Verify Input.Transfer Start Date must be between Effective Date and End Date of the PMP ID.
	Field	10080	Selected Transfer PMP ID/SPSL is no longer enrolled.	Verify Input.Transfer PMP ID is no longer enrolled.
	Field	91001	Invalid date. Format is MM/DD/CCYY.	Verify keying. The date must be in MM/DD/CCYY format.

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6.18.5 Region Enrollment Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.18.6 Region Enrollment Maintenance Panel Accessibility

6.18.6.1 To Access the Region Enrollment Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select Region Enrollment Maintenance.	Region Enrollment Maintenance panel displays.

6.18.6.2 To Add on the Region Enrollment Maintenance Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **MC Region** from drop down list box.	
3	Enter Effective Date.	
4	Enter End Date.	
5	Enter Default Autoassign.	
6	Enter Panel Hold.	
7	Select **Enrollment Status** from drop down list box.	
8	Select **Disenroll Reason** from drop down list box.	
9	Enter Disenroll Date.	
10	Enter Transfer PMP ID.	
11	Enter Transfer Start Date.	
12	Select **Letters** from drop down list box.	
13	Click **Save**.	Region Enrollment information is saved.

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6.18.6.3 To Update on the Region Enrollment Maintenance Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Region Enrollment information is saved.

6.18.6.4 To Delete from the Region Enrollment Maintenance Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.19 PMP NOTES PANEL OVERVIEW

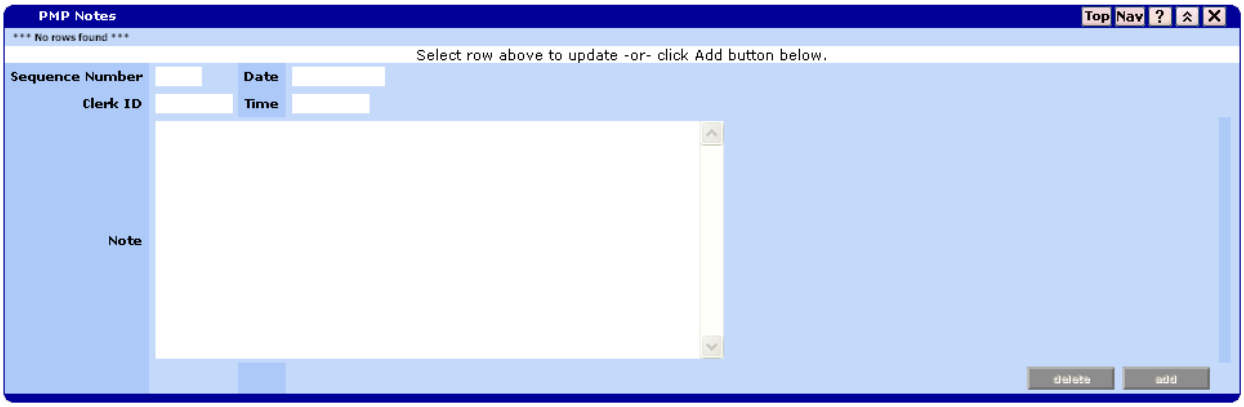
6.19.1 PMP Notes Panel Narrative

Use the Note panel to enter notes regarding the specific Managed Care recipient. Includes fields for date, time, clerk number, and note sequence number.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] - [PMP Search] - [(select row from search results)] - [PMP Notes]

6.19.2 PMP Notes Panel Layout



6.19.3 PMP Notes Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a note.	Button	N/A	0
Delete	Delete a note.	Button	N/A	0
Clerk ID	ID of the user who enters the note. This value will be set from the user's security profile.	Field	Character	8
Date	Date that the note was added. Updates do not change this.	Field	Date (MM/DD/CC	8
Note	Actual text of the note.	Field	Character	1000
Sequence Number	Sequence number than can uniquely identify a note.	Field	Number (Integer)	9
Time	Actual Time that the note was added. Updates do not change this.	Field	Number (Integer)	6

6.19.4 PMP Notes Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Note	Field	1	Note is required.	Add PMP Note text.

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6.19.5 PMP Notes Panel Extra Features

PMP Notes Panel Extra Features

Only the notes field is user enterable, all other fields are auto populated as follows:

Sequence Number - Max sequence number for pmp + 1
Clerk ID - System generated based on users logon id
Date - System Date (When Saved)
Time - System Time (When Saved)

6.19.6 PNP Notes Panel Accessibility

6.19.7 To Access PMP Notes Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click Login.	Main Menu page displays.
2	Point to **Managed Care** and click PMP Search.	PMP Search panel displays.
3	Enter the **Provider ID** and click search; Or click search and select a line item.	Entering search criteria and clicking search allows results to display that are based on the Provider ID entered; Clicking search allows a list of PMP Providers to display.
4	Select a detail line from the results displayed.	PMP Information, PMP Maintenance, and PMP panels display.
5	Select PMP Notes.	PMP Notes panel displays.

6.19.7.1 To Add on the PMP Notes Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter comments in the Note field.	
3	Click **Save**.	Region Enrollment information is saved.

6.19.7.2 To Update on the PMP Note Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Note information is saved.

6.19.7.3 To Delete on the PMP Note Panel

Step	Action	Response
1	Click to highlight the row to be deleted.	Data is populated in fields.
2	Click Delete button.	
3	Click OK to confirm deletion.	PMP Note information is deleted.

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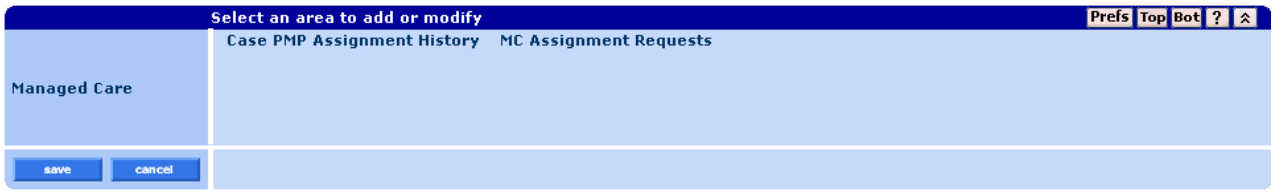
6.20 MANAGED CARE MAINTENANCE PANEL OVERVIEW

6.20.1 Managed Care Maintenance Panel Narrative

This panel displays the Managed Care Maintenance data panels. This panel is inquiry only.

Navigation Path: [Managed Care] – [Managed Care]

6.20.2 Managed Care Maintenance Panel Layout



6.20.3 Managed Care Maintenance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Managed Care panel.	Button	N/A	0
Case PMP Assignment History	Hyperlink to Case PMP Assignment History panel.	Hyperlink	N/A	0
MC Assignment Requests	Hyperlink to MC Assignment Request's panel.	Hyperlink	N/A	0
Save	Allows the user to save a record for Managed Care.	Button	N/A	0

6.20.4 Managed Care Maintenance Panel Field Edit Error Codes

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

6.20.5 Managed Care Maintenance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.20.6 Managed Care Maintenance Panel Accessibility

6.20.6.1 To Access the Managed Care Maintenance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Managed Care.	Managed Care panel displays.

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6.21 CASE PMP ASSIGNMENT HISTORY PANEL OVERVIEW

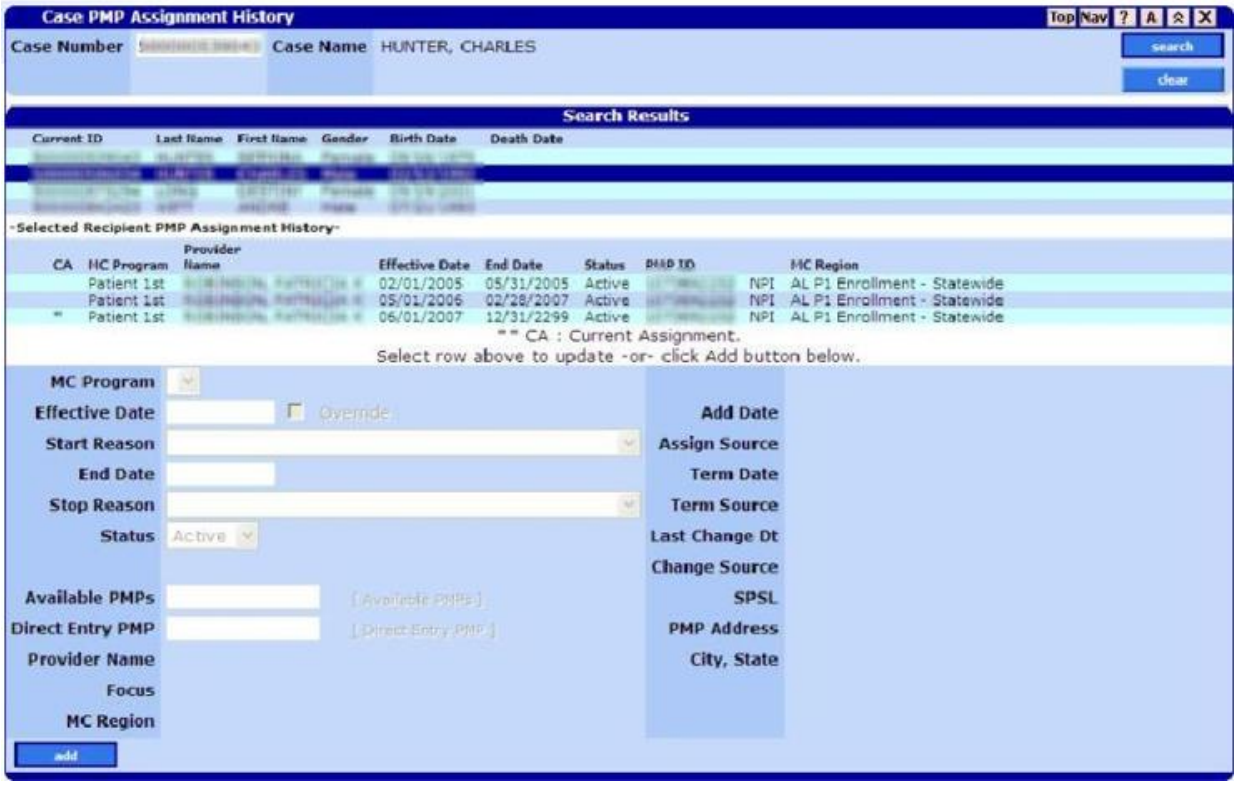
6.21.1 Case PMP Assignment History Panel Narrative

The Case PMP Assignment History panel displays the PMP assignment history for all members of the specified case and allows the user to create new assignments and end date previously existing ones.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Managed Care] - [Case PMP Assignment History]

6.21.2 Case PMP Assignment History Panel Layout



6.21.3 Case PMP Assignment History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Case PMP Assignment History information.	Button	N/A	0
Add Date	Indicates the actual date the assignment was made.	Field	Date (MM/DD/CCYY)	8
Assign Source	Identifies how the PMP Assignment record was assigned to this recipient.	Field	Character	40

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Field	Description	Field Type	Data Type	Length
Available PMPs	Search for available PMP's. Once one is selected from the search list, it will be returned in the Available PMP ID field as well as populates the provider name.	Field	Character	15
Birth Date	Case member's date of birth.	Field	Date (MM/DD/CCYY)	8
CA	Current Assignment. Displays an asterisk on the assignment which includes the current date.	Field	Character	1
Case Name [Search]	Identifies the name of the recipient that is the case head.	Field	Character	35
Case Number [Search]	Uniquely identifies a Medicaid case - grouping of recipients.	Field	Number (Integer)	10
Change Source	Identifies what last changed PMP Assignment record.	Field	Character	40
City, State	Provider's Service Location City, State.	Field	Character	33
Clear	Allows the user to clear any changes on the Case PMP Assignment History panel.	Button	N/A	0
Current ID	Recipient's identification number.	Field	Character	12
Death Date	Case member's date of death.	Field	Date (MM/DD/CCYY)	8
Direct Entry PMP	If you know the provider id, use Direct Entry PMP. If there is multiple service locations associated with the NPI, you will need to search for the correct PMP location. Once one is selected from the search list, it will be returned in the Available PMP ID field as well as populates the provider name.	Field	Character	15
Effective Date	Date that the PMP assignment became effective.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
End Date	Date that the PMP assignment is no longer effective.	Field	Date (MM/DD/CCYY)	8
First Name	The case member's first name.	Field	Character	13
Focus	PMP focus: A focus is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrician.	Field	Character	30
Gender	Case member’s gender.	Field	Character	18
Last Change Dt	Date the assignment information was last changed.	Field	Date (MM/DD/CCYY)	8
Last Name	The case member's last name.	Field	Character	15
MC Program	Identification of the Managed Care program.	Combo Box	Drop Down List Box	0
MC Region	Description or name of the Managed Care region.	Field	Character	40
Override Effective Dt	Enter check in box if Effective Date needs to be changed from the defaulted value.	Check Box	Check Box	0
PMP Address	Provider's Service Location street address line 1.	Field	Character	30
PMP ID	Primary Medical Provider (PMP) Identification number and Type.	Field	Character	15
Provider ID Type (no label)	The provider identification type.	Field	Character	3
Provider Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
Search	Initiates the Search for a record by Case number.	Button	N/A	0
SPSL	Sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9

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Field	Description	Field Type	Data Type	Length
Start Reason	Describes why the recipient was assigned to this provider.	Combo Box	Drop Down List Box	0
Status	Indicates the status of the aid category eligibility (Active or History).	Combo Box	Drop Down List Box	0
Stop Reason	Describes why the recipient was no longer assigned to this provider.	Combo Box	Drop Down List Box	0
Term Date	Date the assignment was terminated.	Field	Date (MM/DD/CCYY)	8
Term Source	Identifies how the PMP Assignment was stopped.	Field	Character	40

6.21.4 Case PMP Assignment History Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	4156	Recipient is deceased as of Effective Date.	Verify keying. The recipient cannot be deceased on the Effective Date.
	Field	8012	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be < to End Date.
	Field	10058	Effective Date not within PMP Start and End Date.	Verify input. Enter an Effective Date before the PMP start date.
	Field	10144	Warning: Effective date is prior to today.	Verify keying. This is a warning and can be ignored.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	1024	Must NOT have an active segment on the LTC file.	There cannot be a PMP assignment done when there is an active LTC segment on file that covers the PMP effective date.
End Date	Field	4159	Stop Reason requires End Date.	Select a valid stop reason or remove the End Date.
	Field	10052	The End Date may not be increased.	Verify keying. The End Date cannot be increased.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	91030	Date segment cannot overlap.	Verify Effective Date, End Date, and MC Program against the list. Date segments cannot overlap for the same MC Program.
MC Program	Combo Box	1	A valid MC Program is required.	Select a MC Program from the Drop Down list.
	Combo Box	10146	Recipient has an invalid living arrangement for the MC Program.	Verify keying. The living arrangement for the MC Program must be valid.
	Combo Box	10162	Recipient has no pre-requisite program eligibility that spans assignment.	Verify keying. The Recipient has no MC Program eligibility for the Effective Date.
	Combo Box	10163	Recipient is enrolled in a mutually-exclusive program.	Verify keying. The Recipient is excluded from this MC Program and Effective Date.
	Combo Box	10164	Recipient has invalid aid category eligibility.	Verify keying. The recipient has invalid aid category eligibility for this MC Program and Effective Date.
MC Region	Field	4163	Recipient not in Provider Region.	Verify the data entered. If the recipient and PMP aren't in the same region, then the recipient shouldn't be assigned to the PMP. The only option is to select a PMP that is enrolled in the same region as the recipient.
PMP I	Field	1	There is no Provider in the system with that ID & Location Code.	Verify keying. PMP ID and Svc Loc must be a valid provider and service location in the application.
	Field	2	PMP Provider ID/Service Location not found.	Verify keying. The PMP ID/Svc Loc must be a valid PMP Provider.
	Field	3	MC Program is needed to validate the PMP ID / Svc Loc.	Enter a MC Program, so that the PMP ID can be verified.
	Field	4	No PMP ID / Svc Loc found given Effective Date.	Verify keying. There was a PMP ID found, but not for the Effective Date.
	Field	5	A valid PMP ID/Svc Loc is required.	Enter a valid PMP ID/Svc Loc or click [search] to select one.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	10073	PMP ID is not in this MC Program.	The PMP ID/Svc Loc is not valid for this MC Program.
	Field	10172	Recipient locked out from Provider Svc Location.	Verify keying. The Recipient is locked out of the PMP ID/Svc Location.
Save	Button	1	CAUTION: MC Assignment Request was Ended.	Informational message. Recipient has been removed from MC Assignment Request panel.
	Button	2	CAUTION: MC Enrollments were Ended.	Informational message. MC Enrollments were Ended.
Start Reason	Combo Box	1	A valid Start Reason is required.	Select a Start Reason from the Drop Down list.
Stop Reason	Combo Box	4023	End Date requires Stop Reason.	Select appropriate Stop Reason from Stop Reason drop down list box.

6.21.5 Case PMP Assignment History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.21.6 Case PMP Assignment History Panel Accessibility

6.21.6.1 To Access the Case PMP Assignment History Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Select Case PMP Assignment History.	Case PMP Assignment History panel displays.
4	Enter a case number and click **Search**.	Entering a case number and clicking search allows results to display that are based on the criteria entered.
5	Select a detail line from the results displayed.	Case PMP History information displays.

6.21.6.2 To Add on the Case PMP Assignment History Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **MC Program** from drop down list box.	

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Step	Action	Response
3	Enter Effective Date.	
4	Enter End Date.	
5	Select **Status** from drop down list box.	
6	Enter Group Member ID.	
7	Select **Start Reason** from drop down list box.	
8	Select **Stop Reason** from drop down list box.	
9	Click **Save**.	Case PMP Assignment information is saved.

6.21.6.3 To Update on the Case PMP Assignment History Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Case PMP Assignment information is saved.

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6.22 MC ASSIGNMENT REQUESTS PANEL OVERVIEW

6.22.1 MC Assignment Requests Panel Narrative

The MC Assignment Requests panel allows the user to request an assignment for a specific PMP for the newborn children or unborn children of Recipients that are under the Managed Care system. For either situation, the first 6 positions of the recipient's first name must equal UNBORN, at the time this request is made. This information is then utilized by the Auto assignment batch process when creating an assignment for the recipient once eligibility is received in the MMIS. The actual assignment will not be made as long as the first 6 positions of the first name is equal to "UNBORN". An assignment request can stay on the T_MC_RE_PMP_SEL for up to four months. If not assigned to the requested PMP by then, the entry in this table is removed and the recipient will fall into the non-newborn assignment logic in the next run of the assignment process.

Navigation Path: [Managed Care] - [Managed Care] - [MC Assignment Requests]

6.22.2 MC Assignment Requests Panel Layout

6.22.3 MC Assignment Requests Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Assignment Request information.	Button	N/A	0
Added With	Description of the Managed Care entity.	Field	Character	60
Clear	Allows the user to clear any changes on the MC Assignment Requests panel.	Button	N/A	0
Current ID [Search]	Allows the user to search by the recipient's identification number.	Hyperlink	N/A	0
Date Added	Date that the selection was added.	Field	Date (MM/DD/CCYY)	8
Delete	Allows the user to remove MC Assignment Request information.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Override Panel Hold	Indicates if the panel hold should be overridden for newborn assignment. Valid values include: No, Yes. Field defaults to “No”. User must have security level 2 or 3 to change.	Combo Box	Character	1
PMP ID	The unique provider identification number.	Hyperlink	N/A	0
Provider ID	Unique provider identification number and identification Type.	Hyperlink	N/A	0
Provider ID Type (no label)	The provider identification type.	Field	Character	3
Provider Name	Provider individual name or the Business name.	Field	Character	50
Provider Panel Hold	Indicates if panel hold has been placed on the provider's panel restrictions. Valid values are Yes, No.	Field	Character	1
Search	Initiates the Search by Current ID.	Button	N/A	0

6.22.4 MC Assignment Requests Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Current ID	Field	1	Current ID is required.	Enter a valid current ID; this ID edited for a valid Recipient.
Provider ID	Hyperlink	1	A valid Provider ID is required.	Enter a Provider ID and ID Type or click [search] to select one.
	Hyperlink	3	There is no Provider in the system with that ID & Type Code.	The Provider ID and ID type entered is not a valid Provider in the application.
	Hyperlink	4	Provider ID entered is not a PMP Provider.	The Provider ID entered is not a PMP Provider.
	Hyperlink	5	Provider ID entered is a PMP Provider, but not active for the enrollment date.	The Provider ID/ID Type is a valid PMP, but not for the System Enrollment Date.

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6.22.5 MC Assignment Requests Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.22.6 MC Assignment Requests Panel Accessibility

6.22.6.1 To Access the MC Assignment Requests Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click PMP Search.	PMP Search panel displays.
3	Select MC Assignment Request.	Case PMP Assignment History panel displays.
4	Enter a **Current ID** and click **Search**.	Entering a Recipient current ID and clicking search allows results to display that are based on the criteria entered.
5	Select a detail line from the results displayed.	MC Assignment Requests information displays.

6.22.6.2 To Add on the MC Assignment Requests Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Current ID.	
3	Enter Provider ID.	
4	Enter Group Member ID.	
5	Select Override Panel Hold value (Yes/No)	
6	Click **Save**.	MC Assignment Requests information is saved.

6.22.6.3 To Update on the MC Assignment Requests Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	MC Assignment Requests information is saved.

6.22.6.4 To Delete from the MC Assignment Requests Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.23 RECIPIENT CAPITATED LOCK-IN ASSIGNMENT HISTORY PANEL OVERVIEW

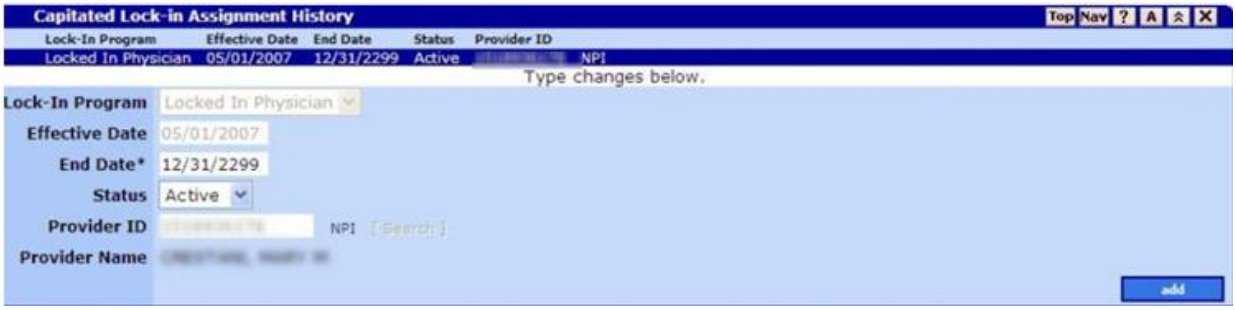
6.23.1 Recipient Capitated Lock-In Assignment History Panel Narrative

The Recipient Capitated Lock-In Assignment History panel is a listing of all providers that a recipient has ever been assigned to for the Lock-In program. It also allows the user to create new assignments and end date previously created assignments.

Only users with update authority are allowed to change information on this panel..

Navigation Path: [Recipient] – [Information] - Enter Current ID and click 'search'- [Managed Care] - [Capitated Lock-In Assignment History]

6.23.2 Recipient Capitated Lock-In Assignment History Panel Layout



6.23.3 Recipient Capitated Lock-In Assignment History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Capitated Lock-In Assignment History information.	Button	N/A	0
Effective Date	Date that the Lock-In assignment became effective.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the Lock-In assignment ends.	Field	Date (MM/DD/CCYY)	8
Lock-In Program	Lock-In assignment plan/program that the recipient is tied in to.	Combo Box	Drop Down List Box	0
Provider ID	Provider that the recipient is locked in to.	Field	Character	15
Provider ID Type (No label)	The Provider Id Type.	Field	Character	3
Provider Name	Name of the provider that the recipient is locked in to.	Field	Character	50
Status	Indicates the status of the assignment (Active or History).	Combo Box	Drop Down List Box	0

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6.23.4 Recipient Capitated Lock-In Assignment History Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
No field edit found for this panel.				

6.23.5 Recipient Capitated Lock-In Assignment History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.23.6 Recipient Capitated Lock-In Assignment History Panel Accessibility

6.23.6.1 To Access the Recipient Capitated Lock-In Assignment History Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click **Search**.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select Managed Care.	A list of hyperlinks to panel(s) displays.
6	Select Capitated Lock-In Assignment History.	Capitated Lock-In Assignment History panel displays.

6.23.6.2 To Add on the Recipient Capitated Lock-In Assignment History Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Lock-In Program.	
3	Enter Effective Date.	
4	Enter End Date.	
5	Enter **Status**.	
6	Enter Provider ID.	
7	Click **Save**.	Capitated Lock-In Assignment information is saved.

6.23.6.3 To Update on the Recipient Capitated Lock-In Assignment History Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Capitated Lock-In Assignment information is saved.

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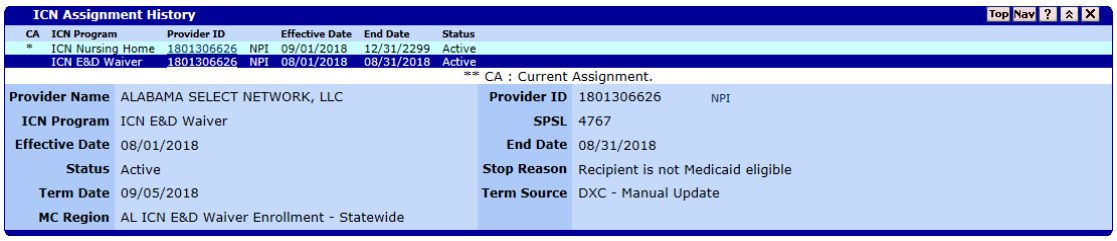
6.24 RECIPIENT ICN ASSIGNMENT HISTORY PANEL

6.24.1 Recipient ICN Assignment History Panel Narrative

The Recipient ICN Assignment History panel is a listing of all Managed Care Providers (ICNs) that a recipient has ever been assigned to.

Navigation Path: [Recipient] - [Information] – enter Current ID [search] – [Managed Care] - [ICN Assignment History]

6.24.2 Recipient ICN Assignment History Panel Layout



6.24.3 Recipient ICN Assignment History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
CA	Displays an asterisk on the assignment which includes the current date.	Field	Character	1
Effective Date	Indicates the effective date of the ICN Assignment.	Field	Date (MM/DD/CCYY)	8
End Date	Indicates the end date of the ICN Assignment.	Field	Date (MM/DD/CCYY)	8
ICN Program	Identification of the Managed Care program.	Field	Character	50
MC Region	Identification of the Managed Care region.	Field	Character	50
Provider ID	Indicates provider identifier information.	Field	Character	15
Provider Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
SPSL	Helps to uniquely define the provider's different service locations.	Field	Number	9
Status	Indicates the status of the aid category eligibility (Active or History).	Field	Character	7
Stop Reason	Describes why the recipient was no longer assigned to this provider.	Field	Character	100
Term Date	Date the assignment was terminated.	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Term Source	Identifies how the ICN Assignment was stopped.	Field	Character	50

6.24.4 Recipient ICN Assignment History Panel Field Edit Error Codes

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

6.24.5 Recipient ICN Assignment History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.24.6 Recipient ICN Assignment History Panel Accessibility

6.24.6.1 To Access the Recipient ICN Assignment History Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click **Search**.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select **Managed Care**.	A list of hyperlinks to panel(s) displays.
6	Select **ICN Assignment History**.	ICN Assignment History panel displays.

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6.25 RECIPIENT MC SPECIAL CONDITIONS PANEL OVERVIEW

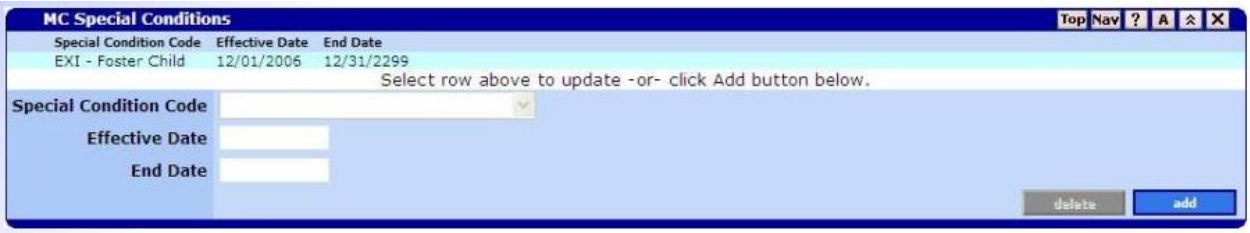
6.25.1 Recipient MC Special Conditions Panel Narrative

The Recipient MC Special Conditions panel allows the user to add new special conditions for a recipient.

Only users with update authority are allowed to change information on this panel..

Navigation Path: [Recipient] – [Information] - Enter Current ID and click 'search'- [Managed Care] - [MC Special Conditions]

6.25.2 Recipient MC Special Conditions Panel Layout



6.25.3 Recipient MC Special Conditions Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Add a MC Special Conditions.	Button	N/A	0
Delete	Delete a MC Special Conditions.	Button	N/A	0
Effective Date	The initial date that the special condition takes effect.	Field	Date (MM/DD/CCYY)	8
End Date	The ending date for the special condition.	Field	Date (MM/DD/CCYY)	8
Special Condition Code	Description of the special condition.	Field	Drop Down List Box	0

6.25.4 Recipient MC Special Conditions Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1	Effective Date must be less than or equal to the End Date.	Enter a valid Effective and End Date.
	Field	1001	Effective Date must be first day of the month.	Effective Date must be the first day of the month.
	Field	91001	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.
	Field	91003	Effective Date is required.	Enter a valid Effective Date in MM/DD/CCYY.
End Date	Field	1	Invalid date. Format is MM/DD/CCYY.	Enter a valid date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	1002	End Date must be last day of the month.	End Date must be the last day of the month.
	Field	91003	End Date is required.	Enter a valid End Date in MM/DD/CCYY format.
Special Condition Code	Field	1003	Recip has same Spec Cond or Spec Cond with same Type with overlapping dates.	Verify keying. Date segments can not overlap for the same Special Condition Code.
	Field	1005	ICN Special Condition Codes can only be added thru batch process.	ICN Special Condition Codes can not be added thru UI.
	Field	10137	A valid Special Condition Code is required.	Select a Special Condition from the Drop Down list.
	Field	10138	Only users with LVL3 security can add a special condition with spec cond type = HHV.	Only users with LVL3 security can add a special condition with spec cond type = HHV.
	Field	10139	Only users with special MC/LTC security can add GCL special conditions.	Only users with special MC/LTC security can add GCL special conditions.
	Field	10140	Only users with special MC/LTC security can delete GCL special conditions.	Only users with special MC/LTC security can delete GCL special conditions.
	Field	10142	Only users with LVL2 or LVL3 security can add/update special condition NAO.	Only users with LVL2 or LVL3 security can add/update special condition NAO.
	Field	10143	Only users with LVL2 or LVL3 security can add/update a special condition of type EXR.	Only users with LVL2 or LVL3 security can add/update a special condition of type EXR.
	Field	10144	Only users with LVL2 or LVL3 security can delete special condition NAO.	Only users with LVL2 or LVL3 security can delete special condition NAO.
	Field	10145	Only users with LVL2 or LVL3 security can delete a special condition of type EXR.	Only users with LVL2 or LVL3 security can delete a special condition of type EXR.

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6.25.5 Recipient MC Special Conditions Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.25.6 Recipient MC Special Conditions Panel Accessibility

6.25.6.1 To Access the Recipient MC Special Conditions Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click **Search**.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select Managed Care.	A list of hyperlinks to panel(s) displays.
6	Select MC Special Conditions.	Recipient MC Special Conditions panel displays.

6.25.7 To Add on the Recipient MC Special Conditions Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Select **Special Condition Code** from the drop down list box.	
3	Enter Effective Date.	
4	Enter End Date.	
5	Click **Save**.	Recipient MC Special Conditions information is saved.

6.25.8 To Update on the Recipient MC Special Conditions Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Recipient MC Special Conditions information is saved.

6.25.8.1 To Delete from the Recipient MC Special Conditions Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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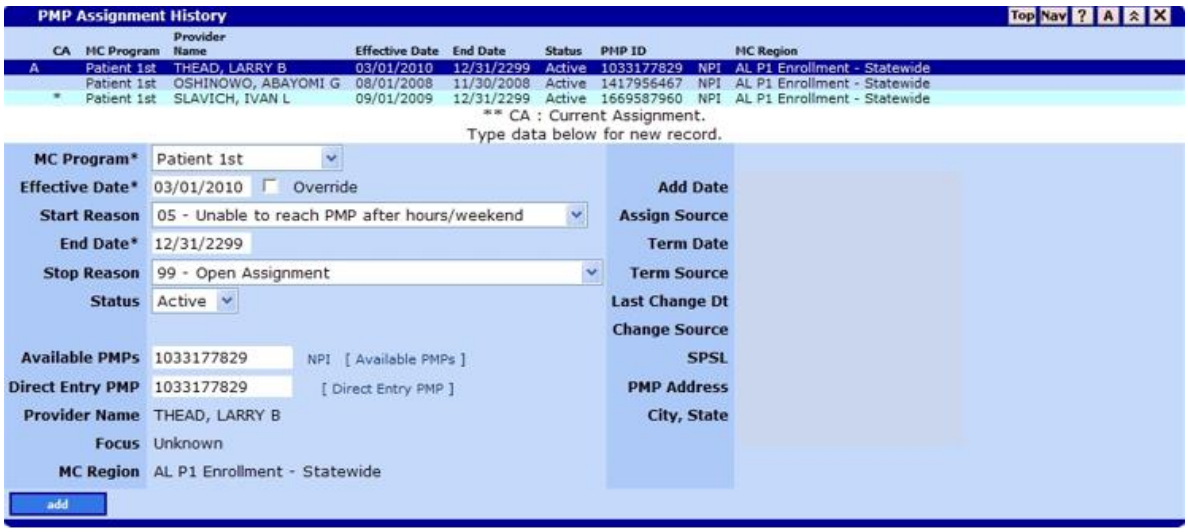
6.26 RECIPIENT PMP ASSIGNMENT HISTORY PANEL

6.26.1 Recipient PMP Assignment History Panel Narrative

The Recipient PMP Assignment History panel is a listing of all Managed Care Providers (PMPs) that a recipient has ever been assigned to. It also allows the user to create new assignments and end date previously created assignments. Only users with update authority are allowed to perform such tasks.

Navigation Path: [Recipient] – [Information] - Enter Current ID and click 'search'- [Managed Care] - [PMP Assignment History]

6.26.2 Recipient PMP Assignment History Panel Layout



6.26.3 Recipient PMP Assignment History Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Assignment History information.	Button	N/A	0
Add Date	Indicates the actual date the assignment was made.	Field	Date (MM/DD/CCYY)	8
Assign Source	Identifies how the PMP Assignment record was assigned to this recipient.	Field	Character	40
Available PMP's	Search for available PMP's. Once one is selected from the search list, it will be returned in this field.	Field	Character	15
CA	Displays an asterisk on the assignment which includes the current date.	Field	Alphanumeric	1
Change Source	Identifies what last changed PMP Assignment record.	Field	Character	40
City, State.	Provider's Service Location City, State.	Field	Character	33

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Field	Description	Field Type	Data Type	Length
Direct Entry PMP	If you know the provider id, use Direct Entry PMP. If there are multiple service locations associated with the NPI, you will need to search for the correct PMP location. Once one is selected from the search list, it will be returned in the Available PMP ID field as well as populate the provider name.	Field	Character	15
Effective Date	Indicates the effective date of the PMP Assignment.	Field	Date (MM/DD/CCYY)	8
End Date	Indicates the end date of the PMP Assignment.	Field	Date (MM/DD/CCYY)	8
Focus	PMP focus. A “focus” is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrician.	Field	Character	30
Last Change Dt	Date the assignment information was last changed.	Field	Date (MM/DD/CCYY)	8
MC Program	Identification of the Managed Care program.	Combo Box	Drop Down List Box	0
MC Region	Identification of the Managed Care region.	Field	Character	50
Override Effective Dt	Enter check in box if Effective Date needs to be changed from the defaulted value.	Check Box	Check Box	0
PMP Address	Provider's Service Location street address line 1.	Field	Character	30
PMP ID	Primary Medical Provider (PMP) Identification.	Field	Character	15
PMP ID Type (no label)	The Primary Medical Provider (PMP) identification type.	Field	Character	3
Provider Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number	9
Start Reason	Describes why the recipient was assigned to this provider.	Combo Box	Drop Down List Box	0
Status	Indicates the status of the aid category eligibility (Active or History).	Combo Box	Drop Down List Box	0

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Field	Description	Field Type	Data Type	Length
Stop Reason	Describes why the recipient was no longer assigned to this provider.	Combo Box	Drop Down List Box	0
Term Date	Date the assignment was terminated.	Field	Date (MM/DD/CCYY)	8
Term Source	Identifies how the PMP Assignment was stopped.	Field	Character	40

6.26.4 Recipient PMP Assignment History Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
MC Program	Field	1	A valid MC Program is required.	Select a MC Program from the Drop Down list.
	Field	2	Locked-in-Physician should be maintained in Capitated Lock-in Assignment History panel	Verify the MC Program
	Field	10146	Recipient has an invalid living arrangement for the MC Program.	Verify the MC Program.
	Field	10162	Recipient has no pre-requisite program eligibility that spans assignment.	Verify the MC Program.
	Field	10163	Recipient is enrolled in a mutually-exclusive program.	Verify the MC Program.
	Field	10164	Recipient has invalid aid category eligibility.	Verify the MC Program.
Start Reason	Field	1	A valid Start Reason is required.	Select a valid Start Reason from the Drop Down list.
Stop Reason	Field	4023	End Date requires Stop Reason.	Enter a valid End Date or remove the Stop Reason.
Effective Date	Field	1024	Must NOT have an active segment on the LTC file.	There cannot be a PMP assignment done when there is an active LTC segment on file that covers the PMP effective date.
	Field	4156	Recipient is deceased as of Effective Date.	Verify keying. The recipient cannot be deceased on the Effective Date.
	Field	8012	Effective Date must be less than or equal to End Date.	Verify keying. Effective Date must be < to End Date.
	Field	10058	Effective Date not within PMP Start and End Date.	Verify the Effective Date and PMP ID.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	10144	Effective Date must be the 1st day of the month.	Date Effective Date must be in the format MM/DD/CCYY where DD must be 01.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
End Date	Field	0	End Date must be the last day of the month.	The date must be in MM/DD/CCYY format.
	Field	4159	Stop Reason requires End Date.	Select a valid stop reason or remove the End Date.
	Field	10052	The End Date may not be increased.	The End Date can be changed but not increased.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	91030	Date segments cannot overlap.	Verify Effective Date, End Date, and MC Program against the list. Date segments cannot overlap for the same MC Program.
MC Region	Field	4163	Recipient not in Provider Region.	Verify the data entered. If the recipient and PMP aren't in the same region, then the recipient shouldn't be assigned to the PMP. The only option is to select a PMP that is enrolled in the same region as the recipient.
PMP ID	Field	1	There is no Provider in the system with that ID.	Verify keying. PMP ID must be a valid provider in the application.
	Field	2	PMP Provider ID not found.	Verify keying. The PMP ID must be a valid PMP Provider.
	Field	3	MC Program is needed to validate the PMP ID.	Enter a MC Program, so that the PMP ID can be verified.
	Field	4	No PMP ID found given Effective Date.	Verify keying. There was a PMP ID found, but not for the Effective Date.
	Field	5	A valid PMP ID is required.	Enter a valid PMP ID or click [search] to select one.
	Field	6	Provider Service Location ID Effective period does not cover this PMP Assignment. Please verify Provider ID dates.	Check Provider Effective Period and make sure it covers at least the PMP assignment start date.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	7	Unable to assign, recipient either does not meet PMP restrictions or has failed other Provider validations. Contact Managed Care TFAL if unable to determine reason.	Provider Information is not meeting one or more restrictions. Contact Managed Care TFAL for more information.
	Field	10073	PMP ID is not in this MC Program.	Verify the PMP ID and MC Program.
	Field	10172	Recipient locked out from Provider ID.	Verify the PMP ID.
Save	Button	1	CAUTION: MC Assignment Request was Ended.	Informational message. Recipient has been removed from MC Assignment Request panel.
	Button	2	CAUTION: MC Enrollments were Ended.	Informational message. MC Enrollments were Ended.

6.26.5 Recipient PMP Assignment History Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.26.6 Recipient PMP Assignment History Panel Accessibility

6.26.6.1 To Access the Recipient PMP Assignment History Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click **Search**.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select **Managed Care**.	A list of hyperlinks to panel(s) displays.
6	Select **PMP Assignment History**.	PMP Assignment History panel displays.

6.26.6.2 To Add on the Recipient PMP Assignment History Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **MC Program**.	
3	Enter **Start Reason**.	

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Step	Action	Response
4	Enter **Effective Date**.	
5	Enter **Stop Reason**.	
6	Enter **End Date**.	
7	Enter **Status**.	
8	Enter **Group Member ID**.	
9	Enter **PMP ID**.	
10	Click **Save**.	PMP Assignment information is saved.

6.26.6.3 To Update on the Recipient PMP Assignment History Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Assignment information is saved.

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6.27 RECIPIENT PMP DISTANCE PANEL OVERVIEW

6.27.1 Recipient PMP Distance Panel Narrative

The Recipient PMP Distance panel shows a listing of all PMPs that are within a specified distance to the recipient. This panel is inquiry only.

Search Criteria: Distance to PMP is required, Focus is optional, and Name is optional

Navigation Path: [Recipient] – [Information] - Enter Current ID and click 'search'- [Managed Care] - [PMP Assignment History] - [Available PMPs]

6.27.2 Recipient PMP Distance Panel Layout

6.27.3 Recipient PMP Distance Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
24 Hour Phone	PMP's 24 hour phone number.	Field	Character	12
Address	The PMP's street address, city, state, zip.	Field	Alphanumeric	66
Clear	Allows the user to clear any changes on the Recipient PMP Distance panel.	Button	N/A	0
Dist	Indicates actual distance from recipient to selected PMP in partial mileage.	Field	Character	6
Distance to PMP [Search]	User indicates the maximum distance from recipient's location to PMP's location.	Combo Box	Drop Down List Box	0
Focus	PMP Focus for PMP's returned in the search.	Field	Character	30
Focus (Search)	User indicates the PMP Focus for PMP's returned in the search.	Combo Box	Drop Down List Box	0
MC Program	Identifies the provider's program.	Field	Character	40
Name [Search]	Provider Name user wishes to search for.	Combo Box	Drop Down List Box	0
Phone	PMP's office phone number.	Field	Character	12
Provider ID [Search]	User identifies a PMP within the proximity range.	Hyperlink	N/A	0
Provider ID	The provider identification Number.	Field	Character	15

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Field	Description	Field Type	Data Type	Length
Provider ID Type (no label)	The provider identification type.	Field	Character	3
Provider Name	PMP's full name.	Field	Character	40
Search	Initiates the Search by Distance to PMP, Focus or Name.	Button	N/A	0
Type	PMP Provider Type.	Field	Character	3
Zip	PMP's zip code.	Field	Character	5

6.27.4 Recipient PMP Distance Panel Field Edit Error Codes

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

6.27.5 Recipient PMP Distance Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.27.6 Recipient PMP Distance Panel Accessibility

6.27.6.1 To Access the Recipient PMP Distance Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click search.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select Managed Care.	A list of hyperlinks to panel(s) displays.
6	Select PMP Assignment History.	PMP Assignment History panel displays.
7	Click **Available PMPs** [Search].	PMP Distance panel displays.

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6.28 RECIPIENT PMP LOCKOUT PANEL OVERVIEW

6.28.1 Recipient PMP Lockout Panel Narrative

The Recipient PMP Lockout panel serves as a cross-reference between a recipient and any Managed Care providers that the recipient should not be assigned to. It allows the user to maintain existing lockouts and to create new ones. Only users with update authority are allowed to perform such tasks.

Navigation Path: [Recipient] – [Information] Enter Current ID and click 'search'- [Managed Care] - [PMP Lockout]

6.28.2 Recipient PMP Lockout Panel Layout

6.28.3 Recipient PMP Lockout Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Lockout information.	Button	N/A	0
Effective Date	Initial date that the recipient can no longer be assigned to the provider.	Field	Date (MM/DD/CCYY)	8
End Date	End date for the recipient/provider lockout.	Field	Date (MM/DD/CCYY)	8
Lock Source	Indicates who requested the lockout, the Provider/PMP or the Recipient.	Combo Box	Drop Down List Box	0
Provider ID	Provider identification number used by the provider.	Field	Character	15
Provider ID Type (no label)	The provider identification type.	Field	Character	3
Provider Name	Provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50

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6.28.4 Recipient PMP Lockout Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Effective Date	Field	1001	Effective Date must be first day of the month.	Effective date must be in the format MM/DD/CCYY where DD = 01.
	Field	1002	Effective Date is required.	Enter a valid effective date. Format is MM/DD/CCYY.
	Field	8012	Effective date must be less than or equal to End Date.	Verify keying. Effective Date must be < to End Date.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
End Date	Field	1002	End Date must be last day of the month.	Format must be in MM/DD/CCYY where DD is the last day of month MM.
	Field	1003	End Date is required.	Enter a valid End Date. Format is MM/DD/CCYY.
	Field	91001	Invalid date.	Verify keying. The date must be in MM/DD/CCYY format.
	Field	91030	Date segments cannot overlap.	Verify Effective Date, End Date, and Provider ID against the list. Date segments cannot overlap for the same Provider ID.
Lock Source	Field	1	Lock Source is required.	Select a Lock Source from the Drop Down list.
Provider ID	Field	1	A valid Provider ID is required.	Enter a Provider ID or click [search] to select one from the list.
	Field	2	Both a Provider ID & Location Code are needed.	Enter Provider ID with proper Location Code.
	Field	4	Provider ID entered is not a PMP Provider.	Provider ID is not a PMP Provider.
	Field	5	Provider ID entered is a PMP Provider, but not active for the enrollment date.	Provider is a valid PMP Provider, but no MC Program for the Effective Date entered.

6.28.5 Recipient PMP Lockout Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.28.6 Recipient PMP Lockout Panel Accessibility

6.28.6.1 To Access the Recipient PMP Lockout Panel

Step	Action	Response
1	Enter **User Name** and Password; Click Login.	Main Menu page displays.
2	Point to **Recipient** and click **Information**.	Recipient Information panel displays.
3	Enter the **Recipient ID** and click **Search**.	Entering search criteria and clicking search allows results to display that are based on the Recipient ID entered.
4	Select a detail line from the results displayed.	Recipient Information panel displays.
5	Select **Managed Care**.	A list of hyperlinks to panel(s) displays.
6	Select **Recipient PMP Lockout**.	PMP Lockout panel displays.

6.28.6.2 To Add on the Recipient PMP Lockout Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **Provider ID**.	
3	Enter **Effective Date**.	
4	Enter **End Date**.	
5	Enter **Lock Source**.	
6	Click **Save**.	PMP Lockout information is saved.

6.28.6.3 To Update on the Recipient PMP Lockout Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Lockout information is saved.

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6.29 CAPITATION INFORMATION PANEL OVERVIEW

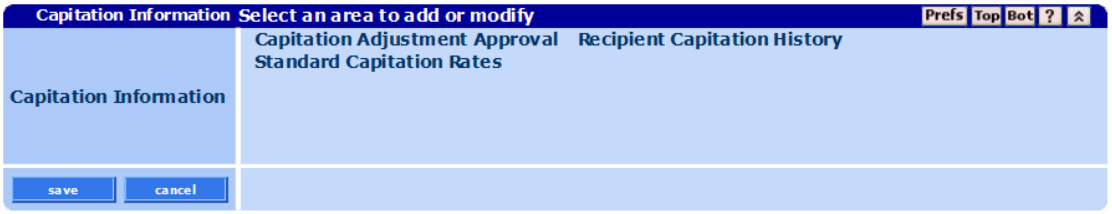
6.29.1 Capitation Information Panel Narrative

The Managed Care Capitation Information panel is the access point for the Managed Care Capitation panels.

This panel is inquiry only.

Navigation Path: [Managed Care] – [Capitation Information]

6.29.2 Capitation Information Panel Layout



6.29.3 Capitation Information Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Capitation Information panel.	Button	N/A	0
Recipient Capitation History	Link for Recipient Capitation History panel.	Hyperlink	N/A	0
Capitation Adjustment Approval	Link for Capitation Adjustment Approval panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Capitation Information panel.	Button	N/A	0
Standard Capitation Rates	Link for Standard Capitation Rates panel.	Hyperlink	N/A	0

6.29.4 Capitation Information Panel Field Edit Error Codes

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

6.29.5 Capitation Information Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.29.6 Capitation Information Panel Accessibility

6.29.6.1 To Access the Capitation Information Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Capitation Information.	Capitation Information panel displays.

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6.30 CAPITATION ADJUSTMENT APPROVAL PANEL OVERVIEW

6.30.1 Capitation Adjustment Approval Panel Narrative

The Capitation Adjustment Approval panel is used to update the status (Active, Denied, Delete,Hold and 'In Suspension'.) of adjustments that have already been created, but not yet processed through the monthly capitation cycle (and Financial). Adjustments that are in an Active status at the time the monthly capitation cycle is run will be processed and passed to Financial for payment or recoupment. Adjustments in a Hold or Denied status are not. In this panel, the adjustments are not updated individually, but in mass, based on criteria specified by the user, such as the PMP ID, the Capitation Month, the Managed Care Program (Patient 1st, Medicare Advantage), etc. The Adjustment Status field allows the user to specify which status the adjustments that meet the criteria should be changed to. Once the criteria have been entered, and the Status set, the user clicks the ‘update’ button and the panel updates the status for each adjustment meeting the criteria to the Status that the user specified. Once the "update" is performed the changes are permanent, the user does NOT need to click ‘save’ when all changes have been made.

Users that create manual adjustments via the Recipient Capitation Adjustments panel have an option to set the Status for a specific adjustment to Active, Denied, Delete,Hold and 'In Suspension'.. Adjustments created via the Automated Capitation Adjustment batch process may either be automatically set in a Hold status or an Active status, depending on how the Managed Care TFAL has configured the system. This panel may be used to change the status of adjustments created by either of those processes. Alabama has chosen to generate the transactions in an Active status at this time.

Panel Functions:

Search records based on the search criteria.

Records dropdown in the search criteria sets the numbers of rows to be displayed and max rows that can be updated by the user (Maximum of 500).

Once the Search Results are displayed, either click "Select All" button or Check the checkbox on the rows that needs to be updated.

Select "Adjustment Status" dropdown to the user desired status then click the "Update" button to update the rows.

"Select All" Works on the Current page ONLY.

"Update" will ONLY update the rows that has the checkbox checked. This is a permanent update, save button is not needed.

User can update Maximum of 500 rows on a single page at any given time.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] - [Capitation Information] - [Capitation Adjustment Approval]

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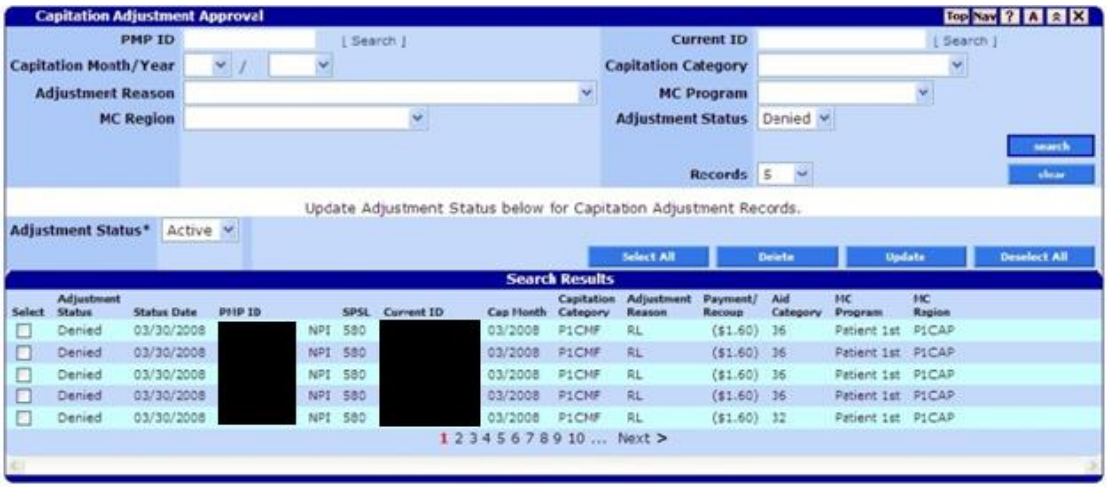
6.30.2 Capitation Adjustment Approval Panel Layout



6.30.3 Capitation Adjustment Approval Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Adjustment Reason	Code of the reason the capitation is being done.	Combo Box	Drop Down List Box	0
Adjustment Status	Status of the Adjustment. Valid options are: Active, Denied, Delete,Hold and 'In Suspension'.	Combo Box	Drop Down List Box	0
Aid Category	Identifies the type of aid for which a recipient is eligible.	Field	Character	2
Capitation Category	Category of the capitation.	Combo Box	Drop Down List Box	0
Capitation Month	Month that the capitation adjustment is being made for in format MM/CCYY.	Field	Date (MM/CCYY)	7
Capitation Month/Year	The Capitation Month/Year field is actually two fields used in conjustion to determine the correct capitation month and year to search for. Month is 2 positions and Year is 4 in CCYY format.	Field	Drop Down List Box	6
Clear	Allows the user to clear any changes on the Capitation Adjustment Approval panel.	Button	N/A	0
Current ID	Recipient's identification number.	Field	Character	12
Delete	Allows the user to delete the records marked for deletion.	Button	N/A	0

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Field	Description	Field Type	Data Type	Length
Deselect All	The Deselect All button is used to change the Select box from checked to unchecked, for all rows in the search results, on the current page.	Button	N/A	0
MC Program	Identification of the Managed Care program.	Combo Box	Drop Down List Box	0
MC Region	Identification of the Managed Care region.	Combo Box	Drop Down List Box	0
PMP ID	Primary Medical Provider (PMP) ID.	Field	Character	15
Payment/Recoupment	Amount of money that was paid or recouped to an external entity. The amount could be negative if it was a recoupment. Format 99999999.99.	Field	Number (Decimal)	11
Provider ID Type (no label)	The provider identification type.	Field	Character	3
Records	Allows the user to select the number of records to display per page.	Combo Box	Drop Down List Box	0
Search	Search for rows on the search criteria entered.	Button	N/A	0
Select	When checked, the Select box is used to indicate which rows in the search results should be changed when the Update button is selected.	Check Box	Check Box	0
Select All	The Select All button is used to change the Select box from unchecked to checked, for all 85 rows in the search results, on the current page and any rows that are not shown.	Button	N/A	0
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Status Date	Date the adjustment was added to this entity as pending (hold) or the date the status was changed to processed (active).	Field	Date (MM/DD/CCYY)	8

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Field	Description	Field Type	Data Type	Length
Update	Allows the user to update the status for the records that match the data entered in the "Change Adjustment Status Criteria" fields.	Button	N/A	0

6.30.4 Capitation Adjustment Approval Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Delete	Button	1	Row selected is not marked for deletion, row num.	Select an appropriate row to delete.
Capitation Month/Year	Field	1	Capitation Month/Year is Invalid (Future Date).	Verify Selection; select a date that is not a future date.
	Field	2	Capitation Month/Year is Invalid.	Need to select both Month and Year.

6.30.5 Capitation Adjustment Approval Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.30.6 Capitation Adjustment Approval Panel Accessibility

6.30.6.1 To Access the Capitation Adjustment Approval Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Capitation Information.	Capitation Information panel displays.
3	Select Capitation Adjustment Approval.	Capitation Adjustment Approval panel displays.

6.30.6.2 To Update the Capitation Adjustment Approval Panel

Step	Action	Response
1	Enter search criteria.	
2	Select an **Adjustment Status** from the drop down list box.	
3	Click **Update**.	Capitation Adjustment status is updated.
4	Click **Save**.	Capitation Adjustment status information is saved.

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6.31 MASS CAPITATION ADJUSTMENT REQUESTS PANEL OVERVIEW

6.31.1 Mass Capitation Adjustment Requests Panel Narrative

NOTE: Panel valid for Patient 1st and Medicare Advantage only.

The Mass Capitation Adjustment Requests panel allows the user to create a request for a mass capitation adjustment. Mass capitation adjustments are generally used to correct previous payments for a specific provider when the provider's rate was incorrect at the time of the original capitation payment cycle. The request specifies the amount that any processed capitation payments for the given provider; capitation month, etc. should be increased or decreased by. Once placed in an Adjustment Status of Active, and saved, the request will be processed during the nightly cycle by a separate batch process. That batch process will identify all Capitation History payments that meet the criteria specified in the request and create an adjustment for each one for the amount specified on the request. It will then update the request to a "Processed" status along with providing the total number of adjustments created and the total dollar amount of those adjustments. Once processed, an adjustment request can no longer be modified.

Cap Rate Override for provider must be adjusted to reflect what was done through Mass Cap Adjustment panel. Example: Cap Rate Override 2.50, PI of .10 for 200805, then Cap Rate Override for 200805 needs to be changed to 2.60 prior to the next run of the Cap Adjustment process. **Suggest doing the cap rate override change the next day.**

Cross Edits

Capitation Date month must be between 01 and 12.
Recoupment for Death is not valid for Rate Adjustment.
Adjustment Amount can not equal zero.
Recoupment Amount must be less than zero.
Adjustment Amount must be greater than zero.
Capitation Category inactive on capitation month.
Adjustment Status can not be set to Processed.
Duplicate Record can not be saved.
Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Capitation Information] - [Mass Capitation Adjustment Requests]

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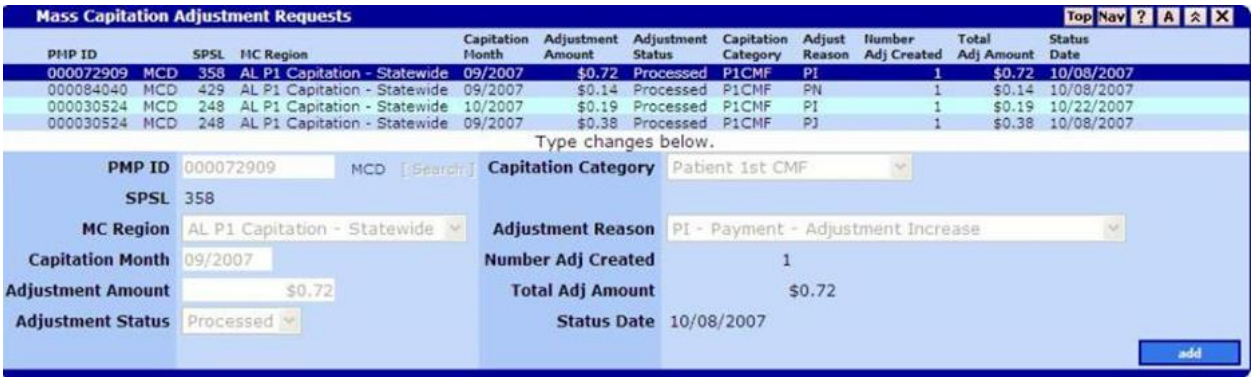
6.31.2 Mass Capitation Adjustment Requests Panel Layout



6.31.3 Mass Capitation Adjustment Requests Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Mass Capitation Adjustment Request information.	Button	N/A	0
Adjustment Amount	Amount to increase or decrease the payment. Format 99999999.99.	Field	Number (Decimal)	11
Adjustment Reason	Code of the reason the capitation is being done. Format is code - description.	Combo Box	Drop Down List Box	0
Adjustment Status	Indicates the status of the request. Valid options include: (A) Active, (D) Denied, (H) Hold or (P) Processed.	Combo Box	Drop Down List Box	0
Capitation Category	Category of the capitation.	Combo Box	Drop Down List Box	0
Capitation Month	Month of the capitation.	Field	Date (MM/CCYY)	7
Delete	Delete a Mass Capitation Adjustment Requests.	Button	N/A	0
MC Region	Identification of the Managed Care region (or coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, districts, or the entire state.	Combo Box	Drop Down List Box	0
Number Adj Created	Number of transactions created when the rate increase was processed.	Field	Number (Integer)	9

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Field	Description	Field Type	Data Type	Length
PMP ID	Primary Medical Provider (PMP) ID and ID Type. In the data list this field is divided into 2 fields, which are PMP ID (length 10) and ID Type (length 3).	Field	Character	15
PMP ID Type (no label)	The provider identification type.	Field	Character	3
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Status Date	Date that the current status was done.	Field	Date (MM/DD/CCYY)	8
Total Adj Amount	Total amount paid or recouped on a rate change or correction adjustment once it has been processed. Format 999999999.99.	Field	Number (Decimal)	12

6.31.4 Mass Capitation Adjustment Requests Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Adjustment Amount	Field	3	Adjustment Amount can not equal zero.	Insert a non zero value in this field under one exception: If the adjustment reason is full recoupment, you can not insert a zero.
	Field	4	Recoupment Amount must be zero on a Full Recoup. The System will compute the Full Recoupment.	Insert zero value when the adjustment reason is full recoupment..
	Field	5	Recoupment Amount must be less than zero.	Insert a value less than zero when the reason is for recoupments.
	Field	6	Adjustment Amount must be greater than zero.	Insert a value greater than zero when the reason is not for recoupments.
Adjustment Reason	Field	1	A valid Adjustment Reason is required	Select an Adjustment Reason form the Drop Down list.
	Field	2	Recoupment for Death is not valid for Rate Adjustment.	Do not insert Death Recoupment in this field.

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Field	Field Type	Error Code	Error Message	To Correct
Adjustment Status	Field	1	Adjustment Status is required.	Select a valid Adjustment Status from the Drop Down list.
Capitation Category	Field	1	A valid Capitation Category is required.	Select a valid Capitation Category form the Drop Down list.
	Combo Box	9	Capitation Category invalid for PMP's MC region	Select valid option from Capitation Category list.
MC Region	Field	1	A valid MC Region is required.	Select a MC Region for the Drop Down list.
PMP ID (Search)	Field	1	A valid PMP ID/Svc Loc is required.	Enter a valid PMP ID/Svc Loc or click [Search] to select a value.

6.31.5 Mass Capitation Adjustment Requests Panel Extra Feature

Field	Field Type
No extra features found for this panel.	

6.31.6 Mass Capitation Adjustment Requests Panel Accessibility

6.31.6.1 To Access the Mass Capitation Adjustment Requests Panel

Step	Action	Response
1	Enter **User Name** and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Capitation Information.	Capitation Information panel displays.
3	Select Mass Capitation Adjustment Requests.	Mass Capitation Adjustment Requests panel displays.

6.31.7 To Add on the Mass Capitation Adjustment Requests Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **PMP ID**.	
3	Enter Capitation Category.	
4	Enter MC Region.	
5	Enter Adjustment Reason.	
6	Enter Capitation Month.	
7	Enter Adjustment Amount.	
8	Enter Adjustment Status.	

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Step	Action	Response
9	Click **Save**.	Mass Capitation Adjustment Requests information is saved.

6.31.8 To Update on the Mass Capitation Adjustment Requests Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Mass Capitation Adjustment Requests information is saved.

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6.32 STANDARD CAPITATION RATES PANEL OVERVIEW

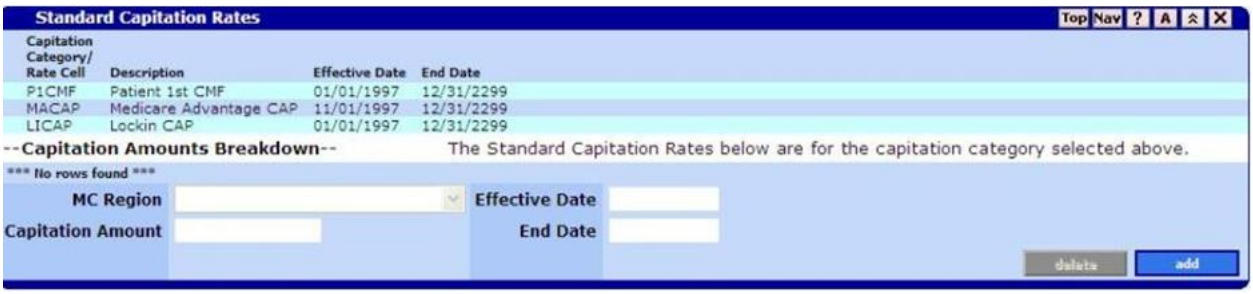
6.32.1 Standard Capitation Rates Panel Narrative

The Standard Capitation Rates panel allows the user to maintain the default capitation rates. These rates are utilized for the specified capitation category when a PMP does not have their own (override) rate defined in the Capitation Rate Override panel. No gaps in dates should ever be left betweens rates for a given Managed Care plan.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Capitation Information] - [Standard Capitation Rates]

6.32.2 Standard Capitation Rates Panel Layout



6.32.3 Standard Capitation Rates Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Standard Capitation Rates information.	Button	N/A	0
Capitation Amount	Amount of the capitation payment. Format is 9999999.99.	Field	Number (Decimal)	9
Capitation Category/Rate Cell	Capitation category code represents the various groups of demographics for Managed Care recipients.	Field	Character	5
Delete	Allows the user to remove Standard Capitation Rates information.	Button	N/A	0
Description	Describes the managed care rate cell.	Field	Character	35
Effective Date	Effective date for the payment record.	Field	Date (MM/DD/CCYY)	8
End Date	End date of the payment record.	Field	Date (MM/DD/CCYY)	8
MC Region	Region that the capitation rate is effective in.	Field	Drop Down Box	50

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6.32.4 Standard Capitation Rates Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Capitation Amount	Field	91067	Capitation Amount must be greater than zero.	Enter a Capitation Amount.
Effective Date	Field	1	Effective Date is required.	Insert the Effective Date where the Effective Date is less than the End Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	Effective Date must be less than or equal to End Date.	Reenter the Effective Date or End Date.
	Field	4	Effective Date must be equal to first day of the month.	Reenter the Effective Date.
	Field	5	Capitation Category is not effective for the dates entered.	Check the Effective Date and reenter.
End Date	Field	1	End Date is required.	Insert the End Date where the End Date is greater than the Effective Date.
	Field	2	Invalid date.	Enter an End Date in MM/DD/CCYY format.
	Field	3	Date segments can not overlap.	Verify Effective Date, End Date, and MC Region against the list. Date segments cannot overlap for the same MC Region.
	Field	4	End Date must be equal to last day of the month.	Reenter the End Date.

6.32.5 Standard Capitation Rates Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.32.6 Standard Capitation Rates Panel Accessibility

6.32.6.1 To Access the Standard Capitation Rates Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Capitation Information.	Capitation Information panel displays.

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3	Select Standard Capitation Rates.	Standard Capitation Rates panel displays.

6.32.6.2 To Add on the Standard Capitation Rates Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **MC Region**.	
3	Enter **Effective Date**.	
4	Enter **Capitation Amount**.	
5	Enter **End Date**.	
6	Click **Save**.	Standard Capitation Rate information is saved.

6.32.6.3 To Update on the Standard Capitation Rates Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Standard Capitation Rate information is saved.

6.32.6.4 To Delete from the Standard Capitation Rates Panel

Step	Action	Response
1	Select line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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6.33 RELATED DATA – CODES PAGE OVERVIEW

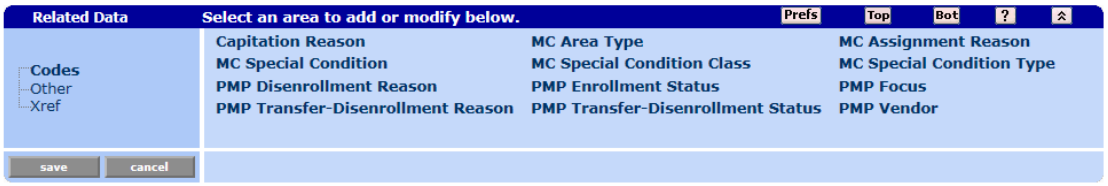
6.33.1 Related Data - Codes Page Narrative

The Related Data for Codes page displays all codes users can maintain for the Managed Care system.

This panel is inquiry only.

Navigation Path: [Managed Care] – [Related Data] [Codes]

6.33.2 Related Data – Codes Page Layout



6.33.3 Related Data – Codes Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Related Data-Codes panel.	Button	N/A	0
Capitations Reason	Link for Capitation Reason panel.	Hyperlink	N/A	0
MC Area Type	Link for MC Area Type panel.	Hyperlink	N/A	0
MC Assignment Reason	Link for MC Assignment Reason panel.	Hyperlink	N/A	0
MC Special Condition	Link for MC Special Condition panel.	Hyperlink	N/A	0
MC Special Condition Class	Link for MC Special Condition Class panel.	Hyperlink	N/A	0
MC Special Condition Type	Link for MC Special Condition Type panel.	Hyperlink	N/A	0
PMP Disenrollment Reason	Link for PMP Disenrollment Reason panel.	Hyperlink	N/A	0
PMP Enrollment Status	Link for PMP Enrollment Status panel.	Hyperlink	N/A	0
PMP Focus	Link for PMP Focus panel.	Hyperlink	N/A	0
PMP Transfer-Disenrollment Reason	Link for PMP Transfer-Disenrollment Reason panel.	Hyperlink	N/A	0
PMP Transfer-Disenrollment Status	Link for PMP Transfer-Disenrollment Status panel.	Hyperlink	N/A	0
PMP Vendor	Link for PMP Vendor panel	Hyperlink	N/A	0
Save	Allows the user to save a record on the Related Data-Codes panel..	Button	N/A	0

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6.33.4 Related Data – Codes Page Field Edit Error Codes

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

6.33.5 Related Data – Codes Page Extra Features

Field	Field Type
No extra features found for this panel.	

6.33.6 Related Data – Codes Page Accessibility

6.33.6.1 To Access the Related Data – Codes Page

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data**.	Related Data panel displays.
3	Click **Codes**.	Related Data – Codes page displays.

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6.34 CODES-CAPITATION REASON PANEL OVERVIEW

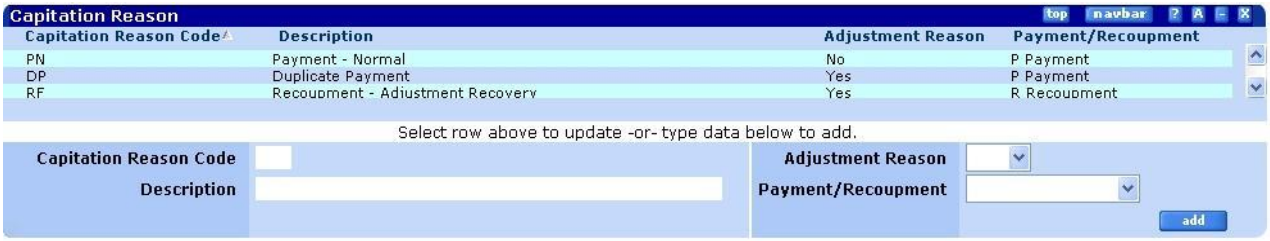
6.34.1 Codes-Capitation Reason Panel Narrative

The Capitation Reason panel allows the user to maintain the reason codes/descriptions that capitation payments and adjustments were created.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [Capitation Reason]

6.34.2 Codes-Capitation Reason Panel Layout



6.34.3 Codes-Capitation Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add Capitation Reason information.	Button	N/A	0
Adjustment Reason	Indicates whether this reason code can be used for an adjustment or not. Valid values are Yes and No.	Combo Box	Drop Down List Box	0
Capitation Reason Code	This is the reason code for why the capitation is being done. DP - Duplicate Payment ,PA - Payment - Adjustment Payment ,PB - Payment - Credit Balance ,PC - Payment - Demographic Change ,PI - Payment - Adjustment Increase ,PJ - Payment - Recip Elig Adj ,PL - Payment - Adjustment Auto-Recon/Day Specific ,PN - Payment - Normal ,PO - Payment - Adjustment Auto-Recon Birth Month ,PR - Payment - Retro ,RA - Recoupment - Demographic Change ,RB - Recoupment - Clear Credit Balance ,RC - Recoupment - Delivery ,RD - Recoupment - Death ,RE - Recoupment - Recip Elig Adj ,RF - Recoupment - Adjustment Recovery ,RI - Recoupment - Recipient Incarcerated ,RK - Recoupment - EPSDT Claim ,RL - Recoupment - Adjustment Auto-Recon ,RO - Recoupment - Other ,RP - Recoupment - Family Planning.	Field	Character	2
Description	Description on the Adjustment Reason code.	Field	Character	50

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Field	Description	Field Type	Data Type	Length
Payment/Recoupment	Specifies if the reason is for payments or recoupments. Valid values are Payment and Recoupment.	Combo Box	Drop Down List Box	0

6.34.4 Codes-Capitation Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Capitation Reason Code	Field	1	Capitation Reason Code is required.	Enter a valid Reason Code.
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Capitation Reason Code. A duplicate Capitation Reason Code cannot be entered.
Description	Field	1	Description is required.	Enter a Description.
Payment/Recoupment	Field	1	Payment/Recoupment is required.	Select a Payment/Recoupment from the Drop Down list.

6.34.5 Codes-Capitation Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.34.6 Codes-Capitation Reason Panel Accessibility

6.34.6.1 To Access the Capitation Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select Capitation Reason.	Capitation Reason panel displays.

6.34.6.2 To Add on the Capitation Reason Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **Capitation Reason Code.**	
3	Enter **Adjustment Reason**.	
4	Enter **Description**.	

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Step	Action	Response
5	Enter **Payment/Recoupment**.	
6	Click **Save**.	Capitation Reason information is saved.

6.34.6.3 To Update on the Capitation Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	Capitation Reason information is saved.

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6.35 CODES-MC AREA TYPE PANEL OVERVIEW

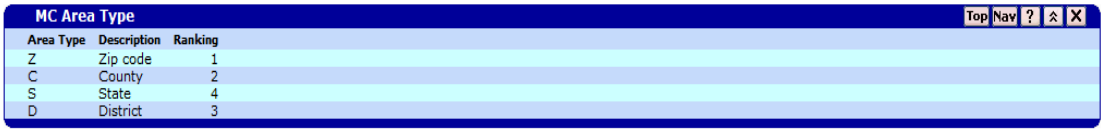
6.35.1 Codes-MC Area Type Panel Narrative

The MC Area Type panel allows the user to view the Managed Care area type definitions which regions are comprised of. Examples of area types include zip, county and state.

This panel is inquiry only.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [MC Area Type]

6.35.2 Codes-MC Area Type Panel Layout



6.35.3 Codes-MC Area Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Area Type	Represents the type of geographical area. Examples include Zip Code (Z), County (C) and State (S).	Field	Character	1
Description	Describes the type of geographical area. Examples include Zip Code, County and State.	Field	Character	15
Ranking	Defines the rank that the area has when determining what region a particular area is in. For example, 'zip code' receives a higher rank than 'county', which has a higher rank that 'state-wide'. Format is 9999.	Field	Number (Integer)	4

6.35.4 Codes-MC Area Type Panel Field Edit Error Codes

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

6.35.5 Codes-MC Area Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.35.6 Codes-MC Area Type Panel Accessibility

6.35.6.1 To Access the MC Area Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select MC Area Type.	MC Area Type panel displays.

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6.36 CODES-MC ASSIGNMENT REASON PANEL OVERVIEW

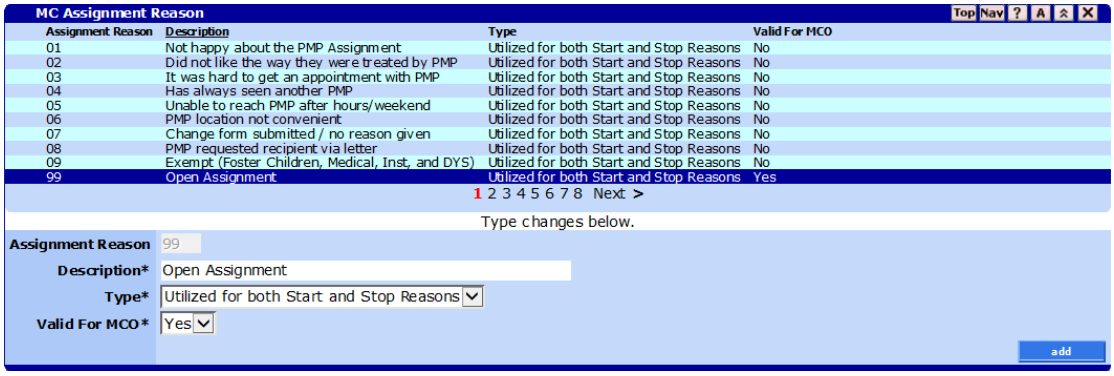
6.36.1 Codes-MC Assignment Reason Panel Narrative

The MC Assignment Reason panel allows the user to maintain the start and stop reason codes/descriptions for Managed Care assignments. Do **NOT** use special characters in description as it may cause it not to appear in the Start/Stop dropdowns on the PMP Assignment History panel.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [MC Assignment Reason]

6.36.2 Codes-MC Assignment Reason Panel Layout



6.36.3 Codes-MC Assignment Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Assignment Reason information.	Button	N/A	0
Assignment Reason	Indicates the reason a recipient was assigned to a specific PMP; for example, newly eligible or an approved change. This also includes the reasons a recipients relationship with a PMP was terminated; for example, death or an approved change. MDP stands for Mass Disenrollment Process, MTRP stands for Mass Transfer & Release Process.	Field	Character	2
Description	Description of the reason a recipient was assigned to a PMP, or the recipient's reason for disenrollment from a PMP.	Field	Character	50
Type	Indicates if a reason code may be used as only a start reason, as only a stop reason, or both a start and stop reason.	Combo Box	Drop Down List Box	0
Valid For MCO	Identify whether the assignment reason is valid for MCO.	Combo Box	Drop Down List Box	1

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6.36.4 Codes-MC Assignment Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Assignment Reason	Field	1	Assignment Reason is required.	Enter an Assignment Reason.
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Assignment Reason. A duplicate Assignment Reason cannot be entered.
Description	Field	1	Description is required.	Enter a Description.
Type	Field	1	Type is required.	Select a Type from the Drop Down list.

6.36.5 Codes-MC Assignment Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.36.6 Codes-MC Assignment Reason Panel Accessibility

6.36.6.1 To Access the MC Assignment Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select MC Assignment Reason.	MC Assignment Reason panel displays.

6.36.6.2 To Add on the Capitation Reason Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Assignment Reason.	
3	Enter Description.	
4	Enter **Type**.	
5	Click **Save**.	MC Assignment Reason information is saved.

6.36.6.3 To Update on the Capitation Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	

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Step	Action	Response
3	Click **Save**.	MC Assignment Reason information is saved.

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6.37 CODES-MC SPECIAL CONDITION PANEL OVERVIEW

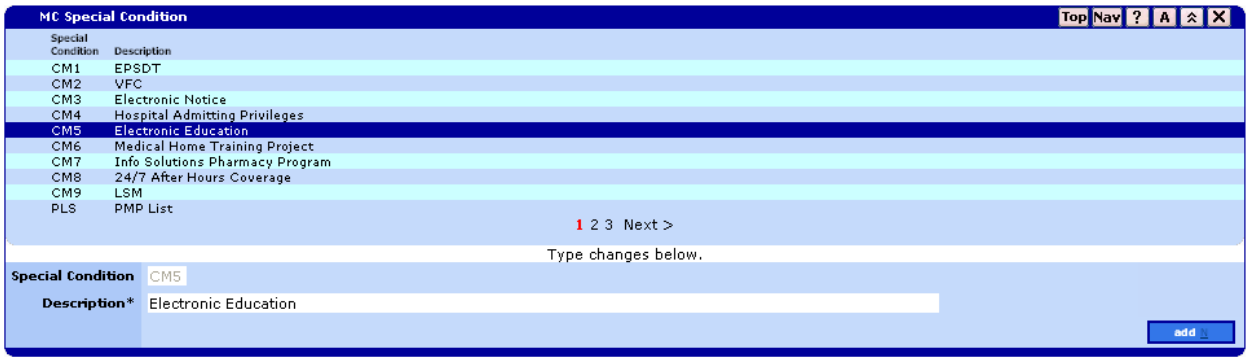
6.37.1 Codes MC Special Condition Panel Narrative

The MC Special Condition panel allows the user to maintain the Managed Care special condition codes and descriptions. Special Conditions are implementation-specific, but examples may include Disaster Survivors, Case Management Fee components, etc.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [MC Special Condition]

6.37.2 Codes-MC Special Condition Panel Layout



6.37.3 Codes-MC Special Condition Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition information.	Button	N/A	0
Description	Description of the Special Condition.	Field	Character	100
Special Condition	Code representing the Special Condition.	Field	Character	3

6.37.4 Codes-MC Special Condition Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Special Condition	Field	1	Special Condition is required.	Enter a Special Condition.
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Special Condition. A duplicate Special Condition cannot be entered.

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6.37.5 Codes-MC Special Condition Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.37.6 Codes-MC Special Condition Panel Accessibility

6.37.6.1 To Access the MC Special Condition Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select MC Special Condition.	MC Special Condition panel displays.

6.37.6.2 To Add on the MC Special Condition Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Special Condition.	
3	Enter Description.	
4	Click **Save**.	MC Special Condition information is saved.

6.37.7 To Update on the MC Special Condition Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	MC Special Condition information is saved.

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6.38 CODES-MC SPECIAL CONDITION CLASS PANEL OVERVIEW

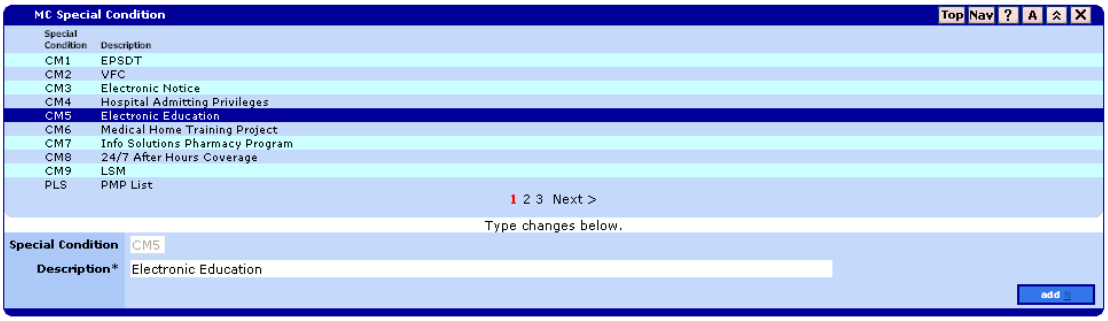
6.38.1 Codes-MC Special Condition Class Panel Narrative

The MC Special Condition Class panel associates Managed Care Special Conditions with a Managed Care entity such as a Recipient or Managed Care Provider. Additional classes may be defined as needed in each implementation.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [MC Special Condition Class]

6.38.2 Codes-MC Special Condition Class Panel Layout



6.38.3 Codes-MC Special Condition Class Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition information.	Button	N/A	0
Description	Description of the s Special Condition Class.	Field	Character	50
Special Condition Class	Code representing the class of the special condtion, such as PMP or RCP.	Field	Character	3

6.38.4 Codes-MC Special Condition Class Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	Description is required.	Enter a Description.
Special Condition Class	Field	1	A Special Condition Class is required.	Enter a Special Condition Class.
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Special Condition Class. A duplicate Special Condition Class cannot be entered.

6.38.5 Codes-MC Special Condition Class Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.38.6 Codes-MC Special Condition Class Panel Accessibility

6.38.6.1 To Access the MC Special Condition Class Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select MC Special Condition Class.	MC Special Condition Class panel displays.

6.38.6.2 To Add on the MC Special Condition Class Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Special Condition Class.	
3	Enter Description.	
4	Click **Save**.	MC Special Condition Class information is saved.

6.38.6.3 To Update on the MC Special Condition Class Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	MC Special Condition Class information is saved.

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6.39 CODES-MC SPECIAL CONDITION TYPE PANEL OVERVIEW

6.39.1 Codes-MC Special Condition Type Panel Narrative

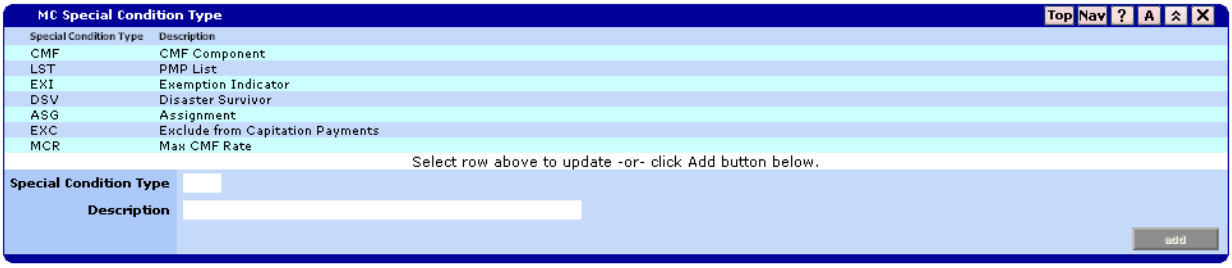
The MC Special Condition Type panel allows the user to maintain the Managed Care special condition type/descriptions. A Special Condition Type allows a class of special conditions to be used for multiple purposes. For example, a recipient special condition may be used for capitation override purposes as well as other reporting purposes.

The Recipient Special Condition Class has a special condition type of 'CAP' that will over-ride aid-category grouping used in the rate cell determination. The Special Condition Type of 'EXM' will exempt a recipient from Managed Care assignment. Each implementation can add additional special condition types as needed.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [MC Special Condition Type]

6.39.2 Codes-MC Special Condition Type Panel Layout



6.39.3 Codes-MC Special Condition Type Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition information.	Button	N/A	0
Description	Description of the Special Condition Type.	Field	Character	50
Special Condition Type	Code representing the type of the special condition, such as CMF, EXI, and DSV.	Field	Character	3

6.39.4 Codes-MC Special Condition Type Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	2	A description is required.	Enter a Description.
Special Condition Type	Field	1	Special condition type is required.	Enter a Special Condition Type.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Special Condition Type. A duplicate Special Condition Type cannot be entered.

6.39.5 Codes-MC Special Condition Type Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.39.6 Codes-MC Special Condition Type Panel Accessibility

6.39.6.1 To Access the MC Special Condition Type Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select MC Special Condition Type.	MC Special Condition Type panel displays.

6.39.6.2 To Add on the MC Special Condition Type Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Special Condition Type.	
3	Enter Description.	
4	Click **Save**.	MC Special Condition Type information is saved.

6.39.6.3 To Update on the MC Special Condition Type Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	MC Special Condition Type information is saved.

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6.40 CODES-PMP DISENROLLMENT REASON PANEL OVERVIEW

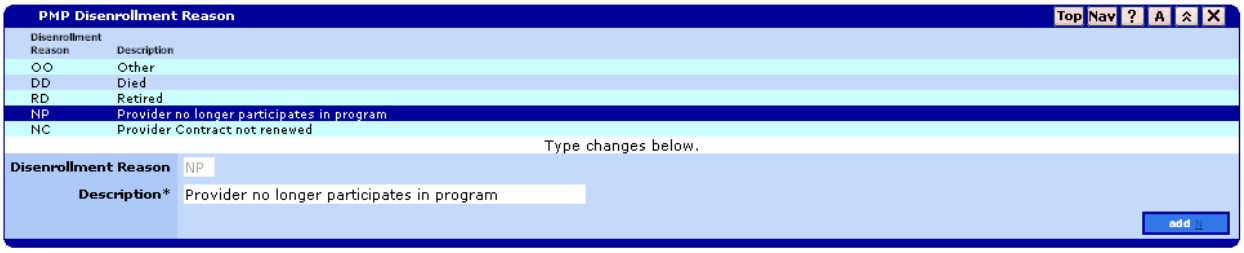
6.40.1 Codes-PMP Disenrollment Reason Panel Narrative

The PMP Disenrollment Reason panel allows the user to maintain the various reason codes/descriptions that a Managed Care provider may select when disenrolling from a program.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [PMP Disenrollment Reason]

6.40.2 Codes-PMP Disenrollment Reason Panel Layout



6.40.3 Codes-PMP Disenrollment Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition information.	Button	N/A	0
Description	Description of the Disenrollment Reason code.	Field	Character	50
Disenrollment Reason	Identifies the Disenrollment Reason.	Field	Character	2

6.40.4 Codes-PMP Disenrollment Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Disenrollment Reason	Field	1	Disenrollment Reason is required.	Enter a Disenrollment Reason.
	Field	2	A duplicate record cannot be saved.	Verify the data entered and enter a valid Disenrollment Reason. A duplicate Disenrollment Reason cannot be entered.

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6.40.5 Codes-PMP Disenrollment Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.40.6 Codes-PMP Disenrollment Reason Panel Accessibility

6.40.6.1 To Access the PMP Disenrollment Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Disenrollment Reason.	PMP Disenrollment Reason panel displays.

6.40.6.2 To Add on the PMP Disenrollment Reason Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Disenrollment Reason.	
3	Enter Description.	
4	Click **Save**.	PMP Disenrollment Reason information is saved.

6.40.6.3 To Update on the PMP Disenrollment Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Disenrollment Reason information is saved.

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6.41 CODES-PMP ENROLLMENT STATUS PANEL OVERVIEW

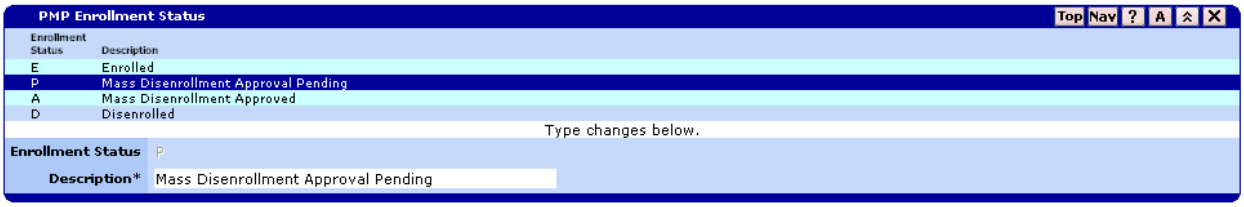
6.41.1 Codes-PMP Enrollment Status Panel Narrative

The PMP Enrollment Status panel allows the user to maintain the statuses that a Managed Care provider may have during the course of their enrollment. The Description can be changed, but no new Ernollment Statuses added.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [PMP Enrollment Status]

6.41.2 Codes-PMP Enrollment Status Panel Layout



6.41.3 Codes-PMP Enrollment Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Description	Description of the Enrollment Status Code.	Field	Character	50
Enrollment Status	Identifies the Enrollment status code, it is read only.	Field	Character	1

6.41.4 Codes-PMP Enrollment Status Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.

6.41.5 Codes-PMP Enrollment Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.41.6 Codes-PMP Enrollment Status Panel Accessibility

6.41.6.1 To Access the PMP Enrollment Status Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Enrollment Status.	PMP Enrollment Status panel displays.

6.41.6.2 To Update on the PMP Enrollment Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.

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Step	Action	Response
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Enrollment Status information is saved.

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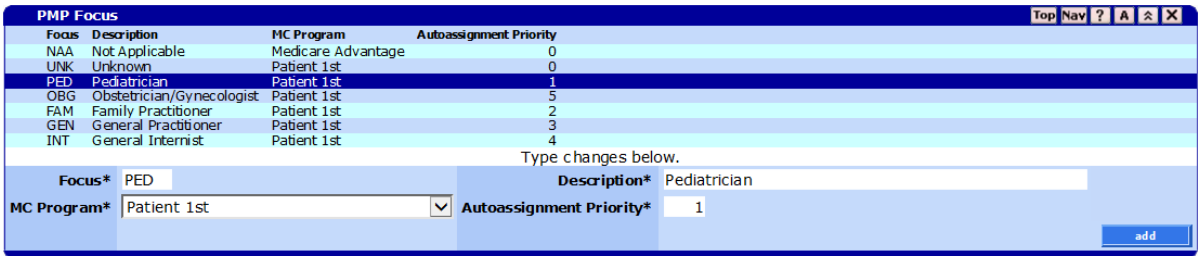
6.42 CODES-PMP FOCUS PANEL OVERVIEW

6.42.1 Codes-PMP Focus Panel Narrative

The PMP Focus panel allows the user to maintain the different focus codes and descriptions that a Managed Care provider can select. Focuses are implementation-specific, but examples include: General Practitioner, Pediatrician, OB/GYN and HMO/MCO. For Alabama, Focus is currently information only, no processing is based on the values within this table. Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [PMP Focus]

6.42.2 Codes-PMP Focus Panel Layout



6.42.3 Codes-PMP Focus Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Focus information.	Button	N/A	0
Autoassignment Priority	Specific priority order for the focuses to receive and the order that they should be processed (1 = highest priority, 2 = next, etc.). Format is 99.	Field	Number (Integer)	2
Description	Description of the focus.	Field	Character	100
Focus	Unique code that identifies the focus.	Field	Character	3
MC Program	Managed Care program for this PMP Focus.	Combo Box	Drop Down List Box	0

6.42.4 Codes-PMP Focus Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a description.
Focus	Field	1	Focus is required.	Enter a code for the focus.
	Field	2	A duplicate record cannot be saved.	Verify the Focus and MC Program selected. A duplicate Focus/MC Program combination can not be entered.
MC Program	Field	1	A valid MC Program is required.	Select a MC Program from the Drop Down list.

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6.42.5 Codes-PMP Focus Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.42.6 Codes-PMP Focus Panel Accessibility

6.42.6.1 To Access the PMP Focus Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Focus.	PMP Focus panel displays.

6.42.6.2 To Add on the PMP Focus Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **Focus**.	
3	Enter Description.	
4	Enter MC Program.	
5	Enter Autoassignment Priority.	
6	Click **Save**.	PMP Focus information is saved.

6.42.6.3 To Update on the PMP Focus Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Focus information is saved.

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6.43 CODES-PMP TRANSFER-DISENROLLMENT REASON PANEL OVERVIEW

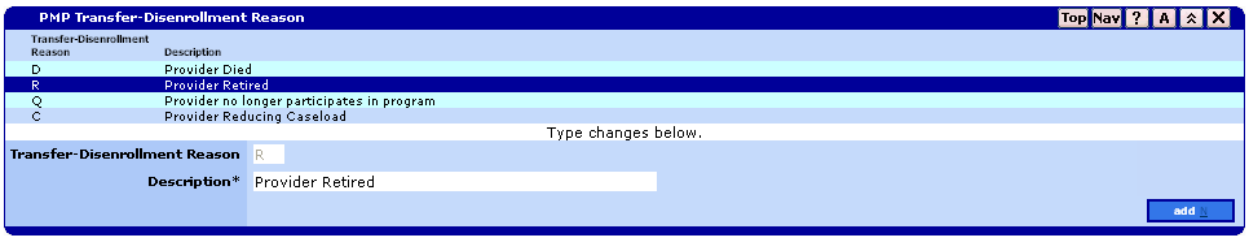
6.43.1 Codes-PMP Transfer-Disenrollment Reason Panel Narrative

The PMP Transfer-Disenrollment Reason panel allows the user to maintain the various reason codes/descriptions that a Managed Care provider may select when transferring or disenrolling selected recipients from their panel.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Codes] - [PMP Transfer-Disenrollment Reason]

6.43.2 Codes-PMP Transfer-Disenrollment Reason Panel Layout



6.43.3 Codes-PMP Transfer-Disenrollment Reason Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Transfer-Disenrollment Reason information.	Button	N/A	0
Description	Description of the Transfer-Disenrollment Reason code.	Field	Character	50
Transfer-Disenrollment Reason	Identifies the Transfer-Disenrollment Reason.	Field	Character	2

6.43.4 Codes-PMP Transfer-Disenrollment Reason Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Transfer-Disenrollment Reason	Field	10	Transfer-Disenrollment Reason is required.	Enter a Transfer-Disenrollment Reason.

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6.43.5 Codes-PMP Transfer-Disenrollment Reason Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.43.6 Codes-PMP Transfer-Disenrollment Reason Panel Accessibility

6.43.6.1 To Access the PMP Transfer-Disenrollment Reason Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Transfer-Disenrollment Reason.	PMP Transfer-Disenrollment Reason panel displays.

6.43.6.2 To Add on the PMP Transfer-Disenrollment Reason Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Transfer-Disenrollment Reason.	
3	Enter Description.	
4	Click **Save**.	PMP Transfer-Disenrollment Reason information is saved.

6.43.6.3 To Update on the PMP Transfer-Disenrollment Reason Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Transfer-Disenrollment Reason information is saved.

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6.44 CODES-PMP TRANSFER-DISENROLLMENT STATUS PANEL OVERVIEW

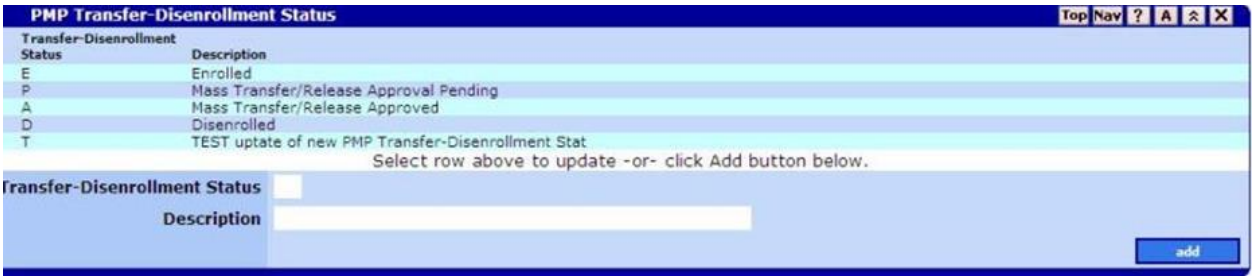
6.44.1 Codes-PMP Transfer-Disenrollment Status Panel Narrative

The PMP Transfer-Disenrollment Status panel allows the user to maintain the statuses that a Managed Care provider may have during the course of their selective Transfer-Disenrollment of recipients.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] - [Related Data] - [Codes] - [Potential MC Recipient Reason]

6.44.2 Codes-PMP Transfer-Disenrollment Status Panel Layout



6.44.3 Codes-PMP Transfer-Disenrollment Status Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP Transfer-Disenrollment Reason information.	Button	N/A	0
Description	Description of the Transfer-Disenrollment Status code.	Field	Character	50
Transfer-Disenrollment Status	Identifies the Transfer-Disenrollment Status.	Field	Character	1

6.44.4 Codes-PMP Transfer-Disenrollment Status Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Description	Field	1	Description is required.	Enter a Description.
Transfer-Disenrollment Status	Field	10	Transfer-Disenrollment Status is required.	Enter a Transfer-Disenrollment Status.

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6.44.5 Codes-PMP Transfer-Disenrollment Status Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.44.6 Codes-PMP Transfer-Disenrollment Status Panel Accessibility

6.44.6.1 To Access the PMP Transfer-Disenrollment Status Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Transfer-Disenrollment Status.	PMP Transfer-Disenrollment Status panel displays.

6.44.6.2 To Add on the PMP Transfer-Disenrollment Status Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter Transfer-Disenrollment Status.	
3	Enter Description.	
4	Click **Save**.	PMP Transfer-Disenrollment Status information is saved.

6.44.6.3 To Update on the PMP Transfer-Disenrollment Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Transfer-Disenrollment Status information is saved.

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6.45 CODES-PMP VENDOR PANEL OVERVIEW

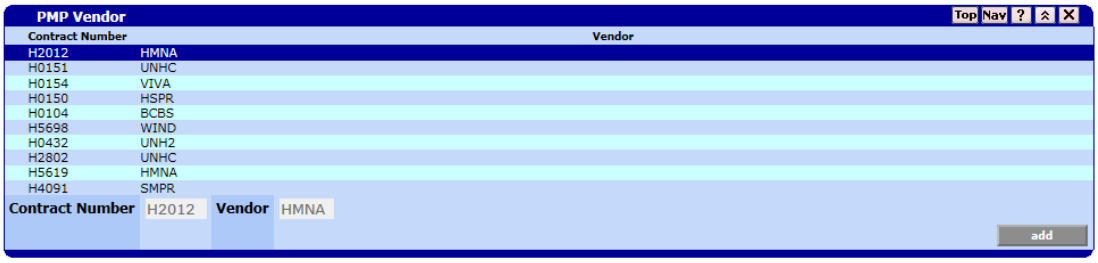
6.45.1 Codes-PMP Vendor Panel Narrative

The PMP Vendor panel allows the user to maintain the list of valid Medicare Advantage vendors by Contract Number and 4 character Vendor name.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] - [Related Data] - [Codes] - [PMP Vendor]

6.45.2 Codes-PMP Vendior Panel Layout



6.45.3 Codes-PMP VendorPanel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP vendor.	Button	N/A	0
Contract Number	EDB Contract Number.	Field	Character	5
Vendor	Vendor acronym - BCBS, HSPR, VIVA, UNHC or WIND.	Field	Character	4

6.45.4 Codes-PMP Vendor Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Contract Number	Field	20	Contract Number is required.	Enter a valid Vendor Contract Number. It should exist on the EDB GHO table.
Vendor	Field	10	Vendor is required.	Add a valid Vendor acronym.

6.45.5 Codes-PMP Vendor Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.45.6 Codes-PMP Vendor Panel Accessibility

6.45.6.1 To Access the PMP Vendor Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data**.	Related Data panel displays.
3	Select **Codes**.	A list of hyperlinks to panel(s) displays.
4	Select **PMP Vendor**.	PMP Vendor panel displays.

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6.45.6.2 To Add on the PMP Vendor Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **Contract Description**.	
3	Enter **Vendor**.	
4	Click **Save**.	PMP Vendor information is saved.

6.45.6.3 To Update on the PMP Transfer-Disenrollment Status Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Transfer-Disenrollment Status information is saved.

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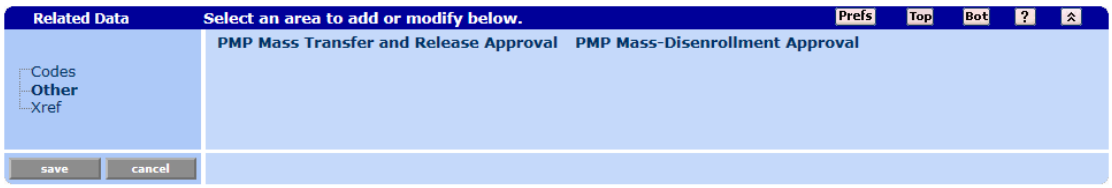
6.46 RELATED DATA – OTHER PAGE OVERVIEW

6.46.1 Related Data - Other Page Narrative

This page displays the related data for Managed Care containing Other. This panel is inquiry only.

Navigation Path: [Managed Care] – [Related Data] [Other]

6.46.2 Related Data – Other Page Layout



6.46.3 Related Data – Other Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Related Data-Other page.	Button	N/A	0
PMP Mass Transfer & Release Approval	Link for PMP Mass Transfer and Release Approval panel.	Hyperlink	N/A	0
PMP Mass-Disenrollment Approval	Link for PMP Mass-Disenrollment Approval panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Related Data-Other page.	Button	N/A	0

6.46.4 Related Data – Other Page Field Edit Error Codes

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

6.46.5 Related Data – Other Page Extra Features

Field	Field Type
No extra features found for this panel.	

6.46.6 Related Data – Other Page Accessibility

6.46.6.1 To Access the Related Data – Other Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Click **Other**.	Related Data – Other page displays.

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6.48 OTHER-PMP MASS-TRANSFER & RELEASE APPROVAL PANEL OVERVIEW

6.48.1 Other PMP Mass-Transfer & Release Approval Panel Narrative

The Other PMP Mass-Transfer & Release Approval panel allows the user to approve mass-transfer/releases so that they can be processed through the batch cycle, where assignments get end-dated, new assignments created, etc.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Other] - [PMP Mass-Transfer & Release Approval]

6.48.2 Other-PMP Mass-Transfer & Release Approval Panel Layout

6.48.3 Other-PMP Mass-Transfer & Release Approval Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Age Min	Minimum age of the recipients the PMP wishes to transfer/release.	Field	Number (Integer)	3
Age Max	Maximum age of the recipients the PMP wishes to transfer/release.	Field	Number (Integer)	3
Age Min/Max	Minimum age of the recipients the PMP wishes to transfer/release. / Maximum age of the recipients the PMP wishes to transfer/release.	Field	Number (Integer)	6
County	Name of the county from which the provider is transferring/releasing recipients.	Field	Character	2
Delete	Allows the user to remove PMP Mass Transfer & Release Approval information.	Button	N/A	0
End Date	Date the system has been requested to use to end date any recipient's current assignment that is included in the Mass Transfer or Release request.	Field	Date (MM/DD/CCYY)	8
Letters	Indicates what letters are to be produced as a result of this transfer/release.	Field	Character	1

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Field	Description	Field Type	Data Type	Length
PMP ID	Displays the Provider identification of the transferring/releasing provider.	Field	Character	15
PMP ID Type (no label)	The Primary Medical Provider (PMP) identification type.	Field	Character	3
PMP Name	Provider's individual name (format Last Name, First Name, Middle Initial) or the business name.	Field	Character	50
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Transfer Max	Maximum number of recipients the PMP wishes to transfer/release.	Field	Number (Integer)	6
Transfer PMP ID	Provider identification of the receiving provider.	Field	Character	15
Transfer PMP Name	Transfer PMP provider individual name (format Last Name, First Name, Middle Initial) or the business name.	Field	Character	50
Transfer Start Date	Date the system has been requested to use as the new assignment date for the recipients.	Field	Date (MM/DD/CCYY)	8
Transfer Status	Transfer/release status description.	Combo Box	Drop Down List Box	0
Transfer/Release Reason	PMP transfer/release reason description.	Combo Box	Drop Down List Box	0

6.48.4 Other-PMP Mass-Transfer & Release Approval Panel Field Edit Error Codes

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

6.48.5 Other-PMP Mass-Transfer & Release Approval Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.48.6 Other-PMP Mass-Transfer & Release Approval Panel Accessibility

6.48.6.1 To Access the PMP Mass-Transfer & Release Approval Other Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Mass-Transfer & Release Approval.	PMP Mass-Transfer & Release Approval panel displays.

6.48.6.2 To Update on the PMP Mass-Transfer & Release Approval Other Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Mass-Transfer & Release Approval information is saved.

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6.49 OTHER PMP MASS-DISENROLLMENT APPROVAL PANEL OVERVIEW

6.49.1 Other PMP Mass-Disenrollment Approval Panel Narrative

The PMP Mass-Disenrollment Approval panel allows the user to approve mass-disenrollments so that they can be processed through the batch cycle, where assignments get end-dated, new assignments created, etc.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Other] - [PMP Mass-Disenrollment Approval]

6.49.2 Other PMP Mass-Disenrollment Approval Panel Layout

6.49.3 Other PMP Mass-Disenrollment Approval Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Disenroll Code	Contains the code and description for the PMP disenrollment.	Combo Box	Drop Down List Box	0
Disenroll Date	Date that the PMP has elected to disenroll from the specified region.	Field	Date (MM/DD/CCYY)	8
Disenroll Status	Contains the disenrollment status description.	Combo Box	Drop Down List Box	0
Letters	Indicates where to produce letters for the mass disenrollment.	Field	Character	3
MC Program	Identification of the Managed Care program.	Field	Character	30
MC Region	Identification of the Managed Care region.	Field	Character	30
PMP ID	Primary Medical Provider (PMP) ID and ID Type.	Field	Character	15
SPSL	The sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Transfer PMP ID	Primary Medical Provider (PMP) Identification number of the provider who is receiving the transferred recipients.	Field	Character	18

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Field	Description	Field Type	Data Type	Length
Transfer PMP Name	Transfer PMP provider individual name (format Last Name, First Name Middle initial) or the business name.	Field	Character	50
Transfer SPSL	Sak_pmp_ser_loc for the Transfer PMP ID. Helps to uniquely define the provider's different service locations.	Field	Number (Integer)	9
Transfer Start Date	The date that the PMP assignments will start with the transfer PMP.	Field	Date (MM/DD/CCYY)	8

6.49.4 Other PMP Mass-Disenrollment Approval Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Disenroll Status	Field	10070	Disenrollment Status may only change to Enrolled.	Verify that correct Disenrollment Status has been picked.
	Field	10071	Disenrollment Status may only change to Mass Disenrollment Approval Pending.	Verify that correct Disenrollment Status has been picked.
	Field	10072	Disenrollment Status may only change to Enrolled or Mass Disenrollment Approved.	Verify that correct Disenrollment Status has been picked.
	Field	10073	Disenrollment Status may only change to Enrolled or Mass Disenrollment Approval Pending.	Verify that correct Disenrollment Status has been picked.
	Field	10079	Disenrollment Status may not change.	Verify that Disenrollment Status was not changed.
	Field	10083	Disenroll Date must be less than 12/31/2299.	Update the Disenroll date to < 12/31/2299.
	Field	10084	Disenroll Date must be same as End Date.	Set Disenroll date to same as end date.

6.49.5 PMP Mass-Disenrollment Approval Other Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.49.6 Other PMP Mass-Disenrollment Approval Panel Accessibility

6.49.6.1 To Access the PMP Mass-Disenrollment Approval Other Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Other**.	A list of hyperlinks to panel(s) displays.
4	Select PMP Mass-Disenrollment Approval.	PMP Mass-Disenrollment Approval panel displays.

6.49.6.2 To Update on the PMP Mass-Disenrollment Approval Other Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP Mass-Disenrollment Approval information is saved.

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6.50 RELATED DATA – XREF PAGE OVERVIEW

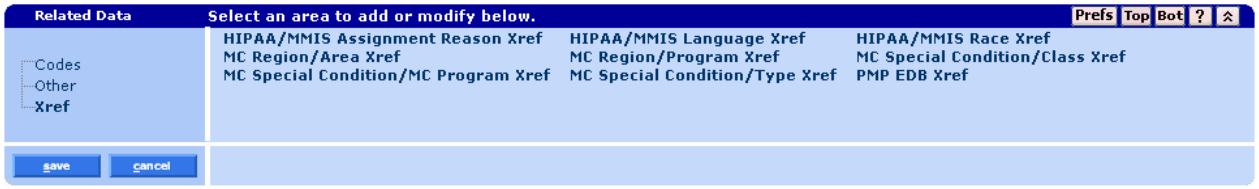
6.50.1 Related Data - Other Page Narrative

The Xref Related Data page is used to view and maintain Drug Rebate related cross reference code tables.

This panel is inquiry only.

Navigation Path: [Managed Care] – [Related Data] [Xref]

6.50.2 Related Data – Xref Page Layout



6.50.3 Related Data – Xref Page Field Descriptions

Field	Description	Field Type	Data Type	Length
Cancel	Allows the user to cancel any changes on the Related Data-Xref page.	Button	N/A	0
HIPAA/MMIS Assignment Reason Xref	Link for HIPAA/MMIS Assignment Reason Xref panel.	Hyperlink	N/A	0
HIPAA/MMIS Language Xref	Link for HIPAA/MMIS Language Xref panel.	Hyperlink	N/A	0
HIPAA/MMIS Race Xref	Link for HIPAA/MMIS Race Xref panel.	Hyperlink	N/A	0
MC Region/Area Xref	Link for MC Region/Area Xref panel.	Hyperlink	N/A	0
MC Region/Program Xref	Link for MC Region/Program Xref panel.	Hyperlink	N/A	0
MC Special Condition/Class Xref	Link for MC Special Condition/Class Xref panel.	Hyperlink	N/A	0
MC Special Condition/MC Program Xref	Link for MC Special Condition/MC Program Xref panel.	Hyperlink	N/A	0
MC Special Condition/Type Xref	Link for MC Special Condition/Type Xref panel.	Hyperlink	N/A	0
PMP EDB Xref	Link for PMP EDB Xref panel.	Hyperlink	N/A	0
Save	Allows the user to save a record on the Related Data-Xref page.	Button	N/A	0

6.50.4 Related Data – Xref Page Field Edit Error Codes

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

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6.50.5 Related Data – Xref Page Extra Features

Field	Field Type
No extra features found for this page.	

6.50.6 Related Data – Xref Page Accessibility

6.50.6.1 To Access the Related Data – Xref Page

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.

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6.51 XREF HIPAA MMIS ASSIGNMENT REASON XREF PANEL OVERVIEW

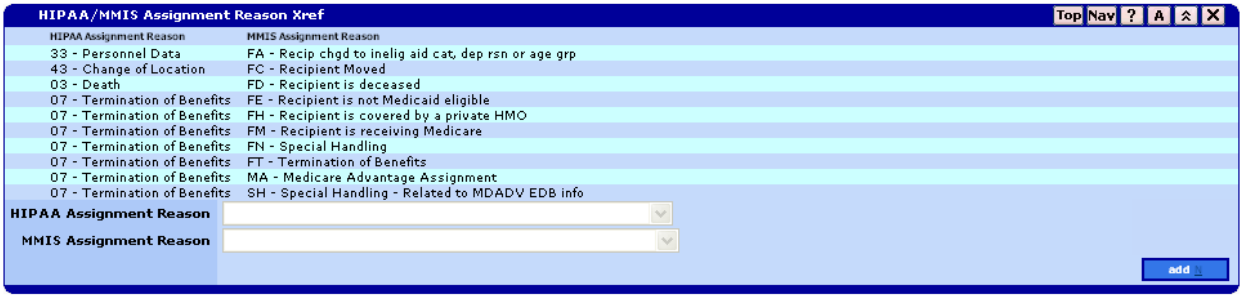
6.51.1 Xref HIPAA MMIS Assignment Reason Xref Panel Narrative

The Xref HIPAA MMIS Assignment Reason Xref panel serves as a cross-reference of the AMMIS assignment start/stop reason codes/descriptions and the corresponding HIPAA codes/descriptions.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [HIPAA/MMIS Assignment Reason Xref]

6.51.2 Xref HIPAA MMIS Assignment Reason Xref Panel Layout



6.51.3 Xref HIPAA MMIS Assignment Reason Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add HIPAA MMIS Assignment Reason Xref information.	Button	N/A	0
HIPAA Assignment Reason	Managed care eligibility reason codes for HIPAA. Format is code (length 2), “ - “, and description (length 50).	Combo Box	Drop Down List Box	0
MMIS Assignment Reason	PMP assignment reason codes and descriptions used to begin and end a recipient’s assignment to a PMP. Format is code (length 2), “ - “, and description (length 100).	Combo Box	Drop Down List Box	0

6.51.4 Xref HIPAA MMIS Assignment Reason Xref Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
HIPAA Assignment Reason	Field	1	A valid HIPAA Assignment Reason is required.	Select a HIPAA Assignment Reason from the Drop Down list.
MMIS Assignment Reason	Field	1	A valid MMIS Assignment Reason is required.	Select a MMIS Assignment Reason from the Drop Down list.

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Field	Field Type	Error Code	Error Message	To Correct
	Field	2	A duplicate record cannot be saved.	Verify the MMIS Assignment Reason and HIPAA Assignment Reason selected. A duplicate MMIS Assignment Reason/HIPAA Assignment Reason combination can not be entered.

6.51.5 Xref HIPAA MMIS Assignment Reason Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.51.6 Xref HIPAA MMIS Assignment Reason Xref Panel Accessibility

6.51.6.1 To Access the HIPAA MMIS Assignment Reason Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select HIPAA/MMIS Assignment Reason Xref.	HIPAA/MMIS Assignment Reason Xref panel displays.

6.51.6.2 To Add on the HIPAA MMIS Assignment Reason Xref Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter MMIS Assignment Reason.	
3	Enter HIPAA Assignment Reason.	
4	Click **Save**.	HIPAA/MMIS Assignment Reason Xref information is saved.

6.51.6.3 To Update on the HIPAA MMIS Assignment Reason Xref Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	HIPAA/MMIS Assignment Reason Xref information is saved.

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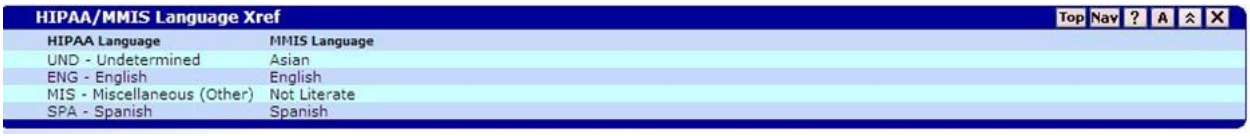
6.52 XREF-HIPAA MMIS LANGUAGE XREF PANEL OVERVIEW

6.52.1 Xref-HIPAA MMIS Language Xref Panel Narrative

The Xref HIPAA MMIS Language Xref panel serves as a cross-reference of the MMIS race codes/descriptions and the corresponding HIPAA codes/descriptions.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [HIPAA/MMIS Language Xref]

6.52.2 Xref-HIPAA MMIS Language Xref Panel Layout



6.52.3 Xref-HIPAA MMIS Language Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
HIPAA Language Code	This is the language codes for HIPAA (3 character), " - ", and the HIPAA description for a specific language (50 characters).	Field	Character	55
MMIS Language Code	This is MMIS description for a specific language.	Field	Character	12

6.52.4 Xref-HIPAA MMIS Language Xref Panel Field Edit Error Codes

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

6.52.5 Xref-HIPAA MMIS Language Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.52.6 Xref-HIPAA MMIS Language Xref Panel Accessibility

6.52.6.1 To Access the HIPAA MMIS Language Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select HIPAA/MMIS Language Xref.	HIPAA/MMIS Language Xref panel displays.

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6.53 XREF-HIPAA MMIS RACE XREF PANEL OVERVIEW

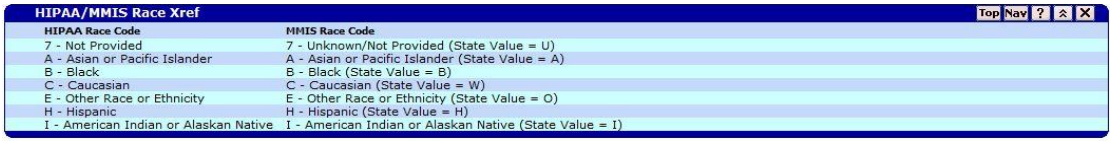
6.53.1 Xref-HIPAA MMIS Race Xref Panel Narrative

The Xref HIPAA MMIS Race Xref panel serves as a cross-reference of the AMMIS race codes/descriptions and the corresponding HIPAA codes/descriptions.

This panel is an inquiry only panel.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [HIPAA/MMIS Race Xref]

6.53.2 Xref-HIPAA MMIS Race Xref Panel Layout



HIPAA/MMIS Race Xref

HIPAA Race Code	MMIS Race Code
7 - Not Provided	7 - Unknown/Not Provided (State Value = U)
A - Asian or Pacific Islander	A - Asian or Pacific Islander (State Value = A)
B - Black	B - Black (State Value = B)
C - Caucasian	C - Caucasian (State Value = W)
E - Other Race or Ethnicity	E - Other Race or Ethnicity (State Value = O)
H - Hispanic	H - Hispanic (State Value = H)
I - American Indian or Alaskan Native	I - American Indian or Alaskan Native (State Value = I)

6.53.3 Xref-HIPAA MMIS Race Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
HIPAA Race Code	HIPAA-specific race code (3 characters)" - ", and the HIPAA-specific race code description (50 characters).	Field	Character	56
MMIS Race Code	MMIS-specific race code (2 characters), " - ", and the MMIS-specific race code description (100 characters).	Field	Character	104

6.53.4 Xref-HIPAA MMIS Race Xref Panel Field Edit Error Codes

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

6.53.5 Xref-HIPAA MMIS Race Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.53.6 Xref-HIPAA MMIS Race Xref Panel Accessibility

6.53.6.1 To Access the HIPAA MMIS Race Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select HIPAA/MMIS Race Xref.	HIPAA/MMIS Race Xref panel displays.

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6.54 XREF-MC REGION/AREA XREF PANEL OVERVIEW

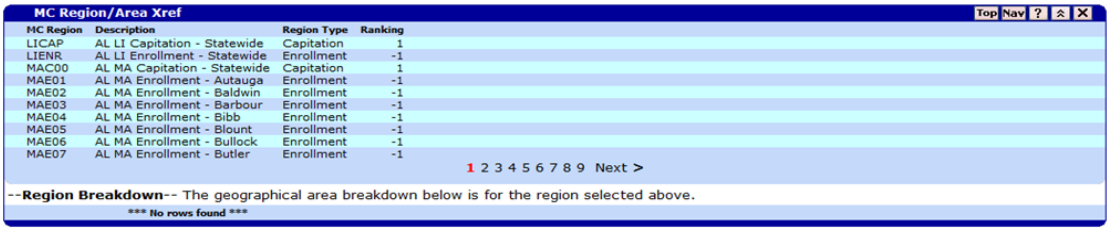
6.54.1 Xref-MC Region/Area Xref Panel Narrative

The Xref MC Region Area Xref panel serves as a cross-reference between the Managed Care regions and the areas (specific counties, zip codes, etc) that they are comprised of.

This panel is an inquiry panel, but the audit button exists because this table is updated in a batch process.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [MC Region/Area Xref]

6.54.2 Xref-MC Region/Area Xref Panel Layout



MC Region/Area Xref

MC Region	Description	Region Type	Ranking
LICAP	AL LI Capitation - Statewide	Capitation	1
LIENR	AL LI Enrollment - Statewide	Enrollment	-1
MAC00	AL MA Capitation - Statewide	Capitation	1
MAE01	AL MA Enrollment - Autauga	Enrollment	-1
MAE02	AL MA Enrollment - Baldwin	Enrollment	-1
MAE03	AL MA Enrollment - Barbour	Enrollment	-1
MAE04	AL MA Enrollment - Bibb	Enrollment	-1
MAE05	AL MA Enrollment - Blount	Enrollment	-1
MAE06	AL MA Enrollment - Bullock	Enrollment	-1
MAE07	AL MA Enrollment - Butler	Enrollment	-1

1 2 3 4 5 6 7 8 9 Next >

--Region Breakdown-- The geographical area breakdown below is for the region selected above.

*** No rows found ***

6.54.3 Xref-MC Region/Area Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Area Code (Region)	Area Code for the region.	Field	Character	5
Area Type (Region)	Area Type for the region.	Field	Character	15
Description	Description or name of the Managed Care region.	Field	Character	50
Effective Date (Region)	Effective date for the region.	Field	Date (MM/DD/CCYY)	8
End Date (Region)	End date for the region.	Field	Date (MM/DD/CCYY)	8
MC Region	Code that identifies a region (or Managed Care coverage area) of the state. A region is made up of different geographical areas such as zip codes, counties, or the entire state.	Field	Character	5
Ranking	Field specifies how regions rank when they overlap. This is primarily for regions created for capitation rate overrides.	Field	Number [Integer}	4
Region Type	Field defines the type of the region. Values are C=Capitation, E=Enrollment.	Field	Character	10

6.54.4 Xref-MC Region/Area Xref Panel Field Edit Error Codes

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

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6.54.5 Xref-MC Region/Area Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.54.6 Xref-MC Region/Area Xref Panel Accessibility

6.54.6.1 To Access the MC Region/Area Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select MC Region/Area Xref.	MC Region/Area Xref panel displays.

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6.55 XREF MC REGION/PROGRAM XREF PANEL OVERVIEW

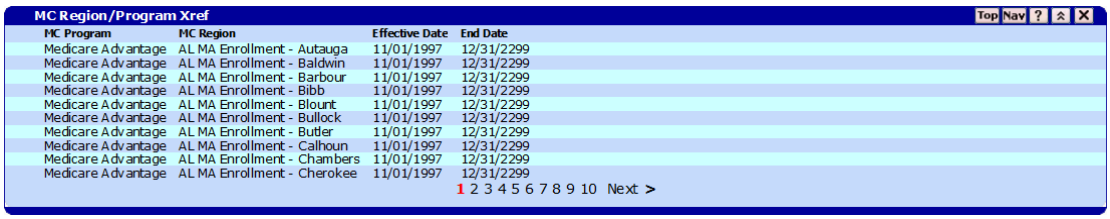
6.55.1 Xref MC Region/Program Xref Panel Narrative

The Xref MC Region/Program Xref panel serves as a cross-reference between the Managed Care regions and the programs/benefit plans that are valid for them.

This panel is an inquiry panel, but the audit button exists because this table is updated in a batch process.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [MC Region/Program Xref]

6.55.2 Xref MC Region/Program Xref Panel Layout



MC Region/Program Xref

MC Program	MC Region	Effective Date	End Date
Medicare Advantage	AL MA Enrollment - Autauga	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Baldwin	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Barbour	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Bibb	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Blount	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Bullock	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Butler	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Calhoun	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Chambers	11/01/1997	12/31/2299
Medicare Advantage	AL MA Enrollment - Cherokee	11/01/1997	12/31/2299

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

6.55.3 Xref MC Region/Program Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Effective Date	Date that the program/region combination became valid.	Field	Date (MM/DD/CCYY)	8
End Date	Date that the program/region combination is no longer valid.	Field	Date (MM/DD/CCYY)	8
MC Program	Valid Managed Care program/benefit plan.	Field	Character	5
MC Region	Regions within the state. Different regions can be created for different Managed Care programs.	Field	Character	50

6.55.4 Xref MC Region/Program Xref Panel Field Edit Error Codes

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

6.55.5 Xref MC Region/Program Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.55.6 Xref MC Region/Program Xref Panel Accessibility

6.55.6.1 To Access the MC Region/Area Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to Managed Care and click Related Data.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select MC Region/Program Xref.	MC Region/Program Xref panel displays.

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6.56 XREF-MC SPECIAL CONDITION/CLASS XREF PANEL OVERVIEW

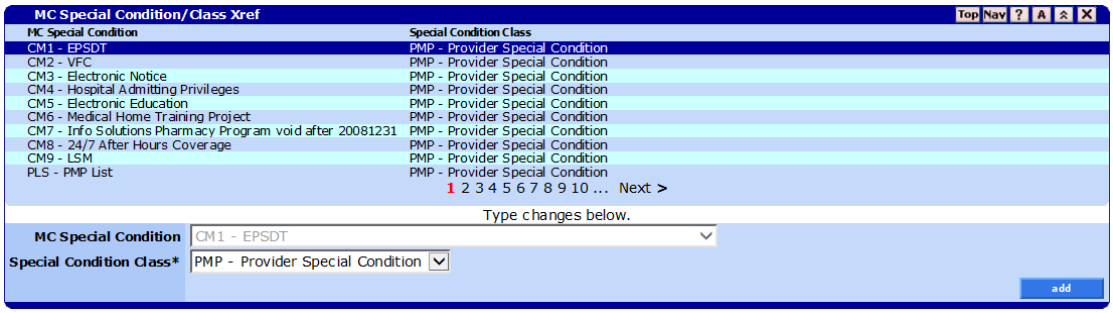
6.56.1 Xref-MC Special Condition/Class Xref Panel Narrative

The Xref MC Special Condition/Special Condition Class Xref panel identifies the special condition class of the special condition. A special condition class defines the entity that the special condition can impact, such as recipient or MC provider.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [MC Special Condition/Special Condition Class Xref]

6.56.2 Xref-MC Special Condition/Class Xref Panel Layout



6.56.3 Xref-MC Special Condition/Class Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Conditions/Class Xref information.	Button	N/A	0
MC Special Condition	List of available MC Special Conditions.	Combo Box	Drop Down List Box	0
Special Condition Class	List of available MC Special Condition classes.	Combo Box	Drop Down List Box	0

6.56.4 Xref-MC Special Condition/Class Xref Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
MC Special Condition	Combo Box	1	MC Special Condition is required.	Select a MC Special Condition from the list.
Special Condition Class	Combo Box	2	A special condition class is required.	Select a special condition class from the list.

6.56.5 Xref-MC Special Condition/Class Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.56.6 Xref-MC Special Condition/Class Xref Panel Accessibility

6.56.6.1 To Access the MC Special Condition/Class Xref Panel

Step	Action	Response
1	Enter User Name and Password; Click Login.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data.**	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select **MC Special Condition/Class Xref**.	MC Special Condition/Class Xref panel displays.

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6.57 XREF-MC SPECIAL CONDITION/MC PROGRAM XREF PANEL OVERVIEW

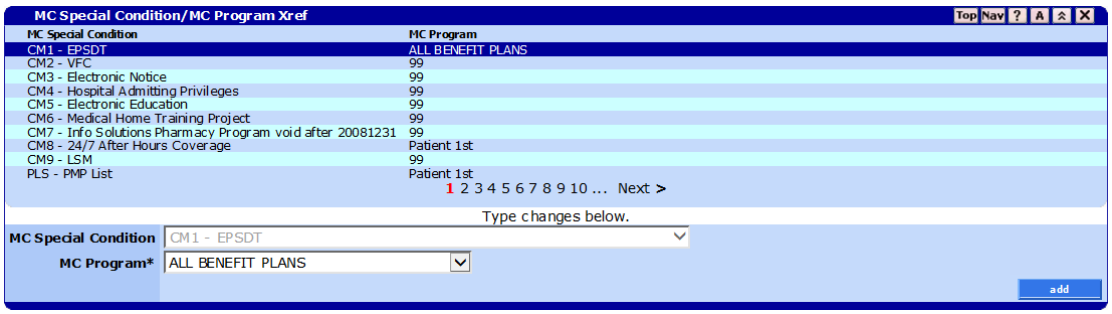
6.57.1 Xref-MC Special Condition/MC Program Xref Panel Narrative

The Xref MC Special Condition/MC Program Xref panel serves as a cross-reference between the Managed Care Special Conditions and the programs/benefit plans that are valid for them.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [MC Special Condition/MC Program Xref]

6.57.2 Xref-MC Special Condition/MC Program Xref Panel Layout



6.57.3 Xref-MC Special Condition/MC Program Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition/MC Program Xref information.	Button	N/A	0
MC Program	List of available MC Programs.	Combo Box	Drop Down List Box	0
MC Special Condition	List of available MC Special Conditions.	Combo Box	Drop Down List Box	0

6.57.4 Xref-MC Special Condition/MC Program Xref Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
MC Program	Combo Box	2	MC Program is required.	Select an available MC Program from the list.
MC Special Condition	Combo Box	1	MC Special Condition is required.	Select a MC Special Condition from the list.

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6.57.5 Xref-MC Special Condition/MC Program Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.57.6 Xref-MC Special Condition/MC Program Xref Panel Accessibility

6.57.6.1 To Access the MC Special Condition/MC Program Xref Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data**.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select **MC Special Condition/MC Program Xref**.	MC Special Condition/MC Program Xref panel displays.

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6.58 XREF MC SPECIAL CONDITION/TYPE XREF PANEL OVERVIEW

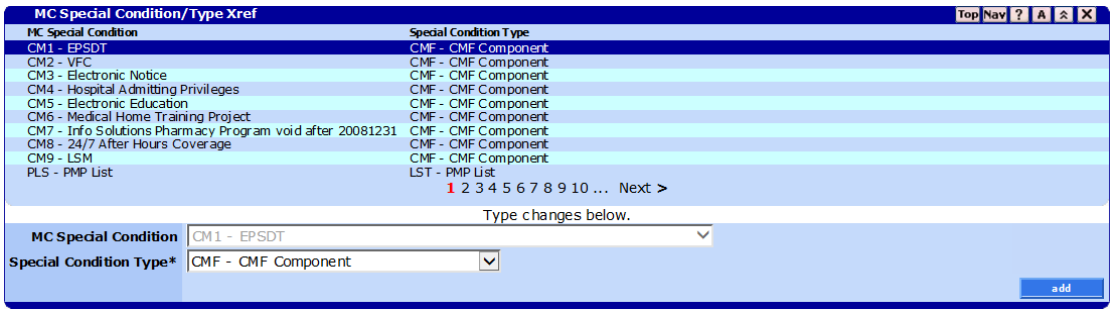
6.58.1 Xref MC Special Condition/Type Xref Panel Narrative

The Xref MC Special Condition/Special Condition Type Xref panel serves as a cross-reference between the Managed Care Special Conditions and the Special Condition Types that are valid for them.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [MC Special Condition/Special Condition Type Xref]

6.58.2 Xref MC Special Condition/Type Xref Panel Layout



6.58.3 Xref MC Special Condition/Type Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add MC Special Condition/Type Xref information.	Button	N/A	0
MC Special Condition	List of available MC Special Conditions.	Combo Box	Drop Down List Box	0
Special Condition Type	List of available MC Special Condition Types.	Combo Box	Drop Down List Box	0

6.58.4 Xref MC Special Condition/Type Xref Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
MC Special Condition	Combo Box	2	A MC Special Condition is required.	Select a MC Special Condition from the list.
Special Condition Type	Combo Box	2	A Special Condition Type is required.	Select a Special Condition Type from the list.
	Combo Box	3	A special condition may not be both exemption 'EXM' and capitation 'CAP' types.	Select a different special condition type from the list.

6.58.5 Xref MC Special Condition/Type Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

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6.58.6 Xref MC Special Condition/Type Xref Panel Accessibility

6.58.6.1 To Access the MC Special Condition/Type Xref Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data**.	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select **MC Special Condition/Type Xref**.	MC Special Condition/Type Xref panel displays.

6.58.6.2 To Add on the MC Special Condition/Type Xref Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **MC Special Condition**.	
3	Enter **Special Condition Type**.	
4	Click **Save**.	MC Special Condition/Type Xref information is saved.

6.58.6.3 To Update on the MC Special Condition/Type Xref Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	MC Special Condition/Type Xref information is saved.

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6.59 XREF-PMP EDB XREF PANEL OVERVIEW

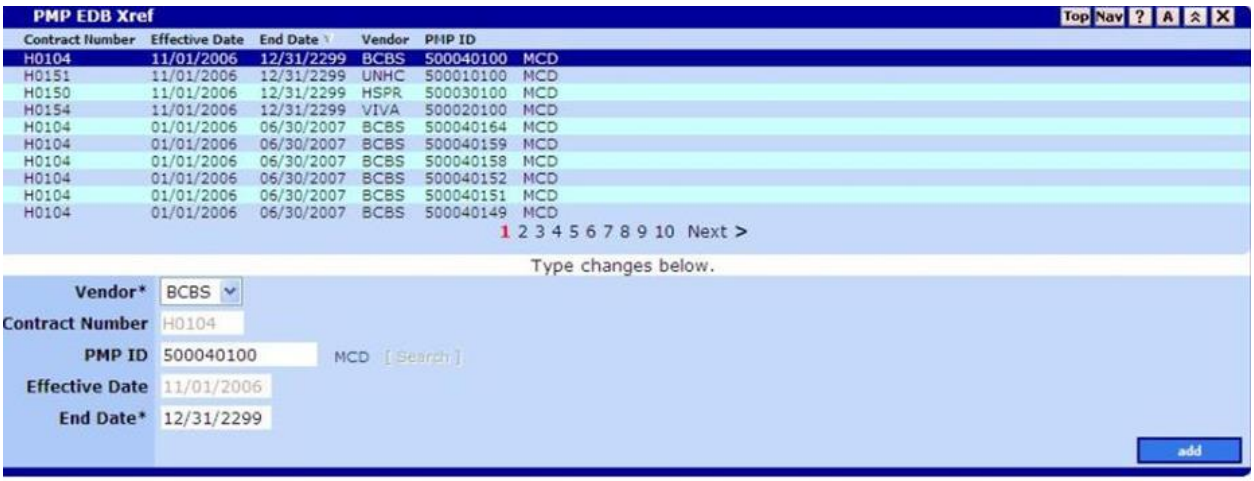
6.59.1 Xref-PMP EDB Xref Panel Narrative

The Xref-PMP EDB Xref panel contains Medicare Advantage PMP EDB information.

Only users with update authority are allowed to perform such tasks.

Navigation Path: [Managed Care] – [Related Data] - [Xref] - [PMP EDB Xref]

6.59.2 Xref-PMP EDB Xref Panel Layout



6.59.3 Xref-PMP EDB Xref Panel Field Descriptions

Field	Description	Field Type	Data Type	Length
Add	Allows the user to add PMP EDB Xref information.	Button	N/A	0
Contract Number	EDB Contract Number.	Field	Character	5
Effective Date	Effective date of the EDB contract.	Field	Date (MM/DD/CCYY)	8
End Date	End Date of the EDB Contract.	Field	Date (MM/DD/CCYY)	8
PMP ID	Provider Identification.	Field	Character	15
PMP ID Type (no label)	The PMP identification type.	Field	Character	3
Vendor	Vendor Name - BCBS, HSPR, VIVA, or UNHC.	Combo Box	Drop Down List Box	0

6.59.4 Xref-PMP EDB Xref Panel Field Edit Error Codes

Field	Field Type	Error Code	Error Message	To Correct
Contract Number	Field	1	Contract Number is required.	Enter a valid Contract Number.
Effective Date	Field	10	Effective Date is required.	Enter a valid Effective Date.
	Field	11	Date must be in MM/DD/CCYY Format.	Enter Effective Date in MM/DD/CCYY format.

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Field	Field Type	Error Code	Error Message	To Correct
End Date	Field	20	End Date must be in MM/DD/CCYY Format.	Enter End Date in MM/DD/CCYY format.
Vendor	Field	30	Vendor is required.	Enter a valid Vendor acronym.

6.59.5 Xref-PMP EDB Xref Panel Extra Features

Field	Field Type
No extra features found for this panel.	

6.59.6 Xref-PMP EDB Xref Panel Accessibility

6.59.6.1 To Access the PMP EDB Xref Panel

Step	Action	Response
1	Enter **User Name** and **Password**; Click **Login**.	Main Menu page displays.
2	Point to **Managed Care** and click **Related Data.**	Related Data panel displays.
3	Select **Xref**.	A list of hyperlinks to panel(s) displays.
4	Select PMP EDB Xref.	PMP EDB Xref panel displays.

6.59.6.2 To Add on the PMP EDB Xref Panel

Step	Action	Response
1	Click **Add**.	Activates selection list(s) and/or field(s) for entry of data.
2	Enter **Vendor**.	
3	Enter **Contract Number**.	
4	Enter **Effective Date**.	
5	Enter **End Date**.	
6	Enter **PMP ID**.	
7	Click **Save**.	PMP EDB Xref information is saved.

6.59.6.3 To Update on the PMP EDB Xref Panel

Step	Action	Response
1	Click to highlight the row to be updated.	Data is populated in fields.
2	Click in field(s) to update and perform update.	
3	Click **Save**.	PMP EDB Xref information is saved.

6.59.6.4 To Delete from the PMP EDB Xref Panel

Step	Action	Response
1	Click line item to be deleted.	Fields are populated with data related to the line selected.
2	Click **Delete**.	Line item is deleted.

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7 MANGED CARE REPORTS

The Managed Care User Manual 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 HMNMC046—EMERGENCY ROOM MANAGEMENT REPORT

7.1.1 HMNMC046—Emergency Room Management Report Narrative

The Emergency Room Management report is a mail out to the provider to report information about their patients using emergency services. It is produced quarterly by Maggie Kilgore.

1st qtr (Jan - Mar) run after last checkwrite in March
2nd qtr (Apr - Jun) run after last checkwrite in June
3rd qtr (Jul - Sep) run after last checkwrite in September
4th qtr (Oct - Dec) run after last checkwrite in December

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7.1.2 HMNMC046—Emergency Room Management Report Layout

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A

ALABAMA MEDICAID AGENCY
501 DEXTER AVE.
P.O. BOX 5624
MONTGOMERY, ALABAMA 36103-5624

Emergency Room Management Report
Claims with Services Between: 4/1/2013 - 4/18/2013

Dear Provider:

This information is being provided as a resource to you regarding patients on your panel utilizing ER services. Medicaid only pays for three non-emergency ER visits each calendar year. Certified ER visits are not limited. To provide a more accurate picture of patient utilization, both paid and denied claims are reflected. If the claim is denied, then zero will be reflected in the paid amount column. The emergency indicator explains whether the visit was a certified or non-certified emergency. Please note that the attending physician at the ER, makes the emergency determination.

The paid amount field is the total amount paid for all services provided on the claim. This includes the facility fee as well as any ancillary charges that may be billed. The physician charges are not included. If you have any questions regarding this information, please contact Latonda Cunningham at 334-353-4122.

HARRY L RICHARDSON JR
PO BOX 670
REFORM,AL 35481-0670

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ALABAMA MEDICAID AGENCY
501 DEXTER AVE.
P.O. BOX 5624
MONTGOMERY, ALABAMA 36103-5624

Emergency Room Management Report
Claims with Services Between: 4/1/2013 - 4/18/2013

PCP: HARRY L RICHARDSON JR **PCP ID: 1780627356**

Enrollee Name	Medicaid Number	ICD	Primary Diag	Description	Billing Provider	DOS	Paid Amt.	Emergency Ind
G	I8	0	K088	OTHER SPECIFIED DISORDERS OF	MOBILE INFIRMARY	04/05/2013	$45.95	N

PHI has been covered

B

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C

Alabama Medicaid Agency

Emergency Room Management Report
Claims with Services Between: 4/1/2013 - 4/18/2013

Report: HMNMC046

Run Date: 4/19/2013

Run Time: 7:54:09 AM

Recipient ID	Full Recipient Name	PCP Provider ID	Emergency Indicator	Billing Provider Number	Billing Provider Full Name	Dtl Paid Amount	Procedure Code	ICD	First Hdr Diag Code	First Hdr Diag Description
5	C D	NPI ID: 1558364802 Medicaid ID: HOS0113H Base ID: 6754	N	6754	MOBILE INFIRMARY	$40.66	99282	0	K088	SPECIFIED DISORDERS OF TEETH AND SUPPORTING
	C D	NPI ID: 1558364802 Medicaid ID: HOS0113H Base ID: 6754	N	6754	MOBILE INFIRMARY	$3.39	J2270	0	K088	SPECIFIED DISORDERS OF TEETH AND SUPPORTING
	C D	NPI ID: 1558364802 Medicaid ID: HOS0113H Base ID: 6754	N	6754	MOBILE INFIRMARY	$1.90	J2550	0	K088	SPECIFIED DISORDERS OF TEETH AND SUPPORTING
5	Count:		1							

		1								

PHI has been covered

End of Report

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7.1.3 HMNMC046—Emergency Room Management Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Emergency Room Management report

Field	Description	Data Type	Length
Billing Provider / Billing Provider Full Name	The name of the billing Provider participating in the Medicaid program.	Character	50
DOS	The date the first service was rendered on a claim.	Date (MM/DD/CCYY)	10
Description / First Hdr Diag Description	The description of the primary diagnosis code.	Character	40
Dtl Paid Amount	Amount paid on a detail line of the claim.	Number (Decimal)	22
Emergency Ind / Emergency Indicator	Indicates whether this was an emergency claim.	Character	1
Enrollee Name	Recipient's Full Name in Last, First MI format.	Character	38
Full Recipient Name	Recipient's Full Name in Last, First MI format.	Character	38
Medicaid Number	A number that uniquely identifies an individual eligible for Medicaid benefits under Managed Care. This is the original recipient number.	Character	12
PCP	The name of the provider participating in the Managed Care program.	Character	50
PCP ID / PCP Provider ID	A unique number assigned by the State to each provider of services participating in the Managed Care program.	Character	15
Paid Amt	The computed amount of payment due a provider for a claim or an adjustment transaction.	Number (Decimal)	22
Primary Diag / First Hdr Diag Code	The primary condition established after study to be mainly responsible for the patient's need for health care services from a provider.	Character	7
Procedure Code	The procedure code on a detail line of the claim.	Character	6

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Field	Description	Data Type	Length
Recipient Base ID	Unique identifier for the recipient.	Character	12

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7.2 HMNMC047—MEDICARE ELIGIBLES REPORT

7.2.1 HMNMC047—Medicare Eligibles Report Narrative

This report lists the Medicare Eligibles that are eligible for Medicare Advantage. The first table lists the SLIMB recipients; the 2nd tab lists the True Duals and the 3rd Tab list All Medicare Eligibles.

Report is created by Lisa Kurtti, exported, and sent to the Mailing Service by secure e-mail.

7.2.2 HMNMC047—Medicare Eligibles Report Layout

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A

Alabama Medicaid Agency

Medicare Eligibles Report
Medicare Eligibles as of 06/01/2010
With No Medicaid Eligibility as of 12/01/2009

Report: HMNMC047

Run Date: 11/3/2010

Run Time: 11:49:01 AM

Recipient Base ID	First Name	Middle Initial	Last Name	Full Street Address	City	State	Zip Code	Zip Code + 4	County Code Description
					DALEVILLE	AL	36322	0000	23 - Dale
					DADEVILLE	AL	36853	0509	62 - Tallapoosa
					ALBERTVILLE	AL	35950	0000	48 - Marshall
					WEBB	AL	36376	3506	35 - Houston
					PRICHARD	AL	36610	0000	49 - Mobile
					BESSEMER	AL	35020	0000	37 - Jefferson
					SYLACAUGA	AL	35150	0000	61 - Talladega
					BROOKWOOD	AL	35444	0000	63 - Tuscaloosa
8									

PHI has been covered

End of Report

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B

Alabama Medicaid Agency

Medicare Eligibles Report
Medicare Eligibles as of 06/01/2010
With No Medicaid Eligibility as of 12/01/2009

Report: HMNMC047

Run Date: 11/3/2010

Run Time: 11:49:01 AM

Recipient Base ID	First Name	Middle Initial	Last Name	Full Street Address	City	State	Zip Code	Zip Code + 4	County Code Description
					ALBERTVILLE	AL	35950	0000	48 - Marshall
					WEBB	AL	36376	3506	35 - Houston
					PRICHARD	AL	36610	0000	49 - Mobile
					BESSEMER	AL	35020	0000	37 - Jefferson
4									

PHI has been covered

End of Report

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C

Alabama Medicaid Agency

Medicare Eligibles Report
Medicare Eligibles as of 06/01/2010
With No Medicaid Eligibility as of 12/01/2009

Report: HMNMC047

Run Date: 11/3/2010

Run Time: 11:49:01 AM

Recipient Base ID	First Name	Middle Initial	Last Name	Full Street Address	City	State	Zip Code	Zip Code + 4	County Code Description
					DALEVILLE	AL	36322	0000	23 - Dale
					DADEVILLE	AL	36853	0509	62 - Tallapoosa
2									

PHI has been covered

End of Report

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7.2.3 HMNMC047—Medicare Eligibles Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Medicare Eligibles report.

Field	Description	Data Type	Length
City	The city where the recipient resides.	Character	18
County Code/Description	Code and name of the county in which the recipient's resides.	Character	15
First Name	The first name of a recipient.	Character	15
Full Street Address	The first line of the recipient's street address.	Character	30
Last Name	The last name of a recipient.	Character	20
Middle Initial	The middle initial of the recipient.	Character	1
Recipient Base ID	Unique identifier for the recipient.	Character	12
State	The state where the recipient resides.	Character	2
Zip Code	The five character zip code for the recipient.	Character	9
Zip Code + 4	The zip code plus four of the recipient.	Character	4

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7.3 MGD-0002-M—CAPITATION PAYMENT LISTING FOR PATIENT 1ST REPORT

7.3.1 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Narrative

This report, which is produced monthly, provides a detailed listing of all recipients for whom the Patient 1st PMP is receiving a capitation payment.

This report is also available to providers from the Alabama Medicaid Interactive Services Web site.

7.3.2 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Layout

```
Report  : MGD-0002-M                                ALABAMA MEDICAID AGENCY
Run Date: MM/DD/CCYY
Process : MGDJM410                            MEDICAID MANAGEMENT INFORMATION SYSTEM
Run Time:   99:99:99
Location: MGD0002M                                  CAPITATION PAYMENT LISTING
Page:        999
                                            REPORT PERIOD:  MM/DD/CCYY  -  MM/DD/CCYY

PMP Identification Number: XXX  XXXXXXXXXX                                                                    Payment Issue
Date: MM/DD/CCYY
PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Payment No: XXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                                          Total
Amount: 9999999.99
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Payee PMP Identification Number:  XXX  XXXXXXXXXX
Payee PMP Name:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RECIPIENT ID         RECIP NAME                          EFF DATE      END DATE      AMOUNT         ADJUSTMENT
                                                                                     PAID           AMOUNT
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99
                                                       *** END OF REPORT ***
```


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7.3.3 MGD-0002-M—Capitation Payment Listing for Patient 1st Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Payment Listing for Patient 1st report.

Field	Description	Data Type	Length
Adjustment Amount	Adjustment amount for this recipient.	Number (Decimal)	14
Amount Paid	Capitation payment made to the PMP for the recipient.	Number (Decimal)	9
Eff Date	Recipient assignment date.	Date (MM/DD/CCYY)	10
End Date	Rate recipient assignment will end.	Date (MM/DD/CCYY)	10
Payee PMP Identification Number	Identification number of the PMP who is receiving a cap payment.	Character	15
Payee PMP Name	Name of the PMP who receives cap payments.	Character	20
Payment Issue Date	Payment issue date.	Date (MM/DD/CCYY)	10
Payment No	Payment number.	Number (Integer)	9
PMP Address1	PMP street address 1.	Character	30
PMP Address2	PMP street address 2.	Character	30
PMP City, State, Zip	PMP city, state, and zip code address.	Character	30
PMP Identification Number	Identification number of the PMP who performed the service. They may or may not actually be receiving the capitation payment.	Character	15
PMP Name	Name of the PMP who performed the service. They may or may not receive the actual cap payments.	Character	20
Recip Name	Recipient last name, first name, middle name initial.	Character	31
Recipient ID	Recipient identification number.	Character	12

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Field	Description	Data Type	Length
Report Period	The reporting time period range in MM/DD/CCYY – MM/DD/CCYY format.	Date (MM/DD/CCYY)	23
Total Amount	Total amount paid to the PMP. This amount will be total of both Patient 1st and Lockin cap payments, if provider participates in both MC programs.	Number (Decimal)	14

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7.4 MGD-0004-M—CAPITATION PAYMENT LISTING FOR MEDICARE ADVANTAGE REPORT

7.4.1 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Narrative

This report, which is produced monthly, provides a detailed listing of all recipients for whom the Medicare Advantage or ICN PMP is receiving a capitation payment.

This report is available to providers from the Alabama Medicaid Interactive Services Web Site in pdf and csv formats.

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7.4.2 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Layout

```
Report  : MGD-0004-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM004                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   99:99:99
Location: MGD0002M                           CAPITATION PAYMENT LISTING                            Page:        999
PLAN    : XXXXX                        REPORT PERIOD:  MM/DD/CCYY  -  MM/DD/CCYY

PMP Identification Number: XXX  XXXXXXXXXX                                          Payment Issue Date:
MM/DD/CCYY
PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                  Payment No:
XXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                       Total Amount:
9999999.99
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Payee PMP Identification Number:  XXX  XXXXXXXXXX
Payee PMP Name:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


RECIPIENT ID         RECIP NAME                          EFF DATE      END DATE      AMOUNT         ADJUSTMENT     ADJ
                                                                                     PAID           AMOUNT         RC
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX
XXXXXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY    99999999.99    99999999.99    XX

Code Legend:
```


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```
Adjustment Reason Codes:

XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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

7.4.3 MGD-0004-M—Capitation Payment Listing for Medicare Advantage Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Payment Listing for Medicare Advantage report.

Field	Description	Data Type	Length
Adj RC	The reason code for adjustment	Character	2
Adjustment Amount	Adjustment amount for this recipient.	Number (Decimal)	14
Amount Paid	Capitation payment made to the PMP for the recipient.	Number (Decimal)	9
Code Legend Adjustment Reason Codes	Legend contains the code and description of all adjustment reason code(s) displayed under ADJ RC column.	Character	57
Eff Date	Recipient assignment date.	Date (MM/DD/CCYY)	10
End Date	Date recipient assignment will end.	Date (MM/DD/CCYY)	10
PLAN	The cde_pgm_health of the PMP. The folowing are the valid values: • *ICNNH =ICN Nursing Home* • *ICNWA = ICN ACT Waiver* • *ICNWE = ICN E&D Waiver* • *MDADV = Medicare Advantage.*	Character	5
PMP Address1	First part of PMP street address.	Character	30

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Field	Description	Data Type	Length
PMP Address2	Second part of PMP street address.	Character	30
PMP City, State, Zip	PMP city state and zip code address.	Character	30
PMP Identification Number	Identification number of the PMP who performed the service. They may or may not actually be receiving the capitation payment.	Character	15
PMP Name	Name of the PMP who performed the service. They may or may not receive the actual capitation payments.	Character	20
Payee PMP Identification Number	Identification number of the PMP who is receiving a capitation payment.	Character	15
Payee PMP Name	Name of the PMP who receives capitation payments.	Character	20
Payment Issue Date	Check issue date.	Date (MM/DD/CCYY)	10
Payment No	Check number.	Number (Integer)	9
Recip Name	Recipient last name, first name, middle name initial.	Character	31
Recipient ID	Recipient identification number.	Character	12
Report Period	The reporting time period range in MM/DD/CCYY – MM/DD/CCYY format.	Date (MM/DD/CCYY)	23
Total Amount	Total amount paid to the PMP.	Number (Decimal)	14

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7.5 MGD-0055-M—MONTHLY PMP ENROLLMENT ROSTER FOR PATIENT 1ST REPORT

7.5.1 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Narrative

The Monthly PMP Enrollment Roster for Patient 1st report, which is produced monthly, lists PMP enrollment information by recipient. The report is broken out by Pending, New, Continuing, and Terminated recipients. A legend is provided at the end of the report listing aid category and start/stop reason.

This report is available to providers from the Alabama Medicaid Interactive Services Web Site.

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7.5.2 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Layout

```
Report  : MGD-0055-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM055                   MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   HH:MM:SS
Location: MGD0055M                        MONTHLY PMP ENROLLMENT ROSTER                           Page:        999
                                             REPORT PERIOD:  MM/CCYY


PMP Identification Number:  XXXXXXXXXX              Case Mgmt Fee:     $999.99                    Payee PMP ID: 123456789012345
PMP Name:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                        SPSL:       123456789
Address 1:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address 2:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State  ZIP:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



                                                                                   CURRENT      FUTURE
REGION                                   FOCUS                                     PANEL SIZE   PANEL SIZE   DISTANCE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999,999      999,999     XXXX


RESTRICTION TYPE                MIN AGE       MAX AGE     GENDER     MAX PANEL SIZE     EFFECTIVE DATE     END DATE
XXXXXXXXXXXXXXXXXXXX            999           999         X              999,999        MM/DD/CCYY         MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX            999           999         X              999,999        MM/DD/CCYY         MM/DD/CCYY
XXXXXXXXXXXXXXXXXXXX            999           999         X              999,999        MM/DD/CCYY         MM/DD/CCYY

SPECIAL CONDITIONS:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                    THIS IS FOR INFORMATION ONLY

This information reflects your Patient 1st enrollment data. Indicated above is the distance in which you have agreed to
see Patient 1st eligibles, the maximum caseload requested, the current caseload, any age criteria specified and whether you
appear on the PMP List.  The current caseload will not, reflect the numbers on the enrollment reports due to patients
continuously being enrolled and disenrolled.  A special condition of 'Patient 1st Max Caseload Override Hold' indicates that you
have requested that no new patients be assigned without express permission.  If you wish to make changes to your enrollment
data,please contact the EDS Provider Enrollment Unit.
<PAGE BREAK>
```


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```
Process : MGDJM055                          MEDICAID MANAGEMENT INFORMATION SYSTEM                                    Run Time:   HH:MM:SS
Location: MGD0055M                               MONTHLY PMP ENROLLMENT ROSTER                                           Page:        999
                                                    REPORT PERIOD:  MM/CCYY

PMP Identification Number:  XXXXXXXXXX              Case Mgmt Fee:     $999.99                     Payee PMP ID: 123456789012345
PMP Name:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            SPSL:       123456789
Address 1:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address 2:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State  ZIP:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                        NEW ENROLLEES

RECIP ID /SSN              STREET ADDRESS 1               SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                   BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                  DEATH      ENDDATE           IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     CONTINUING ENROLLEES
RECIP ID /SSN              STREET ADDRESS 1               SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                   BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                  DEATH      ENDDATE           IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
TERMINATED ENROLLEES
RECIP ID /SSN              STREET ADDRESS 1                SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                     BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                    DEATH      ENDDATE          IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

<PAGE BREAK>

Report  : MGD-0055-M                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : MGDJM055                            MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: MGD0055M                                 MONTHLY PMP ENROLLMENT ROSTER                                 Page:        999
                                                     REPORT PERIOD:  MM/CCYY

PMP Identification Number:  XXXXXXXXXX                                                     Payee PMP ID: 123456789012345

TOTAL PENDING ENROLLEES    :  999,999,999
TOTAL NEW ENROLLEES        :  999,999,999
TOTAL CONTINUING ENROLLEES :  999,999,999
TOTAL TERMINATED ENROLLEES :  999,999,999


Code Legend:
       Aid Category

          32   MLIF-Child with No Money-full Medicaid coverage
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
       Start/Stop Reason
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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


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7.5.3 MGD-0055-M—Monthly PMP Enrollment Roster for Patient 1st Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly PMP Enrollment Roster for Patient 1st report.

Field	Description	Data Type	Length
Aid Cat	Recipient's state aid category at time of enrollment.	Character	2
Assignmnt EffDate	Effective date of recipient's assignment with the PMP.	Date (MM/DD/CCYY)	10
Assignmnt Enddate	End Date of assignment with the PMP.	Date (MM/DD/CCYY)	10
Code Legend: Aid Category	Aid Category Code (length 2) and Description (50).	Character	52
Code Legend: Start/Stop Reason	Recipient eligibility start or stop reasons (length 2) and description (length 50).	Character	52
County	Recipient's county of residence.	Character	10
Current Panel Size	Number of th recipients currently assigned to the PMP service location.	Number (Integer)	7
Distance	Indicates how many miles in all directions that the provider is will to provide coverage.	Number (Integer)	4
Focus	Contains list of valid focuses that a PMP can have. A "focus" is similar to a provider specialty, but is NOT related in our system. Examples include: General Practitioner, Internist, and Pediatrician.	Character	3
Future Panel Size	This is the number of recipients assigned to the PMP service location that are effective AFTER the current date.	Number (Integer)	7
Gender	Specifies the gender of the recipients who are either included or excluded from the PMP's panel.	Character	1

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Field	Description	Data Type	Length
Max Age	Specifies the maximum age of the recipients who are either included or excluded from the PMP's panel.	Number (Integer)	3
Max Panel Size	Specifes the maximum number of recipients that the PMP will allow.	Number (Integer)	7
Min Age	Specifies the minimum age of the recipients who are either included or excluded from the PMP's panel.	Number (Integer)	
Office Ind	The county DHS office that the recipient lives near.	Character	1
PMP Address 1	First part of PMP Street Address.	Character	30
PMP Address 2	Second part of PMP Street Address.	Character	30
PMP City, State, Zip	PMP city, state and zip plus 4.	Character	30
PMP Identification Number	PMP identification number.	Character	15
PMP Name	PMP's Name.	Character	30
Payee PMP ID	This field displays the provider's id number if an individual provider or the group provider number if part of a group.	Character	15
Recipient - City, State, Zip	Recipient city, state and zip plus 4.	Character	30
Recipient - Date Of Birth	Recipient's date of birth.	Date (MM/DD/CCYY)	10
Recipient - Date Of Death	Recipient's date of death.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Recipient - Last Name, First Name MI	Recipient Name (Last, First, MI).	Character	31
Recipient's Sex	Sex of recipient.	Character	1
Recipient SSN	Social Security Number.	Number (Integer)	9
Recipient Street Address 1	Recipient street address.	Character	30
Recipient Street Address 2	Recipient street address 2.	Character	30
Recipient ID	Recipient identification number.	Character	12
Region	This is the identification of the Managed Care region.	Character	30
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
Restriction Type	Specifies the type of restriction: Inclusion or Exclusion.	Character	20
Review Date	Date of recipient's last eligibility review.	Date (MM/CCYY)	7
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Number (Integer)	9
Special Condition	Describes the Special Condition(s) that applies to the PMP.	Character	50
Start / Stop Rsn	Recipient eligibility start or stop reason.	Character	2
Total Continuing Enrollees	Total number of continuing enrollees assigned to the PMP.	Number (Decimal)	11

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Field	Description	Data Type	Length
Total New Enrollees	Total number of new enrollees assigned to the PMP.	Number (Decimal)	11
Total Pending Enrollees	Total number of pending enrollees assigned to the PMP.	Number (Decimal)	11
Total Terminated Enrollees	Total number of terminated enrollees.	Number (Decimal)	11

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7.6 MGD-0056-M—MONTHLY PMP ENROLLMENT ROSTER FOR MEDICARE ADVANTAGE REPORT

7.6.1 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Narrative Report

The Monthly PMP Enrollment Roster for Medicare Advantage report, which is produced monthly, lists PMP enrollment information by recipient. The report is broken out by New, Continuing, and Terminated recipients. A legend is provided at the end of the report listing aid category and start/stop reason.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

7.6.2 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Report Layout

```
Report  : MGD-0056-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM500                   MEDICAID MANAGEMENT INFORMATION SYSTEM                   Run Time:   HH:MM:SS
Location: MGD0055M                       MONTHLY PMP ENROLLMENT ROSTER                            Page:        999
                                             REPORT PERIOD:  MM/CCYY


PMP Identification Number:  XXXXXXXXXX                                          Payee PMP ID: 123456789012345
PMP Name:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                          SPSL:       123456789
Address 1:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address 2:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State  ZIP:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                 NEW ENROLLEES

RECIP ID /SSN              STREET ADDRESS 1              SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                   BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                  DEATH      ENDDATE           IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X  MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX      MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
                                                    CONTINUING ENROLLEES
RECIP ID /SSN              STREET ADDRESS 1               SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                    BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                    DEATH      ENDDATE          IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                    TERMINATED ENROLLEES

RECIP ID /SSN              STREET ADDRESS 1               SEX  DATE OF    ASSIGNMNT    AID  COUNTY/         START/   REVIEW
LAST NAME, FIRST NAME MI   STREET ADDRESS 2                    BIRTH /    EFFDATE/     CAT  OFFICE          STOP     DATE
                           CITY, STATE  ZIP                    DEATH      ENDDATE          IND             RSN

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX/XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXX   X   MM/DD/CCYY MM/DD/CCYY   XX   XX              XX       MM/CCYY
XXXXXXXX, XXXXXXX, X       XXXXXXXXXXXXXXXXXXXXXXXXXXXX       MM/DD/CCYY MM/DD/CCYY        X
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX
                           XXXXXXXXXXXXXXXXXXXXXXXXXXXX

<PAGE BREAK>
```


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```
Report  : MGD-0056-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM500                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: MGD0055M                         MONTHLY PMP ENROLLMENT ROSTER                           Page:        999
                                               REPORT PERIOD:  MM/CCYY


PMP Identification Number:  XXXXXXXXXX                                          Payee PMP ID: 123456789012345



TOTAL NEW ENROLLEES        :  999,999,999
TOTAL CONTINUING ENROLLEES :  999,999,999
TOTAL TERMINATED ENROLLEES :  999,999,999


Code Legend:

       Aid Category

         32   MLIF-Child with No Money-full Medicaid coverage
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

       Start/Stop Reason

         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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


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7.6.3 MGD-0056-M—Monthly PMP Enrollment Roster for Medicare Advantage Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly PMP Enrollment Roster for Medicare Advantage report.

Field	Description	Data Type	Length
Aid Cat	Recipients State aid category at time of enrollment.	Character	2
Assignmnt Effdate	Effective Date of recipient's assignment with the PMP.	Date (MM/DD/CCYY)	10
Assignmnt Enddate	End Date of assignment with the PMP.	Date (MM/DD/CCYY)	10
Code Legend: Aid Category	Aid Category Code (length 2) and Description (50).	Character	52
Code Legion: Start/Stop Reason	Recipient eligibility start or stop reasons (length 2) and description (length 50).	Character	52
County	The Recipient county of residence.	Character	10
Office Ind	The county DHS office that the recipient lives near.	Character	1
PMP - Address 1	PMP Street Address 1.	Character	30
PMP - Address 2	PMP Street Address 2.	Character	30
PMP - City, State, Zip	PMP City, State and Zip Plus 4.	Character	30
PMP Identification Number	PMP Identification Number.	Character	15
PMP Name	PMP's Service location Name is printed on the report header. The PMP's Mailing location Name is printed on the mailing address page.	Character	30

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Field	Description	Data Type	Length
Payee PMP ID	This field displays the provider's id number if an individual provider or the group provider number if part of a group.	Character	15
Recipient - City, State, Zip	Recipient city, state and zip plus 4.	Character	30
Recipient - Date Of Birth	Recipient's date of birth.	Date (MM/DD/CCYY)	10
Recipient - Date Of Death	Recipient's date of death.	Date (MM/DD/CCYY)	10
Recipient - Last Name, First Name MI	Recipient Name (Last, First, MI).	Character	31
Recipient - SSN	Social Security Number.	Number (Integer)	9
Recipient - Sex	Sex of Recipient.	Character	1
Recipient - Street Address 1	Recipient Street Address 1.	Character	30
Recipient - Street Address 2	Recipient Street Address 2.	Character	30
Recipient ID	Recipient identification number.	Character	12
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
Review Date	Date of recipient's last eligibility review.	Date (MM/CCYY)	7
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Number (Integer)	9

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Field	Description	Data Type	Length
Start / Stop Rsn	Recipient eligibility start or stop reasons.	Character	2
Total Continuing Enrollees	Total number of continuing enrollees assigned to the PMP.	Number (Decimal)	11
Total New Enrollees	Total number of new enrollees assigned to the PMP.	Number (Decimal)	11
Total Terminated Enrollees	Total number of terminated enrollees.	Number (Decimal)	11

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7.7 MGD-0070-M—MONTHLY MANAGED CARE ENROLLED BUT NOT ELIGIBLE REPORT

7.7.1 MGD-0070-M—Monthly Managed Care Enrolled but Not Eligible Report Narrative

This report lists recipients who are enrolled in Patient 1st, but are no longer eligible. The report is sorted by provider ID and Recipient ID. It also prints a total disenrolled summary for provider and another one for the whole State. This report is produced monthly.

7.7.2 MGD-0070-M—Monthly Managed Care Enrolled but Not Eligible Report Layout

```
Report  : MGD-0070-M                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : MGDJM070                            MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MGD0070M                        MONTHLY MANAGED CARE ENROLLED BUT NOT ELIGIBLE                         Page:        999
                                                   REPORT PERIOD: MM/CCYY
                                                     LISTING BY PROVIDER


PMP Identification Number: XXXXXXXXXX
PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


RECIP ID            RECIP NAME                                PROGRAM    EFF DATE        PREV            END DATE       REASON
                                                              CODE                       END DATE                       CODE

999999999999        XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X         XXXXX      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      XXX
999999999999        XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X         XXXXX      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      XXX
999999999999        XXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X         XXXXX      MM/DD/CCYY      MM/DD/CCYY      MM/DD/CCYY      XXX



<PAGE BREAK>
```


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```
Report  : MGD-0070-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : MGDJM070                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MGD0070M                         MONTHLY MANAGED CARE ENROLLED BUT NOT ELIGIBLE                      Page:        999
                                                   REPORT PERIOD: MM/CCYY
                                                       PROVIDER SUMMARY
PMP Identification Number: XXXXXXXXXX
PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REASON CODE       REASON DESCRIPTION                              TOTAL

    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999
    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999
    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999

TOTAL DISENROLLED  9999999999

<PAGE BREAK>
Report  : MGD-0070-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : MGDJM070                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MGD0070M                         MONTHLY MANAGED CARE ENROLLED BUT NOT ELIGIBLE                      Page:        999
                                                   REPORT PERIOD: MM/CCYY
                                                      STATEWIDE SUMMARY

REASON CODE       REASON DESCRIPTION                              TOTAL

    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999
    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999
    999           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     9999999999


TOTAL DISENROLLED FOR STATE: 9999999999


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


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7.7.3 MGD-0070-M—Monthly Managed Care Enrolled But Not Eligible Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly Managed Care Enrolled But Not Eligible report.

Field	Description	Data Type	Length
Eff Date	Recipient assignment effective date.	Character	31
New End Date	The date recipient is disenrolled from Managed Care.	Character	31
PMP - Address 1	Provider street address 1.	Character	30
PMP - Address 2	Provider street address 2.	Date (MM/DD/CCYY)	10
PMP - City, State, Zip	Provider city, state, and zip.	Date (MM/DD/CCYY)	10
PMP Identification Number	PMP identification number.	Character	15
PMP Name	Name of Primary Medical Provider.	Character	50
Prev End Date	Recipient assignment end date prior to being disenrolled.	Date (MM/DD/CCYY)	10
Program Code	The health program recipient is assigned to.	Character	5
Reason Code	The reason code for recipient disenrollment: 101-Recipient deceased on specified date 102-Recipient has invalid aid category 103-Recipient has invalid demographics 104-Recip has invalid aid cat elig (not found) 105-No valid Mgd Care living arrangement 106-Adult/child ind invalid for aid cat	Number (Integer)	4

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Field	Description	Data Type	Length
	108-TPL invalid for Mgd Care 110-Age exceeds program limitations 111-Invalid Medicare coverage for pgm 112-Out-of-state county 113-Recp has invalid aid category group 114-Enrolled in mutually−exclusive program 115-Not enrolled in prerequisite program 116-Program is not valid for recp region 117-Excluded from Managed Care 118-has no valid LOC for PACE program 119-Invalid PACE capitation demographics 120-Vol Recp has opted-out of Mgd Care 121-Enrolled in mutually-excl mgd care pgm 122-Invalid HW21M capitation 125-does not meet PACE age requirements 126-Recip region invalid − check county code 127-Recip state invalid 128-Recip has Medicare A(Invalid for pgm) 129-Recip has Medicare B(Invalid for pgm) 130-Recipient ID is classified as Inactive		

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Field	Description	Data Type	Length
	150-Voluntary Recipient - CSHCN 151-Voluntary Recipient - Race 152-Voluntary Recp - SSI < 21 160-Recp has both QMB and TXIX elig 161-Recp has no QMB eligibility 170-Recp has no pre-requisite program elig 601-PMP does not service specified program 602-PMP svc loc is not active 603-PMP panel (region enrollment) is on hold 604-Assign dates outside of PMP date range 605-PMP not in recp's county 606-Recp is locked out of PMP or Group Mbr 611-Recp doesn’t meet PMP age/gender 612-PMP has reached maximum panel size 613-Recp age/gender is excluded from PMP 614-PMP has NO region enrollments 615-PMP panel (restrictions) is on hold 800-Invalid MCO ID 805-Invalid MCO Service Location 810-Invalid Group		

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Field	Description	Data Type	Length
	815-Invalid Group Service Location 820-Invalid Member ID 825-Invalid Member Service Location 830-Invalid Effective Date 835-Invalid End Date 840-Invalid PMP Focus 845-Invalid 24 Hour Phone 850-Invalid Phone Extension 855-Invalid Special Conditions Indicator 875-Invalid PCP Indicator 885-Missing Record 900-Invalid Medicaid ID 905-Invalid Provider ID 910-Invalid Service Location Code 915-Recp Not Assigned to MCO 920-Provider Not With MCO Note: Some of the reason codes may not be valid for Alabama		
Reason Description	The actual reason why the recipient is disenrolled.	Character	40
Recip ID	Recipient Identification number.	Character	12
Recip Name	Recipient last name, first name, and middle initial.	Character	31

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Field	Description	Data Type	Length
Report Period	The reporting time period in MM/CCYY format.	Number (Integer)	10
Total	Total number of recipient disenrolled, for the reason code, for this provider.	Number (Integer)	10
Total Disenrolled	Total number of recipients disenrolled, for all the reason codes, for this provider.	Number (Integer)	10

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7.8 MGD-0080-M—CAPITATION ERRORS REPORT

7.8.1 MGD-0080-M—Capitation Errors Report Narrative

This report lists all recipient-related errors encountered during the capitation cycles for all plans. The report is sorted by program, provider id and recipient id.

7.8.2 MGD-0080-M—Capitation Errors Report Layout

```
Report  : MGD-0080-M                          ALABAMA MEDICAID AGENCY                                Run Date: MM/YY/CCYY
Process : MGDJM106                      MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   99:99:99
Location: MGD0080M                             CAPITATION ERRORS REPORT                                Page:        999
                                              REPORT PERIOD:  MM/CCYY

PMP ID          RECIPIENT ID  RECIPIENT NAME                    HLTH   ASSIGNMENT  CAP    CAP         ERROR REASON
                                                                PGM    DATE        PGM    MONTH

XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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


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7.8.3 MGD-0080-M—Capitation Errors Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Errors Field report.

Field	Description	Data Type	Length
Assignment Date	Recipient assignment effective date.	Date (MM/DD/CCYY)	10
Cap Month	Capitation month.	Date (MM/DD/CCYY)	10
Cap Pgm	Recipient capitation program. Valid options include: • A-Adj -- Created out of mgd_capadjauto processes. • Main -- Created out of mgd_capmain processes.	Character	5

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Field	Description	Data Type	Length
Error Reason	Capitation error reasons: • Unable to retrieve hlth pgm/aid cat Check to see if recipient had a valid Benefit Plan for date listed. Adjust assignment as needed. • Recip region invalid; check county code This could be an invalid county code or an invalid State code. Assignment needs to be backed back to EOM prior to attempted cap payment. If this would cause the end date to be before the effective date, change the status to History. • Parent eligibility not found Change End Date back to a covered month or history entire assignment if coverage was never there. • Cap Adj Pmt bypassed, cap amt is zero <BRFor Patient 1st, go to the Capitation Rate Override panel and verify if a rate existed for the Cap Month indicated. If PMP has a FQH, PBR or CM0 Special Condition then rate should exist with rate of zero. If rate or Special condition does not exist, then research how PMP should be paid. • Recipient deceased on specified date Check to see if recipient has died. If so, change end date to be the EOM of date of death. If this would cause the end date to be before the effective date, change the status to History. • Invalid aid category on CCYYMMDD. Check to see if recipient had a valid aid cat for the date listed. Recipient Information - Benefit Plan - select row which covers date listed. • Recipient's aid category elig NOT FOUND Assignment should be end dated with End of Month that eligibility was lost. • Cannnot determine if PMP participating PMP may have cap rate override rows for 4, 5, and 6. Can have either 4 & 5, or 6.	Character	38

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Field	Description	Data Type	Length
Hlth Pgm	Recipient health program. Valid options include: • *PT1ST - Patient 1st.* • *MDADV - Medicare Advantage.* • *ICNNH =ICN Nursing Home* • *ICNWA = ICN ACT Waiver* • *ICNWE = ICN E&D Waiver*	Character	5
PMP ID	Unique number identifying a provider.	Character	15
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Recipient Name (Last, First, MI).	Character	32
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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7.9 MGD-0081-M – CAPITATION ERRORS REPORT

This report lists all recipient-related errors encountered during the ICN capitation cycles.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site in pdf format.

It is sorted by program, provider id and recipient id.

7.9.1 MGD-0081-M – Capitation Errors Layout Report

```
Report  : MGD-0081-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/YY/CCYY
Process : MGDJM081                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MGD0080M                             CAPITATION ERRORS REPORT                                    Page:        999
                                              REPORT PERIOD:  MM/CCYY

PMP ID          RECIPIENT ID  RECIPIENT NAME                    HLTH   ASSIGNMENT  CAP    CAP         ERROR REASON
                                                                PGM    DATE        PGM    MONTH

XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX 999999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXX  MM/DD/CCYY  XXXXX  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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


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7.9.2 MGD-0081-M – Capitation Errors Report Field Descriptions

Field	Description	Data Type	Length
Assignment Date	Recipient assignment effective date.	Date (MM/DD/CCYY)	10
Cap Month	Capitation Month.	Date (MM/DD/CCYY)	10
Cap Pgm	Recipient capitation program. • A-Adj -- Created out of mgd_capadjauto_icn process. • Main -- Created out of mgd_capmain_icn process.	Character	5
Error Reason	Capitation Error Reason • Unable to retrieve hlth pgm/aid cat *Check to see if recipient had a valid Benefit Plan for date listed. Adjust assignment as needed.* • Recip region invalid - check county code *This could be an invalid county code or an invalid State code. Assignment needs to be backed back to EOM prior to attempted cap payment. If this would cause the end date to be before the effective date, change the status to History.* • Parent eligibility not found *Change End Date back to a covered month or history entire assignment if coverage was never there.* • Cap Adj Pmt bypassed, cap amt is zero. *If PCP has a CM0 Special Condition then rate should exist with rate of zero. If rate or Special condition does not exist, then research how PCP should be paid.* • Recipient deceased on specified date *Check to see if recipient has died. If so, change end date to be the EOM of date of death. If this would cause the end date to be before the effective date, change the status to History.* • Invalid aid category on CCYYMMDD. *Check to see if recipient had a valid aid cat for the date listed. Recipient Information - Benefit Plan - select row which covers date listed.*	Character	38

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Field	Description	Data Type	Length
	• Recipient's aid category elig NOT FOUND *Assignment should be end dated with End of Month that eligibility was lost.*		
Hlth Pgm	Recipient Health Program. • ICNNH =ICN Nursing Home • ICNWA = ICN ACT Waiver • ICNWE = ICN E&D Waiver	Character	5
PMP ID	Provider identification number.	Character	15
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Recipient Name (Last, First, MI).	Character	32
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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7.10 MGD-0100-M—CAPITATION PAYMENT SUMMARY BY PROVIDER REPORT

7.10.1 MGD-0100-M—Capitation Payment Summary by Provider Report Narrative

The Capitation Payment Summary by Provider report, which is produced monthly, summarizes all capitation transactions by provider, and is year-to-date.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

7.10.2 MGD-0100-M—Capitation Payment Summary by Provider Report Layout

```
Report  : MGD-0100-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : MGDJM790                            MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   99:99:99
Location: MGD0140M                            CAPITATION PAYMENT SUMMARY BY PROVIDER                         Page:        999
                                             REPORT PERIOD:  MM/DD/YYYY - MM/DD/YYYY
PMP Identification Number: XXX  XXXXXXXXXX
PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State  Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                     CAPITATION WORKSHEET

CAPITATION CATEGORY                          CONT       ADJUST      TOTAL         GROSS         TOTAL        TOTAL          TOTAL
                                             ENROLL     ENROLL      ENROLL        AMOUNT        ADJUST      RECOUPED        AMT
                                             MONTHS     MONTHS      MONTHS        PAID          AMOUNT        AMT           PAID

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99,999     99,999      99,999       999999.99    99,9999.99    99,9999.99    99,9999.99

TOTALS                                    999,999    999,999     999,999   9999999999.99 9999999999.99 9999999999.99 9999999999.99

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

7.10.3 MGD-0100-M—Capitation Payment Summary by Provider Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Payment Summary by Provider report.

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Field	Description	Data Type	Length
Adjust Enroll Months	Recipient adjusted enrollee months.	Number (Decimal)	6
Capitation Category	Recipient capitation category description.	Character	35
Cont Enroll Months	Recipient continuing enrollee months.	Number (Decimal)	6
Gross Amount Paid	Gross Amount Paid.	Number (Decimal)	10
PMP - Address 1	Provider street address 1.	Character	30
PMP - Address 2	Provider street address 2.	Character	30
PMP - City, State, Zip	Provider's city, state, and zip code.	Character	30
PMP Identification Number	Provider identification number.	Character	15
PMP Name	Name of Primary Medical Provider.	Character	50
Report Period	The reporting time period in MM/DD/CCYY - MM/DD/CCYY format.	Date (MM/DD/CCYY)	23
Total Adjust Amount	Total Adjusted Amount.	Number (Decimal)	10
Total Amt Paid	Total amt paid - sum of gross amt and adjusted amt.	Number (Decimal)	10
Total Enroll Months	Recipient total enrollee months.	Number (Decimal)	6
Total Recouped Amt	Total Recouped Amount.	Number (Decimal)	10
Totals - Adjust Enroll Months	Total of adjusted enrollee months column.	Number (Decimal)	6
Totals - Cont Enroll Months	Total of continuing enrollee months column.	Number (Decimal)	6

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Field	Description	Data Type	Length
Totals - Gross Amount Paid	Total of gross amount paid column.	Number (Decimal)	12
Totals - Total Adjust Amount	Total of total adjust amount column.	Number (Decimal)	12
Totals - Total Amt Paid	Total of total amount paid column.	Number (Decimal)	12
Totals - Total Enroll Months	Total of total enrollee months column.	Number (Decimal)	6
Totals - Total Recouped Amt	Total of total recouped amount column.	Number (Decimal)	12

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7.11 MGD-0302-M—CAPITATION SUMMARY BY PROGRAM REPORT

7.11.1 MGD-0302-M—Capitation Summary by Program Report Narrative

The Capitation Summary by Program report, which is produced monthly, provides a summary of capitation details by program and Managed Care MCO breakout.

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7.11.2 MGD-0302-M—Capitation Summary by Program Report Layout

```
Report  : MGD-0302-M                          ALABAMA MEDICAID AGENCY                                  Run Date:  MM/DD/CCYY
Process : MGDJM302                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:    99:99:99
Location: MGD0302M                         CAPITATION SUMMARY BY PROGRAM                                  Page:         999
                                               REPORT PERIOD:  MM/CCYY
                                                                          PROGRAM            PROGRAM
PROGRAM CODE     PROGRAM DESCRIPTION                                       COUNT              AMOUNT
------------     ---------------------------------------------------   ------------      ---------------
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99
      XXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999,999       999,999,999.99

                                                                      ============      ===============
           GRAND TOTAL FOR ALL PROGRAMS                                999,999,999       999,999,999.99
                                          MEDICARE ADVANTAGE PMP SUMMARY

PMP ID                PMP NAME                                            COUNT              AMOUNT
---------------       ---------------------------------------------   ------------      ---------------
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
XXX  XXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   999,999,999       999,999,999.99
                                                                      ============      ===============
           GRAND TOTAL FOR MEDICARE ADVANTAGE                          999,999,999       999,999,999.99
                                                   *** END OF REPORT ***
```

7.11.3 MGD-0302-M—Capitation Summary by Program Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the report Capitation Summary by Program.

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Field	Description	Data Type	Length
Grand Total For All Programs - Program Amount	Grand Total Amount for all capitation payments.	Number (Decimal)	14
Grand Total For All Programs - Program Count	Grand Total Program Count for all capitation programs.	Number (Decimal)	11
Grand Total For Medicare Advantage - Program Amount	Grand Total Amount of Medicare Advantage capitation payments.	Number (Decimal)	14
Grand Total For Medicare Advantage - Program Count	Grand Total Count of PMP capitation payments.	Number (Decimal)	11
PMP Amount	Amount of capitation for the PMP.	Number (Decimal)	14
PMP Count	Count of PMP capitation transactions.	Number (Decimal)	11
PMP ID	Provider identification number.	Character	15
PMP Name	Medicare Advantage vendor name.	Character	50
Program Amount	Amount of capitation for the program.	Number (Decimal)	14
Program Code	Program code for the capitation transactions.	Character	5
Program Count	Count of capitation for the program.	Number (Decimal)	11
Program Description	Program description.	Character	50
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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7.12 MGD-A037-W- PATIENT 1ST PROVIDERS NOT YET REENROLLED REPORT

7.12.1 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Narrative

Report list Patient 1st providers who have not re-enrolled and are in danger of losing the privilege to be Medicaid Providers. It should report all Patient First providers who have not responded 15 days after notification. The report should run weekly and be sorted by Ltr Date (ascending), Future Caseload (descending), Group NPI (ascending) and NPI (ascending).

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7.12.2 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Layout

```
Report  : MGD-A037-W                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJWA37                   MEDICAID MANAGEMENT INFORMATION SYSTEM                    Run Time:   HH:MM:SS
Location: MGDA037W                  PATIENT 1ST PROVIDERS NOT YET REENROLLED                       Page:        999
                                           REPORT PERIOD: MM/DD/CCYY

LTR DATE/    PROVIDER NAME/                                    PROVIDER NPI/     GROUP NPI         SVC LOC PHONE/  CNTY
CURR/FUTR
ENROLL FREQ  PROVIDER EMAIL                                    PROVIDER MCD                        EXTENSION
CASELOAD

MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX    (XXX)XXX-XXXX   XX
999999999
X            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX                            XXXX
999999999

MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX    (XXX)XXX-XXXX   XX
999999999
X            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX                            XXXX
999999999

MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX    (XXX)XXX-XXXX   XX
999999999
X            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX                            XXXX
999999999

MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX    (XXX)XXX-XXXX   XX
999999999
X            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX                            XXXX
999999999

TOTAL PROVIDERS LISTED                                        999,999,999

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


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7.12.3 MGD-A037-W- Patient 1st Providers Not Yet Reenrolled Report Field Descriptions

Field	Description	Data Type	Length
Cnty	Provider's service location county.	Character	2
Curr Caseload	Provider's current caseload.	Number	9
Enroll Freq	Type of enrollment frequency provider has. Values are 1=Every year, 5=Every five years, S=State Agency, V=Visit required every year.	Character	1
Extension	Provider's service location phone number extension.	Character	4
Futr Caseload	Provider's future caseload.	Number	9
Group NPI	Group provider's National Provider ID.	Character	15
Ltr Date	Date initial reenrollment letter sent to provider.	Character	10
Provider Email	Provider email address.	Character	50
Provider MCD	Provider's Medicaid ID.	Character	15
Provider NPI	Provider's National Provider ID.	Character	15
Provider Name	Provider's service location name.	Character	50
Svc Loc Phone	Provider's service location phone number.	Character	13

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7.13 MGD-A059-M—MEDICARE ADVANTAGE ENROLLMENT SUMMARY REPORT

7.13.1 MGD-A059-M—Medicare Advantage Enrollment Summary Report Narrative

The Medicare Advantage Enrollment Summary is produced monthly and displays all Medicare Advantage vendors, what counties they support, and number of new, deleted, or continuing recipients per county for the reporting period month.

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7.13.2 MGD-A059-M— Medicare Advantage Enrollment Summary Report Layout

```
Report  : MGD-A059-M                          ALABAMA MEDICAID AGENCY                          Run Date:
MM/DD/CCYY
Process : MGDJM590                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:
HH:MM:SS
Location: MGDA059M                     MEDICARE ADVANTAGE ENROLLMENT SUMMARY                       Page:
999
     REPORT PERIOD:  MM/CCYY

MEDICARE ADVANTAGE PLAN                PLAN ID       COUNTY                    NEW            DELETED        CONTINUING

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999999999     XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                             TOTAL    XXXXXXXXXXXX        9,999             9,999             9,999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999999999     XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                             TOTAL    XXXXXXXXXXXX        9,999             9,999             9,999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999999999     XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                             TOTAL    XXXXXXXXXXXX        9,999             9,999             9,999

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999999999     XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                                      XXXXXXXXXXXX        9,999             9,999             9,999
                                             TOTAL    XXXXXXXXXXXX        9,999             9,999             9,999

GRAND TOTAL FOR ALL VENDORS                                            999,999           999,999           999,999


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


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7.13.3 MGD-A059-M— Medicare Advantage Enrollment Summary Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Medicare Advantage Enrollment Summary report.

Field	Description	Data Type	Length
Continuing	Total number of continuing enrollees assigned to the Medicare Advantage PMP for the specified county.	Number (Decimal)	5
County	County name.	Character	12
Deleted	Total number of deleted enrollees per Medicare Advantage PMP for a specified county.	Number (Decimal)	5
Grand total for all vendors	Grand total number of new, deleted, or continuing enrollees for all Medicare Advantage PMPs.	Number (Decimal)	7
Medicare Advantage Plan	Medicare Advantage Plan Name.	Character	30
New	Total number of new enrollees assigned to the Medicare Advantage PMP for the specified county.	Number (Decimal)	5
Plan ID	The plan identification number.	Number (Decimal)	10
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
Total	Total number of new, deleted, or continuing enrollees per Medicare Advantage PMP.	Number (Decimal)	6

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7.14 MGD-A115-M—PATIENT 1ST ASSIGNMENT ERRORS REPORT

7.14.1 MGD-A115-M—Patient 1st Assignment Errors Report Narrative

The Patient 1st Assignment Errors report (MGD-A115-M) will report any recipient that was unable to be assigned because of either a bad address or there were no available providers within the default max assignment distance, currently set at 75 miles. This report is produced monthly.

7.14.2 MGD-A115-M—Patient 1st Assignment Errors Report Layout

```
Report  : MGD-A115-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM115                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: MGDA115M                         PATIENT 1ST ASSIGNMENT ERRORS                           Page:        999
                                              REPORT PERIOD:  MM/CCYY



RECIPIENT ID       RECIPIENT NAME                CERT AGENCY   ERROR REASON

XXXXXXXXXXXX        XXXXXXXX, XXXXXXX, X              X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX        XXXXXXXX, XXXXXXX, X              X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX        XXXXXXXX, XXXXXXX, X              X        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

7.14.3 MGD-A115-M—Patient 1st Assignment Errors Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Patient 1st Assignment Errors.

Field	Description	Data Type	Length
Cert Agency	Indicates the certified agency. H = All human resource recipients, D = D.O., M = Medicaid SOBRA, S = SSI, Y = Foster Care-ADC	Character	1
Error Reason	Reason for the assignment was unable to be made. Valid options include: No available pmp w/in max auto−assignment distance	Character	50

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Field	Description	Data Type	Length
	Recipient could not be assigned due to bad address		
Recipient ID	Recipient identification number.	Character	12
Recipient Name	Recipient name (Last, First, MI).	Character	31
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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7.15 MGD-A120-M -- CAPITATION PAYMENT SUMMARY BY PAYEE PROVIDER REPORT

7.15.1 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Narrative

The Capitation Payment Summary by Payee Providers report displays who was paid by Capitation by Payee Number so Providers can be paid correctly.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

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7.15.2 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Layout

```
Report  : MGD-A120-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM120                       MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   99:99:99
Location: MGDA120M                     CAPITATION PAYMENT SUMMARY BY PAYEE PROVIDER               Page:        999
                                                REPORT PERIOD:  MM/CCYY

PAYEE PMP Identification Number: XXX  XXXXXXXXXX                                   Payment Issue Date:
MM/DD/CCYY
PAYEE PMP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  Payment No:
XXXXXXXXX
Address1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            Total Amount:
9999999.99
Address2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
City, State, Zip: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP ID                  SPSL              PMP NAME                                AMOUNT              PLAN
                                                                                  PAID
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        Patient 1st
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        Medicare Advantage
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX XXX        XXXXXXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         99999999.99-        XXXXXXXXXXXXXXXXXXX

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


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7.15.3 MGD-A120-M – Capitation Payment Summary by Payee Providers Report Field Descriptions

Field	Description	Data Type	Length
Address 1	Payee Provider's street address 1.	Character	30
Address 2	Payee Provider's street address 2.	Character	30
Amount Paid	Total amount paid to the PMP within a specific plan.	Decimal	14
City, State, Zip	The city, state, and zip of the Payee Provider's address.	Character	30
PMP ID	The ID number of the PMP who performed the service. They may or may not actually be receiving the cap payment. The code that indicates the type of provider number is also displayed, ie. NPI, MCD, etc.	Character	19
PMP Name	The name of the PMP who performed the service. They may or may not receive the actual cap payments.	Character	20
Payee PMP Identification Number	The ID number of the PMP who is receiving a cap payment.	Character	15
Payee PMP Name	The name of the PMP who receives cap payments.	Character	20
Payment Issue Date	Date the payment was made to the Payee provider.	Date (MM/DD/CCYY)	10
Payment No	Payment number.	Number (Integer)	9
Plan	The Managed Care Plan that the capitation payment is for.	Character	19
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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Field	Description	Data Type	Length
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Number (Integer)	9
Total Amount	Total amount paid to the Payee Provider for all Managed Care plans.	Decimal	14

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7.16 MGD-A130-M—CAPITATION PAYMENT SUMMARY

7.16.1 MGD-A130-M—Capitation Payment Summary

This report, which is produced monthly, summarizes all capitation transactions by provider.

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7.16.2 MGD-A130-M—Capitation Payment Summary

```
Report  : MGD-A130-M                          ALABAMA MEDICAID AGENCY                          Run Date:
MM/DD/CCYY
Process : MGDJM130                      MEDICAID MANAGEMENT INFORMATION SYSTEM                 Run Time:
99:99:99
Location: MGDA130M                            CAPITATION PAYMENT SUMMARY                           Page:
999
                                        REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY
                                                                   NORMAL      POSITIVE     NEGATIVE      TOTAL
                                                         CAP      CAP ADJ      CAP ADJ      CAP ADJ     CAP ADJ
PMP NAME                        PMP ID          SPSL     FEE      CNT/AMT      CNT/AMT      CNT/AMT    CNT/AMT
PD


XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    XXXXXXXXX  99.99      99,999       99,999       99,999
99,999
                                                                 999,999.99   999,999.99   999,999.99
999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    XXXXXXXXX  99.99      99,999       99,999       99,999
99,999
                                                                 999,999.99   999,999.99   999,999.99
999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    XXXXXXXXX  99.99      99,999       99,999       99,999
99,999
                                                                 999,999.99   999,999.99   999,999.99
999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    XXXXXXXXX  99.99      99,999       99,999       99,999
99,999
                                                                 999,999.99   999,999.99   999,999.99
999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX    XXXXXXXXX  99.99      99,999       99,999       99,999
99,999
                                                                 999,999.99   999,999.99   999,999.99
999,999.99
<PAGE BREAK>
```


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```
Report  : MGD-A130-M                                ALABAMA MEDICAID AGENCY                                Run Date:
MM/DD/CCYY
Process : MGDJM130                            MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:
99:99:99
Location: MGDA130M                                  CAPITATION PAYMENT SUMMARY                               Page:
999
                                              REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY
                                       ****** PATIENT 1ST *******        *** MEDICARE ADVANTAGE ***
TOTALS - NORMAL CAP ADJ CNT/AMT        9999,999    999,999,999.99        9999,999    999,999,999.99

TOTALS - POSITIVE CAP ADJ CNT/AMT      9999,999    999,999,999.99        9999,999    999,999,999.99

TOTALS - NEGATIVE CAP ADJ CNT/AMT      9999,999    999,999,999.99        9999,999    999,999,999.99

TOTALS - TOTAL CAP ADJ CNT/AMT PD      9999,999    999,999,999.99        9999,999    999,999,999.99

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

7.16.3 MGD-A130-M—Capitation Payment Summary Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Payment Summary report.

Field	Description	Data Type	Length
Cap Fee	Case Management Fee (Patient 1st) or Capitation Fee (Medicare Advantage) paid for each recipient assigned to the provider.	Number (Decimal)	5
Negative Cap Adj Amt	Amount of Payment Adjustment capitations to be recouped from the provider. Negative Cap Adj Cnt X Cap Fee for month of adjustment = Negative Cap Adj Amt	Number (Decimal)	10
Negative Cap Adj Cnt	Number of Recoupment Adjustments (Reason Code = R*) created for any recipient who's capitation payment needs to be recouped due to death, lost eligibility, etc.	Number (Decimal)	6

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Field	Description	Data Type	Length
Normal Cap Adj Amt	Amount of Normal (future) Capitations paid to the provider in the same month. Cap Fee X Normal Cap Adj Cnt = Normal Cap Adj Amt	Number (Decimal)	10
Normal Cap Adj Cnt	Number of Payment Normal (PN) Adjustments created for each recipient assigned to provider in reporting month.	Number (Decimal)	6
PMP ID	Provider identification number.	Character	12
PMP Name	Name of Primary Medical Provider.	Character	30
Positive Cap Adj Amt	Amount of Payment Adjustment capitations paid to the provider. Positive Cap Adj Cnt X Cap Fee for month of adjustment = Positive Cap Adj Amt	Number (Decimal)	10
Positive Cap Adj Cnt	Number of Payment Adjustments (Reason Code = P*, but not PN) created for any recipient who's capitation payment for a previous month had not been paid.	Number (Decimal)	6
Report Period	The reporting time period in MM/DD/CCYY - MM/DD/CCYY format.	Date (MM/DD/CCYY)	23
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Number (Decimal)	9
Total Cap Adj Amt Pd	The total amount of capitations for the reporting period. Normal Cap Adj Amt + Positive Cap Adj Amt - Negative Cap Adj Amt = Total Cap Adj Amt Pd	Number (Decimal)	10
Total Cap Adj Cnt	The total number of capitation adjustments created for the reporting period. Normal Cap Adj Cnt + Positive Cap Adj Cnt + Negative Cap Adj Cnt = Total Cap Adj Cnt	Number (Decimal)	6
Totals - Negative Cap Adj Amt	Total of the Negative Cap Adj Amt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	14

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Field	Description	Data Type	Length
Totals - Negative Cap Adj Cnt	Total of the Negative Cap Adj Cnt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	8
Totals - Normal Cap Adj Amt	Total of the Normal Cap Adj Amt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	14
Totals - Normal Cap Adj Cnt	Total of the Normal Cap Adj Cnt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	8
Totals - Positive Cap Adj Amt	Total of the Positive Cap Adj Amt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	14
Totals - Positive Cap Adj Cnt	Total of the Positive Cap Adj Cnt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	8
Totals - Total Cap Adj Amt Pd	Total of the Total Cap Adj Amt Pd column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	14
Totals - Total Cap Adj Cnt	Total of the Total Cap Adj Cnt column. Totals are accumulated into Patient 1st and Medicare Advantage totals. If Cap Fee is >= 15.00, then it is a Medicare Advantage provider and will add to the Medicare Advantage totals, otherwise, it adds to the Patient 1st totals.	Number (Decimal)	8

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7.17 MGD-A131-M—CAPITATION PAYMENT SUMMARY BY PLAN

7.17.1 MGD-A131-M—Capitation Payment Summary by PLAN

This report, which is produced monthly, summarizes all capitation transactions by PLAN.

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7.17.2 MGD-A131-M—Capitation Payment Summary by PLAN

```
Report  : MGD-A131-M                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : MGDJM131                            MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MGDA131M                              CAPITATION PAYMENT SUMMARY BY PLAN                               Page:        999
PLAN    : XXXXX                               REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

PLAN ID:  XXXXXXXXXXXX

                                                                          NORMAL        POSITIVE       NEGATIVE        TOTAL
                                                     CAP        CAP     CAP ADJ         CAP ADJ        CAP ADJ       CAP ADJ
PLAN NAME                                       SPSL CATG       FEE     CNT/AMT         CNT/AMT        CNT/AMT      CNT/AMT PD

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXX  XXXXX  9,999.99    999,999         999,999         999,999         999,999
                                                                     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
                                                     XXXXX  9,999.99    999,999         999,999         999,999         999.999
                                                                     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
                                                     XXXXX  9,999.99    999,999         999,999         999,999         999.999
                                                                     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
                                                     XXXXX  9,999.99    999,999         999,999         999,999         999.999
                                                                     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99
                                                     XXXXX  9,999.99    999,999         999,999         999,999         999.999
                                                                     999,999,999.99  999,999,999.99  999,999,999.99  999,999,999.99

<PAGE BREAK>


Report  : MGD-A131-M                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : MGDJM131                            MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   99:99:99
Location: MGDA131M                              CAPITATION PAYMENT SUMMARY BY PLAN                               Page:        999
PLAN    : XXXXX                               REPORT PERIOD: MM/DD/YYYY - MM/DD/YYYY

PLAN ID:  XXXXXXXXXXXX

TOTALS - NORMAL CAP ADJ CNT/AMT        9999,999    999,999,999.99
```


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```
TOTALS - POSITIVE CAP ADJ CNT/AMT      9999,999    999,999,999.99

TOTALS - NEGATIVE CAP ADJ CNT/AMT      9999,999    999,999,999.99

TOTALS - TOTAL CAP ADJ CNT/AMT PD      9999,999    999,999,999.99

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

7.17.3 MGD-A131-M—Capitation Payment Summary Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Payment Summary by Plan report.

Field	Description	Data Type	Length
Cap Catg	Capitation category: • INHCP = ICN Nursing Home Cap • IWACP =ICN ACT Waiver Cap • IWECP = ICN E&D Waiver Cap	Character	5
Cap Fee	Capitation Fee paid for each recipient assigned to the Plan.	Number (Decimal)	5
Negative Cap Adj Amt	Amount of Payment Adjustment capitations to be recouped from the provider. Negative Cap Adj Cnt X Cap Fee for month of adjustment = Negative Cap Adj Amt.	Number (Decimal)	10
Negative Cap Adj Cnt	Number of Recoupment Adjustments (Reason Code = R*) created for any recipient who's capitation payment needs to be recouped due to death, lost eligibility, etc.	Number (Integer)	6
Normal Cap Adj Amt	Amount of Normal (future) Capitations paid to the provider in the same month. Cap Fee X Normal Cap Adj Cnt = Normal Cap Adj Amt	Number (Decimal)	10
Normal Cap Adj Cnt	Number of Payment Normal (PN) Adjustments created for each recipient assigned to provider in reporting month.	Number (Integer)	6
Positive Cap Adj Amt	Amount of Payment Adjustment capitations paid to the provider. Positive Cap Adj Cnt X Cap Fee for month of adjustment = Positive Cap Adj Amt.	Number (Decimal)	10

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Field	Description	Data Type	Length
Positive Cap Adj Cnt	Number of Payment Adjustments (Reason Code = P*, but not PN) created for any recipient who's capitation payment for a previous month had not been paid.	Number (Integer)	6
Plan ID	PLAN identification number.	Character	12
Plan Name	PLAN Organization Name.	Character	44
Report Period	The reporting time period in MM/DD/CCYY - MM/DD/CCYY format.	Date (MM/DD/CCYY)	23
SPSL	This is the sak_pmp_ser_loc for the PMP. Helps to uniquely define the provider's different service locations.	Number (Decimal)	9
Total Cap Adj Amt Pd	The total amount of capitations for the reporting period. Normal Cap Adj Amt + Positive Cap Adj Amt - Negative Cap Adj Amt = Total Cap Adj Amt Pd.	Number (Decimal)	10
Total Cap Adj Cnt	The total number of capitation adjustments created for the reporting period. Normal Cap Adj Cnt + Positive Cap Adj Cnt + Negative Cap Adj Cnt = Total Cap Adj Cnt.	Number (Decimal)	6
Totals - Negative Cap Adj Amt	Total of the Negative Cap Adj Amt column. Totals are accumulated into each plan.	Number (Decimal)	14
Totals - Negative Cap Adj Cnt	Total of the Negative Cap Adj Cnt column.	Number (Integer)	8
Totals - Normal Cap Adj Amt	Total of the Normal Cap Adj Amt column.	Number (Decimal)	14
Totals - Normal Cap Adj Cnt	Total of the Normal Cap Adj Cnt column.	Number (Integer)	8
Totals - Positive Cap Adj Amt	Total of the Positive Cap Adj Amt column.	Number (Decimal)	14
Totals - Positive Cap Adj Cnt	Total of the Positive Cap Adj Cnt column.	Number (Integer)	8

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Field	Description	Data Type	Length
Totals - Total Cap Adj Amt Pd	Total of the Total Cap Adj Amt Pd column.	Number (Decimal)	14
Totals - Total Cap Adj Cnt	Total of the Total Cap Adj Cnt column.	Number (Integer)	8

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7.18 MGD-A500-Q—PATIENT 1ST REFERRAL REPORT

7.18.1 MGD-A500-Q—Patient 1st Referral Report Narrative

Users access the Patient 1st Provider Referral report to see a list of recipients by name that have claims paid for the month that were adjudicated as referred services under the provider's ID number. This report, which is produced on the first of each quarter, for the previous quarter, is sent to providers in hard copy format and also stored in COLD. A legend is created at the end of the report displaying the descriptions related to the procedure and diagnosis codes.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

The Claims subsystem handles these claims as follows:

Physician and Outpatient claims that require a referral will pay, as long as the PMP, PMP's Group, or a member of the PMP's group is the referral, or the PMP and the referral are members of the same group.

The mgd_ref_ind is only set if the actual PMP is in one of the referral fields, and report is only created when this indicator is set.

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7.18.2 MGD-A500-Q—Patient 1st Referral Report Layout

```
Report  : MGD-A500-Q                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY

                                                                                  Mailing Label
XXXXXXXXXX                                                                        <-Provider Number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                                <-Provider Name
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            <-Provider Street Address 1
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                            <-Provider City, St Zip+4

<Page Break>
```


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```
Report  : MGD-A500-Q                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJQ500                     MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: MGDA500M                           PATIENT 1ST REFERRAL REPORT                          Page:        999
                                         REPORT PERIOD:  MM/DD/CCYY - MM/DD/CCYY

PROVIDER NUMBER: XXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    Payee PMP ID:
XXXXXXXXXXXXXXX            The following services have been paid for by the Agency as a result of your name and Medicaid provider
number being used as authorization.  Please carefully review this list and determine if any of these services were not referred.
If any discrepancies are found, please indicate this and return to the attention of Barbara J. Luther at the Alabama Medicaid
Agency, 501 Dexter Avenue, Montgomery, AL. 36103-5624.  Phone (334) 242-5196 Fax (334) 353-4642.  Remember, the dates-of-service
contained in the report may be in the past; therefore; the recipient may no longer be on your panel or the PMP associated with
the group.

LAST                    FIRST              MEDICAID         FIRST           PRCD         DGCD      CONSULTING
NAME                    NAME               NUMBER           DOS             CODE     ICD CODE      PROVIDER

XXXXXXXXXXXXXXXX        XXXXXXXX           999999999999     MM/DD/CCYY      XXXXXX    X  XXXXXXX   XXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXX    X  XXXXXXX
XXXXXXXXXXXXXXXX        XXXXXXXX           999999999999     MM/DD/CCYY      XXXXXX    X  XXXXXXX   XXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXX    X  XXXXXXX
XXXXXXXXXXXXXXXX        XXXXXXXX           999999999999     MM/DD/CCYY      XXXXXX    X  XXXXXXX   XXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXX    X  XXXXXXX
CODE LEGEND:

    PROCEDURE CODE

    XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ICD DIAGNOSIS CODE

 X  XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 X  XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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


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7.18.3 MGD-A500-Q—Patient 1st Referral Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Patient 1st Referral report.

Field	Description	Data Type	Length
Code Legend: Diagnosis Code	ICD Version Code (length 1), spaces (2), Diagnosis Code (length 7), space, and Description (length 60).	Character	71
Code Legend: Procedure Code	Procedure Code (length 6), spaces(2), and Description (length 47).	Character	55
Consulting Provider	Name of the consulting provider.	Character	21
DGCD Code	Diagnosis code from the claim.	Character	7
ICD	DGCD ICD Version code to identify the Diagnosis Code as ICD-9 or ICD-10. Values are ‘9’ (ICD-9) and ‘0’ (ICD-10).	Character	1
First DOS	First date of service on the claim.	Date (MM/DD/CCYY)	10
First Name	Recipient’s first name.	Character	8
Last Name	Recipient’s last name.	Character	16
Mailing Label: Provider City, St Zip+4	PMP City, State and Zip Plus 4.	Character	30
Mailing Label: Provider Name	Provider's name.	Character	30
Mailing Label: Provider Number	PMP identification number.	Character	10
Mailing Label: Provider Street Address1	PMP Street Address 1.	Character	30
Medicaid Number	Recipient's Medicaid Number.	Character	12

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Field	Description	Data Type	Length
Payee PMP ID	This field displays the provider's id number if an individual provider or the group provider number if part of a group.	Character	15
PRCD Code	The procedure code from the claim.	Character	6
Provider Number	The Provider's ID (length 10) and Name (length 50).	Number (Integer)	60
Report Period	The quarterly reporting time period in MM/DD/CCYY - MM/DD/CCYY format.	Date (MM/CCYY)	23

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7.19 MGD-A810-M—MONTHLY MEDICARE ADVANTAGE ENROLLMENT AND ERRORS REPORT

7.19.1 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Narrative

This report, which is produced monthly, list HMO enrollment information by recipient within each Medicare Advantage Plan. The report is broken out by New/Continuing, Terminated, and Rejected enrollees.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

7.19.2 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Layout

```
Report  : MGD-A810-M                                ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGDJM810                       MEDICAID MANAGEMENT INFORMATION SYSTEM                      Run Time:   HH:MM:SS
Location: MGDA810M                     MONTHLY MEDICARE ADVANTAGE ENROLLMENT AND ERRORS                  Page:        999
                                                     REPORT PERIOD: MM/CCYY


MEDICARE ADVANTAGE PLAN:  JOHNSON LAKE REHABILITATION

                                                NEW/CONTINUING ENROLLEES

RECIPIENT ID   SSN         LAST NAME, FIRST NAME, MI    MESSAGE                                      EFFDATE   ENDDATE   QMB

XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD
XXXXXXXXXX
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD
XXXXXXXXXX
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD
XXXXXXXXXX


                                                TERMINATED ENROLLEES

RECIPIENT ID   SSN         LAST NAME, FIRST NAME, MI    MESSAGE                                      EFFDATE   ENDDATE

XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD  CCYYMMDD


                                                REJECTED ENROLLEES
```


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```
RECIPIENT ID   SSN         LAST NAME, FIRST NAME, MI    MESSAGE                                        PROCESS DT

XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CCYYMMDD
<PAGE BREAK>



Report  : MGD-A810-M                                ALABAMA MEDICAID AGENCY                                  Run Date:
MM/DD/CCYY
Process : MGDJM810                            MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:
HH:MM:SS
Location: MGDA810M                       MONTHLY MEDICARE ADVANTAGE ENROLLMENT AND ERRORS                       Page:
999
                                                    REPORT PERIOD: MM/CCYY


TOTAL NEW / CONTINUING ENROLLESS:           999,999,999
TOTAL TERMINATED ENROLLEES:                 999,999,999
TOTAL REJECTED ENROLLEES:                   999,999,999
                                                     *** END OF REPORT ***
```

7.19.3 MGD-A810-M—Monthly Medicare Advantage Enrollment and Errors Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly Medicare Advantage Enrollment and Errors report.

Field	Description	Data Type	Length
Eff Date	Recipient assignment effective date.	Date (MM/DD/CCYY)	10
End Date	Recipient assignment end date.	Date (MM/DD/CCYY)	10
Medicare Advantage Plan	Name of the Medicare Advantage Plan.	Character	30

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Field	Description	Data Type	Length
Message	Message which describes what, if anything happened with the Medicare Advantage recipient's transaction. New/Continuing Messages: Existing Recipient EDB assignment created. Terminated or Rejected Messages: Recipient aid category/county not found. EDB GHO was end dated. Recp is locked out of PMP or Group Mbr Recip state invalid PMP has NO region enrollments Init dte [CCYYMMDD] out of CCYYMMDD/CCYYMMDD Can’t extend MMIS assignment end date. MMIS end can’t be prior to effective date. Enrolled in mutually−exclusive program Invalid Medicare coverage for pgm	Character	50
QMB	Description of the type of aid category (QMB) that the recipient has.	Character	10
Recipient ID	Recipient identification number.	Character	12
Recipient - Last Name, First Name, MI	Recipient Name (Last, First, MI).	Character	3

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Field	Description	Data Type	Length
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
SSN	Recipient's Social Security Number.	Character	9
Total New/Continuing Enrollees	Total number of new and continuing enrollees assigned to the HMO.	Number (Decimal)	11
Total Rejected Enrollees	Total recipients we were unable to enroll.	Number (Decimal)	11
Total Terminated Enrollees	Total number of continuing enrollees disenrolled from the HMO.	Number (Decimal)	11

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7.20 MGD-A815-M—MANUAL OVERRIDE OF EDB INFORMATION REPORT

7.20.1 MGD-A815-M—Manual Override of EDB Information Report Narrative

The Medicaid Agency uses the this report, which is produced monthly, to identify all Medicare Advantage recipients whose enrollment information has been changed from what is currently on the EDB tables.

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7.20.2 MGD-A815-M—Manual Override of EDB Information Report Layout

```
Report  : MGD-A815-M                                ALABAMA MEDICAID AGENCY                                Run Date: MM/DD/CCYY
Process : MGDJM815                            MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: MGDA815M                              MANUAL OVERRIDE OF EDB INFORMATION                            Page:        999
                                                      REPORT PERIOD:  MM/CCYY
               -------------------EDB INFORMATION---------------------     ---------------------MMIS INFORMATION----------------
---

RECIP ID        VENDOR  EDB ID   PMP ID        EFFDATE       ENDDATE         VENDOR EDB ID  PMP ID       EFFDATE      ENDDATE
ST

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X

XXXXXXXXXXXX    XXXX    XXXXX    XXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY      XXXX   XXXXX   XXXXXXXXXX   MM/DD/CCYY   MM/DD/CCYY
X
                                                      *** END OF REPORT ***
```


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7.20.3 MGD-A815-M—Manual Override of EDB Information Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Manual Override of EDB Information report.

Field	Description	Data Type	Length
EDB ID	Medicare Advantage EDB Identification Number / Contract Number.	Date (MM/DD/CCYY	5
EffDate	Effective date with Medicare Advantage Vendor.	Date (MM/DD/CCYY	10
EndDate	End date with Medicare Advantage Vendor.	Character	10
PMP ID	PMP identification number.	Character	15
Recip ID	Recipient identification number.	Character	12
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
ST	Recipient's assignment status.	Character	1
Vendor	Vendor acronym - BCBS, HSPR, UNHC, or VIVA.	Character	4

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7.21 MGD-A820-M—MONTHLY ICN ENROLLMENT AND ERRORS REPORT

7.21.1 MGD-A820-M—Monthly ICN Enrollment and Errors Report Narrative

This report list ICN enrollment information by recipient within each ICN Plan. The report is broken out by New/Continuing, Terminated, and Rejected enrollees.

This report is also available to providers from the Alabama Medicaid Interactive Services Web Site.

7.21.2 MGD-A820-M— Monthly ICN Enrollment and Errors Report Layout

```
Report  : MGD-A820-M                                ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY
Process : MGD_UPD_ICN_ASGN                    MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: MGDA820M                              MONTHLY ICN ENROLLMENT AND ERRORS                                Page:
999
PLAN    : XXXXX                                     REPORT PERIOD: MM/CCYY

ICN ID:  XXXXXXXXXXXXXXX
                                                 NEW/CONTINUING ENROLLEES

RECIPIENT ID   RECIPIENT NAME               EFF DATE     END DATE     ADD DATE

XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     CCYYMMDD
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     CCYYMMDD


                                                 TERMINATED ENROLLEES

RECIPIENT ID   RECIPIENT NAME               EFF DATE     END DATE     ST    RSN

XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     X     XX
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     X     XX
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     CCYYMMDD     CCYYMMDD     X     XX


                                                 REJECTED ENROLLEES

RECIPIENT ID   RECIPIENT NAME               SC      RSN

XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXX     XX
```


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```
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXX     XX
XXXXXXXXXXXX   XXXXXXXXXX, XXXXXXXXX, X     XXX     XX



<PAGE BREAK>

Report  : MGD-A820-M                                ALABAMA MEDICAID AGENCY                    Run Date: MM/DD/CCYY
Process : MGD_UPD_ICN_ASGN                   MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: MGDA820M                             MONTHLY ICN ENROLLMENT AND ERRORS                                Page:
999
PLAN    : XXXXX                                     REPORT PERIOD: MM/CCYY

ICN ID:  XXXXXXXXXXXXXXX

TOTAL NEW / CONTINUING ENROLLESS:                      999,999,999

TOTAL TERMINATED ENROLLEES DUE TO RSN FA:              999,999,999
TOTAL TERMINATED ENROLLEES DUE TO RSN FE:              999,999,999
TOTAL TERMINATED ENROLLEES DUE TO RSN FS:              999,999,999

TOTAL REJECTED ENROLLEES DUE TO RSN FA:                999,999,999
TOTAL REJECTED ENROLLEES DUE TO RSN FE:                999,999,999
TOTAL REJECTED ENROLLEES DUE TO RSN FS:                999,999,999


RSN FA - Recip chgd to inelig aid cat, dep rsn or age grp
RSN FE - Recipient is not Medicaid eligible
RSN FS - Recipient ICN Special Condition ended or removed


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


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7.21.3 MGD-A820-M—Monthly ICN Enrollment and Errors Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly ICN Enrollment and Errors Report.

Field	Description	Data Type	Length
Add Date	The date the ICN assignment was added. The date is in CCYYMMDD format.	Character	8
Eff Date	Recipient assignment effective date in CCYYMMDD format.	Character	8
End Date	Recipient assignment end date in CCYYMMDD format.	Character	8
ICN ID	The Integrated Care Network's NPI.	Character	15
PLAN	The Integrated Care Network Assignment Plan: ICNNH -Assignment plan for ICN Nursing Home Services. ICNWA -Assignment plan for ICN Alabama Community Transition (ACT) Waiver Services. ICNWE -Assignment plan for ICN Elderly and Disabled (E&D) Waiver Services.	Character	5
RECIPIENT NAME	Recipient Name (Last, First, MI).	Character	31
Recipient ID	Recipient identification number.	Character	12
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7
RSN	The reason code of the termination or rejection.	Character	2
SC	The recipients special condition code that was rejected.	Character	3

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Field	Description	Data Type	Length
ST	The Status of the Assignment: blank = Active H = Historied	Character	1
Total Rejected Enrollees due to RSN FA	Total number of continuing enrollees disenrolled from the Integrated Care Network due to invalid aid category.	Number (Integer)	11
Total Rejected Enrollees due to RSN FE	Total number of continuing enrollees disenrolled from the Integrated Care Network due to lost eligibility.	Number (Integer)	11
Total Rejected Enrollees due to RSN FS	Total number of continuing enrollees disenrolled from the Integrated Care Network due to special condition being ended.	Number (Integer)	11
Total Terminated Enrollees due to RSN FA	Total number of continuing enrollees disenrolled from the Integrated Care Network due to invalid aid category.	Number (Integer)	11
Total Terminated Enrollees due to RSN FE	Total number of continuing enrollees disenrolled from the Integrated Care Network due to lost eligibility.	Number (Integer)	11
Total Terminated Enrollees due to RSN FS	Total number of continuing enrollees disenrolled from the Integrated Care Network due to special condition being ended.	Number (Integer)	11
Total New/Continuing Enrollees	Total number of new and continuing enrollees assigned to the Integrated Care Network.	Number (Integer)	11

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7.22 MGD-A821-M—ICN OVERLAPPING SPECIAL CONDITIONS

7.22.1 MGD-A821-M—ICN Overlapping Special Conditions Report Narrative

This report will list all the records of any recipient who had a single/multiple overlapping segments across the same or different plans.

7.22.2 MGD-A821-M— ICN Overlapping Special Conditions Report Layout

```
Report  : MGD-A821-M                          ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : MGD_UPD_ICN_ASGN                MEDICAID MANAGEMENT INFORMATION SYSTEM               Run Time:   HH:MM:SS
Location: MGDA820M                          ICN OVERLAPPING SPECIAL CONDITIONS                     Page:        999
                                                REPORT PERIOD: MM/CCYY

RECIPIENT ID     RECIPIENT NAME                        EFF DATE     END DATE     SC

XXXXXXXXXXXX     XXXXXXXXXX, XXXXXXXXX, X              CCYYMMDD     CCYYMMDD     XXX
XXXXXXXXXXXX     XXXXXXXXXX, XXXXXXXXX, X              CCYYMMDD     CCYYMMDD     XXX
XXXXXXXXXXXX     XXXXXXXXXX, XXXXXXXXX, X              CCYYMMDD     CCYYMMDD     XXX

                                                ** No Data This Report **
                                                  ** End of Report **
```

7.22.3 MGD-A821-M— ICN Overlapping Special Conditions Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Monthly ICN Enrollment and Errors Report.

Field	Description	Data Type	Length
EFF DATE	Recipient special condition effective date in CCYYMMDD format.	Character	8
END DATE	Recipient assignment end date in CCYYMMDD format.	Character	8
RECIPIENT ID	Recipient identification number.	Character	12
RECIPIENT NAME	Recipient Name (Last, First, MI).	Character	31
Report Period	The reporting time period in MM/CCYY format.	Date (MM/CCYY)	7

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Field	Description	Data Type	Length
SC	The recipients special condition code.	Character	3

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7.23 MGM71802DAT – CAPITATION RECONCILIATION REPORT

7.23.1 Mgm71802.dat – Capitation Reconciliation Report Narrative

This data file contains the monthly report for the capitation reconciliation process, in tab-delimited format so that the data can be easily imported into Excel, Access, etc.

7.23.2 Mgm71802.dat – Capitation Reconciliation Report Layout

```
Adj     PMP           Last    FI  MI      RID             Age     Sex     Eff             End         St      Stop    DOB
DOD     Cap             Cap     Rsn     Prv     Amt         Prv
Type    ID            Name                                                Date            Date                Rsn Cd
Date            Catg    Cd      Rsn Cd  Paid        Amt Paid
X     9999999999     XXXXXXXX  X   X      99999999999      99     X      CCYY/MM/DD      CCYY/MM/DD    X        XX    CCYY/MM/DD
CCYY/MM/DD CCYY/MM/DD      XXXXX   XX      XX      -99999.99  -99999.99
```

7.23.3 Mgm71802.dat – Capitation Reconciliation Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Reconciliation report.

Field	Description	Data Type	Length
Adj Type	Adjustment Type. Valid options include: D - Death recoupment E - Excluded recoupment F - Future payment H - Historied recoupment M - Missed Payment R - Recalculated payment	Character	1
Age	Recipient's age.	Number (Integer)	3
Amt Paid	Amount of adjustment paid.	Number (Decimal)	12

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Field	Description	Data Type	Length
Cap Catg	New capitation category. Valid options include: MACAP - Medicare Advantage Capitation P1CMF - Patient 1st CMF Capitation	Character	5
Cap Date	Capitation date.	Date (CCYY/MM/DD)	10
DOB	Recipient's date of birth.	Date (CCYY/MM/DD)	10
DOD	Recipient's date of death.	Date (CCYY/MM/DD)	10
Efft Date	Effective date of PMP assignment.	Date (CCYY/MM/DD)	10
End Date	End date of PMP assignment.	Date (CCYY/MM/DD)	10
FI	Recipient's first name initial.	Character	1
Last Name	Recipient's last name.	Character	15
MI	Recipient's middle name initial.	Character	1
PMP ID	Provider identification number.	Character	15
Prv Amt Paid	Original amount paid to the PMP.	Number (Decimal)	12

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Prv Rsn Cd	Reason for previous capitation payment. Valid options include: DP - Duplicate Payment PA - Payment - Adjustment Payment PB - Payment - Credit Balance PC - Payment - Demographic Change PI - Payment - Adjustment Increase PJ - Payment - Recip Elig Adj PL - Payment - Adjustment Auto-Recon/Day Specific PN - Payment - Normal PO - Payment - Adjustment Auto-Recon Birth Month PR - Payment - Retro RA - Recoupment - Demographic Change RB - Recoupment - Clear Credit Balance RC - Recoupment - Delivery RD - Recoupment - Death RE - Recoupment - Recip Elig Adj RF - Recoupment - Adjustment Recovery RI - Recoupment - Recipient Incarcerated RK - Recoupment - EPSDT Claim RL - Recoupment - Adjustment Auto-Recon RO - Recoupment - Other RP - Recoupment - Family Planning	Character	2

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Field	Description	Data Type	Length
RID	Recipient's identification number.	Character	12

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Rsn Cd	Reason for capitation adjustment. Valid options include: DP - Duplicate Payment PA - Payment - Adjustment Payment PB - Payment - Credit Balance PC - Payment - Demographic Change PI - Payment - Adjustment Increase PJ - Payment - Recip Elig Adj PL - Payment - Adjustment Auto-Recon/Day Specific PN - Payment - Normal PO - Payment - Adjustment Auto-Recon Birth Month PR - Payment - Retro RA - Recoupment - Demographic Change RB - Recoupment - Clear Credit Balance RC - Recoupment - Delivery RD - Recoupment - Death RE - Recoupment - Recip Elig Adj RF - Recoupment - Adjustment Recovery RI - Recoupment - Recipient Incarcerated RK - Recoupment - EPSDT Claim RL - Recoupment - Adjustment Auto-Recon RO - Recoupment - Other RP - Recoupment - Family Planning	Character	2

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Field	Description	Data Type	Length
Sex	Recipient's sex. Valid options include: F - Female M – Male U - Unknown	Character	1
ST	Assignment status code.	Character	1
Stop Rsn Cd	Assignment stop reason code.	Character	2

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7.24 MGM71822DAT – ICN CAPITATION RECONCILIATION REPORT

7.24.1 Mgm71822.dat – ICN Capitation Reconciliation Report Narrative

This data file contains the monthly report for the capitation reconciliation process, in tab-delimited format so that the data can be easily imported into Excel, Access, etc.

7.24.2 Mgm71822.dat – ICN Capitation Reconciliation Report Layout

```
Adj     PMP           Last    FI  MI      RID             Age     Sex     Eff             End         St      Stop    DOB
DOD     Cap             Cap     Rsn     Prv     Amt         Prv
Type    ID            Name                                            Date            Date                Rsn Cd
Date            Catg    Cd      Rsn Cd  Paid        Amt Paid
X     9999999999     XXXXXXXX  X   X      99999999999      99     X      CCYY/MM/DD      CCYY/MM/DD    X        XX    CCYY/MM/DD
CCYY/MM/DD CCYY/MM/DD      XXXXX   XX      XX      -99999.99  -99999.99
```

7.24.3 Mgm71822.dat – ICN Capitation Reconciliation Report Field Descriptions

This section describes, in detail, the characteristics, and fields of the Capitation Reconciliation report.

Field	Description	Data Type	Length
Adj Type	Adjustment Type. Valid options include: D - Death recoupment E - Excluded recoupment F - Future payment H - Historied recoupment M - Missed Payment R - Recalculated payment	Character	1
Age	Recipient's age.	Number (Integer)	3
Amt Paid	Amount of adjustment paid.	Number (Decimal)	12
Cap Catg	Capitation category. Valid options include: • *ICNNH =ICN Nursing Home* • *ICNWA = ICN ACT Waiver* • *ICNWE = ICN E&D Waiver*	Character	5

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Field	Description	Data Type	Length
Cap Date	Capitation date.	Date (CCYY/MM/DD)	10
DOB	Recipient’s date of birth.	Date (CCYY/MM/DD)	10
DOD	Recipient’s date of death.	Date (CCYY/MM/DD)	10
Efft Date	Effective date of PMP assignment.	Date (CCYY/MM/DD)	10
End Date	End date of PMP assignment.	Date (CCYY/MM/DD)	10
FI	Recipient’s first name initial.	Character	1
Last Name	Recipient’s last name.	Character	15
MI	Recipient’s middle name initial.	Character	1
PMP ID	Provider identification number.	Character	15
Prv Amt Paid	Original amount paid to the PMP.	Number (Decimal)	12

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Field	Description	Data Type	Length
Prv Rsn Cd	Reason for previous capitation payment. Valid options include: DP - Duplicate Payment PA - Payment - Adjustment Payment PB - Payment - Credit Balance PC - Payment - Demographic Change PI - Payment - Adjustment Increase PJ - Payment - Recip Elig Adj PL - Payment - Adjustment Auto-Recon/Day Specific PN - Payment - Normal PO - Payment - Adjustment Auto-Recon Birth Month PR - Payment - Retro RA - Recoupment - Demographic Change RB - Recoupment - Clear Credit Balance RC - Recoupment - Delivery RD - Recoupment - Death RE - Recoupment - Recip Elig Adj RF - Recoupment - Adjustment Recovery RI - Recoupment - Recipient Incarcerated RK - Recoupment - EPSDT Claim RL - Recoupment - Adjustment Auto-Recon RO - Recoupment - Other RP - Recoupment - Family Planning	Character	2
RID	Recipient's identification number.	Character	12

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Field	Description	Data Type	Length
Rsn Cd	Reason for capitation adjustment. Valid options include: DP - Duplicate Payment PA - Payment - Adjustment Payment PB - Payment - Credit Balance PC - Payment - Demographic Change PI - Payment - Adjustment Increase PJ - Payment - Recip Elig Adj PL - Payment - Adjustment Auto-Recon/Day Specific PN - Payment - Normal PO - Payment - Adjustment Auto-Recon Birth Month PR - Payment - Retro RA - Recoupment - Demographic Change RB - Recoupment - Clear Credit Balance RC - Recoupment - Delivery RD - Recoupment - Death RE - Recoupment - Recip Elig Adj RF - Recoupment - Adjustment Recovery RI - Recoupment - Recipient Incarcerated RK - Recoupment - EPSDT Claim RL - Recoupment - Adjustment Auto-Recon RO - Recoupment - Other RP - Recoupment - Family Planning	Character	2

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Field	Description	Data Type	Length
Sex	Recipient's sex. Valid options include: F - Female M – Male U - Unknown	Character	1
ST	Assignment status code.	Character	1
Stop Rsn Cd	Assignment stop reason code.	Character	2

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