AMMIS TPL User Manual (Part II)

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6. Document Control

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6.1 Document Information Page

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6.2 Amendment History

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

Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
11/16/2011	1.1		Application of 5010 EIP Updates	CO 9008 Claims Acknowledgement reports were created for the Agency to track and review the claims submitted by TPL. Reports added include: 7.15: TPL-015R-D – 277CA Claims Acknowledgement Rejected Status Report 7.16: TPL-015S-D – 277CA Claims Acknowledgement Summary Report CO 8910 Expanded Prescription number field from 7 to 12 digits 7.27 - TPL-0026-R -- Pharmacy Billing Facsimile Report (7.27.2 and 7.27.3) CO 9445 Increased the claim number from 14 characters up to the maximum HIPAA length of 30

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				7.78 - TPL-A076-R -- TPL Credit Balance Report 7.79 - TPL-A077-R -- TPL Payments Received Not Posted Report 7.80 - TPL-A078-R -- TPL Denials Posted - Needs Research Report 7.81 - TPL-A079-R -- TPL Denials with Invalid AR Number - Not Posted Report 7.82 - TPL-A080-R -- TPL AR Payments Posted Report 7.83 - TPL-A081-R -- TPL Denials Posted Report CO 8497: Added TPL-0046-M - NCPDP Subrogation Response – Detail report CO 8498: Added TPL-0047-M: NCPDP Subrogation Response - Summary
12/12/2011	2.0		Agency approved	
10/08/2013	3.0		Application of ICD-10 project change orders	CO 10093: Update the following reports (layout and field descriptions). Section 7.6 TPL Accident Trauma Report Section 7.45 Questionnaires with No Response by Recip Report Section 7.46: Questionnaires with no Response by County Report Section 7.70 TPL Trauma Detail Claims Listing Report Section 7.30 TPL Case Tracking Report
04/16/2014	4.0		Application of CO 11711	Addition of the following reports: 7.99 TPL-A328-R -- Third Party Contractor Active Records Add Prod 7.100 TPL-A328-T -- Third Party Contractor Active Records Add Pre-Prod Report - Tricare

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Records uction Report - Tricare Records 7.101 TPL-A329-R -- Third Party Contractor Inactive Records Add Production Report - Tricare Records 7.102 TPL-A329-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Tricare Records
05/16/2014	5.0		Application of CO 11412	Additon of the following reports: 7.98 TPL-A100-R -- Third Party Contractor Active Records Add Production Report - Update Records - (Non Payable/Payable) 7.99 TPL-A100-T -- Third Party Contractor Active Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) 7.100 TPL-A101-R -- Third Party Contractor Inactive Records Add Production Report - Update Records - (Non Payable/Payable) 7.101 TPL-A101-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Update Records - (Non Payable/Payable)
09/10/2014	6.0		Application of CO 11933	Added 7.54. TPL-0321-M -- HMS MONTHLY AR AGING REPORT
1008/2014	7.0		Application of CO 11865	Updated 7.27 TPL—0026-R Pharmacy Billing Facsimile Report
1/7/2015	8.0		Application of CO 12298 and 11337	CO 12298 Addition of TPL-A098-W -- Third Party Contractor Hipp Records Add PreProd-Production Report CO 11337 Addition of TPL-A102-R -- Third Party Contractor Active Records Add Production Report – HMS Quarterly Records Report and TPL-A102-T -- Third Party Contractor Active Records Add

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Pre-Prod Report - HMS Quarterly Records Report CO 12292 Addition of TPL-0540-W -- HMS Estate Cases Summary Report and TPL-0541-W -- HMS Estate Cases Error Summary Report
7/21/2015	9.0		Application of ACA III Production Change Orders	**CO 12191** Update TPL-A077-R -- TPL Payments Received Not Posted Report and TPL-A079-R -- TPL Denials with Invalid AR Number - Not Posted Report **CO 12192** Update TPL-A076-R -- TPL Credit Balance Report, TPL-A078-R -- TPL Denials Posted - Needs Research Report and TPL-A080-R -- TPL AR Payments Posted Report and TPL-A081-R -- TPL Denials Posted Report **CO 12668** Update TPL-A075-R -- TPL Electronic Remittance Summary Report
09/27/2016	10.		Application of RCO COs	CO 13196 Include information about RCOs added to existing TPL report detailed in the TPL User Manual (Part II, Section 7). Section 7.17 - TPL-0016-M - TPL Cost Avoidance Report CO 13197 Include information about adding separate line items for the encounter recovery amounts to be displayed on existing TPL report detailed in the TPL User Manual (Part II, Section 7). Section 7.47 - TPL-0101-M -- TPL Monthly Recoveries Report CO 13194

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Include information about new TPL reports detailed in the TPL User Manual (Part II, Section 7). Section 7.69 - TPL-A036-M - TPL Medicare Claims Adjustment Report (new) Section 7.70 - TPL-A037-M - TPL Actual Medicare Claims Adjustment Report (new) - defect 13680 to add Footnote to bottom of page.
10/06/2016	11.0		Application of CO 11273	Added the following new reports to manual: 7.118 TPL-Q011-P -- Southland Policy Add/Update Report 7.119 TPL-Q011-T -- Southland Policy Add/Update Pre Prod Report 7.120 TPL-Q012-P -- Southland Not Identified - Needs Research Report 7.121 TPL-Q012-T -- Southland Not Identified - Needs Research Pre Prod Report 7.122 TPL-Q013-P -- Southland Recipient Not Found Report 7.123 TPL-Q013-T -- Southland Recipient Not Found Pre Prod Report
12/07/2016	12.0		Application of CO 13460	Added the following new reports: 7.13 - TPL-0013-P -- BCBS Policy HIPP Update Report 7.14 - TPL-0013-T -- BCBS Policy HIPP Update Report-Pre-production Report 7.111 Third Party Contractor Active Add – HIPP Update Records Report 7.112 - TPL-A104-T -- Third Party Contractor Active Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) 7.113 - Third Party Contractor Inactive Records Add Production

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Date	Document Version	Author	Reason for the Change	Changes (Section, Page(s) and Text Revised)
				Report - HIPP Update Records - (Non Payable/Payable 7.114 - TPL-A105-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable)
03/14/2017	13.0		Application of CO 14003	CO 14003 – Updated layouts and field descriptions on the followig reports: 7.98 TPL-A098-R 7.99 TPL-A098-T 7.101 TPL-A099-R 7.102 TPL A099-T 7.124 TPL-P098-E 7.125 TPL-P099-E 7.132 TPL-T098-E 7.133 TPL-T099-E
04/14/2017	14.0		Application of CO 11728. Update cover page and footers with DXC Logo and copyright informaton.	CO 11728 – 7.37 HMT-RADA-D – Dental Billing Facsimile report
11/17/2017	15.0		Application of CO 12486	Added 4 new reports: 7.60 – TPL-0401-M TPL Refund Invoice List – BCB Report 7.61 – TPL-0402-M TPL Refund Invoice Errors – BCBS Report 7.62 – TPL-0403-M TPL Refund Invoice List – HMS Report 7.63 – TPL-0404-M – TPL Refund Invoice Errors – HMS Report
01/16/2018	16.0		Application of CO 14530	7.31 Case Tracking – Certification of Authentication Report – update report layout and field descriptions 7.32 TPL Case Tracking Report - update report layout and field descriptions
07/13/2018	17.0		Conversion of manual from HPE to DXC.	General Updates

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6.3 Related documentation

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

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7. TPL Reports

The TPL 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 TPL-0001-R -- DEERS Match - 271 Transaction Report

7.1.1 TPL-0001-R -- DEERS Match - 271 Transaction Report Narrative

Centers for Medicare and Medicaid Services (CMS) requires the TPL Unit to perform the Defense Enrollment Eligibility Reporting System (DEERS) Data Match which is an annual match of military personnel with dependents enrolled in Medicaid, and who therefore have potential eligibility for TriCare benefits. The match is performed based upon the common data elements of Sponsor Social Security Number, Sponsor name, Dependent name, Dependent Social Security Number, and Dependent Date of Birth. This match is scheduled each year by DEERS and is produced upon request.

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7.1.2 TPL-0001-R -- DEERS Match - 271 Transaction Report Layout

```
REPORT  : TPL-0001-R                        ALABAMA MEDICAID AGENCY                                          RUN DATE:  MM/DD/CCYY
PROCESS : TPLJO001                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                   RUN TIME:  HH:MM:SS
LOCATION: TPL0001O                    DEERS MATCH - 271 TRANSACTION REPORT                                        PAGE:  999,999
                                            REPORT PERIOD:  MM/DD/CCYY

REC                                                          SERVICE         GENDER REL
TYPE    SSN             NAME                                START-END        CODE   CODE     DATE OF BIRTH   IND
 X      XXX-XX-XXXX     XXXXXXXX, XXXXXXX               CCYY/MM/DD - CCYY/MM/DD  X     X        CCYY/MM/DD     X
 X      XXX-XX-XXXX     XXXXXXXX, XXXXXXX               CCYY/MM/DD - CCYY/MM/DD  X     X        CCYY/MM/DD     X
 X      XXX-XX-XXXX     XXXXXXXX, XXXXXXX               CCYY/MM/DD - CCYY/MM/DD  X     X        CCYY/MM/DD     X
 X      XXX-XX-XXXX     XXXXXXXX, XXXXXXX               CCYY/MM/DD - CCYY/MM/DD  X     X        CCYY/MM/DD     X
 X      XXX-XX-XXXX     XXXXXXXX, XXXXXXX               CCYY/MM/DD - CCYY/MM/DD  X     X        CCYY/MM/DD     X


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

7.1.3 TPL-0001-R -- DEERS Match - 271 Transaction Report Field Descriptions

Field	Description	Length	Data Type
Date of Birth	The date of birth of the sponsor or dependent.	10	Date (CCYY/MM/DD)
Gender Code	The gender code of the sponsor or dependent.	1	Character
Ind	The action indicator from the DEERS data match process. 'A' = Record inserted; 'U' = Record updated.	1	Character
Name	The name of the sponsor or dependent.	30	Character
Rec Type	Indicates (S)ponsor or (D)ependent record type.	1	Character
Rel Code	The relationship of the sponsor to the dependent.	1	Character
Service Start-End Date	The DEERS eligibility start and end dates.	21	Date (CCYY/MM/DD)
SSN	The Social Security Number of the sponsor or the dependent.	11	Character

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7.2 TPL-0002-R -- DEERS No Match - 271 Transaction Report

7.2.1 TPL-0002-R--DEERS No Match - 271 Transaction Report Narrative

CMS requires the TPL Unit to perform the DEERs No Match which is an annual match of the military personnel with dependents enrolled in Medicaid. The report lists all the coverage records that did not have an active coverage in the DEERS system. The no match logic evaluates the sponsCoverageIndicator to identify if the coverage is not active (value of 6 or V) for the sponsors sent in the 271 XML file.

7.2.2 TPL-0002-R--DEERS No Match - 271 Transaction Report Layout

```
REPORT  : TPL-0002-R                        ALABAMA MEDICAID AGENCY                                          RUN DATE:  MM/DD/CCYY
PROCESS : TPLJO001                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME:  HH:MM:SS
LOCATION: TPL0001O                              DEERS NO MATCH                                                     PAGE:  999,999
                                                  YEAR CCYY

REC
TYPE   SSN             NAME                           DESCRIPTIOM

X      XXX-XX-XXXX     XXXXX, XXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X      XXX-XX-XXXX     XXXXXXXX, XXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X      XXX-XX-XXXX     XXXXXXXX, XXXXXX               XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

X      XXX-XX-XXXX     XXXXXX, XXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X      XXX-XX-XXXX     XXXXXX, XXXXX                  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          *** END OF REPORT ***

                                        *** NO DATA THIS RUN ***
```


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7.2.3 TPL-0002-R--DEERS No Match - 271 Transaction Report Field Descriptions

Field	Description
Description	Describe the reason why is not inactive.
Name	The name of the sponsor or dependent.
Rec. Type	Indicates (S)ponsor or (D)ependent record type
SSN	The Social Security Number of the sponsor or the dependent.

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7.3 TPL-0003-M -- TPL Monthly Casualty Composite Report

7.3.1 TPL-0003-M -- TPL Monthly Casualty Composite Report Narrative

The Monthly Casualty Composite Report contains statistics on the number of cases in an open, closed, no further pursuit, lead review, and intake status for the current date and year-to-date. This report is created in TPLJM009 and is produced monthly.

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7.3.2 TPL-0003-M -- TPL Monthly Casualty Composite Report Layout

```
REPORT  : TPL-0003-M                    ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJM009              MEDICAID MANANGEMENT INFORMATION SYSTEM                    RUN TIME:
HH:MM:SS
LOCATION: TPLC0170                TPL MONTHLY CASUALTY COMPOSITE REPORT                         PAGE: 999,999
                                      REPORT PERIOD: MM/DD/CCYY

INTAKES    Y-T-D         LEAD REVIEWS  Y-T-D     OPEN    Y-T-D        CLOSED  Y-T-D          NFP      Y-T-D

99999    999999999       99999       999999999   99999   999999999     99999   999999999     99999   99999999
I TO L    99999       999999999    L TO L   99999      999999999
I TO O    99999       999999999    L TO O   99999      999999999
I TO N    99999       999999999    L TO N   99999      999999999

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

7.3.3 TPL-0003-M -- TPL Monthly Casualty Composite Report Field Descriptions

Field	Description	Length	Data Type
Closed	Number of cases closed.	5	Character
I to L	Number of intakes to lead status.	5	Character
I to N	Number of intakes to no further pursuit.	5	Character
I to O	Number of intakes to open.	5	Character
Intakes	Number of Intakes for the time period.	5	Character
L to L	Number of leads to leads.	5	Character
L to N	Number of leads to no further pursuit.	5	Character
L to O	Number of leads to open.	5	Character
Lead Reviews	Number of reviews.	5	Character
NFP	Number of case deemed 'no further pursuit'.	5	Character
Open	Number of cases in open status.	5	Character
Report Period	Report begin date.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
YTD Closed	Number of case closed year to date.	9	Character
YTD I to L	Number of intakes to lead status year to date.	9	Character
YTD I to N	Number of intakes to no further pursuit year to date.	9	Character
YTD I to O	Number of intakes to open year to date.	9	Character
YTD Intakes	Number of Intakes year to date.	9	Character
YTD L to L	Number of leads to leads year to date.	9	Character
YTD L to N	Number of leads to no further pursuit year to date.	9	Character
YTD L to O	Number of leads to open year to date.	9	Character
YTD NFP	Number of case deemed 'no further pursuit' year to date.	9	Character
YTD Open	Number of cases in open status year to date.	9	Character
YTD Reviews	Number of reviews year to date.	9	Character

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7.4 TPL-0004-M -- TPL Case Activity Summary Report

7.4.1 TPL-0004-M -- TPL Case Activity Summary Report Narrative

The TPL Case Activity Summary report provides a summary of the number of casualty cases that have been reviewed, opened, or closed and the dollar amount collected for the reporting period. This report is produced monthly.

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7.4.2 TPL-0004-M -- TPL Case Activity Summary Report Layout

```
REPORT  : TPL-0004-M                    ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJM009                MEDICAID MANAGEMENT INFORMATION SYSTEM                  RUN TIME: HH:MM:SS
LOCATION: TPLC0180                  TPL CASE ACTIVITY SUMMARY REPORT                            PAGE: 999,999
                                        REPORT PERIOD: MM/DD/CCYY
 ANALYST: XXXXXXXX

   TOTAL INTAKE   TOTAL LEAD REVIEW   TOTAL OPEN CASE   TOTAL CLOSED CASE   TOTAL NFP   TOTAL COLLECTION
      99999            99999              99999             99999             99999       $99,999,999.99


 ANALYST: XXXXXXXX

   TOTAL INTAKE   TOTAL LEAD REVIEW   TOTAL OPEN CASE   TOTAL CLOSED CASE   TOTAL NFP   TOTAL COLLECTION
      99999            99999              99999             99999             99999       $99,999,999.99



 SUMMARY:

   TOTAL INTAKE   TOTAL LEAD REVIEW   TOTAL OPEN CASE   TOTAL CLOSED CASE   TOTAL NFP   TOTAL COLLECTION
       9999            9999               9999              9999              9999        $99,999,999.99


       TOTAL CLOSED    TOTAL COLLECTIONS      TOTAL CLOSED     TOTAL COLLECTIONS
          M-T-D              M-T-D               Y-T-D              Y-T-D

 W.C.:     99999            99999              999999999          99999999
 ACC/INJ:  99999            99999              999999999          99999999
 EST REC:  99999            99999              999999999          99999999
   TRUST:  99999            99999              999999999          99999999
      AP:  99999            99999              999999999          99999999
   OTHER:  99999            99999              999999999          99999999


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


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7.4.3 TPL-0004-M -- TPL Case Activity Summary Report Field Descriptions

Field	Description	Length	Data Type
Analyst	The analyst assigned to work the case.	8	Character
Total Closed Case	Total number of closed cases.	5	Number (Integer)
Total Closed MTD	Four columns; W.C. (Worker's Compensation), ACC/INJ (Accident/Injury), EST REC (Estate Recovery), TRUST (Trust), AP (Absent Parent), and OTHER (Other).	5	Number (Integer)
Total Closed YTD	Four columns; W.C. (Worker's Compensation), ACC/INJ (Accident/Injury), EST REC (Estate Recovery), TRUST (Trust), AP (Absent Parent), and OTHER (Other).	9	Number (Integer)
Total Collection	Total amount collected.	14	Number (Decimal)
Total Collections MTD	Four columns; W.C. (Worker's Compensation), ACC/INJ (Accident/Injury), EST REC (Estate Recovery), TRUST (Trust), AP (Absent Parent), and OTHER (Other).	5	Number (Integer)
Total Collections YTD	Four columns; W.C. (Worker's Compensation), ACC/INJ (Accident/Injury), EST REC (Estate Recovery), TRUST (Trust), AP (Absent Parent), and OTHER (Other).	9	Number (Integer)
Total Intake	Total number of intakes.	5	Number (Integer)
Total Lead Review	Total number of reviews.	5	Number (Integer)
Total NFP	Total cases deemed no further pursuit.	5	Number (Integer)
Total Open Case	Total number of open cases.	5	Number (Integer)

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7.5 TPL-0005-M -- TPL Casualty Case Review By Analyst Report

7.5.1 TPL-0005-M -- TPL Casualty Case Review By Analyst Report Narrative

The TPL Casualty Case Review by Analyst report is a system-generated report of the total cases, which are set for follow-up review next month. It is organized by analyst for ease in distribution of case research. A summary total page is provided at the end of the report. This report is created in job TPLJM002 and is produced monthly.

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7.5.2 TPL-0005-M -- TPL Casualty Case Review By Analyst Report Layout

```
REPORT  : TPL-0005-M                          ALABAMA MEDICAID AGENCY                      RUN DATE:  MM/DD/CCYY
PROCESS : TPLJM002                       MEDICAID MANAGEMENT INFORMATION SYSTEM             RUN TIME:  HH:MM:SS
LOCATION: TPLC0190                           TPL CASUALTY CASE REVIEW BY ANALYST                 PAGE:  999,999
                                                 REPORT PERIOD:  MM/DD/CCYY


RESEARCH ANALYST:  XXXXXXXX


CASE STATUS - IN COMPROMISE

RECIPIENT NAME                      RID NO.            CASUALTY CASE NO.

XXXXXXXXXXXXXXX, XXXXXXXXXXX        999999999999        99999999


CASE STATUS - INTAKES

RECIPIENT NAME                       RID NO.            CASUALTY CASE NO.

XXXXXXXXXXXXXXX, XXXXXXXXXXX         999999999999        99999999


CASE STATUS - OPEN

RECIPIENT NAME                       RID NO.           CASUALTY CASE NO.

XXXXXXXXXXXXXXX, XXXXXXXXXXX         999999999999       99999999


CASE STATUS - LEAD REVIEW

RECIPIENT NAME                      RID NO.            CASUALTY CASE NO.

XXXXXXXXXXXXXXX, XXXXXXXXXXX        999999999999       99999999


TOTAL REVIEWS NEXT MONTH:  9999

                                 {PAGE BREAK BETWEEN CLERK ID NUMBERS}
```


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```
REPORT  : TPL-0005-M                          ALABAMA MEDICAID AGENCY                        RUN DATE: MM/DD/CCYY
PROCESS : TPLJM002                       MEDICAID MANAGEMENT INFORMATION SYSTEM               RUN TIME:  HH:MM:SS
LOCATION: TPLC0190                        TPL CASUALTY CASE REVIEW BY ANALYST                     PAGE:  999,999
                                               REPORT PERIOD:  MM/DD/CCYY


SUMMARY:


       TOTAL REVIEW: OPEN     TOTAL REVIEW: LEAD REVIEW        TOTAL INTAKE       TOTAL IN COMPROMISE    TOTAL REF
TPL INVESTIGATOR

         9999                 9999                             9999               9999                   9999

       CLERK ID    /    TOTAL

       XXXXXXXX   /      XXXX
       XXXXXXXX   /      XXXX
       XXXXXXXX   /      XXXX


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


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7.5.3 TPL-0005-M -- TPL Casualty Case Review By Analyst Report Field Descriptions

Field	Description	Length	Data Type
Case Status	The status of the case tracking record.	18	Character
Casualty Case No.	System assigned number for each casualty case.	8	Number (Integer)
Clerk ID/Total	Total number of cases up for review per Research Analyst for the next month.	22	Character
Recipient Name	Alphabetical list of recipients to be reviewed for that next month.	28	Character
Research Analyst	Number assigned to an analyst.	8	Character
RID No.	The recipient's Medicaid identification number.	12	Number (Integer)
Total In Compromise	Total number of in compromise cases to be reviewed for the next month.	4	Number (Integer)
Total Intake	Total number of intake cases to be reviewed for the next month.	4	Number (Integer)
Total Lead Review	Total number of lead reviews to be reviewed for the next month.	4	Number (Integer)
Total Open	Total number of open cases to be reviewed for the next month.	4	Number (Integer)
Total Ref TPL Investigator	Total number of referrals to TPL investigator cases to be reviewed for the next month.	4	Number (Integer)
Total Reviews Next Month	Total number of cases up for review per Research Analyst for the next month.	4	Number (Integer)

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7.6 TPL-0009-W -- TPL Accident Trauma Report

7.6.1 TPL-0009-W -- TPL Accident Trauma Report Narrative

The Accident Trauma report is a weekly report. CMS requires TPL to use the accident/trauma report in order to identify and pursue possible recovery cases. The report is driven by the recipient claim history. The report accumulates and extracts paid claims with an accident related diagnosis code based on a $250.00 threshold within a 6 month period. The claims will not report until the cumulative accident/trauma claim paid amounts for the recipient exceeds the set threshold. An Accident Trauma questionnaire is automatically produced for each recipient to facilitate research and follow-up. Once a recipient is reported, they will not report again for 180 days in order to preclude redundancy. Claims are selected for this process if their primary or secondary diagnosis code is listed in the BPA CLMS & OI – TRAUMA DIAGNOSIS CODES group.

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7.6.2 TPL-0009-W -- TPL Accident Trauma Report Layout

```
REPORT  : TPL-0009-W                          ALABAMA MEDICAID AGENCY                      RUN DATE: MM/DD/CCYY
PROCESS : TPLJW001                       MEDICAID MANAGEMENT INFORMATION SYSTEM            RUN TIME:   HH:MM:SS
LOCATION: TPL0009W                             TPL ACCIDENT TRAUMA REPORT                     PAGE:    999,999
                                               REPORT PERIOD:  MM/DD/CCYY

CURRENT ID:                999999999999                   ADDRESS:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
RECIPIENTS REPORTED:       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CITY:     XXXXXXXXXXXXXXXXXX
                                                          STATE:    XX      ZIP: 99999-9999

ICN             1ST DATE OF SVC  LAST DATE OF SVC   PROVIDER NO.         TOT BILLED      AMT PAID        TPL
PAYMENT     DATE PAID
XXXXXXXXXXXXX      MM/DD/CCYY       MM/DD/CCYY      XXX XXXXXXXXXXXXXX  9,999,999.99   9,999,999.99
9,999,999.99    MM/DD/CCYY
ACC IND  ICD  PRIMARY DIAG CD           DESCRIPTION
   X      X   XXXXXXX                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              SECONDARY DIAG CD
              XXXXXXX                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                          TOTAL PAID FOR CURRENT ID   XXXXXXXXXXXX : 999,999,999.99


SUMMARY:

TOTAL RECIPIENTS REPORTED:            9999              TOTAL DOLLARS PAID:           999,999,999.99


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

7.6.3 TPL-0009-W -- TPL Accident Trauma Report Field Descriptions

Field	Description	Length	Data Type
1st Date of SVC	First date of service for claim.	10	Date (CCYY/MM/DD)
Acc Ind	Provider indicates on a claim whether or not the service is related to an accident.	1	Character
Address	Recipient's street address.	32	Character
Amt Paid	Amount Medicaid paid provider.	10	Number (Decimal)
City	Recipient's city.	18	Character
Current ID	Recipient Identification number assigned by interChange.	12	Character

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Field	Description	Length	Data Type
Date Paid	Date the claim was paid by Medicaid.	10	Date (CCYY/MM/DD)
Description (Primary Diag CD)	Narrative description of primary diagnosis code.	60	Character
Description (Second Diag CD)	Narrative description of secondary diagnosis code.	60	Character
ICD	Code to denote which version of the ICD diagnosis code is being reported. The valid values will be ‘9’ for ICD-9, ‘0’ for ICD-10, or blank if diagnosis is not present.	1	Character
ICN	Internal Control Number.	13	Character
Last Date of SVC	Last date of service for claim.	10	Date (CCYY/MM/DD)
Primary Diag CD	Primary diagnosis code.	7	Character
Provider No.	This is the Provider identification number.	15	Character
Provider No.Type	The Provider ID type.	3	Character
Recipients Reported	Recipient's last name, first name, middle initial.	30	Character
Secondary Diag CD	The secondary diagnosis code.	7	Character
State	Recipient's state.	2	Character
TPL Payment	Third party payment amount.	10	Number (Decimal)
Tot Billed	Total the provider billed for claim.	10	Number (Decimal)
Total Dollars Paid	Total amount paid this report period.	12	Number (Decimal)
Total Paid for Current ID	Total amount paid for recipient identification number.	12	Number (Decimal)
Total Recipients Reported	Number of recipients being reported this period.	4	Number (Integer)

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Field	Description	Length	Data Type
Zip	Recipient's zip code.	10	Number (Integer)

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7.7 TPL-0010-P -- BCBS Policy Not Identified-Needs Research Report

7.7.1 TPL-0010-P--BCBS Policy Not Identified-Needs Research Report Narrative

Report of Policies needing further research..

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7.7.2 TPL-0010-P--BCBS Policy Not Identified-Needs Research Report Layout

```
Report  : TPL-0010-R                          ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : TPLJO017                      MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   HH:MM:SS
Location: TPL0017I                    BCBS POLICY NOT IDENTIFIED - NEEDS RESEARCH             Page:         XX
                                                REPORT PERIOD: MM/DD/CCYY

MEDICAID ID      SSN           RECIPIENT NAME
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY #                         GROUP #                        SUSPECT  SUSPECT DATE  COVERAGE   EFFECTIVE    END
XXXXXXXXX                        XXXX                             X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                  X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                  X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                  X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                  X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY

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

7.7.3 TPL-0010-P--BCBS Policy Not Identified-Needs Research Report Field Descriptions

Field	Description	Data Type	Length
Coverage	Coverage Code related to the recipient's policy.	Character	2
Effective	Effective Date of recipient's coverage.	Date (MM/DD/CCYY)	10
End	End date of recipient's coverage.	Date (MM/DD/CCYY)	10
Group #	Recipient's BCBS Group number.	Character	9
Medicaid ID	Medicaid ID assigned to the recipient.	Number	12
Policy #	Recipient's BCBS policy number.	Character	12
Recipient Name	Name of recipient.	Character	30

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Field	Description	Data Type	Length
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect	Suspect code related to policy.	Character	1
Suspect Date	Suspect Date related to the Suspect code.	Date (MM/DD/CCYY)	10

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7.8 TPL-0010-T -- BCBS Policy Not Identified-Needs Research Pre-Production Report

7.8.1 TPL-0010-T -- BCBS Policy Not Identified-Needs Research Pre-Production Report Narrative

Pre-production Report of Policies needing further research.

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7.8.2 TPL-0010-T -- BCBS Policy Not Identified-Needs Research Pre-Production Report Layout

```
Report  : TPL-0010-T                          ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : TPLJO017                      MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   HH:MM:SS
Location: TPL0017I                    BCBS POLICY NOT IDENTIFIED - NEEDS RESEARCH             Page:         XX
                                                REPORT PERIOD: MM/DD/CCYY



MEDICAID ID      SSN           RECIPIENT NAME
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

POLICY #                         GROUP #                         SUSPECT  SUSPECT DATE  COVERAGE   EFFECTIVE    END
XXXXXXXXX                        XXXX                              X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                   X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                   X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                   X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY
                                                                   X      MM/DD/CCYY     XX        MM/DD/CCYY
MM/DD/CCYY

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

7.8.3 TPL-0010-T -- BCBS Policy Not Identified-Needs Research Pre-Production Report Field Descriptions

Field	Description	Data Type	Length
Coverage	Coverage Code related to the recipient's policy.	Character	2
Effective	Effective Date of recipient's coverage.	Date (MM/DD/CCYY)	10
End	End Date of recipient's coverage.	Date (MM/DD/CCYY)	10
Group #	Recipient's BCBS Group number	Character	9
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Policy #	Recipient's BCBS policy number.	Character	12

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Field	Description	Data Type	Length
Recipient Name	Name of recipient.	Character	30
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect	Suspect code related to policy.	Character	1
Suspect Date	Suspect Date related to the Suspect code.	Date (MM/DD/CCYY)	10

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7.9 TPL-0011-P -- BCBS Recipient Not Found Report

7.9.1 TPL-0011-P -- BCBS Recipient Not Found Report Narrative

BCBS recipient not found report.

7.9.2 TPL-0011-P -- BCBS Recipient Not Found Report Layout

```
Report  : TPL-0011-R                          ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : TPLJO017                       MEDICAID MANAGEMENT INFORMATION SYSTEM          Run Time:   HH:MM:SS
Location: TPL0017I            BCBS RECIPIENT NOT FOUND REPORT                                Page:         XX
                                              REPORT PERIOD: MM/DD/CCYY


MEDICAID ID      SSN           RECIPIENT NAME
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
*****************************************************************************************************
*************

TOTAL RECIPIENTS:   99,999,999

                                                     *END OF REPORT*
```

7.9.3 TPL-0011-P -- BCBS Recipient Not Found Report Field Descriptions

Field	Description	Data Type	Length
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Recipient Name- First Name	First Name of recipient.	Character	28
Recipient Name- Last Name	Last Name of recipient	Character	28
Recipient Name- Middle Name Initial	Middle Name Initial of recipient.	Character	1
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11

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7.10 TPL-0011-T -- BCBS Recipient Not Found Report-Pre-Production Report

7.10.1 TPL-0011-T -- BCBS Recipient Not Found Report-Pre-Production Report Narrative

Pre-production BCBS RECIPIENT NOT FOUND REPORT

7.10.2 TPL-0011-T -- BCBS Recipient Not Found Report-Pre-Production Report Layout

```
Report  : TPL-0011-T                          ALABAMA MEDICAID AGENCY                      Run Date: MM/DD/CCYY
Process : TPLJO017                      MEDICAID MANAGEMENT INFORMATION SYSTEM             Run Time:   HH:MM:SS
Location: TPL0017I                          BCBS RECIPIENT NOT FOUND REPORT                 Page:           XX
                                                REPORT PERIOD: MM/DD/CCYY


MEDICAID ID      SSN           RECIPIENT NAME
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999999999999     999-99-9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXX X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
*****************************************************************************************************
*************

TOTAL RECIPIENTS:   99,999,999

                                                  *END OF REPORT*
```

7.10.3 TPL-0011-T -- BCBS Recipient Not Found Report-Pre-Production Report Field Descriptions

Field	Description	Data Type	Length
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Recipient Name- First Name	First Name of recipient.	Character	28
Recipient Name- Last Name	Last Name of recipient	Character	28
Recipient Name- Middle Name Initial	Middle name initial of recipient	Character	1
SSN	Recipient's Social Security Number (SSN)	Number (Integer)	11

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7.11 TPL-0012-P -- BCBS Policy Add-Update Report

7.11.1 TPL-0012-P -- BCBS Policy Add-Update Report Narrative

BCBS POLICY ADD/UPDATE REPORT

7.11.2 TPL-0012-P -- BCBS Policy Add-Update Report Layout

```
Report  : TPL-0012-R                          ALABAMA MEDICAID AGENCY                    Run Date:   MM/DD/CCYY
Process : TPLJO017                      MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: TPL0017I                           BCBS POLICY ADD/UPDATE REPORT                         Page:   XX
                                             REPORT PERIOD: MM/DD/CCYY

*****************************************************************************************************************
*************
MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXX                , XXXXXXXX          X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXX                       BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXX
DOB: MM/DD/CCYY

POLICY UPDATES:
BEFORE IMAGE:
CARRIER   POLICY #                      GROUP #                       SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                  XXXX                             X      X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY

AFTER IMAGE:
CARRIER   POLICY #                      GROUP #                       SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                  XXXX                             X      X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
*****************************************************************************************************************
*************
```

```
Report  : TPL-0012-R                          ALABAMA MEDICAID AGENCY                    Run Date:   MM/DD/CCYY
```


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```
Process : TPLJO017                        MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: TPL0017I                             BCBS POLICY ADD/UPDATE REPORT                              Page:   XX
                                                 REPORT PERIOD: MM/DD/CCYY


MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXX                  , XXXXXXXX          X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXX                       BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DOB: MM/DD/CCYY

POLICY ADDED:
CARRIER   POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                    XXXX                              X      X       XX       MM/DD/CCYY
MM/DD/CCYY
XXXXX                                                                                      XX       MM/DD/CCYY
MM/DD/CCYY
XXXXX                                                                                      XX       MM/DD/CCYY
MM/DD/CCYY
*****************************************************************************************************************
*************
                                                   *NO DATA THIS RUN*
                                                    *END OF REPORT*
```

7.11.3 TPL-0012-P -- BCBS Policy Add-Update Report Field Descriptions

Field	Description	Data Type	Length
BCBS Policy #	Policy number related to recipient's BCBS insurance.	Character	12
BCBS Subscriber Name	Name of subscriber on BCBS insurance policy.	Character	30
Carrier	Carrier code added to file.	Number (Integer)	5
Carrier (after)	Carrier code placed on file after update.	Number (Integer)	5
Carrier (before)	Carrier code on file prior to policy update.	Number (Integer)	5
Coverage	Coverage code added to file that is related to recipient's policy.	Character	2
Coverage (after)	Coverage code placed on file after update.	Character	2
Coverage (before)	Coverage code on file prior to update.	Character	2
DOB (BCBS)	Date of Birth (DOB) on file for recipient according to BCBS.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
DOB (Medicaid)	Recipient's Date of Birth (DOB).	Date (MM/DD/CCYY)	10
Effective	Effective Date of recipient's coverage added to file.	Date (MM/DD/CCYY)	10
Effective (after)	Effective date placed on file after update.	Date (MM/DD/CCYY)	10
Effective (before)	Effective date on file prior to update.	Date (MM/DD/CCYY)	10
End	End date of recipient's coverage added to file.	Date (MM/DD/CCYY)	10
End (after)	End date on placed on file after update.	Date (MM/DD/CCYY)	10
End (before)	End date on file prior to update.	Date (MM/DD/CCYY)	10
Group #	Recipient's BCBS Group number added to the file.	Character	9
Group # (after)	Group number placed on file after update.	Number (Integer)	9
Group # (before)	Group number on file prior to update.	Number (Integer)	9
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Policy #	Recipient's BCBS policy number added to the file.	Character	12
Policy # (after)	Policy number placed on file after update.	Character	12
Policy # (before)	Policy number on file prior to update.	Character	12
Recipient Name	Name of recipient.	Character	30
Rel.	Relationship code added to file.	Character	1
Rel. (after)	Relationship code placed on file after update.	Character	1
Rel. (before)	Relationship code on file prior to update.	Character	1
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect	Suspect code related to policy added to the file.	Character	1
Suspect (after)	Suspect code placed on file after update.	Character	1

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Field	Description	Data Type	Length
Suspect (before)	Suspect code on file prior to update.	Character	1

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7.12 TPL-0012-T -- BCBS Policy Add-Update Report-Pre-production Report

7.12.1 TPL-0012-T -- BCBS Policy Add-Update Report-Pre-production Report Narrative

Pre-production BCBS policy add/update report

7.12.2 TPL-0012-T -- BCBS Policy Add-Update Report-Pre-production Report Layout

```
Report  : TPL-0012-T                          ALABAMA MEDICAID AGENCY                    Run Date:   MM/DD/CCYY
Process : TPLJO017                      MEDICAID MANAGEMENT INFORMATION SYSTEM            Run Time:   HH:MM:SS
Location: TPL0017I                           BCBS POLICY ADD/UPDATE REPORT                         Page:   XX
                                             REPORT PERIOD: MM/DD/CCYY

*****************************************************************************************************************
*************
MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXX                , XXXXXXXX          X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXX                       BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXX
DOB: MM/DD/CCYY

POLICY UPDATES:
BEFORE IMAGE:
CARRIER   POLICY #                      GROUP #                       SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                  XXXX                             X      X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY

AFTER IMAGE:
CARRIER   POLICY #                      GROUP #                       SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                  XXXX                             X      X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                              XX       MM/DD/CCYY
MM/DD/CCYY
*****************************************************************************************************************
*************
```

```
Report  : TPL-0012-T                          ALABAMA MEDICAID AGENCY                    Run Date:   MM/DD/CCYY
```


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```
Process : TPLJO017                        MEDICAID MANAGEMENT INFORMATION SYSTEM                Run Time:   HH:MM:SS
Location: TPL0017I                             BCBS POLICY ADD/UPDATE REPORT                          Page:   XX
                                                 REPORT PERIOD: MM/DD/CCYY


MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXX                  , XXXXXXXX          X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXX                       BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DOB: MM/DD/CCYY

POLICY ADDED:
CARRIER   POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE    END
XXXXX     XXXXXXXXXXXX                    XXXX                              X      X       XX       MM/DD/CCYY
MM/DD/CCYY
XXXXX                                                                                      XX       MM/DD/CCYY
MM/DD/CCYY
XXXXX                                                                                      XX       MM/DD/CCYY
MM/DD/CCYY
*****************************************************************************************************************
*************
                                                   *NO DATA THIS RUN*
                                                    *END OF REPORT*
```

7.12.3 TPL-0012-T -- BCBS Policy Add-Update Report-Pre-production Report Field Descriptions

Field	Description	Data Type	Length
BCBS Policy #	Policy number related to recipient's BCBS insurance.	Character	12
BCBS Subscriber Name	Name of subscriber on BCBS insurance policy.	Character	30
Carrier	Carrier code added to file.	Number (Integer)	5
Carrier (after)	Carrier code placed on file after update.	Number (Integer)	5
Carrier (before)	Carrier code on file prior to policy update.	Number (Integer)	5
Coverage	Coverage code added to file that is related to recipient's policy.	Character	2
Coverage (after)	Coverage code placed on file after update.	Character	2
Coverage (before)	Coverage code on file prior to update.	Character	2
DOB (BCBS)	Date of Birth (DOB) on file for recipient according to BCBS.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
DOB (Medicaid)	Recipient's Date of Birth (DOB).	Date (MM/DD/CCYY)	10
Effective	Effective date of recipient's coverage added to file.	Date (MM/DD/CCYY)	10
Effective (after)	Effective date placed on file after update.	Date (MM/DD/CCYY)	10
Effective (before)	Effective date on file prior to update.	Date (MM/DD/CCYY)	10
End	End date of recipient's coverage added to file.	Date (MM/DD/CCYY)	10
End (after)	End date placed on file after update.	Date (MM/DD/CCYY)	10
End (before)	End date on file prior to update.	Date (MM/DD/CCYY)	10
Group #	Recipient's BCBS Group number added to the file.	Character	9
Group # (after)	Group number placed on file after update.	Character	9
Group # (before)	Group number on file prior to update.	Character	9
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Policy #	Recipient's BCBS policy number added to the file.	Character	12
Policy # (after)	Policy number placed on file after update.	Character	12
Policy # (before)	Policy number on file prior to update.	Character	12
Recipient Name	Name of recipient.	Character	30
Rel.	Relationship code added to file.	Character	1
Rel. (after)	Relationship code placed on file after update.	Character	1
Rel. (before)	Relationship code on file prior to update.	Character	1
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect	Suspect code related to policy added to the file.	Character	1
Suspect (after)	Suspect code placed on file after update.	Character	1

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Field	Description	Data Type	Length
Suspect (before)	Suspect code on file prior to update.	Character	1

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7.13 TPL-0013-P -- BCBS Policy HIPP Update Report

7.13.1 TPL-0013-P -- BCBS Policy HIPP Update Report Narrative

BCBS Data Match Production report that will display all HIPP policies identified to be updated that have an Agency Override value of “Y”.

7.13.2 TPL-0013-P -- BCBS Policy HIPP Update Report Layout

```
Report  : TPL-0013-P                              ALABAMA MEDICAID AGENCY                                    Run
Date:   MM/DD/CCYY
Process : TPLJO018                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run
Time:     HH:MM:SS
Location: TPL0018I                            BCBS POLICY HIPP UPDATE REPORT
Page:        99999
                                                  REPORT PERIOD: MM/DD/CCYY

*************************************************************************************************************
*************
MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX , XXXXXXXXXXXXXXXXX X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXX , XXXXXXXXXXX X
DOB: MM/DD/CCYY

POLICY UPDATES:
BEFORE IMAGE:
CARRIER      POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE
END
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X     X       XX       MM/DD/CCYY
MM/DD/CCYY

AFTER IMAGE:
CARRIER      POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE
END
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X     X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                                XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                                XX       MM/DD/CCYY
MM/DD/CCYY
*************************************************************************************************************
*************


                                                  *** NO DATA THIS RUN ***
```


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*** END OF REPORT ***

7.13.3 TPL-0013-P -- BCBS Policy HIPP Update Report Field Descriptions

Field	Description	Data Type	Length
BCBS Policy #	Policy number related to recipient's BCBS insurance.	Character	30
BCBS Subscriber Name	Name of subscriber on BCBS insurance policy.	Character	37
Carrier (After Image)	Carrier code placed on file after update.	Character	10
Carrier (Before Image)	Carrier code on file prior to policy update.	Character	5
Coverage (After Image)	Coverage code placed on file after update.	Character	2
Coverage (Before Image)	Coverage code on file prior to update.	Character	2
DOB (BCBS Data)	Date of Birth (DOB) on file for recipient according to BCBS.	Date (MM/DD/CCYY)	10
DOB (Medicaid Data)	Recipient's Date of Birth (DOB).	Date (MM/DD/CCYY)	10
Effective (After Image)	Effective date placed on file after update.	Date (MM/DD/CCYY)	10
Effective (Before Image)	Effective date on file prior to update.	Date (MM/DD/CCYY)	10
End (After Image)	End date on placed on file after update.	Date (MM/DD/CCYY)	10
End (Before Image)	End date on file prior to update.	Date (MM/DD/CCYY)	10
Group # (After Image)	Group number placed on file after update.	Character	30
Group # (Before Image)	Group number on file prior to update.	Character	30
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Policy # (After Image)	Policy number placed on file after update.	Character	30
Policy # (Before Image)	Policy number on file prior to update.	Character	30
Recipient Name	Name of recipient.	Character	50
Rel. (After Image)	Relationship code placed on file after update.	Character	1

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Field	Description	Data Type	Length
Rel. (Before Image)	Relationship code on file prior to update.	Character	1
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect (After Image)	Suspect code placed on file after update.	Character	1
Suspect (Before Image)	Suspect code on file prior to update.	Character	1

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7.14 TPL-0013-T -- BCBS Policy HIPP Update Report-Pre-production Report

7.14.1 TPL-0013-T -- BCBS Policy HIPP Update Report-Pre-production Report Narrative

BCBS Data Match Pre-Production report that will display all HIPP policies identified to be updated that have an Agency Override value of “Y”.

7.14.2 TPL-0013-T -- BCBS Policy HIPP Update Report-Pre-production Report Layout

```
Report  : TPL-0013-T                              ALABAMA MEDICAID AGENCY                                    Run
Date:   MM/DD/CCYY
Process : TPLJO018                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run
Time:     HH:MM:SS
Location: TPL0018I                            BCBS POLICY HIPP UPDATE REPORT
Page:        99999
                                                  REPORT PERIOD: MM/DD/CCYY

*************************************************************************************************************
*************
MEDICAID POLICY DATA:
MEDICAID ID: 999999999999  SSN: 999-99-9999   RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX , XXXXXXXXXXXXXXXXX X
DOB: MM/DD/CCYY

BCBS DATA:
BCBS POLICY #: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     BCBS SUBSCRIBER NAME:  XXXXXXXXXXXXXXXXXXXX , XXXXXXXXXXX X
DOB: MM/DD/CCYY

POLICY UPDATES:
BEFORE IMAGE:
CARRIER      POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE
END
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X     X       XX       MM/DD/CCYY
MM/DD/CCYY

AFTER IMAGE:
CARRIER      POLICY #                        GROUP #                        SUSPECT   REL.  COVERAGE   EFFECTIVE
END
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     X     X       XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                                 XX       MM/DD/CCYY
MM/DD/CCYY
                                                                                                 XX       MM/DD/CCYY
MM/DD/CCYY
*************************************************************************************************************
*************


                                                  *** NO DATA THIS RUN ***
```


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

7.14.3 TPL-0013-T -- BCBS Policy HIPP Update Report-Pre-production Report Field Descriptions

Field	Description	Data Type	Length
BCBS Policy #	Policy number related to recipient's BCBS insurance.	Character	30
BCBS Subscriber Name	Name of subscriber on BCBS insurance policy.	Character	37
Carrier (After Image)	Carrier code placed on file after update.	Character	10
Carrier (Before Image)	Carrier code on file prior to policy update.	Character	5
Coverage (After Image)	Coverage code placed on file after update.	Character	2
Coverage (Before Image)	Coverage code on file prior to update.	Character	2
DOB (BCBS Data)	Date of Birth (DOB) on file for recipient according to BCBS.	Date (MM/DD/CCYY)	10
DOB (Medicaid Data)	Recipient's Date of Birth (DOB).	Date (MM/DD/CCYY)	10
Effective (After Image)	Effective date placed on file after update.	Date (MM/DD/CCYY)	10
Effective (Before Image)	Effective date on file prior to update.	Date (MM/DD/CCYY)	10
End (After Image)	End date on placed on file after update.	Date (MM/DD/CCYY)	10
End (Before Image)	End date on file prior to update.	Date (MM/DD/CCYY)	10
Group # (After Image)	Group number placed on file after update.	Character	30
Group # (Before Image)	Group number on file prior to update.	Character	30
Medicaid ID	Medicaid ID assigned to the recipient.	Number (Integer)	12
Policy # (After Image)	Policy number placed on file after update.	Character	30
Policy # (Before Image)	Policy number on file prior to update.	Character	30
Recipient Name	Name of recipient.	Character	50

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Field	Description	Data Type	Length
Rel. (After Image)	Relationship code placed on file after update.	Character	1
Rel. (Before Image)	Relationship code on file prior to update.	Character	1
SSN	Recipient's Social Security Number (SSN).	Number (Integer)	11
Suspect (After Image)	Suspect code placed on file after update.	Character	1
Suspect (Before Image)	Suspect code on file prior to update.	Character	1

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7.15 TPL-0014-R -- Carrier Data Match Error Report

7.15.1 TPL-0014-R -- Carrier Data Match Error Report Narrative

The Carrier Data Match Error report contains recipients who could not be identified in the system because the eligibility file from Blue Cross/Blue Shield of Alabama (BC/BS) did not include the Medicaid identification number or Social Security Number for these recipients. The BC/BS process is scheduled to occur once each month.

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7.15.2 TPL-0014-R -- Carrier Data Match Error Report Layout

```
REPORT  : TPL-0014-R                          ALABAMA MEDICAID AGENCY                      RUN DATE: MM/DD/CCYY
PROCESS : TPLJO018                         MEDICAID MANAGEMENT INFORMATION SYSTEM           RUN TIME: HH:MM:SS
LOCATION: TPLXXXXX                          TPL CARRIER DATA MATCH ERROR REPORT                 PAGE: 999,999
                                                 REPORT PERIOD:  MM/DD/CCYY


DATE OF BIRTH            GENDER                       NAME

CCYY/MM/DD                 X                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CCYY/MM/DD                 X                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CCYY/MM/DD                 X                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CCYY/MM/DD                 X                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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

7.15.3 TPL-0014-R -- Carrier Data Match Error Report Field Descriptions

Field	Description	Length	Data Type
Date of Birth	The date of birth of the recipient.	10	Date (CCYY/MM/DD)
Gender	The gender of the recipient. Valid Values: F = Female M = Male	1	Character
Name	The last name and first name of the recipient.	42	Character

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7.16 TPL-0015-R -- Carrier Data Match Report

7.16.1 TPL-0015-R -- Carrier Data Match Report Narrative

The Carrier Data Match report contains updated recipient coverage information from the BC/BS eligibility file. The BC/BS process is scheduled to occur once each month.

7.16.2 TPL-0015-R -- Carrier Data Match Report Layout

```
REPORT  : TPL-0015-R                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJ0017                      MEDICAID MANAGEMENT INFORMATION SYSTEM                  RUN TIME: HH:MM:SS
LOCATION: TPL017I                          TPL CARRIER DATA MATCH REPORT                           PAGE: 999,999
                                              REPORT PERIOD:  MM/DD/CCYY

XXXXXXXX(CARRIER NAME)

                                                                    COVERAGE    SERVICE
IND    MEDICAID ID       NAME                                        CODE       START-END                DATE OF BIRTH
X      999999999999    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX   XX        CCYY/MM/DD - CCYY/MM/DD CCYY/MM/DD
X      999999999999    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX   XX        CCYY/MM/DD - CCYY/MM/DD CCYY/MM/DD
X      999999999999    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX   XX        CCYY/MM/DD - CCYY/MM/DD CCYY/MM/DD
X      999999999999    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX   XX        CCYY/MM/DD - CCYY/MM/DD CCYY/MM/DD
X      999999999999    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX   XX        CCYY/MM/DD - CCYY/MM/DD CCYY/MM/DD


                                             *** END OF REPORT ***
                                            *** NO DATA THIS RUN ***
For 'U' indicator (record updated), * indicates which fields are updated.
```

7.16.3 TPL-0015-R -- Carrier Data Match Report Field Descriptions

Field	Description	Length	Data Type
Coverage Code	This code identifies the type of coverage that a TPL policy provides.	2	Character
Date of Birth	The date of birth of the recipient.	10	Date (CCYY/MM/DD)
Ind	The action indicator from the insurance company data match process. Valid values: A = Record inserted U = Record updated	1	Character
Medicaid ID	Unique identifier for the recipient.	12	Character

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Field	Description	Length	Data Type
Name	The last name and first name of the recipient.	42	Character
Service Start-End	The eligibility start and end dates.	23	Date (CCYY/MM/DD)

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7.17 TPL-015R-D – 277CA Claims Acknowledgement Rejected Status Report

7.17.1 TPL-015R-D – 277CA Claims Acknowledgement Rejected Status Report Narrative

Users access the TPL 277CA Claims Acknowledgement rejected Status Report to review the 277CA transactions that had an error on them since the previous run. This report is produced daily.

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7.17.2 TPL-015R-D – 277CA Claims Acknowledgement Rejected Status Report

```
Report  : TPL-015R-D                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJD015                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPLP015D                 277CA CLAIMS ACKNOWLEDGEMENT REJECTED STATUS REPORT                     Page:       XXXX
                                              REPORT PERIOD: MM/DD/CCYY

PAYER ID: XXXXXXXXXXXXXXX PAYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLAIM'S TRANSACTION TRACE NUMBER    : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUBMITTER'S TRANSACTION REFERENCE ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLAIMS RECEIPT DATE                 : MM/DD/CCYY
STATUS EFFECTIVE DATE               : MM/DD/CCYY
=================================================================================================================
==
REJECTED CLAIMS:
RECIPIENT ID   ICN             AR NUMBER       FROM DOS     TO DOS       POLICY NUM

XXXXXXXXXXXX   XXXXXXXXXXXXX   9999999999999   MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLAIM HEADER LEVEL-----------------------------------------------

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**Note that the entity line is displayed only if Entity code is received for status code.


CLAIM DETAIL LEVEL----------------------LINE CONTROL NUMBER: 99999
CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX




CLAIM DETAIL LEVEL----------------------LINE CONTROL NUMBER:  99999

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RECIPIENT ID   ICN             AR NUMBER       FROM DOS     TO DOS       POLICY NUM

XXXXXXXXXXXX   XXXXXXXXXXXXX   9999999999999   MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLAIM HEADER LEVEL------------------------------------------------


CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CATEGORY CODE AND DESC: XX-
```


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```
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

------------------------------------------------------------------------------------------------------------------
RECIPIENT ID   ICN             AR NUMBER       FROM DOS     TO DOS       POLICY NUM

XXXXXXXXXXXX   XXXXXXXXXXXXX   9999999999999   MM/DD/CCYY   MM/DD/CCYY   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLAIM HEADER LEVEL------------------------------------------------

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
CLAIM DETAIL LEVEL----------------------LINE CONTROL NUMBER:  99999

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CATEGORY CODE AND DESC: XX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXx

  STATUS CODE AND DESC: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        RELATED ENTITY: XXX-
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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


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7.17.3 TPL-015R-D – 277CA Claims Acknowledgement Rejected Status Report Field Descriptions

Field	Description	Data Type	Length
AR NUMBER	Medicaid Accounts Receivable Number.	Character	13
CATEGORY CODE AND DESC	HC Category Code from 277CA transaction with description lookup.	Character	2
CLAIMS RECEIPT DATE	Date of receipt of 877 claims by Sender of the 277CA.	Date (MM/DD/CCYY)	10
CLAIM'S TRANSACTION TRACE NUMBER	Transaction Number sent by Sender.	Character	50
FROM DOS	First Date of Service on the claim.	Date (MM/DD/CCYY)	10
ICN	Internal control number of the claim.	Character	13
LINE CONTROL NUMBER	Claims Line Number.	Number (Integer)	4
PAYER ID	Payer ID of the Sender of the 277CA.	Character	15
Payer Name	Name of Payer.	Character	50
Policy Num	TPL Policy Number.	Character	30
RECIPIENT ID	The recipient Medicaid ID number.	Character	12
RELATED ENTITY	HC Entity code with lookup of description.	Character	3
STATUS CODE AND DESC	HC Claims Status on 277CA with lookup of description.	Character	3
STATUS EFFECTIVE DATE	Date the Sender sent the file.	Date (MM/DD/CCYY)	10
SUBMITTER'S TRANSACTION REFERENCE ID	Reference number assigned by Sender.	Character	50
TO DOS	Last Date of Service on the claim.	Date (MM/DD/CCYY)	10

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7.18 TPL-015S-D – 277CA Claims Acknowledgement Summary Report

7.18.1 TPL-015S-D – 277CA Claims Acknowledgement Summary Report Narrative

Users access the TPL 277CA Claims Acknowledgement Summary Report to review the 277CA activity since the previous run. This report is produced daily.

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7.18.2 TPL-015S-D – 277CA Claims Acknowledgement Summary Report

```
Report  : TPL-015S-D                              ALABAMA MEDICAID AGENCY                                    Run Date:
MM/DD/CCYY
Process : TPLJD015                        MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:
HH:MM:SS
Location: TPLP015D                      277CA CLAIMS ACKNOWLEDGEMENT SUMMARY REPORT                              Page:
XXXX
                                                 REPORT PERIOD: MM/DD/CCYY


PAYER ID: XXXXXXXXXXXXXXX PAYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLAIM'S TRANSACTION TRACE NUMBER    : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SUBMITTER'S TRANSACTION REFERENCE ID: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CLAIMS RECEIPT DATE                 : MM/DD/CCYY
STATUS EFFECTIVE DATE               : MM/DD/CCYY
=================================================================================================================
====

REJECTED CLAIMS:

RECIPIENT ID  ICN            AR NUMBER      FROM DOS    TO DOS      POLICY NUM

XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-----------------------------------------------------------------------------------------------------------------
---

ACCEPTED CLAIMS:

RECIPIENT ID  ICN            AR NUMBER      FROM DOS    TO DOS      POLICY NUM                      PAYER CLAIM NUMBER


XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXX  9999999999999  MM/DD/CCYY  MM/DD/CCYY  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-----------------------------------------------------------------------------------------------------------------
---

TOTAL SUBMITTED CHARGES  : $ZZ,ZZZ,ZZ9.99
TOTAL REJECTED CLAIMS    :         99,999
TOTAL REJECTED AMOUNT    : $ZZ,ZZZ,ZZ9.99
```


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```
TOTAL ACCEPTED CLAIMS    :         99,999
TOTAL ACCEPTED AMOUNT    : $ZZ,ZZZ,ZZ9.99
TOTAL CLAIMS ACKNOWLEDGED:         999,99
                                                  *END OF REPORT*
                                                *NO DATA THIS RUN*
```


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7.18.3 TPL-015S-D – 277CA Claims Acknowledgement Summary Report Field Descriptions

Field	Description	Data Type	Length
AR NUMBER	Medicaid Accounts Receivable Number.	Character	13
CLAIMS RECEIPT DATE	Date of receipt of 837 claims by Sender of the 277CA.	Date (MM/DD/CCYY)	10
CLAIM'S TRANSACTION TRACE NUMBER	Trace Number from the Sender.	Character	50
FROM DOS	First Date of Service on the claim.	Date (MM/DD/CCYY)	10
ICN	Internal control number of the claim.	Character	13
PAYER CLAIM NUMBER	Control Number assigned by Payer.	Character	30
PAYER ID	Payer ID of the Sender of the 277CA.	Character	15
POLICY NUM	TPL Policy Number associated with this A/R.	Character	30
Payer Name	Name of the Payer.	Character	50
RECIPIENT ID	Recipient Medicaid ID number.	Character	12
STATUS EFFECTIVE DATE	Date the Sender sent the file.	Date (MM/DD/CCYY)	10
SUBMITTER'S TRANSACTION REFERENCE ID	Reference number assigned by Sender.	Character	50
TO DOS	Last Date of Service on the claim.	Date (MM/DD/CCYY)	10
TOTAL ACCEPTED AMOUNT	Total Charges for accepted claims. This field is taken from the transmission, not calculated.	Number (Decimal)	10
TOTAL ACCEPTED CLAIMS	Count of accepted claims as transmitted by the sender, not calculated.	Number (Integer)	5
TOTAL CLAIMS ACKNOWLEDGED	Calculated count of all claims in the transmission.	Number (Integer)	5
TOTAL REJECTED AMOUNT	Total Charges for rejected claims. This field is taken from the transmission, not calculated.	Number (Decimal)	10

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7.19 TPL-0016-M -- TPL Cost Avoidance Report

7.19.1 TPL-0016-M -- TPL Cost Avoidance Report Narrative

The TPL Cost Avoidance report provides the TPL savings for the month due to cost avoidance and provider collections. The report contains the following three sections:

- Non-Pharmacy: This section contains all data related to non-pharmacy claims.
- Pharmacy: This section contains all data related to only pharmacy claims.
- Summary: This section combines the totals for non-pharmacy and pharmacy claims.

Each section is further divided into RCO encounter claims and all other claims.

This report is produced monthly.

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7.19.2 TPL-0016-M -- TPL Cost Avoidance Report Layout

```
Report  : TPL-0016-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM016                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0016M                             TPL COST AVOIDANCE REPORT                                   Page:    999,999
                                                REPORT PERIOD: 01/2004
NON-PHARMACY CLAIMS:
                                                          FEE FOR SERVICE CLAIMS                  ENCOUNTER CLAIMS
                                                        -------------------------------        -------------------------------
                                                              MTD            YTD                     MTD            YTD

TOTAL CLAIMS DENIED FOR MEDICARE:                       99,999,999,999  99,999,999,999         99,999,999,999  99,999,999,999
TOTAL AMT BILLED TO MEDICAID FOR MEDICARE:              $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR MEDICARE:                             $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99

TOTAL CLAIMS DENIED FOR OTHER INSURANCE:                99,999,999,999  99,999,999,999                       0               0
TOTAL AMT BILLED TO MEDICAID FOR OTHER INSURANCE:       $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR OTHER INSURANCE:                      $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99

TOTAL ADJUDICATED CLAIMS WITH OTHER INSURANCE PAYMENTS:  99,999,999,999  99,999,999,999         99,999,999,999  99,999,999,999
TOTAL BILLED AMOUNT TO MEDICAID WITH OTHER INSURANCE PAYMENTS:$999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL MEDICAID PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:  $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL TPL PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:     $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH OTHER INSURANCE PAYMENTS:    $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH OTHER INSURANCE PAYMENTS:             $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99

TOTAL ADJUDICATED CLAIMS WITH MEDICARE PAYMENTS:         99,999,999,999  99,999,999,999         99,999,999,999  99,999,999,999
TOTAL MEDICAID PAID AMOUNT WITH MEDICARE PAYMENTS:       $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH MEDICARE PAYMENTS:           $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH MEDICARE PAYMENTS:                    $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
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Report  : TPL-0016-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM016                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0016M                             TPL COST AVOIDANCE REPORT                                   Page:    999,999
                                                REPORT PERIOD: 01/2004
PHARMACY CLAIMS:
                                                          FEE FOR SERVICE CLAIMS                  ENCOUNTER CLAIMS
                                                        -------------------------------        -------------------------------
                                                              MTD            YTD                     MTD            YTD

TOTAL CLAIMS DENIED FOR MEDICARE:                       99,999,999,999  99,999,999,999         99,999,999,999  99,999,999,999
TOTAL AMT BILLED TO MEDICAID FOR MEDICARE:              $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR MEDICARE:                             $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99

TOTAL CLAIMS DENIED FOR OTHER INSURANCE:                99,999,999,999  99,999,999,999                       0               0
TOTAL AMT BILLED TO MEDICAID FOR OTHER INSURANCE:       $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR OTHER INSURANCE:                      $999,999,999.99 $999,999,999.99        $999,999,999.99 $999,999,999.99
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TOTAL ADJUDICATED CLAIMS WITH OTHER INSURANCE PAYMENTS:       99,999,999,999  99,999,999,999        99,999,999,999  99,999,999,999
TOTAL BILLED AMOUNT TO MEDICAID WITH OTHER INSURANCE PAYMENTS:$999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:     $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL TPL PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:          $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH OTHER INSURANCE PAYMENTS:         $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH OTHER INSURANCE PAYMENTS:                  $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99

TOTAL ADJUDICATED CLAIMS WITH MEDICARE PAYMENTS:              99,999,999,999  99,999,999,999        99,999,999,999  99,999,999,999
TOTAL MEDICAID PAID AMOUNT WITH MEDICARE PAYMENTS:            $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH MEDICARE PAYMENTS:                $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH MEDICARE PAYMENTS:                         $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99


Report  : TPL-0016-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM016                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0016M                             TPL COST AVOIDANCE REPORT                                      Page:    999,999
                                                REPORT PERIOD: 01/2004

SUMMARY:
                                                          FEE FOR SERVICE CLAIMS                  ENCOUNTER CLAIMS
                                                          ------------------------------          ------------------------------
                                                               MTD            YTD                      MTD            YTD

TOTAL CLAIMS DENIED FOR MEDICARE:                             99,999,999,999  99,999,999,999        99,999,999,999  99,999,999,999
TOTAL AMT BILLED TO MEDICAID FOR MEDICARE:                    $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR MEDICARE:                                   $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99

TOTAL CLAIMS DENIED FOR OTHER INSURANCE:                      99,999,999,999  99,999,999,999                     0               0
TOTAL AMT BILLED TO MEDICAID FOR OTHER INSURANCE:             $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS FOR OTHER INSURANCE:                            $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99

TOTAL ADJUDICATED CLAIMS WITH OTHER INSURANCE PAYMENTS:       99,999,999,999  99,999,999,999        99,999,999,999  99,999,999,999
TOTAL BILLED AMOUNT TO MEDICAID WITH OTHER INSURANCE PAYMENTS:$999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:     $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL TPL PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:          $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH OTHER INSURANCE PAYMENTS:         $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH OTHER INSURANCE PAYMENTS:                  $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99

TOTAL ADJUDICATED CLAIMS WITH MEDICARE PAYMENTS:              99,999,999,999  99,999,999,999        99,999,999,999  99,999,999,999
TOTAL MEDICAID PAID AMOUNT WITH MEDICARE PAYMENTS:            $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL MEDICAID ALLOWED WITH MEDICARE PAYMENTS:                $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99
TOTAL SAVINGS WITH MEDICARE PAYMENTS:                         $999,999,999.99 $999,999,999.99       $999,999,999.99 $999,999,999.99


                                                   **  END OF REPORT   **
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REPORT  :  TPL-0016-M                        ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS :  TPLJM016                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME: HH:MM:SS
LOCATION:  TPL0016M                         TPL COST AVOIDANCE REPORT                                               PAGE: 999,999
                                            REPORT PERIOD:  MM/DD/CCYY


SUMMARY:
                                                                     MTD                   YTD

  TOTAL CLAIMS DENIED FOR MEDICARE:                                9,999,999,999       9,999,999,999,999
  TOTAL AMT BILLED TO MEDICAID FOR MEDICARE:                     $999,999,999.99     $999,999,999,999.99
  TOTAL SAVINGS FOR MEDICARE:                                    $999,999,999.99     $999,999,999.999.99

  TOTAL CLAIMS DENIED FOR OTHER INSURANCE:                         9,999,999,999       9,999,999,999,999
  TOTAL AMT BILLED TO MEDICAID FOR OTHER INSURANCE:              $999,999,999.99     $999,999,999,999.99
  TOTAL SAVINGS FOR OTHER INSURANCE:                             $999,999,999.99     $999,999,999.999.99


  TOTAL ADJUDICATED CLAIMS WITH OTHER INSURANCE PAYMENTS:          9,999,999,999       9,999,999,999,999
  TOTAL BILLED AMOUNT TO MEDICAID WITH OTHER INSURANCE PAYMENTS: $999,999,999.99     $999,999,999,999.99
  TOTAL MEDICAID PAID AMOUNT WITH OTHER INSURANCE PAYMENTS:      $999,999,999.99     $999,999,999,999.99
  TOTAL TPL PAID AMOUNT WITH OTHER INSURANCE PAYMENTS            $999,999,999.99     $999,999,999,999.99
  TOTAL MEDICAID ALLOWED WITH OTHER INSURANCE PAYMENTS           $999,999,999.99     $999,999,999,999.99
  TOTAL SAVINGS WITH OTHER INSURANCE PAYMENTS                    $999,999,999.99     $999,999,999,999.99


  TOTAL ADJUDICATED CLAIMS WITH MEDICARE PAYMENTS:                 9,999,999,999       9,999,999,999,999
  TOTAL MEDICARE PAID AMOUNT WITH MEDICARE PAYMENTS:             $999,999,999.99     $999,999,999,999.99
  TOTAL MEDICARE ALLOWED AMOUNT WITH MEDICARE PAYMENTS:          $999,999,999.99     $999,999,999,999.99
  TOTAL SAVINGS WITH MEDICARE PAYMENTS:                          $999,999,999.99     $999,999,999,999.99


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


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7.19.3 TPL-0016-M -- TPL Cost Avoidance Report Field Descriptions

Field	Description	Length	Data Type
Dollars For Claims Denied For Medicare	The amount Medicaid would have allowed on the claim if it had paid. NOTE: The entire billed amount is included in this figure whether the entire claim was denied or only a detail was denied for Medicare related edits. For this reason, the cost avoided amount is slightly overstated. (The entire billed amount is utilized in this figure because it is usually an entire claim which is denied for Medicare related edits. Also, the later process of identification of a claim which has previously been denied is difficult to do on a detail basis.)	12	Number (Decimal)
Dollars For Claims Denied For Other Insurance	The amount Medicaid would have allowed on the claim if it had paid. NOTE: The entire billed amount is included in this figure whether the entire claim was denied or only a detail was denied for TPL related edits. For this reason, the cost avoided amount is slightly overstated. (The entire billed amount is utilized in this figure because it is usually an entire claim which is denied for TPL/Medicare related edits. Also, the later process of identification of a claim which has previously been denied is difficult to do on a detail basis.)	12	Number (Decimal)
Dollars For Claims with Medicare Payments	The total Medicare payment amount submitted on the claims adjudicated during the month.	12	Number (Decimal)
Dollars For Claims with Other Insurance Payments	The total other insurance payment amount submitted on the claims adjudicated during the month.	12	Number (Decimal)
Total Adjudicated Claims with Medicare Payments (FFS and Encounters)	The total number of claims adjudicated during the month with a Medicare payment amount greater than zero.	12	Number (Decimal)
Total Adjudicated Claims with Other Insurance Payments (FFS and Encounters)	The total number of claims adjudicated during the month with another insurance payment amount greater than zero.	10	Number (Decimal)

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Field	Description	Length	Data Type
Total Amt Billed to Medicaid for Medicare (FFS and Encounters)	Total amount that was billed to Medicaid for Medicare.	12	Number (Decimal)
Total Amt Billed to Medicaid for Other Insurance (FFS and Encounters; Denied Claims)	The total amount that was billed to Medicaid with other insurance.	12	Number (Decimal)
Total Billed Amount to Medicaid with Other Insurance Payments (FFS and Encounters)	Total provider billed amount on all claims with another insurance or Medicare payment amounts greater than zero.	12	Number (Integer)
Total Claims Denied For Medicare (FFS and Encounters)	Total number of claims denied in the report month because the recipient had Medicare coverage listed on the Recipient Database, and there was no indication that Medicare was billed. A claim will be included in this figure whether the entire claim is denied or only a detail is denied for Medicare related edits.	12	Number (Decimal)
Total Claims Denied For Other Insurance (FFS and Encounters)	Total number of claims denied in the report month because the recipient had health insurance listed on the TPL Database, and there was no indication that the insurance company was billed. A claim will be included in this figure whether the entire claim is denied or only a detail is denied for TPL related edits.	10	Number (Decimal)
Total Medicaid Allowed With Other Insurance Payments (FFS and Encounters)	Total amount Medicaid allowed on the claims with another insurance or Medicare amount greater than zero.	12	Number (Decimal)
Total Medicaid Paid Amount with Other Insurance Payments (FFS and Encounters)	Total amount Medicaid paid on adjudicated claims with another insurance or Medicare amount greater than zero.	12	Number (Decimal)

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Field	Description	Length	Data Type
Total Medicaid Allowed Amount with Medicare Payments(FFS and Encounters; Adjud Claims)	Total Medicare Allowed Amount with Medicare Payments for adjudicated claims.	12	Number (Decimal)
Total Medicaid Paid Amount with Medicare Payments(FFS and Encounters; Adjud Claims)	Total Medicare amount that was paid with Medicare Payments for Adjudicated Claims.	12	Number (Decimal)
Total Savings For Medicare (FFS and Encounters; Denied Claims)	Total savings is calculated using the Medicaid allowed amount.	12	Number (Decimal)
Total Savings For Other Insurance (FFS and Encounters; Denied Claims)	Total savings is calculated using Medicaid allowed amount.	12	Number (Decimal)
Total Savings With Medicare Payments (FFS and Encounters)	Total savings is calculated using the lesser of the TPL or Medicare amount. Totals savings reflect the true savings not just TPL.	12	Number (Decimal)
Total Savings With Other Insurance Payments (FFS and Encounters; Adjudicated Claims with Medicare Payments)	Total savings is calculated using the lesser of the TPL or Medicare amount. Totals savings reflect the true savings not just TPL.	12	Number (Decimal)
Total TPL Paid Amount With Other Insurance Payments FFS and Encounters)	Total TPL amount that was paid with other insurance.	12	Number (Decimal)

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7.20 TPL-0017-R -- Carriers By Employer - Online Report

7.20.1 TPL-0017-R -- Carriers By Employer - Online Report Narrative

The TPL Carrier by Employer report is an on-line report. It is used to identify which insurance carriers an employer subscribes to. The user will specify the employer and the report will list all of carriers associated with them. To generate the report:

(1) Access the online application.

(2) From the main menu click on Third Party Liability to display the menu options for Third Party Liability.

(3) Click on the Reports link to display the reports that may be generated online.

(4) Click on the Carriers by Employer link.

(5) Enter the Employer ID in the Employer ID field or click on the Search.

(6) Enter the report format to be requested (HMTL, PDF or EXCEL)

(7) Select the View button

(8) The results will display all carriers associated with an employer.

(9) To print the report, click on FILE at the menu bar. Click on print.

This report is produced upon request.

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7.20.2 TPL-0017-R -- Carriers By Employer - Online Report Layout

Report: TPL-0017-R	ALABAMA MEDICAID AGENCY Carriers by Employer	Date: 2007/01/27 Time: 9:49 PM Page # 1 of 1

Employer ID:	E100000
Employer Name:	EDS
Employer Address:	803 NE 1ST ST SUITE 9001 SEATTLE, WA 98661 -

Carrier Number:	0000422
Carrier Name:	PRUDENTIAL INS CO OF AMERICA THE
Carrier Address:	8408 PARK AVE MAIL STOP 9047 ST LOUIS, MO 63188 -1086

7.20.3 TPL-0017-R -- Carriers By Employer - Online Report Field Descriptions

Field	Description	Length	Data Type
Carrier Address (City)	The city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	30	Character
Carrier Address (State)	The state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	2	Character
Carrier Address (Street 1)	The street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (Street 2)	The second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (ZIP + 4)	The last 4 digits of the ZIP code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	4	Character
Carrier Address (ZIP)	The first 5 digits of the ZIP code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	15	Character

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Field	Description	Length	Data Type
Carrier Name	Name of the insurance company related to the employer.	45	Character
Carrier Number	The number Medicaid assigned to the insurance carrier.	7	Character
Employer Address (City)	The city of an employer.	30	Character
Employer Address (State)	The state of an employer.	2	Character
Employer Address (Street 1)	The street address of an employer.	55	Character
Employer Address (Street 2)	The second street address of an employer.	55	Character
Employer Address (ZIP + 4)	The last 4 digits of the ZIP code of an employer.	4	Character
Employer Address (ZIP)	The first 5 digits of the ZIP code of an employer.	15	Character
Employer ID	System assigned employer identification number.	7	Character
Employer Name	Name of the employer related to the insurance company.	39	Character

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7.21 TPL-0018-R -- Employer By Carrier - Online Report

7.21.1 TPL-0018-R -- Employer By Carrier - Online Report Narrative

The TPL Employer by Carrier report is an on-line report. This report identifies which employers subscribe to a certain insurance company. This report is produced upon request.

To generate the report:

(1) Access the online application.

(2) From the main menu click on Third Party Liability to display the menu options for Third Party Liability.

(3) Click on the Reports link to display the reports that may be generated online.

(4) Click on the Employers by Carrier button.

(5) Enter the Carrier ID in the Insurance Carrier No. field or click on Search.

(6) Enter the report format (HTML, PDF, or EXCEL)

(7) Select the View button

(8) The results will display all employers associated with the carrier.

(9) To print the report, click on FILE at the menu bar. Click on print.

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7.21.2 TPL-0018-R -- Employer By Carrier -Online Report Layout

Report: TPL-0018-R	ALABAMA MEDICAID AGENCY Employers by Carrier	Date: 2007/01/27 Time: 9:55 PM Page # 1 of 1

Carrier Number:	0000422
Carrier Name:	PRUDENTIAL INS CO OF AMERICA THE
Carrier Address:	8408 PARK AVE MAIL STOP 9047 ST LOUIS, MO 63188 -1086

Employer ID:	E100000
Employer Name:	EDS
Employer Address:	803 NE 1ST ST SUITE 9001 SEATTLE, WA 98661 -
Employer ID:	E123452
Employer Name:	GM PLANT #2
Employer Address:	805 MAIN ST SEATTLE, WA 98661 -

7.21.3 TPL-0018-R -- Employer By Carrier - Online Report Field Descriptions

Field	Description	Length	Data Type
Carrier Address (City)	The city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	30	Character
Carrier Address (State)	The state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	2	Character
Carrier Address (Street 1)	The street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (Street 2)	The second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character

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Field	Description	Length	Data Type
Carrier Address (ZIP + 4)	The last 4 digits of the Zip code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	4	Character
Carrier Address (ZIP)	The first 5 digits of the Zip code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	15	Character
Carrier Name	Name of the insurance company.	45	Character
Carrier Number	Assigned carrier number.	7	Number (Integer)
Employer Address (City)	The city of an employer.	30	Character
Employer Address (State)	The state of an employer.	2	Character
Employer Address (Street 1)	The street address of an employer.	55	Character
Employer Address (Street 2)	The second street address of an employer.	55	Character
Employer Address (ZIP + 4)	The last 4 digits of the Zip code of an employer.	4	Number (Integer)
Employer Address (ZIP)	The first 5 digits of the Zip code of an employer.	15	Number (Integer)
Employer ID	System assigned employer identification number.	7	Character
Employer Name	Name of the employer related to the insurance company.	39	Character

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7.22 TPL-0019-R -- Recipients By Carrier - Online Report

7.22.1 TPL-0019-R -- Recipients By Carrier - Online Report Narrative

The TPL Recipients by Carrier report is an on-line report. The user specifies the insurance carrier number and all active/inactive recipients associated with the carrier will be displayed on the report. To generate the report:

(1) Access the online application.

(2) From the main menu click on Third Party Liability to display the menu options for Third Party Liability.

(3) Click on the Reports link to display the reports that may be generated online.

(4) Click on the Recipients by Carrier button.

(5) Enter the Insurance Carrier Number or Name in the Insurance Carrier Number or Name field or click on search.

(6) Enter the report format (HTML, PDF, or EXCEL)

(7) Select the View button

(8) The results will display all recipients who have coverage with the carrier. All recipients regardless of the effective dates of the coverage will be displayed.

(9) To print the report, click on FILE at the menu bar. Click on print.

This report is produced upon request.

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7.22.2 TPL-0019-R -- Recipients By Carrier - Online Report Layout

Report: TPL-0019-R

ALABAMA MEDICAID AGENCY
Recipients by Carrier

Date: 2007/01/26
Time: 10:10 AM
Page # 1 of 1

Carrier Number: 0000001
Carrier Name: CHAMPUS
Carrier Address: 10 BROOKVIEW TERRACE
MAIL STOP 9039
MADISON, WI 53713 -1234

Recipient Name	RID No	Policy Number
OWENS, ALBERT	000001110	
OWENS, ALBERT	000001110	
SMITH, HANK W	000001261	EDDDDDD
WATERS, RICK C	000001925	114556665
ROSE, BILLY	000001937	123456789
SMITH, LYLE	000001932	22999998
VAILLANCOURT, JOSEPH	000005200476	ABC
THERIAULT, ASHLEY A	000006904186	123456789
VANTOUR, AARON	000007745099	123456789
FILCH, JANET	000041423	AIR FORCE

7.22.3 TPL-0019-R -- Recipients By Carrier - Online Report Field Descriptions

Field	Description	Length	Data Type
Carrier Address (City)	The city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	30	Character
Carrier Address (State)	The state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	2	Character
Carrier Address (Street 1)	The street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character

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Field	Description	Length	Data Type
Carrier Address (Street 2)	The second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (ZIP + 4)	The last 4 digits of the Zip code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	4	Number (Integer)
Carrier Address (ZIP)	The first 5 digits of the Zip code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	15	Number (Integer)
Carrier Name	Name of the insurance company.	45	Character
Carrier Number	Number assigned to a specific insurance company.	7	Number (Integer)
Policy Number	Number assigned to the insurance policy.	30	Alphanumeric
RID No.	Recipient identification number.	12	Number (Integer)
Recipient Name (First)	The first name of a recipient.	15	Character
Recipient Name (Last)	The last name of a recipient.	20	Character
Recipient Name (Middle Initial)	The middle initial of the recipient.	1	Character

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7.23 TPL-0020-R -- Carrier By Recipient - Online Report

7.23.1 TPL-0020-R -- Carrier By Recipient - Online Report Narrative

The TPL Carrier by Recipient report is an on-line report. It identifies a recipient's insurance policy carrier. This report is produced upon request.

To generate the report:

(1) Access the online application.

(2) From the main menu click on Third Party Liability to display the menu options for Third Party Liability.

(3) Click on the Reports link to display the reports that may be generated online.

(4) Click on the Carrier by Recipient button.

(5) Enter the RID No. of the recipient in the RID No. field or click on the search.

(6) Enter the report format (HTML, PDF, or EXCEL)

(7) Select the View button

(8) The results will display all carriers that the recipient has a policy with. All carriers regardless of the effective dates of the coverage will be displayed.

(9) To print the report, click on FILE at the menu bar. Click on print.

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7.23.2 TPL-0020-R -- Carrier By Recipient - Online Report Layout

Report: TPL-0020-R
ALABAMA MEDICAID AGENCY
Carriers by Recipient
Date: 2007/01/26
Time: 10:06 AM
Page # 1 of 1

RID Number: 000001261
Recipient Name: SMITH, HANK W

Carrier Number: 0000001
Carrier Name: CHAMPUS
Carrier Address: 10 BROOKVIEW TERRACE
MAIL STOP 9039
MADISON, WI 53713 -1234

Carrier Number: 0000101
Carrier Name: AETNA LIFE INSURANCE COMPANY
Carrier Address: 871 NE 1ST ST
HARTFORD, CT 06156 -

7.23.3 TPL-0020-R -- Carrier By Recipient - Online Report Field Descriptions

Field	Description	Length	Data Type
Carrier Address (City)	The city for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	30	Character
Carrier Address (State)	The state for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	2	Character

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Field	Description	Length	Data Type
Carrier Address (Street 1)	The street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (Street 2)	The second street address for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	55	Character
Carrier Address (ZIP + 4)	The last 4 digits of the Zip code of a claim submission address for a carrier. It is used for mailing TPL claim facsimiles.	4	Character
Carrier Address (ZIP)	The first 5 digits of the Zip code for the claim submission address of a carrier. It is used for mailing TPL claim facsimiles.	15	Character
Carrier Name	Name of the insurance company.	45	Character
Carrier Number	Number assigned to a specific insurance company.	7	Number (Integer)
RID Number	Recipient identification number.	12	Number (Integer)
Recipient Name (First)	The first name of a recipient.	15	Character
Recipient Name (Last)	The last name of a recipient.	20	Character
Recipient Name (Middle Initial)	The middle initial of the recipient.	1	Character

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7.24 TPL-0021-Q -- TPL Carrier Master File - Alpha Report

7.24.1 TPL-0021-Q -- TPL Carrier Master File - Alpha Report Narrative

The TPL Carrier Master File – Alpha report is a system generated report. This report identifies all carriers and self-insured employers currently on the TPL carrier table in alphabetical order. This report is produced quarterly.

7.24.2 TPL-0021-Q -- TPL Carrier Master File - Alpha Report Layout

```
REPORT  : TPL-0021-Q                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS : TPLJQ002                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME: HH:MM:SS
LOCATION: TPL0021Q                          TPL CARRIER MASTER FILE - ALPHA                                 PAGE: 999,999
                                               REPORT PERIOD:  MM/DD/CCYY

BILLING ADDRESS                        CORRESPONDENCE ADDRESS

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX        XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999           (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX        XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999           (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX        XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999           (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX        XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999           (XXX)XXX-XXXX  ext.  999999
                                                  *** END OF REPORT ***
                                                *** NO DATA THIS RUN ***
```


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7.24.3 TPL-0021-Q -- TPL Carrier Master File - Alpha Report Field Descriptions

Field	Description	Length	Data Type
Billing Address	Billing street address, city, state and zip code of the insurance carrier.	157	Character
Correspondence Address	Correspondence street address, city, state and zip code of the insurance carrier.	157	Character
Ext	The phone number extension of the Billing Insurance carrier or Correspondence Insurance carrier.	6	Number (Integer)
Insurance Carrier Name	Name of the billing insurance carrier or correspondence insurance carrier.	32	Character
Insurance Carrier Number	Assigned carrier number (same for both billing and correspondence).	7	Number (Integer)
Insurance Carrier Phone	Phone number of the billing insurance carrier or correspondence insurance carrier.	10	Number (Integer)

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7.25 TPL-0022-Q -- TPL Carrier Master File - Numeric Report

7.25.1 TPL-0022-Q -- TPL Carrier Master File - Numeric Report Narrative

The TPL Carrier Master File - Numeric report is a system generated report. This report identifies all carriers and self-insured employers currently on the TPL Carrier table in numeric order. This report is produced quarterly.

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7.25.2 TPL-0022-Q -- TPL Carrier Master File - Numeric Report Layout

```
REPORT  : TPL-0022-Q                          ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJQ002                       MEDICAID MANAGEMENT INFORMATION SYSTEM                 RUN TIME: HH:MM:SS
LOCATION: TPL0022Q                          TPL CARRIER MASTER FILE - NUMERIC                        PAGE: 999,999
                                               REPORT PERIOD:  MM/DD/CCYY


BILLING ADDRESS                      CORRESPONDENCE ADDRESS

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX       XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999          (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX       XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999          (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX       XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999          (XXX)XXX-XXXX  ext.  999999

XXXXXXX XXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX XXXXX-XXXX       XXXXXXXXXXXXXXX, XX XXXXX-XXXX
(XXX)XXX-XXXX  ext.  999999          (XXX)XXX-XXXX  ext.  999999


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


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7.25.3 TPL-0022-Q -- TPL Carrier Master File - Numeric Report Field Descriptions

Field	Description	Length	Data Type
Billing Address	Billing street address, city, state and zip code of the insurance carrier.	157	Character
Correspondence Address	Correspondence street address, city, state and zip code of the insurance carrier.	157	Character
Ext	The phone number extension of the Billing Insurance carrier or Correspondence Insurance carrier.	6	Number (Integer)
Insurance Carrier Name	Name of the billing insurance carrier or correspondence insurance carrier.	32	Character
Insurance Carrier Number	EDS assigned carrier number (same for both billing and correspondence).	7	Number (Integer)
Insurance Carrier Phone	Phone number of the billing insurance carrier or correspondence insurance carrier.	10	Number (Integer)

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7.26 TPL-0023-W -- Potential TPL for Follow-Up Report

7.26.1 TPL-0023-W -- Potential TPL for Follow-Up Report Narrative

The Potential TPL for Follow-up is a system generated report. This report identifies all unduplicated claims paid or denied with a TPL amount > 0 and the recipient has no insurance information on the TPL tables or the TPL amount = 0 when the claim contains TPL information, the adjustment reason code carrier indicates the recipient is covered and there is no existing policy data on the database. Once a recipient reports, they are flagged and will not report again for 60 days. The sort order for this report is by provider number and then recipients by provider. This report is produced weekly.

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7.26.2 TPL-0023-W -- Potential TPL for Follow-Up Report Layout

```
REPORT  : TPL-0023-W                          ALABAMA MEDICAID AGENCY                                          RUN DATE:  MM/DD/CCYY
PROCESS : TPLJW002                     MEDICAID MANAGEMENT INFORMATION SYSTEM                                   RUN TIME:  HH:MM:SS
LOCATION: TPL0023W                     TPL POTENTIAL TPL FOR FOLLOW-UP REPORT                                        PAGE:  999,999
                                              REPORT PERIOD:  MM/DD/CCYY



PROVIDER ID: XXX XXXXXXXXXXXXXXX  PROVIDER NAME:  XXXXXXXXXXXXXXX   X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                  FROM DATE     TO DATE                                                  MEDICAID
RID NO          ICN               OF SERVICE    OF SERVICE       TOTAL CHARGE      TPL AMOUNT          PAYMENT

999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99

PROVIDER ID: XXX XXXXXXXXXXXXXXX  PROVIDER NAME:  XXXXXXXXXXXXXXX   X  XXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                  FROM DATE     TO DATE                                                  MEDICAID
RID NO          ICN               OF SERVICE    OF SERVICE       TOTAL CHARGE      TPL AMOUNT          PAYMENT

999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99
999999999999    9999999999999     MM/DD/CCYY    MM/DD/CCYY        $99,999.99        $99,999.99        $99,999.99



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


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7.26.3 TPL-0023-W -- Potential TPL for Follow-Up Report Field Descriptions

Field	Description	Length	Data Type
From Date of Service	First date of service on claim.	10	Date (MM/DD/CCYY)
ICN	Internal control number (claim number).	13	Number (Integer)
Medicaid Payment	Medicaid payment amount.	12	Integer (Decimal)
Provider ID	Pay to provider identification number.	15	Number (Integer)
Provider Name	Pay to provider first name, middle initial, and last name.	50	Character
RID No.	Assigned recipient identification number.	12	Number (Integer)
TPL Amount	Third party payment amount.	12	Number (Decimal)
To Date of Service	Last date of service on claim.	10	Date (MM/DD/CCYY)
Total Charge	Total charge on claim.	12	Number (Decimal)

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7.27 TPL-0024-M -- Verification Letter Follow-Up - Online Report

7.27.1 TPL-0024-M -- Verification Letter Follow-Up - Online Report Narrative

The Verification Letter Follow-Up online report allows the user to view or print a list of verification letters that were previously sent based on the month/year entered and are still in a non-verified status. This list includes when the letter was sent and the recipient. This report is accessed from the TPL Report Menu screen by clicking the Verification Follow-Up link. Pressing this button will display the Verification Letter Follow-Up Panel. This report is produced monthly.

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7.27.2 TPL-0024-M -- Verification Letter Follow-Up - Online Report Layout

Report: TPL-0024-M
ALABAMA MEDICAID AGENCY
Verification Letter Follow-Up
Last Activity Before: 05/01/2007
Run Date: 2007/06/05
Run Time: 3:27 PM
Page # 1 of 1

RID No.: 000003682569
Recipient Name: JONES REBECCA
Date Sent: 04/24/2007

RID No.: 000008707176
Recipient Name: HALL KRISTEN
Date Sent: 04/24/2007

RID No.: 000008762629
Recipient Name: NGUYEN TRI
Date Sent: 04/24/2007

7.27.3 TPL-0024-M - -Verification Letter Follow-Up – Online Report Field Descriptions

Field	Description	Length	Data Type
Date Sent	The date the verification letter was sent.	10	Date (CCYY/MM/DD)
RID No.	Recipient's identification number assigned by the State.	12	Number (Integer)
Recipient Name (First)	The first name of the recipient.	15	Character

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Field	Description	Length	Data Type
Recipient Name (Last)	The last name of the recipient.	20	Character
Recipient Name (Middle Initial)	The middle initial of the recipient.	1	Character

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7.28 TPL-0025-R -- Billing Summary Report

7.28.1 TPL-0025-R -- Billing Summary Report Narrative

The Billing Summary is a system generated report, which will include a pre-production as well as a production report for Rebillings, Pay and Chase, and Commercial. Each report will summarize the ARs or claims identified for billing. This report is produced upon request.

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7.28.2 TPL-0025-R -- Billing Summary Report Layout

```
REPORT:  TPL-0025-R                              ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS: TPLJM014                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:  HH:MM:SS
LOCATION: TPLF0390                               BILLING SUMMARY REPORT                                          PAGE:  9999
                                               REPORT PERIOD:  MM/CCYY
                                             XXXXXXXXXXXXXX  REPORT RUN

CARRIER NO.:   XXXXXXX
RID NO:        999999999999

  REFERENCE ICN        DATE PAID      SUBM. CHG.     PAID AMT.
  99999999999         MM/DD/CCYY      $999999.99     $999999.99
  99999999999         MM/DD/CCYY      $999999.99     $999999.99
  99999999999         MM/DD/CCYY      $999999.99     $999999.99
  99999999999         MM/DD/CCYY      $999999.99     $999999.99
  99999999999         MM/DD/CCYY      $999999.99     $999999.99

SUBTOTAL PER RID NO.                  $999999.99     $999999.999
{page break}

SUMMARY BY CARRIER

 CARRIER NUMBER               TOTAL CLAIMS BILLED           TOTAL MEDICAID PAID
 XXXXXXXXX                    999999999                     $999999999.99
 XXXXXXXXX                    999999999                     $999999999.99
 XXXXXXXXX                    999999999                     $999999999.99
 XXXXXXXXX                    999999999                     $999999999.99

   *PAGE BREAK ON CARRIER NUMBER

 *PAGE BREAK BEFORE SUMMARY OF BILLING

 SUMMARY OF BILLING


TOTAL CARRIERS BILLED         TOTAL CLAIMS BILLED           TOTAL MEDICAID PAID
999999999                     999999999                      $999999999.99

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


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7.28.3 TPL-0025-R -- Billing Summary Report Field Descriptions

Field	Description	Length	Data Type
Carrier Number	Number assigned to a specific insurance company.	7	Character
Date Paid	Date Medicaid paid the claim.	10	Date (MM/DD/CCYY)
Paid Amt.	Amount Medicaid paid on the claim.	10	Number (Decimal)
RID No.	The recipient's Medicaid identification number.	12	Number (Integer)
Reference ICN	Internal control number of claim billed.	11	Number (Integer)
Subm. Chg.	Provider submitted total claim charge.	10	Number (Decimal)
Subtotal Per RID No. - Paid Amt.	Total amount paid by Medicaid for the recipient.	10	Number (Decimal)
Subtotal Per RID No. - Subm. Chg.	Total submitted charge and Medicaid paid amounts billed to an insurance carrier for a specific recipient.	10	Number (Decimal)
Total Carriers Billed	Total carriers/employers billed this cycle.	9	Number (Integer)
Total Claims Billed (Summary by Carrier)	Unduplicated total number of claims billed to carrier.	9	Number (Integer)
Total Claims Billed (Summary of Billing)	Total number of claims billed this cycle.	9	Number (Integer)
Total Medicaid Paid (Summary by Carrier)	Total of Medicaid paid amounts for all claims billed to a carrier/employer.	13	Number (Decimal)
Total Medicaid Paid (Summary of Billing)	Total of Medicaid paid amounts billed this cycle.	13	Number (Decimal)

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7.29 TPL-0026-R -- Pharmacy Billing Facsimile Report

7.29.1 TPL-0026-R -- Pharmacy Billing Facsimile Report Narrative

The Pharmacy billing claim facsimile is system generated from the Retroactive and Rebilling processes. The facsimile is generated for all pharmacy claims where the carrier's media type code is equal to 'paper'. This report is sent to the carriers and is produced upon request.

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7.29.2 TPL-0026-R -- Pharmacy Billing Facsimile Report Layout

HMTRDRUG XXXXXXXXXXXXXXXXXXXXXXXXXX

INSURANCE

1-ID: 2-Group ID:
3-Last: 4-First:
5-Plan Name:
6-BIN #: 7-Processor Control #: 8-CMS Part D Defined Qualified Facility:

PATIENT

9-Last: 10-First 11-Person Code:
12-D.O.B. mm dd ccyy 13-Gender: 14-Relationship: 15-Patient Residence:

PHARMACY

17-Service Provider ID: 18-Qualifier:
19-Name: 20-Tel #:
21-Address:
22-City: 23-State: 24-Zip:

NCPDP
UNIVERSAL CLAIM FORM (UCF)
Version 1.2 – 02/2013
© 2013. All rights reserved.
CONTACT INSURANCE COMPANY AT LEFT FOR QUESTIONS REGARDING THIS CLAIM.

FOR OFFICE USE ONLY 16 (Document Control Number)

SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

25-(Signed) 26-(Date)

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PRESCRIBER

27-ID: 28-Qualifier:
29-Last Name:

PHARMACIST

30-ID:
31-Qualifier:

CLAIM

32-Prescription/ Service Ref. #	33-Qual	34-Fill #	35-Date Written mm dd ccyy	36-Date Of Service mm dd ccyy	37-Submission Clarification	38-Prescription Origin	39-Pharmacy Service Type	40-Special Packaging Indicator

41-Product/Service ID	42-Qual	43-Product Description	44-Quantity Dispensed	45-Days Supply	46-DAW Code

47-Prior Auth # Submitted	48-PA Type	49-Other Coverage	50-Delay Reason	51-Level Of Service	52-Place of Service	53-Quantity Prescribed

CLINICAL 54-Diagnosis Code	55-Qual	DUR DUR / PPS CODES 56-Reason/57-Service/58-Result	59-Level Of Effort	60-Procedure Modifier

COB

COB 1 61-Other Payer ID	62-Qual	63-Other Payer Date mm dd ccyy	64-Other Payer Rejects	COB 2 65-Other Payer ID	66-Qual	67-Other Payer Date mm dd ccyy	68-Other Payer Rejects

COMPOUND

69-Dosage Form Description Code	70-Dispensing Unit Form Indicator	71-Route of Administration	72-Ingredient Component Count

	73-Product Name	74-Product ID	75-Qual	76-Ingredient Qty	77-Ingredient Drug Cost	78-Basis of Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56))

79-Usual & Customary Charge	80-Basis of Cost. Det.	81-Ingredient Cost Submitted	82-Dispensing Fee Submitted	83-Prof Service Fee Submitted	84-Incentive Amount Submitted	85-Other Amount Submitted	86-Sales Tax Submitted

87-Gross Amount Due (Submitted)	88-Patient Paid Amount	89-Other Payer Amount Paid #1	90-Other Payer Amount Paid #2	91-Other Payer Patient Resp. Amount #1	92-Payer Patient Resp. Amount #2	93-Net Amount Due

Copyright 2008, 2009, 2010, 2012, 2013

**NOTE: THE AMOUNT MEDICAID PAID ON THE CLAIM IS $999,999.99.
Remit payment to: Alabama Medicaid Agency, Third Party Division, 501 Dexter Ave, PO Box 5624, Montgomery, AL 36103-5624

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7.29.3 TPL-0026-R -- Pharmacy Billing Facsimile Report Field Descriptions

Field	Description	Length	Data Type
Claim Date Of Service	Identifies date the prescription was filled or professional service rendered or subsequent payer began coverage following Part A expiration in a long-term care setting only.	10	Date (MM/DD/CCYY)
Claim Date Written	Date prescription was written.	10	Date (MM/DD/CCYY)
Claim DAW Code	Code indicating whether or not the prescriber's instructions regarding generic substitution were followed.	1	Character
Claim Days Supply	Estimated number of days the prescription will last.	3	Number (Integer)
Claim Delay Reason	Code to specify the reason that submission of the transactions has been delayed.	2	Character
Claim Diagnosis Code	Code identifying the diagnosis of the patient.	15	Character
Claim DUR/PPS CODES Reason	Code identifying the type of utilization conflict detected or the reason for the pharmacist's professional service.	2	Character
Claim DUR/PPS CODES Result	Action taken by a pharmacist in response to a conflict or the result of a pharmacist's professional service.	2	Character
Claim DUR/PPS CODES Service	Code identifying pharmacist intervention when a conflict code has been identified or service has been rendered.	2	Character
Claim Fill #	The code indicating whether the prescription is an original or a refill.	2	Number (Integer)
Claim Level Of Effort	Code indicating the level of effort as determined by the complexity of decision-making or resources utilized by a pharmacist to perform a professional service.	2	Character
Claim Level Of Service	Coding indicating the type of service the provider rendered.	2	Character
Claim Other Coverage	Code indicating whether or not the patient has other insurance coverage.	2	Character
Claim PA Type	Code clarifying the 'Prior Authorization Number Submitted' or benefit/plan exemption.	2	Number (Integer)

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Field	Description	Length	Data Type
Claim Pharmacy Service Type	The type of service being performed by a pharmacy when different contractual terms exist between a payer and the pharmacy, or when benefits are based upon the type of service performed.	2	Character
Claim Place Of Service	Code identifying the place where a drug or service is dispensed or administered.	2	Character
Claim Prescription Origin	Code indicating the origin of the prescription.	1	Character
Claim Prescription Service Ref.#	Reference number assigned by the provider for the dispensed drug/product and/or service provided.	12	Number (Integer)
Claim Prior Auth # Submitted	Number submitted by the provider to identify the prior authorization.	11	Number (Integer)
Claim Procedure Modifier	Identifies special circumstances related to the performance of the service.	2	Character
Claim Product Description	Description of product being submitted.	30	Character
Claim Product/Service ID	ID of the product dispensed or service provided.	19	Character
Claim Qual (Box 33)	Indicates the type of billing submitted.	1	Character
Claim Qual (Box 42)	Code qualifying the value in 'Product/Service ID'	2	Character
Claim Qual (Box 55)	Code qualifying the 'Diagnosis Code'.	2	Character
Claim Quantity Dispensed	Quantity dispensed expressed in metric decimal units.	10	Number (Decimal)
Claim Quantity Prescribed	Amount expressed in metric decimal units.	10	Number (Decimal)
Claim Special Packaging Indicator	Code indicating the type of dispensing dose.	1	Character
Claim Submission Clarification	Code indicating that the pharmacist is clarifying the submission.	2	Character
COB 1 Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	10	Date (MM/DD/CCY)

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Field	Description	Length	Data Type
COB 1 Other Payer ID	ID assigned to the payer.	10	Character
COB 1 Other Payer Rejects	The error encountered by the previous "OtherPayer" in "Reject Code". Three reject codes may be sent (each with a length of 3).	9	Character
COB 1 Qual	Code qualifying the 'Other Payer ID'.	2	Character
COB 2 Other Payer Date	Payment or denial date of the claim submitted to the other payer. Used for coordination of benefits.	10	Date (MM/DD/CCY)
COB 2 Other Payer ID	ID assigned to the payer.	10	Character
COB 2 Other Payer Rejects	The error encountered by the previous "OtherPayer" in "Reject Code". Three reject codes may be sent (each with a length of 3).	9	Character
COB 2 Qual	Code qualifying the 'Other Payer ID'.	2	Character
Compound Basis Of Cost	Code indicating the method by which the drug cost of an ingredient used in a compound was calculated.	2	Character
Compound Dispensing Unit Form Indicator	NCPDP standard product billing codes.	1	Number (Integer)
Compound Dosage Form Description Code	Dosage form of the complete compound mixture.	2	Character
Compound Ingredient Component Count	Count of compound product IDs (both active and inactive) in the compound mixture submitted.	2	Number (Integer)
Compound Ingredient Drug Cost	Ingredient cost for the metric decimal quantity of the product included in the compound mixture indicated in 'Compound Ingredient Quantity' field.	9	Number (Decimal)
Compound Ingredient Qty	Amount expressed in metric decimal units of the product included in the compound mixture.	10	Number (Decimal)
Compound Product ID	Product identification of an ingredient used in a compound.	19	Character
Compound Product Name	Description of the ingredient being submitted.	30	Character
Compound Qual	Code qualifying the type of product dispensed.	2	Character

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Field	Description	Length	Data Type
Compound Route Of Administration	This is an override to the "default" route referenced for the product. For a multi-ingredient compound, it is the route of the complete compound mixture.	11	Character
Document Control Number	Internal number used by the payer or processor to further identify the claim for imaging purposes -Document archival, retrieval and storage. Not to be used by pharmacy.	13	Character
HMTRDRUG	Title banner of MEDICAID SUBROGATION CLAIM to identify the type of claim being billed.	26	Character
Insurance BIN #	Number Card Issuer ID or Bank ID Number used for network routing.	6	Character
Insurance CMS Part D Defined Qualified Facility	Indicates that the patient resides in a facility that qualifies for the CMS Part D benefit.	1	Character
Insurance First	First Name of Cardholder Individual.	12	Character
Insurance Group ID	ID assigned to the cardholder group or employer group.	15	Character
Insurance ID	ID assigned to the cardholder or identification number used by the plan.	20	Character
Insurance Last	Last Name of Cardholder Individual.	15	Character
Insurance Plan Name	The name of the plan.	30	Character
Insurance Processor Control #	Number assigned by the processor.	10	Character
NOTE (Medicaid Paid Amount)	The amount Medicaid paid on the claim.	10	Number (Decimal)
Patient D.O.B	Date of birth of patient.	10	Date (MM/DD/CCYY)
Patient First	Patient first name.	12	Character
Patient Gender	Code indicating the gender of the individual.	1	Character
Patient Last	Patient last name.	15	Character

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Field	Description	Length	Data Type
Patient Person Code	Code assigned to a specific person within a family.	3	Character
Patient Relationship	Code indicating relationship of patient to the cardholder.	1	Character
Patient Residence	Code identifying the patient's place of residence.	2	Character
Pharmacist ID	Unique ID assigned to the person responsible for the dispensing of the prescription or provision of the service.	15	Character
Pharmacist Qualifier	Code qualifying the 'Pharmacist ID'.	2	Character
Pharmacy Address	The street address for the pharmacy.	20	Character
Pharmacy City	City of the pharmacy.	18	Character
Pharmacy Name	Name of the pharmacy.	20	Character
Pharmacy Qualifier	Code qualifying the Service Provider ID.	2	Character
Pharmacy Service Provider ID	ID assigned to a pharmacy or provider.	15	Character
Pharmacy State	State/Province Code of the pharmacy.	2	Character
Pharmacy Tel #	Telephone number of the pharmacy.	10	Number
Prescriber ID	ID assigned to the prescriber.	15	Character
Prescriber Last Name	Prescriber's last name.	15	Character
Prescriber Qualifier	Code qualifying the 'Prescriber ID'.	2	Character
Pricing Basis of Cost. Det.	Code indicating the method by which 'Ingredient Cost Submitted' field was calculated.	2	Character
Pricing Dispensing Fee Submitted	Dispensing fee submitted by the pharmacy. This amount is included in the 'Gross Amount Due'.	10	Number (Decimal)

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Field	Description	Length	Data Type
Pricing Gross Amount Due (Submitted)	Total price claimed from all sources. For prescription claim request, field represents a sum of 'Ingredient Cost Submitted', 'Dispensing Fee Submitted', 'Flat Sales Tax Amount Submitted', 'Percentage Sales Tax Amount Submitted', 'Incentive Amount Submitted', 'Other Amount Claimed'. For service claim request, field represents a sum of 'Professional Services Fee Submitted', 'Flat Sales Tax Amount Submitted', 'Percentage Sales Tax Amount Submitted', 'Other Amount Claimed'.	10	Number (Decimal)
Pricing Incentive Amount Submitted	Amount represents a fee that is submitted by the pharmacy for contractually agreed upon services. This amount is included in the 'Gross Amount Due'.	10	Number (Decimal)
Pricing Ingredient Cost Submitted	Submitted product component cost of the dispensed prescription. This amount is included in the 'Gross Amount Due'.	10	Number (Decimal)
Pricing Net Amount Due	Total of all pharmacy services amount due less any other paid amounts.	13	Number (Decimal)
Pricing Other Amount Submitted	Amount representing the additional incurred costs for a dispensed prescription or service.	10	Number (Decimal)
Pricing Other Payer Amount Paid #1	This field will be populated with a double asterisk to refer to the note at the bottom of the form indicating the Medicaid Paid Amount.	2	Character
Pricing Other Payer Amount Paid #2	Amount of any payment known by the pharmacy from other sources.	10	Number (Decimal)
Pricing Other Payer Patient Resp. Amount #1	The patient's cost share from a previous payer.	13	Number (Decimal)
Pricing Other Payer Patient Resp. Amount #2	The patient's cost share from a previous payer.	13	Number (Decimal)
Pricing Patient Paid Amount	Amount the pharmacy received from the patient for the prescription dispensed.	10	Number (Decimal)
Pricing Prof Service Fee Submitted	Amount submitted by the provider for professional services rendered.	10	Number (Decimal)

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Field	Description	Length	Data Type
Pricing Sales Tax Submitted	Flat sales tax submitted for prescription. This amount is included in the 'Gross Amount Due' or Percentage sales tax submitted.	10	Number (Decimal)
Pricing Usual & Customary Charge	Amount charged cash customers for the prescription exclusive of sales tax or other amounts claimed.	10	Number (Decimal)
Remit Payment To:	Footer with the Alabama Medicaid Agency's Third Party Unit's complete address	118	Character
SIGNATURE OF PROVIDER Date	Current system date.	8	Date (MM/DD/YY)
SIGNATURE OF PROVIDER Signature	The words 'Signature on File' are printed in this field.	17	Character

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7.30 TPL-0027-M -- TPL Casualty Collections Report

7.30.1 TPL-0027-M -- TPL Casualty Collections Report Narrative

The Casualty Collections report is a system generated monthly report. This report lists all casualty collections from the first day of the month to the last day of the month. The totals reported is for all cases in which the date of settlement is within the reporting period. A summary total is provided at the end of the report.

NOTE:

The batch report is maintained on Feith, however, there is a TPL-0027 online report, which is accessed through the TPL Report menu.

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7.30.2 TPL-0027-M -- TPL Casualty Collections Report Layout

```
REPORT  : TPL-0027-M                                ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJM004                         MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME:  HH:MM:SS
LOCATION: TPL0027M                             TPL CASUALTY COLLECTIONS REPORT                                     PAGE:  999,999
                                                REPORT PERIOD:  MM/DD/CCYY


CASE TYPE:   X

  CURRENT ID      RECIPIENT NAME                                          CCN           RECOVERY           CASE NUMBER

XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX

NUMBER OF CASES:     9999                                   MONTHLY RECOVERIES:  $9,999,999.99

(PAGE BREAK BEFORE NEXT CASE TYPE)

CASE TYPE:   X

  CURRENT ID      RECIPIENT NAME                                         CCN              RECOVERY           CASE NUMBER

XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X              XXXXXXXXXXX        $9,999,999.99        XXXXXXXXX

NUMBER OF CASES:     9999                                   MONTHLY RECOVERIES:  $9,999,999.99


(PAGE BREAK BEFORE SUMMARY)

SUMMARY

TOTAL MONTHLY RECOVERIES      TOTAL CASES
       $9999999.99              9999



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


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7.30.3 TPL-0027-M -- TPL Casualty Collections Report Field Descriptions

Field	Description	Length	Data Type
CCN	Cash control number of the check.	11	Number (Integer)
Case Number	Number assigned to a casualty case.	9	Character
Case Type	Type of casualty case.	1	Character
Current ID	Recipient's Medicaid identification number.	12	Character
Monthly Recoveries	Amount collected for the case type being reported.	13	Number (Decimal)
Number of Cases	Number of cases for the case type being reported.	4	Number (Integer)
Recipient Name (First)	The first name of the recipient.	15	Character
Recipient Name (Last)	The last name of the recipient.	20	Character
Recipient Name (Middle Initial)	The middle initial of the recipient.	1	Character
Recovery	Total amount received for the cash control number reported.	13	Number (Decimal)
Total Cases	Sum of all unduplicated casualty cases closed for the report month.	4	Number (Integer)
Total Monthly Recoveries	Sum of all casualty recoveries for the report month.	11	Number (Decimal)

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7.31 TPL-0028-R -- Case Tracking - Certificate of Authentication Report

7.31.1 TPL-0028-R -- Case Tracking - Certificate of Authentication Report Narrative

The Certificate of Authenticity is generated when the Case Tracking Case Detail Report (TPL-0029-R) is requested by selecting the 'batch print' button. It is used to authenticate that the data for a certain recipient within a certain time period is correct. The underscores denote where the user must supply handwritten text. This report is produced upon request.

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7.31.2 TPL-0028-R -- TPL Case Tracking - Certificate of Authentication Report Layout

CERTIFICATE OF AUTHENTICATION

NAME: (recipient name)

AMOUNT: (amount)

DATES OF SERVICE: (from dos) – (to dos)

I,_____, an agent for the State of Alabama with responsibility for maintaining records of payment on behalf of recipients of medical assistance, certify that the attached report documents payments on behalf of the above identified recipient of medical assistance and is a true and correct record of these payments.

As part of my responsibilities to the State of Alabama, this agent certifies that the amounts paid under the Medicaid program of the State of Alabama were recorded on or about the time the services were provided. These records are kept as part of the normal course of business of the State of Alabama and are available for review, subject to rules of confidentiality.

_____
Name

_____
Title

Subscribed and sworn before me this ____ day of _____, 20___.

_____
Notary Public

My commission expires
_____

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7.31.3 TPL-0028-R -- TPL Case Tracking - Certificate of Authentication Report Field Descriptions

Field	Description	Length	Data Type
Amount	This is the amount associated with the case summary.	6	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
My Comission Expires	This is the date the standard notary public's authorization expires.	8	Date (MMDD/CCYY)
Name	This is the signature of the agent for the State who has the responsibility for maintaining records of payments for recipients receiving medical assistance.	30	Character
Name (Recipient)	This is the last name, first name and middle initial of the recipient for which the case summary is generated.	32	Character
Notary Public	This is the standard notary public signature section.	30	Character
Title	This is the title of the agent who has the responsibility for maintaining records of payments for recipients receiving medical assistance.	30	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)

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7.32 TPL-0029-R -- TPL Case Tracking Report

7.32.1 TPL-0029-R -- TPL Case Tracking-Case Detail Report Narrative

The TPL Case Tracking - Case Detail Report is manually requested by selecting the 'batch print' button on the Case Tracking Base Information Panel. The certificate of authenticity (TPL-0028-R) is also printed when the user requests the print of this. This report is produced upon request.

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7.32.2 TPL-0029-R -- TPL Case Tracking Report Layout

```
REPORT   : TPL-0029-R                                         ALABAMA MEDICAID AGENCY                                                     RUN DATE:  MM/DD/CCYY
PROCESS : TPLJR029                                    MEDICAID MANAGEMENT INFORMATION SYSTEM                                               RUN TIME:  HH:MM:SS
LOCATION: TPL0029R                                            TPL CASE TRACKING REPORT                                                        PAGE:  999,999
                                                            REPORT PERIOD:  MM/DD/CCYY
MEMBER ID: XXXXXXXXXXXX   MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  CASE NUMBER: XXXXXXXXXX   DATE OF BIRTH: XXXXXXXXXXX

                        DATES OF SERVICE: XXXXXXXXXXXXXXXXXXXXXXXX                                     REQUESTOR ID: XXXXXXXXX

PROVIDER NAME                                                 DATES OF SERVICE                    PAID DATE           PAID

DX OR NDC / REASON / SETTLEMENT                               WARRANT NO/CCN                      CASE NUMBER

PAYER     / VENDOR / CARRIER                                  CASE DESCRIPTION

TYPE OF CLAIM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXX            XXXXXXXXXXXXX       XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX                    XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          TOTAL:  $9,999,999,999,999.99

TYPE OF CLAIM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXX            XXXXXXXXXXXXX       XXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX                    XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  TOTAL:  $9,999,999,999,999.99

                                                                      ** NO DATA THIS RUN **
```


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7.32.3 TPL-0029-R -- TPL Case Tracking Report Field Descriptions

Field	Description	Length	Data Type
Member Name	This is the first name, middle initial, and last name for whom the case summary is generated.	32	Character
Case Description	This is the case type description for the associated case.	20	Character
Case Number	This is the case number of any other case for the beneficiary on an estate case. This will only appear if the report being printed is an estate recovery case.	9	Number (Integer)
Date of Birth	This is the beneficiary's date of birth.	10	Date (CCYY/MMDD)
DX or NDC/Reason/Settlement	This is the diagnosis description, drug description or reason for the paid amount or recovered amount.	60	Character
Dates of Service	This is the first and last dates of service on the case.	23	Date (CCYY/MMDD)
Paid	This is the Medicaid payment amount if amount is positive or the third party payment amount if amount is negative.	12	Number (Decimal)
Paid Date	The date of the Medicaid payment paid if the amount is positive or the date a third party payment was received if the amount is negative.	10	Date (CCYY/MMDD)
Payer/Vendor/Tortfeasor	This is the payer, vendor, or Tortfeasor name.	60	Character
Provider Name	This is the provider name.	50	Character
Requester ID	This is the clerk identification number listed on the Case Tracking Summary window.	8	Character
Dates of Service	This is the first and last dates of service on the claim.	23	Date (CCYY/MM/DD)
Total	The total dollar amount for claims paid on the case by type of claim.	9	Number (Decimal)
Type of Claim	The type of claims listed in this section of the report.	20	Character
Warrant No/CCN	This is the warrant number or cash control number associated with a settlement of expenditure.	10	Number (Integer)

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7.33 TPL-0030-Q -- TPL Recovery Activity by Coverage Type - QTD Report

7.33.1 TPL-0030-Q -- TPL Recovery Activity by Coverage Type - QTD Report Narrative

The TPL Recovery Activity by Coverage Type-QTD report is a summary of financial recovery activity categorized by insurance coverage type. This report is produced quarterly.

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7.33.2 TPL-0030-Q -- TPL Recovery Activity by Coverage Type - QTD Report Layout

```
REPORT  :  TPL-0030-Q                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS :  TPLJQ004                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
LOCATION:  TPL0030Q                    RECOVERY ACTIVITY BY COVERAGE TYPE - Q-T-D                               PAGE: 999,999
                                               REPORT PERIOD:  MM/DD/CCYY
```

COVERAGE	BILLED	NET RECV'D	UNPAID RESIDUAL	DENIED	PURGED	OUTSTAND.	NO.CLM TYPE
01 MEDICARE PART A	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
02 MEDICARE PART B	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
03 MAJOR MEDICAL MATERNITY	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
04 MAJOR MEDICAL NO MATERNITY	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
05 MAJOR MEDICAL MATERNITY-MGDCAR	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
06 MAJOR MED NO MATERNITY-MGDCARE	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
07 PRESCRIPTION DRUGS - COST AVOI	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
08 PRESCRIPTION DRUGS - PAY AND C	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
09 MAIL ORDER PRESCRIPTION DRUGS	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
10 DENTAL	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
11 DENTAL MANAGED CARE	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
12 ACCIDENT	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
13 CANCER	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
14 HOSPITAL/SURGICAL	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
15 HOSPITAL/INDEMNITY	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
16 LONG TERM CARE	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
17 LONG TERM CARE-SKILLED ONLY	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
18 OPTICAL	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
19 MEDICARE SUPPLEMENT	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999
20 MEDICARE PART D	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999.99	99999999999

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7.33.3 TPL-0030-Q -- TPL Recovery Activity by Coverage Type - QTD Report Field Descriptions

Field	Description	Length	Data Type
Outstand.	The total amount outstanding where the AR close date is equal to zero and the AR billed date is equal or less than the parm end date. This includes all outstanding ARs on the table, not just for the quarter.	11	Number (Decimal)
Billed	The total amount billed under the specified coverage type during the quarter.	11	Number (Decimal)
Coverage	The category of insurance coverage under which Medicaid paid claims were billed to private insurance.	16	Character
Denied	The total amount denied during the quarter. These are identified where the reason code is not equal A, E, M, R, U, or space and the date of last change is within the quarter.	11	Number (Decimal)
Net Recv'd	The total amount received under the specified coverage type for this quarter.	11	Number (Decimal)
NO. CLM Type	The total number of outstanding claims that are still active. This is for all ARs on the table, not just for the quarter.	11	Number (Integer)
Purged	The total amount of those ARs that were closed during the quarter due to a no response in 365 days, which is reason code 'S'.	11	Number (Decimal)
Unpaid Residual	Based on the dispositions added during the quarter, this is the difference between those disposition amounts and the total billed on the ARs.	11	Number (Decimal)

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7.34 TPL-0033-M -- TPL Cost Avoidance Summary - CMS Calculation Report

7.34.1 TPL-0033-M -- TPL Cost Avoidance Summary - CMS Calculation Report Narrative

The TPL Cost Avoidance Summary-CMS Calculation report is used to calculate the average monthly cost avoidance savings due to private insurance for the state's Medicaid program. The "Total Cost Savings" figure is summed for the three months of each quarter. This report is produced monthly.

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7.34.2 TPL-0033-M -- TPL Cost Avoidance Summary - CMS Calculation Report Layout

```
REPORT  :  TPL-0033-M                                  ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS :  TPLJM005                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                        RUN TIME: HH:MM:SS
LOCATION:  TPL0033H                                COST AVOIDANCE SUMMARY - CMS CALCULATION                            PAGE: 999,999
                                                        REPORT PERIOD: MM/DD/CCYY

RECIPIENTS WITH MEDICARE

                              NUMBER            TOTAL EXPENDITURES           AVG EXPENDITURES

RECIPIENTS WITH MEDICARE      99999999999        $9,999,999.99                $9,999,999.99

RECIPIENTS WITHOUT MEDICARE   99999999999        $9,999,999.99                $9,999,999.99


AVERAGE SAVINGS PER RECIPIENT:     $99,999.99

TOTAL COST AVOIDANCE SAVINGS:      $99,999.99



RECIPIENTS WITH INSURANCE

                              NUMBER            TOTAL EXPENDITURES           AVG EXPENDITURES

RECIPIENTS WITH INSURANCE     99999999999        $9,999,999.99                $9,999,999.99

RECIPIENTS WITHOUT INSURANCE  99999999999        $9,999,999.99                $9,999,999.99


AVERAGE SAVINGS PER RECIPIENT:     $99,999.99

TOTAL COST AVOIDANCE SAVINGS:      $99,999.99



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


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7.34.3 TPL-0033-M -- TPL Cost Avoidance Summary - CMS Calculation Report Field Descriptions

Field	Description	Length	Data Type
Avg Expenditures (Recipients with Insurance)	Total expenditures amount divided by number or recipients to get a dollar amount average for recipients with insurance coverage.	11	Number (Decimal)
Avg Expenditures (Recipients with Medicare)	Total expenditures amount divided by number or recipients to get a dollar amount average for recipients with Medicare coverage.	11	Number (Decimal)
Avg Expenditures (Recipients without Insurance)	Total expenditures amount divided by number or recipients to get a dollar amount average for recipients without insurance coverage.	11	Number (Decimal)
Avg Expenditures (Recipients without Medicare)	Total expenditures amount divided by number or recipients to get a dollar amount average for recipients without Medicare coverage.	11	Number (Decimal)
Avg. Savings Per Recipient (Insurance section)	Recipients without insurance coverage minus Recipients with insurance coverage.	9	Number (Decimal)
Avg. Savings Per Recipient (Medicare section)	Recipients without Medicare minus Recipients with Medicare.	9	Number (Decimal)
Number (Recipients with Insurance)	Total number of recipients report with insurance coverage.	11	Number (Integer)
Number (Recipients with Medicare)	Total number of recipients report with Medicare coverage.	11	Number (Integer)
Number (Recipients without Insurance)	Total number of recipients report without insurance coverage.	11	Number (Integer)
Number (Recipients without Medicare)	Total number of recipients report without Medicare coverage.	11	Number (Integer)
Total Cost Avoidance Savings (Insurance section)	Average Savings multiplied by the number of recipients with insurance coverage.	9	Number (Decimal)

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Field	Description	Length	Data Type
Total Cost Avoidance Savings (Medicare section)	Average Savings multiplied by the number of recipients with Medicare.	9	Number (Decimal)
Total Expenditures (Recipients with Insurance)	Total amount expended for recipients with insurance coverage.	13	Number (Decimal)
Total Expenditures (Recipients with Medicare)	Total amount expended for recipients with Medicare coverage.	13	Number (Decimal)
Total Expenditures (Recipients without Insurance)	Total amount expended for recipients without insurance coverage.	13	Number (Decimal)
Total Expenditures (Recipients without Medicare)	Total amount expended for recipients without Medicare coverage.	13	Number (Decimal)

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7.35 TPL-0034-M -- TPL Cost Recovery Summary - CMS Calculation Report

7.35.1 TPL-0034-M -- TPL Cost Recovery Summary - CMS Calculation Report Narrative

The TPL Cost Recovery Summary-CMS Calculation report is a summary of all cost recovery and collection results which are related to TPL activities. This report is produced monthly.

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7.35.2 TPL-0034-M -- TPL Cost Recovery Summary - CMS Calculation Report Layout

```
REPORT  :  TPL-0034-M                                  ALABAMA MEDICAID AGENCY                                  RUN DATE:   MM/DD/CCYY
PROCESS :  TPLJM008                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                        RUN TIME:   HH:MM:SS
LOCATION:  TPL0034M                                TPL COST RECOVERY SUMMARY - CMS CALCULATION                         PAGE:   999,999
                                                        REPORT PERIOD:  MM/DD/CCYY


CASUALTY-RELATED COLLECTIONS:                $999,999,999.99

INSURANCE COLLECTIONS                 $999,999,999.99

       MEDICARE RELATED       $999,999,999.99

       NON-MEDICARE RELATED   $999,999,999.99

PROVIDER TPL-RELATED COLLECTIONS:                    $999,999,999.99

       MEDICARE RELATED       $999,999,999.99

       NON-MEDICARE RELATED   $999,999,999.99

PROVIDER TPL-RELATED OFFSETS:                $999,999,999.99

       MEDICARE RELATED       $999,999,999.99

       NON-MEDICARE RELATED   $999,999,999.99


TOTAL TPL-RELATED RECOVERIES:                $999,999,999.99


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


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7.35.3 TPL-0034-M -- TPL Cost Recovery Summary - CMS Calculation Report Field Descriptions

Field	Description	Length	Data Type
Casualty-Related Collections	Dollar amount of casualty related TPL collections.	11	Number (Decimal)
Insurance Collections	Dollar amount of insurance TPL collections.	11	Number (Decimal)
Medicare Related (Insurance Collections)	Dollar amount of insurance collections which is Medicare related.	11	Number (Decimal)
Medicare Related (Provider TPL-Related Collections)	Dollar amount of provider TPL related collections which are Medicare related.	11	Number (Decimal)
Medicare Related (Provider TPL Related Offsets)	Dollar amount of provider TPL related offsets which are Medicare related.	11	Number (Decimal)
Non-Medicare Related (Insurance Collections)	Dollar amount of insurance collections which is non-Medicare related.	11	Number (Decimal)
Non-Medicare Related (Provider TPL Related Collections)	Dollar amount of provider TPL related collections which are non-Medicare related.	11	Number (Decimal)
Non-Medicare Related (Provider TPL Related Offsets)	Dollar amount of provider TPL related offsets which are non-Medicare related.	11	Number (Decimal)
Provider TPL-Related Collections	Dollar amount of provider TPL related collections.	11	Number (Decimal)
Provider TPL-Related Offsets	Dollar amount of provider TPL related offsets.	11	Number (Decimal)
Total TPL-Related Recoveries	Total dollar amount of TPL related recoveries.	11	Number (Decimal)

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7.36 TPL-0035-R -- UB-04 Billing Facsimile Report

7.36.1 TPL-0035-R -- UB-04 Billing Facsimile Report Narrative

The UB-04 Billing Facsimile is system generated from the TPL billing processes. The facsimile is generated for all inpatient, inpatient crossovers, and long term care claims where the carrier's media type code is equal to 'paper'. This report is produced upon request.

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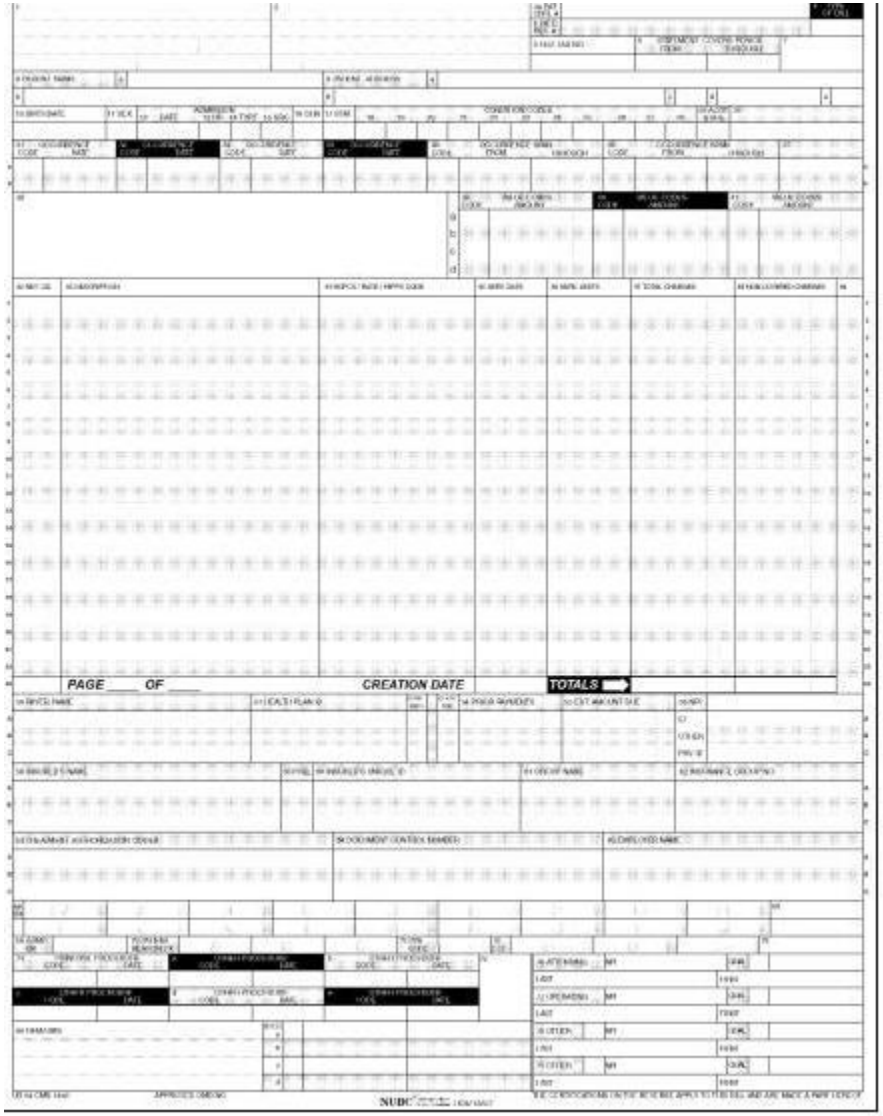
7.36.2 TPL-0035-R -- UB-04 Billing Facsimile Report Layout



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7.36.3 TPL-0035-R -- UB-04 Billing Facsimile Report Field Descriptions

Field	Description	Length	Data Type
Box 1 - Billed To	Bill To name and address.	1	Character
Box 10 - Birthdate	The recipient's date of birth.	10	Date (MM/DD/CCYY)
Box 11 - Sex	The recipient's gender.	1	Character
Box 12 - Admission Date	The date of admission.	10	Date (CCYY/MM/DD)
Box 13 - Admission Hour	The hour of admission.	2	Character
Box 14 - Type	The type of admission. Valid values: 1 = Emergency, 2 = Urgent, 3 = Elective, 4 = Newborn.	1	Number (Integer)
Box 15 - Src	The source of admission.	1	Character
Box 16 - D Hr	The hour of discharge.	2	Character
Box 17 - Stat	The patient status code.	1	Character
Box 18 - Condition Codes 1	The first condition code.	2	Character
Box 19 - Condition Codes 2	The second condition code.	2	Character
Box 2 - Remit To	Submitter name and address.	1	Character
Box 20 - Condition Codes 3	The third condition code.	2	Character
Box 21 - Condition Codes 4	The fourth condition code.	2	Character
Box 22 - Condition Codes 5	The fifth condition code.	2	Character

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Field	Description	Length	Data Type
Box 23 - Condition Codes 6	The sixth condition code.	2	Character
Box 23 - Medical Record No.	The internal control number (ICN) assigned to the Medicaid claim.	13	Number (Integer)
Box 24 - Condition Codes 7	The seventh condition code.	2	Character
Box 31 - Occurrence Code and Date 1	The first occurrence code and date.	12	Character
Box 33 - Occurrence Code and Date 2	The second occurrence code and date.	12	Character
Box 34 - Occurrence Code and Date 3	The third occurrence code and date.	12	Character
Box 35 - Occurrence Code and Date 4	The fourth occurrence code and date.	12	Character
Box 36 - Occurrence Code and Date 5	The fifth occurrence code and the from and to date.	22	Character
Box 38	The field will contain the following: Recipient ID: Medicaid Regulations - 42CFR 433.135, IC 12-1-7-24.2 MCAID Billing Number:	80	Character
Box 3a - Patient Control No.	The unique accounts receivable number associated with the claim.	12	Character
Box 3b - Medical Record Number	The unique medical record number associated with the claim.	12	Character
Box 4 - Type of Bill	The type of bill.	3	Character
Box 42 - Rev Cd	The revenue code.	3	Character
Box 43 - Description	The description of the revenue code.	25	Character

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Field	Description	Length	Data Type
Box 44 - HCPCS/Rate	The HCPCS code corresponding to Revenue Code.	6	Character
Box 45 - Serv Date	The service date.	8	Date (MM/DD/YY)
Box 46 - Serv Units	The number of units corresponding to the revenue code billed.	3	Character
Box 47 - Total Charges	The amount charged by the provider for each revenue code. The total of all lines is accumulated and reported at the end of the details under revenue code 001.	10	Number (Decimal)
Box 5 - Fed Tax No.	The State of Alabama's Medicaid Tax Identification Number.	13	Character
Box 50a - Payer	The name of any previous payer's. Valid values: Medicare or blank.	30	Character
Box 50b - Payer	The carrier's name being billed.	30	Character
Box 50c - Payer	MEDICAID is always printed in this field.	30	Character
Box 51a - Provider #	The provider number associated with the payer. This field is always blank.	9	Character
Box 51b - Provider #	The carrier code associated with the carrier being billed.	9	Character
Box 54a - Prior Payments	The payment amount paid by the payer. This field will contain either the Medicare paid amount or blanks.	12	Number (Decimal)
Box 55b - Est Amount Due	The total Medicaid paid amount or the amount being billed to the carrier.	12	Number (Decimal)
Box 58a - Insured's Name	The policyholder's last, first, and middle initial.	29	Character
Box 6 - Statement Covers Period	The claim first and last date of service.	8	Date (MM/DD/YY)
Box 60 - Cert - SSN - HIC - ID No	The policy number and policyholder's social security number.	39	Character
Box 62 - Insurance Group No	The policy group number.	30	Character

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Field	Description	Length	Data Type
Box 65 - Employer Name	The policyholder's employer name.	39	Character
Box 67 - Prin. Diag. Cd	The primary diagnosis code.	6	Character
Box 67a - Other Diag. Codes 1	The other diagnosis codes.	6	Character
Box 67b - Other Diag. Codes 2	The other diagnosis codes.	6	Character
Box 67c - Other Diag. Codes 3	The other diagnosis codes.	6	Character
Box 67d - Other Diag. Codes 4	The other diagnosis codes.	6	Character
Box 67e - Other Diag. Codes 5	The other diagnosis codes.	6	Character
Box 67f - Other Diag. Codes 6	The other diagnosis codes.	6	Character
Box 67g - Other Diag. Codes 7	The other diagnosis codes.	6	Character
Box 67h - Other Diag. Codes 8	The other diagnosis codes.	6	Character
Box 69 - Adm Diag Cd	The admitting diagnosis code.	5	Character
Box 7 - Cov Days	The number of days covered by the stay.	3	Number (Integer)
Box 70 - E-Code	The 'e' diagnosis code.	6	Character
Box 74 - Principal Procedure Code and Date	The principal surgical/obstetrical procedure code and date.	15	Character

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Field	Description	Length	Data Type
Box 74a - Other Procedure Code and Date 1	The additional surgical/obst procedure code and date.	15	Character
Box 74b - Other Procedure Code and Date	The additional surgical/obst procedure code and date.	15	Character
Box 74c - Other Procedure Code and Date	The additional surgical/obst procedure code and date.	15	Character
Box 74d - Other Procedure Code and Date	The additional surgical/obst procedure code and date.	15	Character
Box 74e - Other Procedure Code and Date	The additional surgical/obst procedure code and date.	15	Character
Box 76 - Attending Phys. Name	The provider number followed by the provider name.	48	Character
Box 8 - Patient Name	The recipient's last, first, and middle initial.	29	Character
Box 80 - Remarks	The provider's name, street address, city, state, zip code, and phone number.	97	Character
Box 85 - Provider Signature	The words 'Signature on File' are printed in this field.	17	Character
Box 86 - Date	The current system date.	8	Character
Box 9 - Patient Address	The recipient's street address, city, state, and zip code.	138	Character
Medicare Allowed	Amount Medicare allowed.	10	Number (Decimal)
Medicare Coin	Medicare coinsurance amount.	10	Number (Decimal)

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Field	Description	Length	Data Type
Medicare DED	Medicare deductible amount.	10	Number (Decimal)
Medicare Paid	Amount Medicare paid.	10	Number (Decimal)

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7.37 HMT-RADA-D -- Dental Billing Facsimile Report

7.37.1 HMT-RADA-D -- Dental Billing Facsimile Report Narrative

The Dental Billing Facsimile is system generated from the Retroactive and Rebilling processes. The facsimile is generated for all dental claims where the carrier's media type code is equal to 'paper'. This report is produced upon request.

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7.37.2 HMT-RADA-D -- Dental Billing Facsimile Report Layout

ADA American Dental Association® Dental Claim Form

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT / Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) | 7. Gender ☐ M ☐ F | 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number | 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) | 14. Gender ☐ M ☐ F | 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number | 17. Employer Name

PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above ☐ Self ☐ Spouse ☐ Dependent Child ☐ Other | 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) | 22. Gender ☐ M ☐ F | 23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

34. Diagnosis Code List Qualifier ☐ (ICD-9 = B; ICD-10 = AB)
34a. Diagnosis Code(s) (Primary diagnosis in "A") A ____ B ____ C ____ D ____

31a. Other Fee(s)
32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.

X ____
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X ____
Subscriber Signature Date

ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11=office; 22=O/P Hospital) (Use "Place of Service Codes for Professional Claims") | 39. Enclosures (Y or N) ☐

40. Is Treatment for Orthodontics? ☐ No (Skip 41-42) ☐ Yes (Complete 41-42) | 41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment | 43. Replacement of Prosthesis ☐ No ☐ Yes (Complete 44) | 44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) | 47. Auto Accident State

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code

49. NPI | 50. License Number | 51. SSN or TIN

52. Phone Number ( ) - | 52a. Additional Provider ID

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X ____
Signed (Treating Dentist) Date

54. NPI | 55. License Number

56. Address, City, State, Zip Code | 56a. Provider Specialty Code

57. Phone Number ( ) - | 58. Additional Provider ID

©2012 American Dental Association
J430D (Same as ADA Dental Claim Form – J430, J431, J432, J433, J434)

To reorder call 800.947.4746
or go online at adacatalog.org

7.37.3 HMT-RADA-D -- Dental Billing Facsimile Report Field Descriptions

Field	Description	Data Type	Length
Box 1 Type of Transaction	The "Statement of Actual Services" is checked.	Character	1
Box 10 Patient's Relationship to Person named in #5	The recipient's relationship to the insured. Check appropriate box.	Character	1
Box 11 Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code	Enter the name and complete address for other insurance company or Dental Benefit Plan.	Character	120
Box 12 Policyholder/Subscriber Name	The insured's last, first, and middle initial. Address, City, State and Zip Code for insurance identified in box 3.	Character	120
Box 13 Date of Birth	Date of birth for policy holder in box 12.	Date (MM/DD/CCYY)	10
Box 14 Gender	Check appropriate box for policy holder in box 12.	Character	1
Box 15 Policy Holder/Subscriber ID	Policy holder identification number or social security number.	Character	15
Box 16 Plan/Group Number	Enter plan number.	Character	10
Box 17 Employer Name	The policyholder's employer name.	Character	39
Box 18 Relationship to Policy Holder/Subscriber in #12	Check appropriate box.	Character	1
Box 19 Reserved For Future Use	Leave blank and skip to Item #20. (#19 was previously used to report "Student Status.")	Character	1
Box 2 Predetermination/Preauthorization Number	Prior authorization number if applicable.	Character	10
Box 20 Patient's Name and Address	The recipient's last, first, and middle initial and their street, city, state and zip code.	Character	90
Box 21 Date of Birth	The recipient's date of birth.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Box 22 Gender	Check the appropriate box for the gender of the recipient.	Character	1
Box 23 Patient ID/Account #	Enter the AR number.	Number (Integer)	13
Box 24 Procedure Date	The detail date of service.	Date (MM/DD/CCYY)	10
Box 25 Area of Oral Cavity	1 or 2 digit code identifying the area of the oral cavity in which the service is rendered.	Character	2
Box 26 Tooth System	No description given by ADA.	Character	2
Box 27 Tooth Number(s) or Letter(S)	The tooth number/letter, may occur 12 times.	Character	2
Box 28 Tooth Surface	The tooth surface, may occur 12 times.	Character	5
Box 29 Procedure Code	The service rendered by the provider.	Number (Integer)	5
Box 29a Diag Pointer	Enter the letter(s) from Item 34 that identifies the diagnosis code(s) applicable to the dental procedure. List the primary diagnosis pointer first.	Character	4
Box 29b Qty	Enter the number of times (01-99) the procedure identified in Item 29 is delivered to the patient on the date of service shown in Item 24. The default value is “01.”	Character	2
Box 3 Insurance Company/Dental Benefit Plan Information	The carrier's plan name, address, state and zip code.	Character	90
Box 30 Description	The description of service provided.	Character	24
Box 31 Fee	The line item charge submitted by the billing dentist.	Number (Decimal)	9
Box 31a Other Fee(s)	When other charges applicable to dental services provided must be reported, enter the amount here. Charges may include state tax and other charges imposed by regulatory bodies.	Number (Decimal)	12
Box 32 Total Fee	The sum of all fees from lines in Item #31, plus any fee(s) entered in Item #31a.	Number (Decimal)	12

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Field	Description	Data Type	Length
Box 33 Missing Teeth Information	Not used for rebilling, the dentist can mark any missing teeth on the claim.	Character	1
Box 34 Diagnosis Code List Qualifier	This information is required when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. B = ICD-9-CM AB = ICD-10-CM (as of October 1, 2013)	Character	2
Box 34a Diagnosis Code(s)	Enter up to four applicable diagnosis codes after each letter (A. – D.). The primary diagnosis code is entered adjacent to the letter "A." This information is required when the diagnosis may have an impact on the adjudication of the claim in cases where specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions.	Character	7
Box 35 Remarks	Should contain "Medicaid Paid Amount =" and the total paid on the claim by Medicaid.	Character	30
Box 36 Authorization	Signature (Patient/Guardian) or Signature on File per Regs 42 CFR 433.135, IC 12-1-7-24.2. followed by Date claim prepared.	Character	50
Box 37 Authorization	Subscriber signature or "signature on file" follow by the date claim prepared.	Character	50
Box 38 Place of Treatment	11 for Office 22 for Hospital	Character	2
Box 39 Enclosures (Y or N)	Currently not used in Alabama.	Character	1
Box 4 Other Coverage	Mark the box after "Dental?" or "Medical?" whenever a patient has coverage under any other dental or	Character	1

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Field	Description	Data Type	Length
	medical plan, without regard to whether the dentist or the patient will be submitting a claim to collect benefits under the other coverage.		
Box 40 Is Treatment for Orthodontics?	Yes or No. Currently not used in Alabama.	Character	1
Box 41 Date Appliance Placed	Date of placement. Currently not used in Alabama.	Date (MM/DD/CCYY)	10
Box 42 Months of Treatment Remaining	Number of Months remaining for treatment. Currently not used in Alabama.	Number (Integer)	3
Box 43 Replacement of Prosthesis	Check appropriate box. Currently not used in Alabama.	Character	1
Box 44 Date of Prior Placement	Date of prior placement of prosthesis. Currently not used in Alabama.	Date (MM/DD/CCYY)	10
Box 45 Treatment Resulting From	Check appropriate box if treatment is the result of occupational illness or injury, auto accident or other accident.	Character	1
Box 46 Date of Accident	The date of accident.	Date (MM/DD/CCYY)	10
Box 47 Auto Accident State	The two character state abbreviation.	Character	2
Box 48 Name, Address, City, State, Zip Code of Billing Dentist or Dental Entity	The name of the billing dentist, complete address and zip code.	Character	120
Box 49 NPI	The billing provider's NPI number.	Number (Integer)	10
Box 5 Name of Policy Holder	Last, First name and middle initial of policy holder.	Character	30
Box 50 License Number	License Number.	Character	10
Box 51 SSN or TIN	Enter the Social Security Number or the Tax Identification Number of the billing provider.	Character	12

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Field	Description	Data Type	Length
Box 52 A Additional Provider ID	Additional ID.	Character	10
Box 52 Phone Number	Billing Provider Phone number.	Character	10
Box 53 Signature (Treating Dentist)	The words 'Signature on File' are printed in the signature field followed by the Alabama Medicaid tax ID and current date.	Character	17
Box 54 NPI	The provider ID for the billing dentist.	Character	10
Box 55 License Number	Treating Provider's license number.	Character	15
Box 56 Address, City, State, Zip Code	Complete physical address.	Character	90
Box 56A Provider Specialty Code	Currently not used in Alabama.	Character	15
Box 57 Phone Number	Phone number of treating dentist.	Character	11
Box 58 Additional Provider ID	Currently not used in Alabama.	Character	10
Box 6 Date of Birth	Date of birth of policy holder	Date (MM/DD/CCYY)	10
Box 7 Gender	Check appropriate box for gender of policy holder.	Character	1
Box 8 Policy Holder/Subscriber ID	The recipient's Medicaid Number.	Number (Integer)	12
Box 9 Plan/Group Number	The policy and group number.	Character	30
Please Remit Payment To:	The Alabama Medicaid Agency's Third Party Unit's complete address and Tax ID.	Character	150

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7.38 TPL-0037-R -- CMS-1500 Billing Facsimile Report

7.38.1 TPL-0037-R -- CMS-1500 Billing Facsimile Report Narrative

The CMS-1500 Billing Facsimile is system generated from the Retroactive, Medicare Retroactive, and Rebilling processes. The facsimile is generated for all professional and professional crossover claims where the carrier's media type code is equal to 'paper'.

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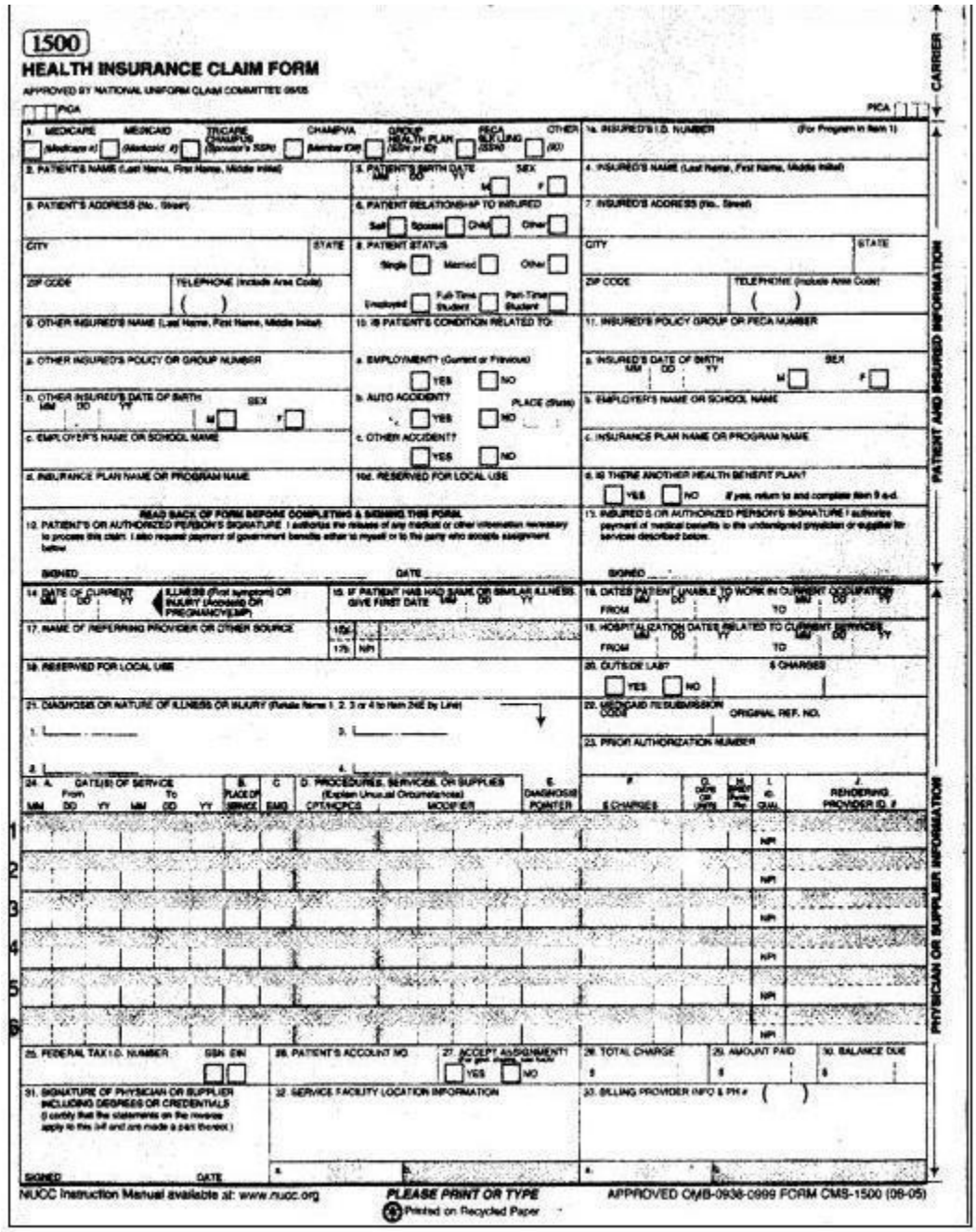
7.38.2 TPL-0037-R -- CMS-1500 Billing Facsimile Report Layout



1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID#) FECA BLK LUNG (SSN) OTHER (ID)
1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY SEX M F
4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other
7. INSURED'S ADDRESS (No., Street)
CITY STATE
8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student
CITY STATE
ZIP CODE TELEPHONE (Include Area Code) ( )
ZIP CODE TELEPHONE (Include Area Code) ( )
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) YES NO c. OTHER ACCIDENT? YES NO
11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F
c. EMPLOYER'S NAME OR SCHOOL NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME
10d. RESERVED FOR LOCAL USE
a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. EMPLOYER'S NAME OR SCHOOL NAME
c. INSURANCE PLAN NAME OR PROGRAM NAME
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED DATE
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
SIGNED
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY
19. RESERVED FOR LOCAL USE
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate items 1, 2, 3 or 4 to Item 24E by Line) 1. 2. 3. 4.
22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. BALANCE DUE $
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE
32. SERVICE FACILITY LOCATION INFORMATION a. b.
33. BILLING PROVIDER INFO & PH # ( ) a. b.

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org
PLEASE PRINT OR TYPE
Printed on Recycled Paper
APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

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7.38.3 TPL-0037-R -- CMS-1500 Billing Facsimile Report Field Descriptions

Field	Description	Length	Data Type
Bill To:	Complete Mailing Address for entity Third Party Unit is sending the Rebilling to.	120	Character
Box 1 - Other	The type of claim being billed.	1	Character
Box 10 - Is Patient Condition Related to:	a: Employment? Y/N b: Auto Accident? Y/N :if Y then 2 letter abbreviation for state c: Other Accident? Y/N.	6	Character
Box 10d - Reserved for Local Use	The Medicaid billing number assigned by the insurance carrier.	13	Character
Box 11 - Insured's Policy Group	The group number associated with the policy being billed.	30	Character
Box 11a - Insured's Date of Birth and Gender	Insured's Date of Birth DD/MM/CCYY format and X in the appropriate box for gender.	20	Character
Box 11b - Employer's Name	The insured's employer name.	30	Character
Box 11c - Insurance Plan Name	The carrier code followed by the carrier's name.	39	Character
Box 11d - Is There Another Health Benefit Plan	X in box for Y or N.	1	Character
Box 12 - Patient's or Authorized Person's Signature	"Signature of File" pursuant to Regs 42 CFR 433.135, IC 12-1-7-24.2. and Date claim prepared.	30	Character
Box 13 - Insured's or Authorized Person's Signature	"Signature of File" pursuant to Regs 42 CFR 433.135, IC 12-1-7-24.2. and Date claim prepared.	30	Character
Box 14 - Date of Current illness or Injury or Pregnancy	Date of illness or injury or pregnancy. Currently not used in Alabama.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
Box 15 - Date of Similar Illness	If patient has had same or similar illness give first date. Currently not used in Alabama.	10	Date (MM/DD/CCYY)
Box 16 - Dates Patient Unable to Work in Current Occupation	From and through dates patient unable to work. Currently not used in Alabama.	16	Character
Box 17 - Name Of Referring Physician	The name of the referring physician.	33	Character
Box 17a - Referring Physician number	Referring number or N/A.	10	Character
Box 17b - Referring Physican's NPI	Referring Physician's NPI or blank.	10	Number (Integer)
Box 18 Hospitalization Dates Related to Current Services	To and From dates for hospital stay for services. Currently not used in Alabama.	16	Character
Box 19 - Reserved for Local use	On a cross-over claim should have "Medicare Paid Amount $##,###.##.	30	Character
Box 1a - Insureds I.D. Number	The policy number or policyholder social security number.	30	Character
Box 2 - Patient's Name	The recipient's last, first, and middle initial.	28	Character
Box 20 - Outside Lab	Check Y or N and if Y enter the amount of Charges. Currently not used in Alabama.	10	Character
Box 21.1 - Diagnosis 1	The primary diagnosis code and description.	43	Character
Box 21.2 - Diagnosis 2	The secondary diagnosis code and description.	43	Character
Box 21.3 Diagnosis 3	The third diagnosis code and description.	43	Character
Box 21.4 - Diagnosis 4	The fourth diagnosis code and description.	43	Character
Box 22 - Medicaid Resubmission Code	The internal control number (ICN) assigned to the Medicaid claim. Currently not used in Alabama.	13	Character

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Field	Description	Length	Data Type
Box 23 - Prior Authorization Number	The Prior Authorization Number.	10	Number (Integer)
Box 24a - Date(s) of Service	The 'from' and 'to' dates of service.	16	Date (MM/DD/CCYY)
Box 24b - Place of Service	The place of service.	2	Number (Integer)
Box 24c - EMG	The emergency indicator, valid values are "Y" for yes and "N" for no. Defaults to "N".	1	Character
Box 24d - Procedure, Services, or Supplies	The procedure code identifying the service followed by the appropriate modifier. The modifier may occur up to 4 times per procedure. 5 characters for procedure code and 2 characters for each modifier.	20	Character
Box 24e - Diagnosis Code	The diagnosis treated indicator - indicates which of the 4 diagnoses given in field 21 is being treated. Can occur up to 4 times.	1	Character
Box 24f - Charges	The provider submitted charges for the procedure performed.	9	Number (Decimal)
Box 24g - Days or Units	The number of days or units of service.	7	Number (Integer)
Box 24h - EPSDT/Family Plan	“1” if the procedure billed is a result of an EPSDT referral “2” if the procedure is related to Family Planning “3” if the procedure is a Patient 1st (PMP) referral Effective April 1, 2005 the referral requirement for Patient 1st recipients was reinstated. “4” if the procedure is EPSDT and PMP referral.	1	Character
Box 24i - ID QUAL	The qualifier for the rendering provider number: MCD or NPI.	3	Character
Box 24j - Rendering Provider ID	The Medicaid or NPI number for the rendering provider	11	Number (Integer)
Box 25 - Federal Tax I.D. Number	The State of Alabama's Medicaid Tax Identification Number and the EIN indicator.	13	Character
Box 26 - Patient's Account Number	The unique accounts receivable number associated to the claim being billed.	12	Number (Integer)

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Field	Description	Length	Data Type
Box 27 - Accept Assignment	Y or N.	1	Character
Box 28 - Total Charge	The total of all line charges.	11	Number (Decimal)
Box 29 - Amount Paid	The Amount Medicaid paid on the claim.	9	Number (Decimal)
Box 3 - Patients Birthdate	The recipient's date of birth MM/DD/CCYY and gender has x is appropriate box.	20	Character
Box 30 - Balance Due	The difference between what the provider billed and what Medicaid had paid.	9	Number (Decimal)
Box 31 - Signature	The words 'Signature on File' are printed in the signature field followed by the current date.	17	Character
Box 32 - Name and Address of Facility	The performing providers name, street address, city, state, zip code, and tax ID.	142	Character
Box 32a	Rendering Provider's NPI number if available.	10	Number (Integer)
Box 32b	Rendering Provider's Medicaid number with MCD indicator if NPI unavailable.	13	Character
Box 33 - Billing Provider Info	The Billing provider's name and complete mailing address.	120	Character
Box 33a	Billing Provider's NPI number if available.	10	Number (Integer)
Box 33b	Billing provider's Medicaid number with MCD indicator if NPI unavailable.	13	Character
Box 4 - Insured's Name	The policyholder's last, first, and middle initial.	28	Character
Box 5 - Patient's Address	The recipient's street address, city, state, and zip code.	128	Character
Box 6 - Patient Relationship to Insured	The recipient's relationship to the insured.	1	Character
Box 7 - Insured's Address	The policyholder's street address, city, state, and zip code.	83	Character

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Field	Description	Length	Data Type
Box 8 Patient Status	Check the appropriate boxes for patient status: Single, Married, Other, Employed, Full-Time Student or Part-Time Student.	6	Character
Box 9 - Other Insured's Name	Recipient's last name, first name and middle initial.	30	Character
Box 9a - Other Insured's Policy or Group Number	Recipient's Medicaid number.	12	Number (Integer)
Box 9b - Other Insured's Date of Birth Gender	Recipient's Date of Birth DD/MM/CCYY format and X in the appropriate box for gender.	30	Character
Box 9c - Employer's Name or School Name	Employer's name or school name.	20	Character
Box 9d - Insurance Plan or Program Name	Name of Insurance Plan or Program.	8	Character
Remit Payment To:	Complete Address for the Alabama Medicaid Agency Third Party Unit.	120	Character

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7.39 TPL-0038-M -- HIPP Monthly Payment Detail Report

7.39.1 TPL-0038-M -- HIPP Monthly Payment Detail Report Narrative

The HIPP Monthly Payment Detail report is system-generated and reflects monthly Health Insurance Premium Payment (HIPP) activity on an individual recipient basis. The report details which policies are included for premium payment and the premiums paid on each. The total amount of premiums paid for HIPP recipients, the number of premiums paid and the total of reported recipients are summarized at the end of the report. This report is produced monthly.

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7.39.2 TPL-0038-M -- HIPP Monthly Payment Detail Report Layout

```
Report:  TPL-0038-M                          ALABAMA MEDICAID AGENCY                                  Run Date:   MM/DD/CCYY
Process :TPLJM038                       MEDICAID MANAGEMENT INFORMATION SYSTEM                        Run Time:     HH:MM:SS
Location:TPL0038M                           HIPP MONTHLY PAYMENT DETAIL                                  Page:        9,999
                                                 REPORT PERIOD:  MM/CCYY



RECIPIENT ID                        PAYEE ID                            AMT PAID   CHECK NO    ISSUE DT  SCHED  PERIOD    PERIOD
RECIPIENT NAME                      NAME                                                                        BEG DT    END DT
                                    POLICY NO

999999999999                        9999999                              $9,999.99  999999999  MM/DD/CCYY  XX  MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999999                        9999999                              $9,999.99  999999999  MM/DD/CCYY  XX  MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999999                        9999999                              $9,999.99  999999999  MM/DD/CCYY  XX  MM/DD/CCYY MM/DD/CCYY
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


SUMMARY

TOTAL PAID IN PREMIUMS:         $999,999.99
NUMBER OF PREMIUMS PAID:              9,999
NUMBER OF RECIPIENTS:                 9,999


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


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7.39.3 TPL-0038-M -- HIPP Monthly Payment Detail Report Field Descriptions

Field	Description	Length	Data Type
Amt Paid	Amount of HIPP premium payment.	9	Decimal
Check No	Check number of premium payment.	9	Number (Integer)
Issue Dt	Date premium payment check was issued.	10	Date (MM/DD/CCYY)
Name	Carrier name from TPL Carrier table.	33	Character
Number of Premiums Paid	Total number of premium payments in the report month.	5	Number (Decimal)
Number of Recipients	Unduplicated number of recipients with HIPP premiums paid in the report month.	5	Number (Integer)
Payee ID	The employer or carrier ID the payment was issued.	7	Number (Integer)
Period Beg Dt	The premium begin date.	10	Date (MM/DD/CCYY)
Period End Dt	The premium end date.	10	Date (MM/DD/CCYY)
Policy No.	Policy number associated with this HIPP payment.	30	Character
Recipient ID	Recipient identification number.	12	Number (Integer)
Recipient Name	Recipient name - last, first, middle initial.	32	Character
Sched	Frequency schedule of premium payments for this policy: A (ANNUALLY) B (BI-WEEKLY) F (FOUR TIMES A MONTH) M (MONTHLY) Q (QUARTERLY) S (SEMI-MONTHLY) W (WEEKLY)	2	Character
Total Paid in Premiums	Total amount of premiums paid in the report month.	11	Number (Decimal)

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7.40 TPL-0039-M -- HIPP Recipients for Cost Effectiveness Review Report

7.40.1 TPL-0039-M -- HIPP Recipients for Cost Effectiveness Review Report Narrative

The HIPP Recipients for Cost Effectiveness Review report is a system-generated report. The report criteria is based upon the Review Date on the HIPP Payment panel and lists those recipients whose HIPP policies require a scheduled review, for the report month, of the cost-effectiveness of continuing premium payments. This report is produced monthly.

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7.40.2 TPL-0039-M -- HIPP Recipients for Cost Effectiveness Review Report Layout

```
REPORT  :  TPL-0039-M                          ALABAMA MEDICAID AGENCY                        RUN DATE:  MM/DD/CCYY
PROCESS :  TPLJM039                       MEDICAID MANAGEMENT INFORMATION SYSTEM              RUN TIME:  HH:MM:SS
LOCATION:  TPL0039M                  HIPP POLICYHOLDERS FOR COST EFFECTIVENESS REVIEW             PAGE:  999,999
                                               REPORT PERIOD:  MM/CCYY



POLICYHOLDER ID                       CARRIER/EMP ID    HIPP CASE #                    PREMIUM AMOUNT  SCHEDULE
POLICYHOLDER NAME                     NAME                                                             REVIEW DT


XXXXXXXXXXXX                         XXXXXXX            999999999                       $9,999.99         XX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                CCYY/MM/DD


XXXXXXXXXXXX                         XXXXXXX            999999999                       $9,999.99         XX
XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                CCYY/MM/DD


SUMMARY

TOTAL POLICYHOLDERS:                        9,999


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


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7.40.3 TPL-0039-M -- HIPP Recipients for Cost Effectiveness Review Report Field Descriptions

Field	Description	Length	Data Type
Carrier/Emp ID	Carrier or employer number of the insuring entity.	7	Number (Integer)
HIPP Case #	The HIPP case number assigned to the case being reported.	9	Number (Integer)
Name	Carrier/Employer name from TPL carrier table.	34	Character
Policyholder ID	The number assigned to the policyholder.	12	Number (Integer)
Policyholder Name	Policyholder name - last, first, middle initial.	26	Character
Premium Amount	Amount of HIPP premium payment.	9	Number (Decimal)
Review Dt	Date for cost-effectiveness review.	10	Date (MM/DD/CCYY)
Schedule	Frequency schedule of premium payments for this policy: A (ANNUALLY) B (BI-WEEKLY) F (FOUR TIMES A MONTH) M (MONTHLY) Q (QUARTERLY) S (SEMI-MONTHLY) W (WEEKLY)	2	Character
Total Policyholders	Total number of policyholder records reported in the reporting month.	5	Number (Integer)

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7.41 TPL-0042-Q -- HIPP Cost-Effectiveness - Quarterly Analysis Report

7.41.1 TPL-0042-Q -- HIPP Cost-Effectiveness - Quarterly Analysis Report Narrative

The HIPP Cost-effectiveness - Quarterly Analysis report provides an overview of the activity and potential cost savings impact of the HIPP Program. It includes all HIPP cases in a premium payment status (ES) and those added during the quarter. This report is produced quarterly.

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7.41.2 TPL-0042-Q -- HIPP Cost-Effectiveness - Quarterly Analysis Report Layout

```
REPORT  :  TPL-0042-Q                                  ALABAMA MEDICAID AGENCY                          RUN DATE: MM/DD/CCYY
PROCESS :  TPLJQ003                                MEDICAID MANAGEMENT INFORMATION SYSTEM                    RUN TIME: HH:MM:SS
LOCATION:  TPL0042Q                             HIPP COST-EFFECTIVENESS - QUARTERLY ANALYSIS                      PAGE: 999,999
                                                      REPORT PERIOD:  MM/DD/CCYY


TOTAL NO. NEW HIPP POLICIES ENTERED                                                                    9,999
TOTAL NO. NEW HIPP POLICIES DETERMINED COST-EFFECTIVE                                                  9,999


TOTAL HIPP POLICIES IN EFFECT                                                                        999,999
TOTAL RECIPIENTS AVG ANNUAL MA EXPENDITURES FROM HIPP CALCULATIONS                                 $999,999.99


POTENTIAL COST SAVINGS $                                                                       999,999,999.99






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


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7.41.3 TPL-0042-Q -- HIPP Cost-Effectiveness - Quarterly Analysis Report Field Descriptions

Field	Description	Length	Data Type
Potential Cost Savings	This is the expenditure amount minus the purchase amount on the HIPP Resource table where the HIPP cases are in a premium payment status of 'ES'.	15	Number (Decimal)
Total HIPP Policies in Effect	This is a count of all HIPP cases that are in a premium payment status of 'ES'.	7	Number (Decimal)
Total No. New HIPP Policies Determined Cost-Effective	This is the number of HIPP cases that were added within the quarter and are in a premium payment status of 'ES'.	5	Number (Decimal)
Total No. New HIPP Policies Entered	This is the number of HIPP cases that were added during the quarter, regardless of the status.	5	Number (Decimal)
Total Recipients Average Annual MA Expenditures from HIPP Calculations	This is the expenditure amount from the HIPP Resource table for all cases in a premium payment status of 'ES' and identifies the total average Medicaid expenditure amount for all individuals on these cases.	11	Number (Decimal)

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7.42 TPL-0044-W -- HIPP Policies For Follow-up Report

7.42.1 TPL-0044-W -- HIPP Policies For Follow-up Report Narrative

The HIPP Policies for Follow-up report is a system generated report. It provides a list of HIPP policies requiring additional research or information prior to purchasing a policy. All HIPP cases in a Pending Verification status (P1) that contains at least one recipient with a primary indicator = 'Y' are identified and reported. This report is produced weekly.

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7.42.2 TPL-0044-W -- HIPP Policies For Follow-up Report Layout

```
REPORT  : TPL-0044-W                          ALABAMA MEDICAID AGENCY                    RUN DATE:   MM/DD/CCYY
PROCESS : TPLJW004                     MEDICAID MANAGEMENT INFORMATION SYSTEM            RUN TIME:   HH:MM:SS
LOCATION: TPL0044W                        TPL HIPP POLICIES FOR FOLLOW-UP                    PAGE:   999,999
                                       PERIOD:  MM/DD/CCYY THROUGH MM/DD/CCYY


RECIPIENT NAME:                         XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
RID NUMBER:                             XXXXXXXXXXXX
CARRIER NBR:                            XXXXXXX
CARRIER NAME:                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HIPP CASE NUMBER:                       999999999

RECIPIENT NAME:                         XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
RID NUMBER:                             XXXXXXXXXXXX
CARRIER NBR:                            XXXXXXX
CARRIER NAME:                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HIPP CASE NUMBER:                       999999999

RECIPIENT NAME:                         XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
RID NUMBER:                             XXXXXXXXXXXX
CARRIER NBR:                            XXXXXXX
CARRIER NAME:                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HIPP CASE NUMBER:                       999999999

RECIPIENT NAME:                         XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X
RID NUMBER:                             XXXXXXXXXXXX
CARRIER NBR:                            XXXXXXX
CARRIER NAME:                           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HIPP CASE NUMBER:                       999999999

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


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7.42.3 TPL-0044-W -- HIPP Policies For Follow-up Report Field Descriptions

Field	Description	Length	Data Type
Carrier NBR	The number assigned to a specific carrier who provides the potential HIPP policy.	7	Number (Integer)
Carrier Name	The name of a specific carrier who provides the potential HIPP policy.	34	Character
HIPP Case No	The unique number assigned to a HIPP case.	9	Number (Integer)
Recipient Name	Name of the Medicaid recipient.	34	Character
RID Number.	Recipient Medicaid identification number.	12	Number (Integer)

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7.43 TPL-0046-M – NCPDP Subrogation Response – Detail Status Report

7.43.1 TPL-0046-M – NCPDP Subrogation Response – Detail Status Report Narrative

The purpose of this report is to report all the drug claims that were submitted in the subrogation claim request transaction to different external entities and were rejected for different reasons.

7.43.2 TPL-0046-M – NCPDP Subrogation Response – Detail Status Report Layout

```
REPORT  : TPL-0046-M                              ALABAMA MEDICAID AGENCY                                RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                          MEDICAID MANAGEMENT INFORMATION SYSTEM                       RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                      NCPDP SUBROGATION REJECTED RESPONSE DETAILED REPORT                  PAGE:  99,999,999
                                                   REPORT PERIOD:  MM/DD/CCYY

CARRIER : XXXXXXXXXX                CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER RESPONSE STATUS: ACCEPTED
DETAIL RESPONSE STATUS: REJECTED

RECIPIENT INFORMATION:
---------------------
ID             : XXXXXXXXXXXX
FIRST NAME     : XXXXXXXXXXXXXXX
MIDDLE INITIAL : X
LAST NAME      : XXXXXXXXXXXXXXXXXXXX

DATE OF SERVICE: MM/DD/CCYY
AR NUMBER      : XXXXXXXXXXXXX

CARDHOLDER ID  : XXXXXXXXXXXXXXXXXXXX
ENTITY ICN     : XXXXXXXXXXXXXXXXXXXX

REJECTION CODES:
   1     2     3     4     5
  XXX   XXX   XXX   XXX   XXX

ADDITIONAL MESSAGE:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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<-------- page break after each rejected claim record so that each page shows a detailed rejection message received -------->
```

```
REPORT  : TPL-0046-M                          ALABAMA MEDICAID AGENCY                                RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                       MEDICAID MANAGEMENT INFORMATION SYSTEM                      RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                  NCPDP SUBROGATION REJECTED RESPONSE DETAILED REPORT                 PAGE:  99,999,999
                                              REPORT PERIOD:  MM/DD/CCYY

RECIPIENT INFORMATION:
---------------------
ID             : XXXXXXXXXXXX
FIRST NAME     : XXXXXXXXXXXXXXX
MIDDLE INITIAL : X
LAST NAME      : XXXXXXXXXXXXXXXXXXXX

DATE OF SERVICE: MM/DD/CCYY
AR NUMBER      : XXXXXXXXXXXXX

CARDHOLDER ID  : XXXXXXXXXXXXXXXXXXXX
ENTITY ICN     : XXXXXXXXXXXXXXXXXXXX

REJECTION CODES:
   1     2     3     4     5
  XXX   XXX   XXX   XXX   XXX

ADDITIONAL MESSAGE:
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←------- page break after change in header/detail response status and same carrier;  and print header/detail status -------→
REPORT  : TPL-0046-M                            ALABAMA MEDICAID AGENCY                                RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                         MEDICAID MANAGEMENT INFORMATION SYSTEM                      RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                     NCPDP SUBROGATION REJECTED RESPONSE DETAILED REPORT                 PAGE:  99,999,999
                                                 REPORT PERIOD:  MM/DD/CCYY

HEADER RESPONSE STATUS: REJECTED
DETAIL RESPONSE STATUS: REJECTED

RECIPIENT INFORMATION:
----------------------
ID              : XXXXXXXXXXXX
FIRST NAME      : XXXXXXXXXXXXXXX
MIDDLE INITIAL  : X
LAST NAME       : XXXXXXXXXXXXXXXXXXXX

DATE OF SERVICE: MM/DD/CCYY
AR NUMBER       : XXXXXXXXXXXXX

CARDHOLDER ID   : XXXXXXXXXXXXXXXXXXXX
ENTITY ICN      : XXXXXXXXXXXXXXXXXXXX

REJECTION CODES:
   1     2     3     4     5
  XXX   XXX   XXX   XXX   XXX

ADDITIONAL MESSAGE:
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←------- provide a sub-total when carrier code changes                                          -------→
```


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```
SUB-TOTAL FOR CARRIER                              :  XXXXXXXXXX
SUBROGATION CLAIMS WITH ACCEPTED/REJECTED STATUS   :  99,999,999
SUBROGATION CLAIMS WITH REJECTED/REJECTED STATUS   :  99,999,999
TOTAL SUBROGATION CLAIMS WITH REJECTED STATUS      :  99,999,999

←------- go to a new page for the next carrier -------→

REPORT  : TPL-0046-M                            ALABAMA MEDICAID AGENCY                                RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                         MEDICAID MANAGEMENT INFORMATION SYSTEM                      RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                     NCPDP SUBROGATION REJECTED RESPONSE DETAILED REPORT                 PAGE:  99,999,999
                                                 REPORT PERIOD:  MM/DD/CCYY

CARRIER : XXXXXXXXXX               CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER RESPONSE STATUS: ACCEPTED
DETAIL RESPONSE STATUS: REJECTED

RECIPIENT INFORMATION:
---------------------
ID             : XXXXXXXXXXXX
FIRST NAME     : XXXXXXXXXXXXXXX
MIDDLE INITIAL : X
LAST NAME      : XXXXXXXXXXXXXXXXXXXX

DATE OF SERVICE: MM/DD/CCYY
AR NUMBER      : XXXXXXXXXXXXX

CARDHOLDER ID  : XXXXXXXXXXXXXXXXXXXX
ENTITY ICN     : XXXXXXXXXXXXXXXXXXXX

REJECTION CODES:
   1     2     3     4     5
  XXX   XXX   XXX   XXX   XXX

ADDITIONAL MESSAGE:
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←------- page break after each rejected claim record so that each page shows a detailed rejection message received -------→


←------- provide a sub-total for the last carrier                                                                  -------→

SUB-TOTAL FOR CARRIER                              :  XXXXXXXXXX
SUBROGATION CLAIMS WITH ACCEPTED/REJECTED STATUS   :  99,999,999
SUBROGATION CLAIMS WITH REJECTED/REJECTED STATUS   :  99,999,999
TOTAL SUBROGATION CLAIMS WITH REJECTED STATUS      :  99,999,999


←------- page break when EOF is reached and the grand total is being reported-------→

REPORT  : TPL-XXXX-R                              ALABAMA MEDICAID AGENCY                                RUN DATE:  MM/DD/CCYY
PROCESS : TPLJMXXXP                         MEDICAID MANAGEMENT INFORMATION SYSTEM                       RUN TIME:  HH:MM:SS
LOCATION: TPLXXXXR                     NCPDP SUBROGATION REJECTED RESPONSE DETAILED REPORT                   PAGE:  99,999,999
                                                 REPORT PERIOD:  MM/DD/CCYY

TOTAL CARRIERS                                     :  99,999,999
SUBROGATION CLAIMS WITH ACCEPTED/REJECTED STATUS   :  99,999,999
SUBROGATION CLAIMS WITH REJECTED/REJECTED STATUS   :  99,999,999
TOTAL SUBROGATION CLAIMS WITH REJECTED STATUS      :  99,999,999


                                                        **  END OF REPORT  **
```

7.43.3 TPL-0046-M – NCPDP Subrogation Response – Detail StatusField Descriptions

Field	Description	Data Type	Length
AR Number	Number that uniquely identifies the A/R that is associated with the claim.	Character	13
Additional Message	Message received in the 526-FQ field in the AM 21 segment of the G1 detail reponse record. Up to 25 messages may be received.	Character	40
Cardholder ID	Cardholder ID received in the 302-C2 field in the AM 25 segment of the G1 detail reponse record.	Character	20
Carrier	An unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier.	Character	10
Carrier Name	The business name of an insurance carrier.	Character	45
Date of Service	Date of service received in the 401-D1 field in the Response Transaction Header Segment of the G1 detail reponse record.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
Detail Response Status	Will always indicate "Rejected" as all the claims listed had an "R" (rejected) or "D" (duplicate of paid) status in the 112-AN field of the AM21 segment in the detail response record.	Character	8
Entity ICN	Identification number assigned to the claim by the external entity.	Character	20
First Name	The first name of the recipient.	Character	15
Header Response Status	Will indicated "Accepted" if the 501-F1 field in the Response Transaction Header Segment of the G1 detail reponse record is an "A". Will indicated "Rejected" if the 501-F1 field had "R".	Character	8
ID	Unique Medicaid identifier for the recipient.	Character	12
Last Name	The last name of the recipient.	Character	20
Middle Initial	The middle initial of the recipient.	Character	1
Rejection Codes	Reject codes received in the 511-FB field in the AM 21 segment of the G1 detail reponse record. Up to 5 rejection codes may be received.	Character	3
Sub-Total for Carrier	An unique identifier used to determine the carrier.	Character	10
Subrogation Claims with Accepted/Rejected Status (Sub-Total)	Number of claims that were in accepted and rejected status by the external entity.	Number (Decimal)	8
Subrogation Claims with Accepted/Rejected Status (Total)	Total number of claims that were in accepted/rejected status by all the external entities.	Number (Decimal)	8
Subrogation Claims with Rejected/Rejected Status (Sub-Total)	Number of claims that were in rejected and rejected status by the external entity.	Number (Decimal)	8
Subrogation Claims with Rejected/Rejected Status (Total)	Total number of all claims that were in rejected/rejected status by all the external entities.	Number (Decimal)	8
Total Carriers	Total number of external entities included in the report.	Number (Decimal)	8
Total Subrogation Claims with Rejected Status (Sub-Total)	Total number of all claims that were in rejected status for the external entity.	Number (Decimal)	8

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Field	Description	Data Type	Length
Total Subrogation Claims with Rejected Status (Total)	Total number of all claims that were in rejected status for all the external entities.	Number (Decimal)	8

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7.44 TPL-0047-M - NCPDP Subrogation Response – Summary Report

7.44.1 TPL-0047-M - NCPDP Subrogation Response – Summary Report Narrative

This report list all the drug claims that were submitted in the subrogation claim request transaction to different external entities and the message and status returned by the external entity.

7.44.2 TPL-0047-M - NCPDP Subrogation Response – Summary Report Layout

```
REPORT  : TPL-0047-M                             ALABAMA MEDICAID AGENCY                               RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                         MEDICAID MANAGEMENT INFORMATION SYSTEM                      RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                    NCPDP SUBROGATION RESPONSE STATUS SUMMARY REPORT                     PAGE:  99,999,999
                                                REPORT PERIOD:  MM/DD/CCYY

CARRIER : XXXXXXXXXX               CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEADER RESPONSE: ACCEPTED
DETAIL RESPONSE: PAID

RECIPIENT ID     DATE OF SERVICE     AR NUMBER            ENTITY ICN         AMOUNT PAID              CARDHOLDER ID
RESPONSE MESSAGE

XXXXXXXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX     $999,999.99           XXXXXXXXXXXXXXXXXXXX
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←-------------  PAGE BREAK AFTER EVERY 55 LINES WHILE THE HEADER AND RESPONSE STATUS REMAINS SAME ----------------→
←-------------  PAGE BREAK ONCE THE HEADER OR DETAIL RESPONSE STATUS CHANGES AND THEN CONTINUE WITH ABOVE BREAK LOGIC -------→

REPORT  : TPL-0047-M                           ALABAMA MEDICAID AGENCY                              RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                       MEDICAID MANAGEMENT INFORMATION SYSTEM                     RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                  NCPDP SUBROGATION RESPONSE STATUS SUMMARY REPORT                    PAGE:  99,999,999
                                                REPORT PERIOD:  MM/DD/CCYY

HEADER RESPONSE: ACCEPTED
DETAIL RESPONSE: REJECTED

RECIPIENT ID     DATE OF SERVICE     AR NUMBER            ENTITY ICN         AMOUNT PAID              CARDHOLDER ID
RESPONSE MESSAGE

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←-------------   PAGE BREAK AFTER EVERY 55 LINES WHILE THE HEADER AND RESPONSE STATUS REMAINS SAME ----------------→
←-------------   PAGE BREAK ONCE THE HEADER OR DETAIL RESPONSE STATUS CHANGES AND THEN CONTINUE WITH ABOVE BREAK LOGIC ---------→

REPORT  : TPL-0047-M                              ALABAMA MEDICAID AGENCY                                      RUN DATE:  MM/DD/CCYY
PROCESS : TPLJD100                          MEDICAID MANAGEMENT INFORMATION SYSTEM                             RUN TIME:  HH:MM:SS
LOCATION: TPL0046M                     NCPDP SUBROGATION RESPONSE STATUS SUMMARY REPORT                            PAGE:  99,999,999
                                                 REPORT PERIOD:  MM/DD/CCYY

HEADER RESPONSE: REJECTED
DETAIL RESPONSE: REJECTED

RECIPIENT ID     DATE OF SERVICE     AR NUMBER            ENTITY ICN         AMOUNT PAID              CARDHOLDER ID
RESPONSE MESSAGE

XXXXXXXXXXXX        MM/DD/CCYY     XXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX     $999,999.99          XXXXXXXXXXXXXXXXXXXX
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←-------------   SHOW THE CARRIER SUB-TOTAL ONCE THE CARRIER CHANGES OR EOF IS REACHED ----------------→
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```
SUB-TOTAL FOR CARRIER        : XXXXXXXXXX

CLAIMS BILLED                :  99,999,999
CLAIMS ACCEPTED              :  99,999,999
CLAIMS ACCEPTED AND PAID     :  99,999,999
CLAIMS ACCEPTED AND REJECTED :  99,999,999
CLAIMS REJECTED AND REJECTED :  99,999,999
AMOUNT PAID TO MEDICAID      : $ZZZZZZ9.99

←-------------   PAGE BREAK FOR A NEW CARRIER ----------------→
```

7.44.3 TPL-0047-M - NCPDP Subrogation Response – Summary Report Field Descriptions

Field	Description	Data Type	Length
AR Number	Number that uniquely identifies the A/R that is associated with the claim.	Character	13
Amount Paid	The total amount paid by the external entity as indicated in the 509-F9 field of the AM23 segment.	Number	8
Amount Paid to Medicaid	Total amount paid by the external entity to Medicaid.	Number	9
Cardholder ID	Cardholder ID received in the 302-C2 field in the AM 25 segment of the G1 detail reponse record.	Character	20
Carrier	An unique identifier used to determine the type of carrier as well as to identify correspondence sent from the carrier.	Character	10
Carrier Name	The business name of an insurance carrier.	Character	45
Claims Accepted	Number of claims that were in accepted status by the external entity.	Number	8
Claims Accepted and Paid	Number of claims that were in accepted and paid status by the external entity.	Number	8
Claims Accepted and Rejected	Number of claims that were in accepted and rejected status by the external entity.	Number	8
Claims Billed	Total number of claims billed to the external entity.	Number	8
Claims Rejected and Rejected	Number of claims that were in rejected and rejected status by the external entity.	Number	8

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Field	Description	Data Type	Length
Date of Service	Date of service received in the 401-D1 field in the Response Transaction Header Segment of the G1 detail reponse record.	Date (MM/DD/CCYY)	10
Detail Response	Will indicate "Accepted" if the 112-AN field of the AM21 segment in the G1 detail reponse record is an "A". Will indicate "Rejected" if the 112-AN field of the AM21 segment had "R" (rejected) or "D" (duplicate of paid).	Character	8
Entity ICN	Identification number assigned to the claim by the external entity.	Character	20
Header Response	Will indicate "Accepted" if the 501-F1 field in the Response Transaction Header Segment of the G1 detail reponse record is an "A". Will indicate "Rejected" if the 501-F1 field had "R".	Character	8
Recipient ID	Unique Medicaid identifier for the recipient.	Character	12
Report Message	Message sent by the external entity on the F4 field of the AM20 segment. Since this field can be up to 200 characters, it will be split into two lines in the report if necessary.	Character	200
Sub-Total for Carrier	An unique identifier used to determine the carrier.	Character	10
Total Amount Paid to Medicaid	The total amount paid by all the external entities to Medicaid.	Number (Decimal)	9
Total Claims Accepted	Total number of all claims that were in accepted status by all the external entities.	Number (Decimal)	8
Total Claims Accepted and Paid	Total number of all claims that were in accepted and paid status by all the external entities.	Number (Decimal)	8
Total Claims Accepted and Rejected	Total number of all claims that were in accepted and rejected status by all the external entities.	Number (Decimal)	8
Total Claims Billed	Total number of claims billed to all the external entities.	Number (Decimal)	8
Total Claims Rejected and Rejected	Total number of all claims that were in rejected and rejected status by all the external entities.	Number (Decimal)	8
Total Number of Carriers	Total number of external entities included in the report.	Number (Decimal)	8

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7.45 TPL-0050-D -- HIPP Policy Cost Effectiveness Summary Report

7.45.1 TPL-0050-D -- HIPP Policy Cost Effectiveness Summary Report Narrative

The HIPP Policy Cost Effectiveness Summary report provides information regarding HIPP policies being evaluated for cost effectiveness for the current date. If the case was added on the current processing date and the expenditure amount is greater than zero or a case was updated on the processing date and the expenditure amount on the audit table is equal or greater than zero, these are reported. This report is produced daily.

7.45.2 TPL-0050-D -- HIPP Policy Cost Effectiveness Summary Report Layout

```
REPORT  :  TPL-0050-D                          ALABAMA MEDICAID AGENCY                                        RUN DATE:  MM/DD/CCYY
PROCESS :  TPLJD050                      MEDICAID MANAGEMENT INFORMATION SYSTEM                                 RUN TIME:  HH:MM:SS
LOCATION:  TPL0050D                      HIPP POLICY COST-EFFECTIVENESS SUMMARY                                      PAGE:  999,999
                                                REPORT PERIOD:  MM/DD/CCYY

                                                                                EXPECTED   ANNUAL  EXPENSES
POLICYHOLDER  POLICYHOLDER NAME                 HIPP CASE #   RECOMMEND     STATUS     MEDICAID       HIPP    NET SAVINGS  CLERK ID

999999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  999999999   XXXXXXXXXXXXXXX   X        999,999.99   999,999.99  999,999.99  XXXXXXXX
999999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  999999999   XXXXXXXXXXXXXXX   X        999,999.99   999,999.99  999,999.99  XXXXXXXX
999999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  999999999   XXXXXXXXXXXXXXX   X        999,999.99   999,999.99  999,999.99  XXXXXXXX
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999999999999  XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  999999999   XXXXXXXXXXXXXXX   X        999,999.99   999,999.99  999,999.99  XXXXXXXX


                                      NUMBER OF POLICIES RECOMMENDED TO APPROVE:                   999,999,999
                                      NUMBER OF POLICIES RECOMMENDED TO DENY:                      999,999,999
                                      TOTAL POLICIES EVALUATED:                                    999,999,999

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


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7.45.3 TPL-0050-D -- HIPP Policy Cost Effectiveness Summary Report Field Descriptions

Field	Description	Length	Data Type
Clerk ID	The clerk identification number assigned to the HIPP case.	8	Character
Expected Status	The status of the HIPP case.	1	Character
HIPP	The annual premium amount for the HIPP case.	9	Number (Decimal)
HIPP Case #	The case number assigned to a HIPP case.	9	Number (Integer)
Annual Expenses Medicaid	The average Medicaid paid expenditures.	12	Number (Decimal)
Net Savings	The amount Medicaid will save if paying the premium. The annual premium amount minus the average Medicaid expenditures.	9	Number (Decimal)
Number of Policies Recommended To Deny	The total number of policies recommended to deny due to not being cost effective.	9	Number (Decimal)
Number of Policies Recommended To Approve	The total number of policies recommended for approval.	9	Number (Decimal)
Policy Number	The policy number.	30	Number (Integer)
Policyholder	The policyholder identification.	9	Character
Policyholder Name	The policyholder's first, middle, and last name.	36	Character
Recommend	The recommendation made by the system as to whether the policy is cost affective or not.	15	Character
Status	The status of the HIPP case, which includes the following values: P - Pending, Y - Approved, C - Closed, or N - Denied.	1	Character
Total Policies Evaluated	The total number of policies that were evaluated. Summary of Number of Policies Recommended To Deny and Number of Policies Recommended to Approve.	9	Number (Decimal)

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7.46 TPL-0081-W -- Questionnaires With No Response By Recip Report

7.46.1 TPL-0081-W -- Questionnaires With No Response By Recip Report Narrative

The Questionnaires with No Response by Recip report is a list of recipients to whom an accident trauma questionnaire has been sent but a response was not received within 45-90 days. This report is sorted by Recipient ID and is produced weekly.

7.46.2 TPL-0081-W -- Questionnaires With No Response By Recip Report Layout

```
REPORT  : TPL-0081-W                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS : TPLJW081                       MEDICAID MANAGEMENT INFORMATION SYSTEM                        RUN TIME:   HH:MM:SS
LOCATION: TPL0081W                    QUESTIONNAIRES WITH NO RESPONSE BY RECIPIENT                         PAGE:    999,999
                                               REPORT PERIOD: MM/DD/CCYY

                                                                     PROVIDER        DATE OF            PRIMARY        DATE
  RID NO                RECIPIENT NAME                  COUNTY          ID            SERVICE      ICD   DIAGNOSIS      SENT
XXXXXXXXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXX X         XXXXXXXXXX    XXXXXXXXXXXXXXX    MM/DD/CCYY    X     XXXXXXX      MM/DD/CCYY




                                                     *** END OF REPORT ***
                                                    *** NO DATA THIS RUN ***
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7.46.3 TPL-0081-W -- Questionnaires With No Response By Recip Report Field Descriptions

Field	Description	Length	Data Type
County	County code.	10	Character
Date of Service	Beginning date of service rendered by the provider.	10	Date (MM/DD/CCYY)
Date Sent	Date first letter was sent.	10	Date (MM/DD/CCYY)
ICD	Code to denote which version of the ICD diagnosis code is being reported. The valid values will be ‘9’ for ICD-9, ‘0’ for ICD-10, or blank if diagnosis is not present.	1	Character
Primary Diagnosis	Primary diagnosis code on the claim.	7	Character
Provider ID	The identification number assigned to the provider.	15	Character
RID No.	Medicaid identification number of the recipient.	12	Character
Recipient Name	Last name, first name and middle initial of the recipient.	29	Character

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7.47 TPL-0082-W -- Questionnaires With No Response By County Report

7.47.1 TPL-0082-W -- Questionnaires With No Response By County Report Narrative

The Questionnaires with No Response by County report is a list of recipients to whom a questionnaire has been sent but a response was not received within 45 - 90 days. This report is sorted by county code with totals per county code and is produced weekly.

7.47.2 TPL-0082-W -- Questionnaires With No Response By County Report Layout

```
Report  : TPL-0082-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJW082                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0082W                    QUESTIONNAIRES WITH NO RESPONSE BY COUNTY                            Page:    999,999
                                              REPORT PERIOD: MM/DD/CCYY


  COUNTY: XXXXXXXXXX
                                                      PROVIDER              DATE OF           PRIMARY      DATE
  RID NO          RECIPIENT NAME                        ID                  SERVICE    ICD    DIAGNOSIS    SENT

XXXXXXXXXXXX  XXXXXXXXXXXXXXX, XXXXXXXXXXX X         XXXXXXXXXX            MM/DD/CCYY     X      XXXXXXX     MM/DD/CCYY

  TOTAL RECIPIENTS FROM COUNTY OF XXXXXXXXXX :     999,999



                                                     *** END OF REPORT ***
                                                    *** NO DATA THIS RUN ***
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7.47.3 TPL-0082-W -- Questionnaires With No Response By County Report Field Descriptions

Field	Description	Length	Data Type
County	County code.	10	Character
Date of Service	Beginning date of service.	10	Date (MM/DD/CCYY)
Date Sent	Date the first letter was sent.	10	Date (MM/DD/CCYY)
ICD	Code to denote which version of the ICD diagnosis code is being reported. The valid values will be ‘9’ for ICD-9, ‘0’ for ICD-10, or blank if diagnosis is not present.	1	Character
Primary Diagnosis	Primary diagnosis code on the claim.	7	Character
Provider ID	The number assigned to the provider.	15	Character
Recipient Name	Last name, first name and middle initial of the recipient	29	Character
RID No.	Medicaid identification number of the recipient.	12	Character
Total Recipients from County	Accumulated number of recipients per county.	6	Number (Decimal)

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7.48 TPL-0101-M -- TPL Monthly Recoveries Report

7.48.1 TPL-0101-M -- TPL Monthly Recoveries Report Narrative

The TPL Monthly Recoveries report displays money recovered on a monthly basis in TPL for casualty cases and billing Fee For Service (FFS) and Encounter A/R's where the disposition date falls within the monthly parameter dates. This report is produced monthly. For casualty cases the recovery amounts for the claims will be displayed as a split based on the percentage of the number of claims that were FFS and the number that were encounters.

7.48.2 TPL-0101-M -- TPL Monthly Recoveries Report Layout

```
REPORT  : TPL-0101-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE:  MM/DD/CCYY
PROCESS : TPLJM101                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:    HH:MM:SS
LOCATION: TPL0101M                             TPL MONTHLY RECOVERIES                                        PAGE:     999,999
                                               REPORT PERIOD:  MM/CCYY

CASUALTY:

NUMBER OF CASES:  999999                          MONTHLY RECOVERIES:  $9,999,999.99

NUMBER OF FEE FOR SERVICE CLAIMS:  999999         PERCENT OF TOTAL:  999%   ESTIMATE OF FFS AMOUNT:        $9,999,999.99
NUMBER OF ENCOUNTERS CLAIMS:       999999         PERCENT OF TOTAL:  999%   ESTIMATE OF ENCOUNTER AMOUNT:  $9,999,999.99

A/R:
                                FEE FOR SERVICE        ENCOUNTERS
                                ---------------     -------------
NUMBER OF CHIP A/R'S:                    999999            999999
MONTHLY RECOVERIES:               $9,999,999.99     $9,999,999.99

NUMBER OF NON-CHIP A/R'S:                999999            999999
MONTHLY RECOVERIES:               $9,999,999.99     $9,999,999.99


SUMMARY:

TOTAL NUMBER OF CASES AND A/R's                   TOTAL MONTHLY RECOVERIES
9999999                                           $99,999,999.99



                                                      *** END OF REPORT ***
                                   Only prints if there was no data: *** NO DATA THIS RUN ***
```


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7.48.3 TPL-0101-M -- TPL Monthly Recoveries Report Field Descriptions

Field	Description	Length	Data Type
Estimate of Encounter Amount (Casualty)	Estimated recovery amount based on the percentage of the number of claims that were encounters.	9	Number (Decimal)
Estimate of FFS Amount (Casualty)	Estimated recovery amount based on the percentage of the number of claims that were FFS.	9	Number (Decimal)
Monthly Recoveries (Casualty)	Amount recovered for the month.	9	Number (Decimal)
Monthly Recoveries Chip Encounter (A/R)	Amount recovered for the month.	9	Number (Decimal)
Monthly Recoveries Chip FFS (A/R)	Amount recovered for the month.	9	Number (Decimal)
Monthly Recoveries Non-Chip Encounter (A/R)	Amount recovered for the month.	9	Number (Decimal)
Monthly Recoveries Non-Chip FFS (A/R)	Amount recovered for the month.	9	Number (Decimal)
Number of Cases (Casualty)	Number of casualty cases where money was recovered.	6	Number (Integer)
Number of Chip Encounter (A/R)	Number of A/R's where money was recovered.	6	Number(Integer)
Number of Chip FFS (A/R)	Number of A/R's where money was recovered.	6	Number (Integer)
Number of Encounter Claims (Casualty)	Number of casualty Encounter claims where money was recovered.	6	Number (Integer)
Number of FFS Claims (Casualty)	Number of casualty FFS claims where money was recovered.	6	Number (Integer)
Number of Non-Chip Encounter (A/R)	Number of A/R's where money was recovered.	6	Number (Integer)
Number of Non-Chip FFS (A/R)	Number of A/R's where money was recovered.	6	Number (Integer)
Percent of Total (Casualty)	Percentage of FFS claims that are associated to casualty cases.	3	Number
Percent of Total (Casualty)	Percentage of encounter claims that are associated to casualty cases.	3	Number
Total Monthly Recoveries	Total amount recovered for cases and A/R's for the month.	10	Number (Decimal)
Total Number of Cases and A/R's	Total number of cases and A/R's for the month.	7	Number (Integer)

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7.49 TPL-0102-M -- Estate Lien Report

7.49.1 TPL-0102-M -- Estate Lien Report Narrative

The Estate Lien report includes information about TPL liens that have been released within the current reporting month and is sorted by case type. This report is produced monthly.

7.49.2 TPL-0102-M -- Estate Lien Report Layout

```
REPORT  : TPL-0102-M                          ALABAMA MEDICAID AGENCY                                  RUN DATE:   MM/DD/CCYY
PROCESS : TPLJM102                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:   HH:MM:SS
LOCATION: TPL0102M                              TPL ESTATE LIEN REPORT                                       PAGE:   999,999
                                              REPORT PERIOD:  MM/CCYY

CASE TYPE:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


CURRENT ID                RECIP NAME                            DATE LIEN           DATE LIEN
                                                                FILED               RELEASED
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY
XXXXXXXXXXXX        XXXXXXXXXXXXXXXX, XXXXXXXXXXX X             MM/DD/CCYY          MM/DD/CCYY

 TOTALS FOR ____________________:                  9,999


                                        *** END OF REPORT ***

                                      *** NO DATA THIS RUN ***
```


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7.49.3 TPL-0102-M -- Estate Lien Report Field Descriptions

Field	Description	Length	Data Type
Case Type	The case type description.	20	Character
Current ID	Medicaid ID of the recipient.	12	Character
Date Lien Filed	Date the lien was filed.	10	Date (MM/DD/CCYY)
Date Lien Released	Date the lien was released.	10	Date (MM/DD/CCYY)
Recip Name	Last name, first name and middle initial of the recipient.	29	Character
Totals For	Accumulated number of cases per case type.	4	Number (Decimal)

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7.50 TPL-0250-W -- HIPP Automated Billing Statement Creation Summary Report

7.50.1 TPL-0250-W -- HIPP Automated Billing Statement Creation Summary Report Narrative

The HIPP Automated Billing Statement Creation Summary report summarizes all billing details for the Health Insurance Premium Payments systematically generated during the weekly cycle.

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7.50.2 TPL-0250-W -- HIPP Automated Billing Statement Creation Summary Report Layout

```
REPORT  :  TPL-0250-W                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS :  TPLJW250                   MEDICAID MANAGEMENT INFORMATION SYSTEMS                          RUN TIME:   HH:MM:SS
LOCATION:  TPL0250W                       HIPP PAYMENTS PROCESSED REPORT                                   PAGE:    999,999
                                      REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY


                          PAYEE  EXPENDITURE                                FREQ    NEXT        START        END         REQUEST
HIPP CASE#    PAYEE ID    TYPE       ID       DUE DATE       CHECK AMT          DUE DATE      DATE         DATE          TYPE

XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX
XXXXXXXXX    XXXXXXXXX     X      XXXXXXXXX  MM/DD/CCYY     999,999.99     X   MM/DD/CCYY   MM/DD/CCYY   MM/DD/CCYY    XXXXXX

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


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7.50.3 TPL-0250-W -- HIPP Automated Billing Statement Creation Summary Report Field Descriptions

Field	Description	Length	Data Type
Check Amt	This is the amount of the premium payment for a specific policy.	8	Character
Due Date	This is the date used to generate the payment.	6	Character
End Date	The premium end date that covers the check.	10	Date (MM/DD/CCYY)
Expenditure ID	This is the expenditure ID created in the financial subsystem.	9	Character
Freq	This indicates how often premium payments are due to the HIPP payee. Frequency can be: Weekly, Bi-weekly, Semi-monthly, Monthly, Quarterly, Annually, Other.	12	Character
HIPP Case #	The case number assigned to HIPP case.	9	Number (Integer)
Next Due Date	This is the calculated date the next System payment is scheduled to be generated. If the payment is requested as 'manual', this field will read "MANUAL". The program only calculates the next due date for system requested payments. Once a payment appears on this report and the payment type is 'manual', the user must access the HIPP case and update the due date, check amount, and/or premium dates before another payment will be generated.	6	Date (MM/CCYY)
Payee ID	The Payee ID.	1	Number (Integer)
Payee Type	The Payee ID Type.	9	Character
Request Type	This is the type of request, which can be Manual or System.	6	Character
Start Date	The premium period start date that covers the check.	10	Date (MM/DD/CCYY)

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7.51 TPL-0260-W -- HIPP Billing Statement Exception Report

7.51.1 TPL-0260-W -- HIPP Billing Statement Exception Report Narrative

This report identifies all payments that cannot be processed due to the following reasons:

- Payee does not have a FEIN on file

- Payee name, 1st address, city, state, or zip code missing.

- Recipient is not eligible as of the current processing date for TXIX, XIXQ, or SBRW benefit plans.

- Recipient is not associated with a policy.

- Recipient is associated with a policy but the policy is not in a Valid or Non-Verified status or the coverage dates are less than the current processing date.

- Due date is less than the parm begin date and case is in a premium payment status. This is a warning that the payment is not being processed because the due date was not updated. This needs to be researched to determine if a payment should be made. This report is produced weekly.

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7.51.2 TPL-0260-W -- HIPP Billing Statement Exception Report Layout

```
REPORT  : TPL-0260-W                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS : TPLJW260                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME:   HH:MM:SS
LOCATION: TPL0260W                          HIPP REJECTED PAYMENTS REPORT                                  PAGE:    999,999
                                       REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY


 HIPP CASE#   PAYEE ID      PAYEE NAME                                        CURRENT ID         CHECK AMT   ERROR MESSAGE

999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX
999999999     XXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXX      $99999.99   XXXXXXXXXXXXXXXXXXXXXX



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

7.51.3 TPL-0260-W -- HIPP Billing Statement Exception Report Field Descriptions

Field	Description	Length	Data Type
Check Amt	This is the amount of the premium payment for a specific policy.	8	Number (Decimal)
Current ID	The Alabama Medicaid current Recipient Identification Number.	13	Character
Error Message	This is the specific reason the billing statement could not be processed to completion. 1) Message "Recoup Not Processed" displays when the premium payment amount does not entirely cover the requested recoupment amount; 2) Message "Invalid Funding Info" displays when the program cost amount (PCA) or category of service (COS) is invalid or missing.	21	Character
HIPP Case#	The case number assigned to HIPP case.	9	Number (Integer)

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Field	Description	Length	Data Type
Payee ID	This is the carrier number or the HIPP participant ID that uniquely identifies the insurance company, employer, or HIPP participant for whom the billing statement which could not be processed to completion. This is dependent upon CDE_ENTITY in this table to determine the ID to display.	9	Character
Payee Name	This is the name of the insurance company, employer, or HIPP participant who relates to the billing statement which could not be processed to completion.	3	Character

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7.52 TPL-0270-W -- HIPP Remittance Advice Report

7.52.1 TPL-0270-W -- HIPP Remittance Advice Report Narrative

The HIPP Remittance Advice report identifies detailed premium payment information which includes premium payment, recoupment, non-cash recoupment amounts for HIPP. Remittance Advices are produced and mailed weekly.

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7.52.2 TPL-0270-W -- HIPP Remittance Advice Report Layout

```
Report  : TPL-0270-W                                    ALABAMA MEDICAID AGENCY                          Run Date: MM/DD/CCYY
Process : TPLJW270                                MEDICAID MANAGEMENT INFORMATION SYSTEM                  Run Time:   HH:MM:SS
Location: TPL0270W                                      HIPP REMITTANCE ADVICE                                Page:      99999

          PAYEE NUMBER  999999999                           DATE:MM/DD/CCYY                            CHECK # 999999999



       NOTE:  IF A CHANGE HAS OCCURRED IN EMPLOYMENT STATUS, INSURANCE COVERAGE OR
       IF YOU ARE NOT DUE THIS MONEY, PLEASE CALL THE THIRD PARTY HIPP UNIT AT 334-242-3722.



                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                 XXXXXXXXXXXX            XX XXXXX-XXXX
```


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```
Report  : TPL-0270-W                                    ALABAMA MEDICAID AGENCY                              Run Date: MM/DD/CCYY
Process : TPLJW270                                MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   HH:MM:SS
Location: TPL0270W                                      HIPP REMITTANCE ADVICE                                   Page:      99999

         PAYEE NUMBER  999999999                            DATE:MM/DD/CCYY                              CHECK # 999999999

                                      SOCIAL
        POLICYHOLDER NAME             SECURITY # POLICY #                  HIPP CASE #       PAID AMOUNT   PERIOD     PERIOD
        PARTICIPANT ID                GROUP #                                                              BEG DT     END DT
        XXXXXXXXXXXXXXX, XXXXXXXXXX X
        XXXXXXXXXXXX                  999999999  XXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXX         $9999999.99 MM/DD/CCYY MM/DD/CCYY
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report  : TPL-0270-W                                    ALABAMA MEDICAID AGENCY                              Run Date: MM/DD/CCYY
Process : TPLJW270                                MEDICAID MANAGEMENT INFORMATION SYSTEM                     Run Time:   HH:MM:SS
Location: TPL0270W                                      HIPP REMITTANCE ADVICE                                   Page:      99999

         PAYEE NUMBER  999999999                            DATE:MM/DD/CCYY                              CHECK # 999999999

                                                         ***  PAYMENT DATA  ***

                                                PREMIUM PAYMENT AMOUNT        $    999.99
                                                RECOUPMENT AMOUNT             $    999.99
                                                TOTAL PAYMENT                 $    999.99

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


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7.52.3 TPL-0270-W -- HIPP Remittance Advice Report Field Descriptions

Field	Description	Length	Data Type
Check #	The check number assigned by Financial.	9	Number (Integer)
Date	Date of the remittance advice.	10	Date (MM/DD/CCYY)
Group #	The policy group number.	30	Character
HIPP Case #	The sak_tpl_resource number (system assigned key).	9	Character
Paid Amount	The amount paid to the payee.	9	Number (Decimal)
Participant ID	The recipient Medicaid identification number.	30	Character
Payee Number	An internal number assigned to the payee .	9	Character
Period Beg Dt	The period beginning date for the premium payment.	10	Date (MM/DD/CCYY)
Period End Dt	The period ending date for the premium.	10	Date (MM/DD/CCYY)
Policyholder Name	The name of policy holder.	44	Character
Premium Payment Amount	The amount of the premium being paid .	9	Number (Decimal)
RA #	The remittance advice number.	11	Character
Recoupment Amount	This is the amount withheld from the premium payment amount to reconcile an overpayment made to the HIPP payee.	9	Number (Decimal)
Social Security #	The policyholder’s Social Security Number.	9	Number (Integer)
Total Payment	The total amount being paid to the payee.	9	Number (Decimal)

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7.53 TPL-0280-W -- HIPP Premium Payment RA Register Report

7.53.1 TPL-0280-W -- HIPP Premium Payment RA Register Report Narrative

The HIPP Premium Payment RA Register report summarizes all HIPP premium payment, recoupment, non-cash recoupment amounts staged for a given financial cycle in sequence by HIPP payee number. One line of this report is generated for each RA/warrant. This report is produced weekly.

The report should be retained for one calendar year from the run date for informational and research purposes.

7.53.2 TPL-0280-W -- HIPP Premium Payment RA Register Report Layout

```
REPORT  :  TPL-0280-W                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS :  TPLJW280                       MEDICAID MANAGEMENT INFORMATION SYSTEMS                       RUN TIME:   HH:MM:SS
LOCATION:  TPL0280W                            HIPP PREMIUM PAYMENT RA REGISTER                            PAGE:    999,999
                                             REPORT PERIOD:   MM/DD/CCYY - MM/DD/CCYY


PAYEE NUMBER    PAYEE NAME                                    HIPP CASE #      CHECK #    PAYMENT AMT

XXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                999999999    999999999     $999999.99



                ***  GRAND TOTALS  ***                                      999999999     $999999.99


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

7.53.3 TPL-0280-W -- HIPP Premium Payment RA Register Report Field Descriptions

Field	Description	Length	Data Type
Check #	Number on the HIPP check.	9	Number (Integer)
HIPP Case #	The case number assigned to HIPP case.	9	Number (Integer)
Grand Totals	Total amounts of the Non-Fin Debit Amt, Non-Fin Credit Amt, Recoup Amt and Payment Amt columns.	9	Number (Decimal)
Payee Name	The name of the payee.	30	Character
Payee Number	An internal number assigned to the payee .	9	Character

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Field	Description	Length	Data Type
Payment Amt	The amount paid to the payee.	9	Number (Decimal)

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7.54 TPL-0290-M -- HIPP Monthly Clerk Cost Effective Activity Report

7.54.1 TPL-0290-M -- HIPP Monthly Clerk Cost Effective Activity Report Narrative

This report provides a list of HIPP cases added during the month, approved, and associated with a policy.

This report is primarily an Audit Trail report, but is also used to determine if the state requirement is met to review HIPP Applications within a specific period of time is met.

This report is produced monthly.

7.54.2 TPL-0290-M -- HIPP Monthly Clerk Cost Effective Activity Report Layout

```
REPORT  :  TPL-0290-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS :  TPLJM290                          MEDICAID MANAGEMENT INFORMATION SYSTEM                        RUN TIME: HH:MM:SS
LOCATION:  TPL0290M                        HIPP MONTHLY CLERK COST EFFECTIVE ACTIVITY                          PAGE: 999,999
                                                    REPORT PERIOD: MM/CCYY


 USER ID   POLICY #                          PID         CASE NO    REVAL DATE    APPR DATE   PREM BEGIN DATE
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY
XXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  999999999     999999999   MM/DD/CCYY    MM/DD/CCYY     MM/DD/CCYY

TOTAL :    9999



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


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7.54.3 TPL-0290-M -- HIPP Monthly Clerk Cost Effective Activity Report Field Descriptions

Field	Description	Length	Data Type
Appr Date	The date the HIPP case was approved for payment.	10	Date (MM/DD/CCYY)
Case No	The HIPP case number.	9	Number (Integer)
PID	The policyholder ID.	9	Number (Integer)
Policy #	The policy number associated with the HIPP case recipients.	30	Character
Prem Begin Date	The premium begin date on the HIPP case.	10	Date (MM/DD/CCYY)
Reval Date	The next review date.	10	Date (MM/DD/CCYY)
Total	The total number of HIPP cases added, approved, and associated with a policy for the month.	9	Number (Decimal)
User ID	The clerk ID of the person who last updated the record.	8	Character

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7.55 TPL-0321-M -- HMS MONTHLY AR AGING REPORT

7.55.1 TPL-0321-M -- HMS MONTHLY AR AGING REPORT Narrative

This report keeps track of the outstanding balance of TPL insurance billings and TPL payments received on a monthly basis. Each month's data will reflect DXC TPL A/R stats for the fiscal year through the end of that month. The DXC TPL A/R data from the report along with HMS's A/R data will be used to produce the final report to the Agency, which in turn will be used to provide information to the Legislative fiscal office of TPL's outstanding billings.

7.55.2 TPL-0321-M -- HMS MONTHLY AR AGING REPORT Layout

```
Report  : TPL-0321-M                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM321                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0321M                            HMS MONTHLY AR AGING REPORT                                  Page:    999,999
                                         REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY


AR BILLINGS AND RECOVERY                                                                                  FY CCYY
-------------------------------------------------------------------------------------------------------------------
BEGINNING BALANCE                                                                                        $9,999,999,999.99

MEDICAID PAID AMOUNT BILLED ON NEW ARs                                                                   $9,999,999,999.99
TOTAL DOLLARS RECOVERED ON ARs POSTED                                                                    $9,999,999,999.99
TOTAL DOLLARS BILLED ON DENIED ARs POSTED                                                                $9,999,999,999.99
DIFFERENCE BETWEEN MEDICAID PAID AND AR PAID AMOUNT (WRITE-OFF AMOUNT) FOR ARs POSTED                    $9,999,999,999.99
TOTAL AR BILLED AMOUNT ON ARs CLOSED FOR HMS FOLLOW UP                                                   $9,999,999,999.99
TOTAL AR BILLED AMOUNT ON OPEN ARs TO BE FOLLOWED BY HMS AFTER 120 DAYS                                  $9,999,999,999.99
                                                                                                         ----------------
ENDING BALANCE                                                                                           $9,999,999,999.99


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

7.55.3 TPL-0321-M -- HMS MONTHLY AR AGING REPORT Field Descriptions

Field	Description	Data Type	Length
BEGINNING BALANCE	The beginning balance of TPL insurance billings and TPL payments received for the fiscal year.	Number (Decimal)	12
DIFFERENCE BETWEEN MEDICAID PAID AND AR PAID AMOUNT (WRITE-OFF AMOUNT) FOR ARs POSTED	The difference between Medicaid Paid and AR's paid amount (Write-off Amount) for AR's posted in the fiscal year through the end of the current reporting month.	Number (Decimal)	12

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Field	Description	Data Type	Length
ENDING BALANCE	The ending balance of TPL insurance billings and TPL payments received for the fiscal year through the end of the current reporting month.	Number (Decimal)	12
MEDICAID PAID AMOUNT BILLED ON NEW ARs	The total Medicaid Paid Amount billed on New AR's in the fiscal year through the end of the current reporting month.	Number (Decimal)	12
TOTAL AR BILLED AMOUNT ON ARs CLOSED FOR HMS FOLLOW UP	The total AR billed amount on AR's closed for HMS follow up in the fiscal year through the end of the current reporting month.	Number (Decimal)	12
TOTAL AR BILLED AMOUNT ON OPEN ARs TO BE FOLLOWED BY HMS AFTER 120 DAYS	The total AR billed amount on AR's that are open in fiscal year further through the end of the current reporting month to be followed by HMS after 120 days.	Number (Decimal)	12
TOTAL DOLLARS BILLED ON DENIED ARs POSTED	The total amount billed on Denied AR's posted in the fiscal year through the end of the current reporting month.	Number (Decimal)	12
TOTAL DOLLARS RECOVERED ON ARs POSTED	The total amount recovered on AR's posted in the fiscal year through the end of the current reporting month.	Number (Decimal)	12

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7.56 TPL-0350-M -- MONTHLY POLICIES CURRENTLY ON TPL FILE Report

7.56.1 TPL-0350-M -- MONTHLY POLICIES CURRENTLY ON TPL FILE Report Narrative

Third Party Data for Application Awarded Eligibility during previous Month is received monthly. Each month, TPL would like for the policies listed on this report to be compared to our TPL file. If any of the listed policies from the report are currently on file, list them on a report titled "Policies currently on TPL file" and place it on DXC COLD.

7.56.2 TPL-0350-M -- MONTHLY POLICIES CURRENTLY ON TPL FILE Report Layout

```
Report  : TPL-0350-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM350                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0350M                         POLICIES CURRENTLY ON TPL FILE                                    Page:    999,999
                                                PERIOD:  MM/DD/CCYY

POLICY CO NAME          CURRENT ID    POLICY NUMBER    RECIP NAME             POLICY HOLDER NAME          DOB        GOOD CAUSE
XXXXXXXXXXXXXXXXXXXXXX  999999999999  999999999999999  XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY          X

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

7.56.3 TPL-0350-M -- MONTHLY POLICIES CURRENTLY ON TPL FILE ReportField Descriptions

Field	Description	Data Type	Length
Current ID	Medicaid Number.	Character	12
DOB	The Recipient date of birth.	Character	8
GOOD CAUSE IND	Good cause indicator.	Character	1
Policy CO Name	Policy Company Name.	Character	22
Policy Holder Name	Policy Holder name.	Character	23
Policy Number	The policy number assigned by the carrier.	Character	15

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Field	Description	Data Type	Length
Recip Name	The full name of the individual eligible for Medicaid.	Character	22

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7.57 TPL-0350-Q -- QUARTERLY POLICIES CURRENTLY ON TPL FILE Report

7.57.1 TPL-0350-Q -- QUARTERLY POLICIES CURRENTLY ON TPL FILE Report Narrative

This quarterly report is going to display the policies that were found on our system.

7.57.2 TPL-0350-Q -- QUARTERLY POLICIES CURRENTLY ON TPL FILE Report Layout

```
Report  : TPL-0350-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ350                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0350Q                         POLICIES CURRENTLY ON TPL FILE                                    Page:    999,999
                                                PERIOD:  MM/DD/CCYY

POLICY CO NAME          CURRENT ID     POLICY NUMBER     RECIP NAME             POLICYHOLDER NAME          DOB        GOOD CAUSE IND
XXXXXXXXXXXXXXXXXXXXXX  999999999999   999999999999999   XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY          X

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

7.57.3 TPL-0350-Q -- QUARTERLY POLICIES CURRENTLY ON TPL FILE Report Field Descriptions

Field	Description	Data Type	Length
Current ID	Medicaid Number.	Character	12
DOB	The Recipient date of birth.	Character	8
Good Cause IND	Good cause indicator.	Character	1
Policy CO Name	Policy Company Name.	Character	22
Policy Holder Name	Policy Holder name.	Character	23
Policy Number	The policy number assigned by the carrier.	Character	15
Recip Name	The full name of the individual eligible for Medicaid.	Character	22

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7.58 TPL-0351-M -- MONTHLY POLICIES NOT FOUND ON THE TPL FILE Report

7.58.1 TPL-0351-M -- MONTHLY POLICIES NOT FOUND ON THE TPL FILE Report Narrative

Third Party Data for Application Awarded Eligibility during previous Month is received monthly. Each month, TPL would like for the policies listed on this report to be compared to our TPL file. If there are other policies that are not found on the TPL file, put them on a separate report titled "Policides not found on the TPL file". This report should also be placed on DXC COLD.

7.58.2 TPL-0351-M -- MONTHLY POLICIES NOT FOUND ON THE TPL FILE Report Layout

```
Report  : TPL-0350-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM350                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0350M                  MONTHLY - POLICIES NOT FOUND ON THE TPL FILE                             Page:    999,999
                                                PERIOD:  Month - Year

POLICY CO NAME          CURRENT ID    POLICY NUMBER    RECIP NAME             POLICY HOLDER NAME          DOB        GOOD CAUSE IND
XXXXXXXXXXXXXXXXXXXXXX  999999999999  999999999999999  XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY          X

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

7.58.3 TPL-0351-M -- MONTHLY POLICIES NOT FOUND ON THE TPL FILE Report Field Descriptions

Field	Description	Data Type	Length
Current ID	Medicaid Number.	Character	12
DOB	The Recipient date of birth.	Character	8
Good Cause IND	Good cause indicator.	Character	1
Policy CO Name	Policy Company Name.	Character	22
Policy Holder Name	Policy Holder name.	Character	23
Policy Number	The policy number assigned by the carrier.	Character	15

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Field	Description	Data Type	Length
Recip Name	The full name of the individual eligible for Medicaid.	Character	22

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7.59 TPL-0351-Q -- QUARTERLY POLICIES NOT FOUND ON THE TPL FILE Report

7.59.1 TPL-0351-Q -- QUARTERLY POLICIES NOT FOUND ON THE TPL FILE Report Narrative

This quarterly report is going to display the policies that were not found on our system.

7.59.2 TPL-0351-Q -- QUARTERLY POLICIES NOT FOUND ON THE TPL FILE Report Layout

```
Report  : TPL-0350-Q                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ350                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0350Q                       POLICIES NOT FOUND ON THE TPL FILE                                  Page:    999,999
                                                 PERIOD:  MM/DD/CCYY

POLICY CO NAME          CURRENT ID     POLICY NUMBER     RECIP NAME             POLICYHOLDER NAME          DOB        GOOD CAUSE IND
XXXXXXXXXXXXXXXXXXXXXX  999999999999   999999999999999   XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX   MM/DD/CCYY          X

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

7.59.3 TPL-0351-Q -- QUARTERLY POLICIES NOT FOUND ON THE TPL FILE Report Field Descriptions

Field	Description	Data Type	Length
Current ID	Medicaid Number.	Character	12
DOB	The Recipient date of birth.	Character	8
GOOD CAUSE IND	Good cause indicator.	Character	1
Policy CO Name	Policy Company Name.	Character	22
Policy Holder Name	Policy Holder name.	Character	23
Policy Number	The policy number assigned by the carrier.	Character	15
Recip Name	The full name of the individual eligible for Medicaid.	Character	22

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7.60 TPL–0401-M ---TPL Refund Invoice List - BCBS Report

7.60.1 TPL–0401-M ---TPL Refund Invoice List - BCBS Report Narrative

This report will show all the refunds that were applied from the Blue Cross/Blue Shield refund request file.

7.60.2 TPL–0401-M ---TPL Refund Invoice List - BCBS Report Layout

```
Report  : TPL-0401-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM401                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                          TPL REFUND INVOICE LIST - BCBS                                   Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX



ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY

                 AR NUMBER: XXXXXXXXXXXXX       RECIPIENT ID:  XXXXXXXXXXXX  RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              CARRIER CODE: XXXXXXXXXX          CARRIER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       CCN: XXXXXXXXXXX         DISP SEQUENCE: 999999999     DISP AMOUNT: 99,999,999.99

ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
```


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```
                AR NUMBER: XXXXXXXXXXXXX       RECIPIENT ID:  XXXXXXXXXXXX  RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
             CARRIER CODE: XXXXXXXXXX          CARRIER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                      CCN: XXXXXXXXXXX         DISP SEQUENCE: 999999999     DISP AMOUNT: 99,999,999.99

Report  : TPL-0401-M                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM401                        MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                            TPL REFUND INVOICE LIST - BCBS                                   Page:    999,999
                                          REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                  INVOICE NUMBER: XXXXXXXX



ACCOUNT NUMBER: XXXXXXXXXXXX

REFUND  REASON
 CODE   EXPLANATION
  XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report  : TPL-0401-M                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM401                        MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                            TPL REFUND INVOICE LIST - BCBS                                   Page:    999,999
                                          REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                  INVOICE NUMBER: XXXXXXXX
                                                 TOTAL REFUND BY CHECK



CASH CONTROL NUMBER         CHECK NUMBER                                  REFUND AMOUNT
-------------------         ------------------------------                -------------
```


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```
XXXXXXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  99,999,999.99
XXXXXXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  99,999,999.99
XXXXXXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  99,999,999.99
XXXXXXXXXXX                XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  99,999,999.99

                                          TOTAL TO BE REFUNDED:       999,999,999.99



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

7.60.3 TPL–0401-M ---TPL Refund Invoice List - BCBS Report Field Descriptions

Field	Description	Data Type	Length
ACCOUNT NUMBER	Account number associated to the refund request.	Character	12
AR NUMBER	The account receivable number that will have the refund applied to.	Character	13
BILL STAT	The billing status code.	Character	1
CARRIER CODE	The insurance carrier code.	Character	10
CARRIER NAME	The name of the insurance carrier.	Character	45
CASH CONTROL NUMBER	The cash control number of the check the refund was applied to.	Character	11
CCN	The cash control number of the check the refund was applied to.	Character	11
CHECK NUMBER	The number of the check in which the refund was applied to.	Character	30
CONTRACT	The patient's policy number.	Character	12
DISP AMOUNT	The amount being refunded from the check.	Number (Decimal)	10
DISP SEQUENCE	The number that uniquely identifies each individual disposition which was applied to a check.	Number (Integer)	9
EXTERNAL CLAIM NUMBER	The external entity's internal claim number.	Character	12

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Field	Description	Data Type	Length
INVOICE NUMBER	Invoice number associated to the refund request.	Character	8
PAID AMOUNT	The refund request amount.	Number (Decimal)	11
PATIEINT ACCT	The patient's account number associated to the refund request.	Character	12
PATIENT CONTROL NUMBER	The patient's control number associated to the refund request.	Character	13
PATIENT DOB	The patient's date of birth.	Date (MM/DD/CCYY)	10
PATIENT NAME	The patient's last name and first initial of the first and middle name.	Character	18
REASON EXPLANATION	Description of the refund.	Character	246
RECIPIENT ID	The recipient's Medicaid ID.	Character	12
RECIPIENT NAME	The recipient's name.	Character	39
REFUND AMOUNT	The total amount being refunded for each check.	Number (Decimal)	10
REFUND CODE	The refund reason code.	Character	2
REFUND REASON	The refund reason code.	Character	2
REMIT DATE	The date of the initial payment for services on the claim was submitted.	Date (MM/DD/CCYY)	10
SERVICE DATE	The date of service on the claim.	Date (MM/DD/CCYY)	10
SUBMITTED CHARGES	The payment made for the services rendered on the claim.	Number (Decimal)	10
TOTAL TO BE REFUNDED	The total amount of all refunds applied.	Number (Decimal)	11

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7.61 TPL–0402-M ---TPL Refund Invoice Errors - BCBS Report

7.61.1 TPL–0402-M ---TPL Refund Invoice Errors - BCBS Report Narrative

This report will show all the refunds that were not applied from the Blue Cross/Blue Shield refund request file due to the refund hitting one of the error reasons.

7.61.2 TPL–0402-M ---TPL Refund Invoice Errors - BCBS Report Layout

```
Report  : TPL-0402-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM401                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                         TPL REFUND INVOICE ERRORS - BCBS                                  Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX
ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                               CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                               CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
```


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```
                                                CLAIM NUMBER      DATE         CHARGES                  REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


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

7.61.3 TPL–0402-M ---TPL Refund Invoice Errors - BCBS Report Field Descriptions

Field	Description	Data Type	Length
ACCOUNT NUMBER	Account number associated to the refund request.	Character	12
AR NUMBER	The account receivable number that will have the refund applied to.	Character	13
BILL STAT	The billing status code.	Character	1
CONTRACT	The patient's policy number.	Character	12
ERROR MESSAGE	The reason why the refund was not applied.	Character	50
EXTERNAL CLAIM NUMBER	The external entity's internal claim number.	Character	12
INVOICE NUMBER	Invoice number associated to the refund request.	Character	8
PAID AMOUNT	The refund request amount.	Number (Decimal)	11
PATIEINT ACCT	The patient's account number associated to the refund request.	Character	12
PATIENT CONTROL NUMBER	The patient's control number associated to the refund request.	Character	13
PATIENT DOB	The patient's date of birth.	Date (MM/DD/CCYY)	10
PATIENT NAME	The patient's last name and first initial of the first and middle name.	Character	18
REFUND REASON	The refund reason code.	Character	2
REMIT DATE	The date of the initial payment for services on the claim was submitted.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
SERVICE DATE	The date of service on the claim.	Date (MM/DD/CCYY)	10
SUBMITTED CHARGES	The payment made for the services rendered on the claim.	Number (Decimal)	10

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7.62 TPL–0403-M ---TPL Refund Invoice List - HMS Report

7.62.1 TPL–0403-M ---TPL Refund Invoice List - HMS Report Narrative

This report will show all the refunds that were applied from the HMS refund request file.

7.62.2 TPL–0403-M ---TPL Refund Invoice List - HMS Report Layout

```
Report  : TPL-0403-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM402                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                          TPL REFUND INVOICE LIST - HMS                                   Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX



ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY

                 AR NUMBER: XXXXXXXXXXXXX       RECIPIENT ID:  XXXXXXXXXXXX  RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              CARRIER CODE: XXXXXXXXXX          CARRIER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       CCN: XXXXXXXXXXX         DISP SEQUENCE: 999999999     DISP AMOUNT: 99,999,999.99

ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
```


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```
     AR NUMBER: XXXXXXXXXXXXX       RECIPIENT ID:  XXXXXXXXXXXX  RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CARRIER CODE: XXXXXXXXXX          CARRIER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         CCN: XXXXXXXXXXX         DISP SEQUENCE: 999999999     DISP AMOUNT: 99,999,999.99
```


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```
Report  : TPL-0403-M                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : TPLJM402                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0401M                          TPL REFUND INVOICE LIST - HMS                                  Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX
ACCOUNT NUMBER: XXXXXXXXXXXX
REFUND  REASON
 CODE   EXPLANATION
  XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  XX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report  : TPL-0403-M                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : TPLJM402                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0401M                          TPL REFUND INVOICE LIST - HMS                                  Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX
                                               TOTAL REFUND BY CHECK
CASH CONTROL NUMBER         CHECK NUMBER                                    REFUND AMOUNT
-------------------         ------------------------------                  -------------
XXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                   99,999,999.99
XXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                   99,999,999.99
XXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                   99,999,999.99
XXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX                   99,999,999.99

                                             TOTAL TO BE REFUNDED:       999,999,999.99
                                                   *** NO DATA THIS RUN ***
                                                     *** END OF REPORT ***
```


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7.62.3 TPL–0403-M ---TPL Refund Invoice List - HMS Report Field Descriptions

Field	Description	Data Type	Length
ACCOUNT NUMBER	Account number associated to the refund request.	Character	12
AR NUMBER	The account receivable number that will have the refund applied to.	Character	13
BILL STAT	The billing status code.	Character	1
CARRIER CODE	The insurance carrier code.	Character	10
CARRIER NAME	The name of the insurance carrier.	Character	45
CASH CONTROL NUMBER	The cash control number of the check the refund was applied to.	Character	11
CCN	The cash control number of the check the refund was applied to.	Character	11
CHECK NUMBER	The number of the check in which the refund was applied to.	Character	30
CONTRACT	The patient's policy number.	Character	12
DISP AMOUNT	The amount being refunded from the check.	Number (Decimal)	10
DISP SEQUENCE	The number that uniquely identifies each individual disposition which was applied to a check.	Number (Integer)	9
EXTERNAL CLAIM NUMBER	The external entity's internal claim number.	Character	12
INVOICE NUMBER	Invoice number associated to the refund request.	Character	8
PAID AMOUNT	The refund request amount.	Number (Decimal)	11
PATIEINT ACCT	The patient's account number associated to the refund request.	Character	12
PATIENT CONTROL NUMBER	The patient's control number associated to the refund request.	Character	13
PATIENT DOB	The patient's date of birth.	Date (MM/DD/CCYY)	10
PATIENT NAME	The patient's last name and first initial of the first and middle name.	Character	18
REASON EXPLANATION	Description of the refund.	Character	246

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Field	Description	Data Type	Length
RECIPIENT ID	The recipient's Medicaid ID.	Character	12
RECIPIENT NAME	The recipient's name.	Character	39
REFUND AMOUNT	The total amount being refunded for each check.	Number (Decimal)	10
REFUND CODE	The refund reason code.	Character	2
REFUND REASON	The refund reason code.	Character	2
REMIT DATE	The date of the initial payment for services on the claim was submitted.	Date (MM/DD/CCYY)	10
SERVICE DATE	The date of service on the claim.	Date (MM/DD/CCYY)	10
SUBMITTED CHARGES	The payment made for the services rendered on the claim.	Number (Decimal)	10
TOTAL TO BE REFUNDED	The total amount of all refunds applied.	Number (Decimal)	11

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7.63 TPL–0404-M ---TPL Refund Invoice Errors - HMS Report

7.63.1 TPL–0404-M ---TPL Refund Invoice Errors - HMS Report Narrative

This report will show all the refunds that were not applied from the HMS refund request file due to the refund hitting one of the error reasons.

7.63.2 TPL–0404-M ---TPL Refund Invoice Errors - HMS Report Layout

```
Report  : TPL-0404-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM402                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0401M                         TPL REFUND INVOICE ERRORS - HMS                                  Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
                                                INVOICE NUMBER: XXXXXXXX



ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT NUMBER: XXXXXXXXXXXX

CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                              CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT NUMBER: XXXXXXXXXXXX
```


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```
CONTRACT      PATIENT ACCT  PATIENT NAME          EXTERNAL       SERVICE      SUBMITTED    PAID AMOUNT  REFUND  BILL     PATIENT
                                                 CLAIM NUMBER      DATE         CHARGES                   REASON  STAT  CONTROL NUMBER
XXXXXXXXXXXX  XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX   MM/DD/CCYY 99,999,999.99 999,999,999.99    XX     X    XXXXXXXXXXXXX
PATIENT DOB:  MM/DD/CCYY            REMIT DATE: MM/DD/CCYY
  AR NUMBER:  XXXXXXXXXXXXX      ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

7.63.3 TPL–0404-M ---TPL Refund Invoice Errors - HMS Report Field Descriptions

Field	Description	Data Type	Length
ACCOUNT NUMBER	Account number associated to the refund request.	Character	12
AR NUMBER	The account receivable number that will have the refund applied to.	Character	13
BILL STAT	The billing status code.	Character	1
CONTRACT	The patient's policy number.	Character	12
ERROR MESSAGE	The reason why the refund was not applied.	Character	50
EXTERNAL CLAIM NUMBER	The external entity's internal claim number.	Character	12
INVOICE NUMBER	Invoice number associated to the refund request.	Character	8
PAID AMOUNT	The refund request amount.	Number (Decimal)	11
PATIEINT ACCT	The patient's account number associated to the refund request.	Character	12
PATIENT CONTROL NUMBER	The patient's control number associated to the refund request.	Character	13
PATIENT DOB	The patient's date of birth.	Date (MM/DD/CCYY)	10
PATIENT NAME	The patient's last name and first initial of the first and middle name	Character	18
REFUND REASON	The refund reason code.	Character	2

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Field	Description	Data Type	Length
REMIT DATE	The date of the initial payment for services on the claim was submitted.	Date (MM/DD/CCYY)	10
SERVICE DATE	The date of service on the claim.	Date (MM/DD/CCYY)	10
SUBMITTED CHARGES	The payment made for the services rendered on the claim.	Number (Decimal)	10

7.64 TPL-0500-M -- HMS Case Extract Summary Report

7.64.1 TPL-0500-M -- HMS Case Extract Summary Report Narrative

This report file will summarize any update or insert performed while processing the case extract file received from HMS.

7.64.2 TPL-0500-M -- HMS Case Extract Summary Report Layout

```
Report  : TPL-0500-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJM500                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0500M                            HMS CASE SUMMARY REPORT                                        Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HMS CASE          HP CASE                   STATUS
  NUMBER            NUMBER                    MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                TOTAL RECORDS READ    ================================>    999,999
                                TOTAL RECORDS ADDED   ================================>    999,999
                                TOTAL RECORDS UPDATED ================================>    999,999
                                TOTAL ERROR RECORDS   ================================>    999,999
-------------------------------------------------------------------------------------------------------------------------------
                    RECORDS WITH SAME BASE INFORMATION ================================>    999,999

                                                   ** End of Report **
                                                 ** No Data This Report **
```

7.64.3 TPL-0500-M -- HMS Case Extract Summary Report Field Descriptions

Field	Description	Data Type	Length
HMS CASE NUMBER	Contains the case tracking number that provided by HMS.	Character	15

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Field	Description	Data Type	Length
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15
RECORDS WITH SAME BASE INFORMATION	Duplicate record- segment provided on input file is already on database.	Number (Integer)	8
STATUS MESSAGE	Description about the status of external case number update.	Character	84
TOTAL ERROR RECORDS	Total error segment in input file.	Number (Integer)	8
TOTAL RECORDS ADDED	Total number of recorded added from the file.	Number (Integer)	8
TOTAL RECORDS READ	Total Number of record read from input file provided.	Number (Integer)	8
TOTAL RECORDS UPDATED	Total number of record existing records updated in database based on the onformation in input file.	Number (Integer)	8

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7.65 TPL-0510-M -- HMS Case Extract Case Error Summary Report

7.65.1 TPL-0510-M -- HMS Case Extract Case Error Summary Report Narrative

This report file will summarize any errors generated while processing the case extract file received from HMS.

7.65.2 TPL-0510-M -- HMS Case Extract Case Error Summary Report Layout

```
Report  : TPL-0510-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJM510                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0510M                          HMS CASE ERRROR SUMMARY REPORT                                   Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
   HMS CASE          HP CASE                    ERR
   NUMBER            NUMBER                     MSG
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                   ** End of Report **
                                                ** No Data This Report **
```

7.65.3 TPL-0510-M -- HMS Case Extract Case Error Summary Report Field Descriptions

Field	Description	Data Type	Length
ERR MSG	Description as to why case segment could not be updated in the database.	Character	84
HMS CASE NUMBER	Contains the case tracking number that provided by HMS.	Character	15
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15

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7.66 TPL-0520-M -- HMS Claim Extract Summary Report

7.66.1 TPL-0520-M -- HMS Claim Extract Summary Report Narrative

This report file will summarize any update or insert performed while processing the claim extract file received from HMS.

7.66.2 TPL-0520-M -- HMS Claim Extract Summary Report Layout

```
Report  : TPL-0520-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJM520                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0520M                            HMS CLAIM SUMMARY REPORT                                       Page:    999,999
                                         REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HMS CASE          HP CASE            NUM                    STATUS
  NUMBER            NUMBER             ICN                    MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                TOTAL RECORDS READ      ================================>    999,999
                                TOTAL RECORDS ADDED     ================================>    999,999
                                TOTAL RECORDS UPDATED   ================================>    999,999
                                TOTAL DUPLICATE RECORDS ================================>    999,999
                                TOTAL ERROR RECORDS     ================================>    999,999

                                           ** End of Report **
                                        ** No Data This Report **
```

7.66.3 TPL-0520-M -- HMS Claim Extract Summary Report Field Descriptions

Field	Description	Data Type	Length
HMS CASE NUMBER	Contains the case tracking number provided by HMS.	Character	15
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15
NUM ICN	Contains the ICN's that need to be added against the provided case number.	Character	20
STATUS MESSAGE	Description about the status of claims update.	Character	68
TOTAL DUPLICATE RECORDS	Segment provided on input file is already on database	Number (Integer)	8

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Field	Description	Data Type	Length
TOTAL ERROR RECORDS	Total error segment in input file.	Number (Integer)	8
TOTAL RECORDS ADDED	Total number of recorded added from the file.	Number (Integer)	8
TOTAL RECORDS READ	Total Number of record read from input file provided.	Number (Integer)	8
TOTAL RECORDS UPDATED	Total number of record existing records updated in database based on the onformation in input file.	Number (Integer)	8

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7.67 TPL-0530-M -- HMS Claim Extract Error Summary Report

7.67.1 TPL-0530-M -- HMS Claim Extract Error Summary Report Narrative

This report file will summarize any errors generated while processing the claim extract file received from HMS.

7.67.2 TPL-0530-M -- HMS Claim Extract Error Summary Report Layout

```
Report  : TPL-0530-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJM530                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0530M                           HMS CLAIM ERRROR SUMMARY REPORT                                 Page:    999,999
                                         REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HMS CASE          HP CASE            NUM                    ERR
  NUMBER            NUMBER             ICN                    MSG
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   ** End of Report **
                                                 ** No Data This Report **
```

7.67.3 TPL-0530-M -- HMS Claim Extract Error Summary Report Field Descriptions

Field	Description	Data Type	Length
ERR MESSAGE	Description as to why the claims could not be updated in the database.	Character	68
HMS CASE NUMBER	Contains the case tracking number provided by HMS.	Character	15
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15
NUM ICN	Contains the ICN's that need to be added against the provided case number.	Character	20

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7.68 TPL-0540-W -- HMS Estate Cases Summary Report

7.68.1 TPL-0540-W -- HMS Estate Cases Summary Report Narrative

This report file will summarize any update or insert performed while processing the Estate Recovery case extract files received from HMS.

7.68.2 TPL-0540-W -- HMS Estate Cases Summary Report Layout

```
Report  : TPL-0540-M                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJW540                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0540W                          HMS ESTATE CASES SUMMARY REPORT                              Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HMS CASE          HP CASE                    STATUS
  NUMBER            NUMBER                     MESSAGE
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                TOTAL RECORDS READ      ================================>    999,999
                                TOTAL RECORDS ADDED     ================================>    999,999
                                TOTAL RECORDS UPDATED   ================================>    999,999
                                TOTAL ERROR RECORDS     ================================>    999,999
-------------------------------------------------------------------------------------------------------------------------------
                    RECORDS WITH SAME BASE INFORMATION  ================================>    999,999

-------------------------------------------------------------------------------------------------------------------------------
   SUMMARY COUNT INFORMATION:
-------------------------------------------------------------------------------------------------------------------------------
   CASE TYPE                              NUMBER OF CASES ADDED                      NUMBER OF CASES UPDATED
-------------------------------------------------------------------------------------------------------------------------------
   LIEN PROMISSORY                        99999999                                   99999999
   LIEN LIFE ESTATE                       99999999                                   99999999
   LIEN OTHER                             99999999                                   99999999
   ESTATE RECOVERY QIT                    99999999                                   99999999
   ESTATE RECOVERY SNT                    99999999                                   99999999
   ESTATE RECOVERY ANNUITY                99999999                                   99999999
   ESTATE RECOVERY PROBATE ESTATE         99999999                                   99999999
   ESTATE RECOVERY AFT                    99999999                                   99999999
   ESTATE RECOVERY TRUST                  99999999                                   99999999
   ESTATE RECOVERY OTHER                  99999999                                   99999999
                                                     ** End of Report **
                                                  ** No Data This Report **
```


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7.68.3 TPL-0540-M -- HMS Estate Cases Summary Report Field Descriptions

Field	Description	Data Type	Length
ESTATE RECOVERY AFT (ADDED)	Total number of Estate Recovery AFT cases added.	Number (Integer)	8
ESTATE RECOVERY AFT (UPDATED)	Total number of Estate Recovery AFT cases updated.	Number (Integer)	8
ESTATE RECOVERY ANNUITY (ADDED)	Total number of Estate Recovery ANNUITY cases added.	Number (Integer)	8
ESTATE RECOVERY ANNUITY (UPDATED)	Total number of Estate Recovery ANNUITY cases updated.	Number (Integer)	8
ESTATE RECOVERY OTHER (ADDED)	Total number of Estate Recovery OTHER cases added.	Number (Integer)	8
ESTATE RECOVERY OTHER (UPDATED)	Total number of Estate Recovery OTHER cases updated.	Number (Integer)	8
ESTATE RECOVERY PROBATE ESTATE (ADDED)	Total number of Estate Recovery Probate Estate cases added.	Number (Integer)	8
ESTATE RECOVERY PROBATE ESTATE (UPDATED)	Total number of Estate Recovery Probate Estate cases updated.	Number (Integer)	8
ESTATE RECOVERY QIT (ADDED)	Total number of Estate Recovery QIT cases added.	Number (Integer)	8
ESTATE RECOVERY QIT (UPDATED)	Total number of Estate Recovery QIT cases updated.	Number (Integer)	8
ESTATE RECOVERY SNT (ADDED)	Total number of Estate Recovery SNT cases added.	Number (Integer)	8
ESTATE RECOVERY SNT (UPDATED)	Total number of Estate Recovery SNT cases updated.	Number (Integer)	8

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Field	Description	Data Type	Length
ESTATE RECOVERY TRUST (ADDED)	Total number of Estate Recovery TRUST cases added.	Number (Integer)	8
ESTATE RECOVERY TRUST (UPDATED)	Total number of Estate Recovery TRUST cases updated.	Number (Integer)	8
HMS CASE NUMBER	Contains the case tracking number provided by HMS.	Character	15
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15
LIEN LIFE ESTATE (ADDED)	Total number of Lien Life Estate cases added.	Number (Integer)	8
LIEN LIFE ESTATE (UPDATED)	Total number of Lien Life Estate cases updated.	Number (Integer)	8
LIEN OTHER (ADDED)	Total number of Lien Other cases added.	Number (Integer)	8
LIEN OTHER (UPDATED)	Total number of Lien Other cases updated.	Number (Integer)	8
LIEN PROMISSORY (ADDED)	Total number of Lien Promissory cases added.	Number (Integer)	8
LIEN PROMISSORY (UPDATED)	Total number of Lien Promissory cases updated.	Number (Integer)	8
RECORDS WITH SAME BASE INFORMATION	Total number of records with the same base information.	Number (Integer)	8
STATUS MESSAGE	Description about the status of claims update.	Character	68
TOTAL ERROR RECORDS	Total error segment in input file.	Number (Integer)	8
TOTAL RECORDS ADDED	Total number of recorded added from the file.	Number (Integer)	8
TOTAL RECORDS READ	Total Number of record read from input file provided.	Number (Integer)	8
TOTAL RECORDS UPDATED	Total number of record existing records updated in database based on the information in input file.	Number (Integer)	8

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7.69 TPL-0541-W -- HMS Estate Cases Error Summary Report

7.69.1 TPL-0541-W -- HMS Estate Cases Error Summary Report Narrative

This report file will summarize any errors generated while processing the estate recovery case files received from HMS.

7.69.2 TPL-0541-W -- HMS Estate Cases Summary Report Layout

```
Report  : TPL-0541-W                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/YYYY
Process : TPLJW540                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0540W                      HMS ESTATE CASES ERROR SUMMARY REPORT                              Page:    999,999
                                        REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
  HMS CASE          HP CASE                   ERR
  NUMBER            NUMBER                    MSG
-------------------------------------------------------------------------------------------------------------------------------
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  XXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                  ** End of Report **
                                                ** No Data This Report **
```

7.69.3 TPL-0541-W -- HMS Estate Cases Error Summary Report Field Descriptions

Field	Description	Data Type	Length
ERR MSG	Description as to why the claims could not be updated in the database.	Character	68
HMS CASE NUMBER	Contains the case tracking number provided by HMS.	Character	15
HP CASE NUMBER	Contains the HP case number created against the HMS case number.	Character	15

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7.70 TPL-1185-D -- HIPP Duplicate Active Recipient ID Report

7.70.1 TPL-1185-D -- HIPP Duplicate Active Recipient ID Report Narrative

This report identifies recipients that exist on more than 1 HIPP case and at least one of the cases are in a Premium Payment status (ES). This report is produced daily.

7.70.2 TPL-1185-D -- HIPP Duplicate Active Recipient ID Report Layout

```
REPORT  : TPL-1185-D                          ALABAMA MEDICAID AGENCY                                  RUN DATE: MM/DD/CCYY
PROCESS : TPLJD185                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:   HH:MM:SS
LOCATION: TPL1185D                    HIPP DUPLICATE ACTIVE RECIPIENT ID REPORT                            PAGE:    999,999

                        RECIPIENT ID        HIPP ID      STAT CD    PREM PMT BEG    PREM PMT END
                        ---------        ---------       --        --------        --------
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX
                        XXXXXXXXXXXX        999            XX        XXXXXXXX        XXXXXXXX


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

7.70.3 TPL-1185-D--HIPP Duplicate Active Recipient ID Report Field Descriptions

Field	Description	Length	Data Type
HIPP ID	A unique number assigned to each HIPP case.	9	Character
Prem Pmt Beg	The begin date for which the premiums started.	10	Date (MM/DD/CCYY)
Prem Pmt End	The last date a premium payment is made for the HIPP case.	10	Date (MM/DD/CCYY)
Recipient ID	The unique Medicaid ID assigned to a recipient.	12	Character
Stat CD	The code identifying the current status of the HIPP case.	2	Character

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7.71 TPL-3001-M -- TPL Possible Medicare Eligibles Report

7.71.1 TPL-3001-M -- TPL Possible Medicare Eligibles Report Narrative

The TPL Possible Medicare Eligibles report reads the recipient paid crossover claim files. If a recipient has a crossover claim that paid, the Medicare table in eligibility is checked to see if the recipient has Medicare A or Medicare B. The recipients who do not have Medicare A or B show up on the Possible Medicare Eligibles report. This report is produced monthly.

7.71.2 TPL-3001-M -- TPL Possible Medicare Eligibles Report Layout

```
REPORT  :   TPL-3001-M                          ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS :   TPLJM250                       MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME:  HH:MM:SS
LOCATION:   TPLP301B                          POSSIBLE MEDICARE ELIGIBLES                                     PAGE:  999,999
                                                REPORT PERIOD: MM/DD/CCYY

SSN                LAST          FIRST             MI             HIC           DATE OF BIRTH      RID NUMBER

999999999        XXXXXXXXXXXX   XXXXXXX           X          XXXXXXXXXXXX        MM/DD/CCYY    999999999999
999999999        XXXXXXXXXXXX   XXXXXXX           X          XXXXXXXXXXXX        MM/DD/CCYY    999999999999
999999999        XXXXXXXXXXXX   XXXXXXX           X          XXXXXXXXXXXX        MM/DD/CCYY    999999999999


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

7.71.3 TPL-3001-M -- TPL Possible Medicare Eligibles Report Field Descriptions

Field	Description	Length	Data Type
Date of Birth	Recipient's date of birth in the recipient paid Medicare table in the recipient paid claims file.	10	Date (MM/DD/CCYY)
First	Recipient's first name in the recipient paid Medicare table in the recipient paid claims file.	7	Character
HIC	Recipient's Medicare number in the recipient paid Medicare table in the recipient paid claims file.	12	Character
Last	Recipient's last name on the recipient Medicare table in the recipient paid claims file.	12	Character
MI	Recipient's middle initial in the recipient paid Medicare table in the recipient paid claims file.	1	Character

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Field	Description	Length	Data Type
RID Number	Recipient's 12-character numeric identification number in the recipient paid Medicare table in the recipient paid claims file.	12	Number (Integer)
SSN	Recipient's Social Security Number in the recipient paid Medicare table in the recipient paid claims file.	9	Number (Integer)

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7.72 TPL-A001-M -- TPL Payment Integrity Report

7.72.1 TPL-A001-M -- TPL Payment Integrity Report Narrative

The TPL Payment Integrity Report is requested using the Decision Support System (DSS) and provides a list of all claims that have a TPL amount below a State-established percentage of the billed amount. This report is produced monthly.

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7.72.2 TPL-A001-M -- TPL Payment Integrity Report Layout

Alabama Medicaid Agency

TPL Payment Integrity Report
Report Period: 7/01/2006 - 9/30/2006

Report: TPL-A001-M
Run Date: 10/22/2007
Run Time: 9:50:58 AM

Provider:

ICN	Recipient	DOS	Billed Amount	Medicaid Amount	TPL Amount
4706279006089	5000000435948	07/20/2006	$351.00	$0.00	$3.00

Provider: 1000

ICN	Recipient	DOS	Billed Amount	Medicaid Amount	TPL Amount

Provider: 10021

ICN	Recipient	DOS	Billed Amount	Medicaid Amount	TPL Amount

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7.72.3 TPL-A001-M -- TPL Payment Integrity Report Field Descriptions

Field	Description	Length	Data Type
Billed Amount	Provider billed amount.	9	Number (Decimal)
DOS	Date of service.	10	Date (MM/DD/CCYY)
ICN	Claim internal control number.	13	Character
Medicaid Amount	Medicaid paid amount.	12	Number (Decimal)
Provider	Provider identification number.	10	Character
Recipient	Recipient identification number.	12	Character
TPL Amt	Third party liability amount.	9	Number (Decimal)

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7.73 TPL-A035-M -- TPL Billed ARs for Medicare Retroactive Report

7.73.1 TPL-A035-M -- TPL Billed ARs for Medicare Retroactive Report Narrative

The TPL Billed ARs for Medicare Retroactive report contains all the Medicare claims that were billed to the Medicare carrier during the retroactive billing process. This report is produced monthly.

7.73.2 TPL-A035-M -- TPL Billed ARs for Medicare Retroactive Report Layout

```
REPORT  :  TPL-A035-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS :  TPLJM035                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
LOCATION:  TPL0035M                      BILLED A/RS FOR MEDICARE RETROACTIVE                                   PAGE: 999,999
                                                REPORT PERIOD: MM/DD/CCYY

                                                                                SUBMITTED    TOTAL   CLM    FROM     TO    MEDICAID
  RECIP ID          RECIPIENT NAME        AR NUMBER       ICN                 CHARGES      BILLED  TYP    DOS      DOS   PROVIDER


XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXX XXXXXXXXXXXXXX    999999.99   999999.99 X  MM/DD/YY MM/DD/YY XXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXX XXXXXXXXXXXXXX    999999.99   999999.99 X  MM/DD/YY MM/DD/YY XXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXX XXXXXXXXXXXXXX    999999.99   999999.99 X  MM/DD/YY MM/DD/YY XXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXX  XXXXXXXXXXXXXX    999999.99   999999.99 X  MM/DD/YY MM/DD/YY XXXXXXXXX
XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXX XXXXXXXXXXXXXX    999999.99   999999.99 X  MM/DD/YY MM/DD/YY XXXXXXXXX


                                                   TOTAL NUMBER OF A/RS BILLED         9999999
                                                   TOTAL $ AMOUNT SUBMITTED          99,999.99
                                                   TOTAL $ AMOUNT BILLED             99,999,99


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


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7.73.3 TPL-A035-M -- TPL Billed ARs for Medicare Retroactive Report Field Descriptions

Field	Description	Length	Data Type
AR Number	Specifies the Accounts Receivable number identifying the claim.	13	Character
CLM Type	Specifies the type of claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	Unique identification number of the claim.	13	Character
Medicaid Provider	Identifies the Medicaid billing provider.	10	Character
Recip ID	Unique identification number for the recipient.	12	Character
Recipient Name	Last, first and middle initial of the recipient.	23	Character
Submitted Charges	This field is used to display the amount of Charges actually submitted for this claim.	9	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Billed	Displays the total dollar amount billed for the report.	10	Number (Decimal)
Total $ Amount Submitted	Displays the total dollar amount submitted for the report.	10	Number (Decimal)
Total Billed	This field is used to display the amount of charges actually billed for this claim.	9	Number (Decimal)
Total Number Of A/Rs Billed	Displays the total account receivable amount billed.	7	Number (Decimal)

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7.74 TPL-A036-M -- TPL Medicare Claims Adjustment Report

7.74.1 TPL-A036-M -- TPL Medicare Claims Adjustment Report Narrative

The TPL Medicare Claims Adjustment report lists the paid amount of Medicare claims recouped (i.e., adjusted) from providers during post payment processing. This report is produced monthly.

7.74.2 TPL-A036-M -- TPL Medicare Claims Adjustment Report Layout

```
Report  : TPL-A036-M                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM036                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0036M                                   MEDICARE CLAIMS ADJUSTMENT REPORT                                 Page:    999,999
                                                        REPORT PERIOD: MM/CCYY
                                                         PRE-PRODUCTION REPORT

                                                        SUBMITTED         TOTAL     CLM    FROM        TO       MEDICAID
RECIP ID                 RECIPIENT NAME            ICN   CHARGES         RECOUPED   TYP    DOS         DOS      PROVIDER
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999
999999999999  XXXXXXXXXXXXXXXXXX,XXXXXXXXXXX X  9999999999999    99,999,999.99   99,999,999.99 X  MM/DD/CCYY  MM/DD/CCYY  9999999999

                                                        FEE FOR SERVICE     ENCOUNTERS          GRAND TOTALS
                                                        ---------------     ---------------     ---------------
                                 TOTAL NUMBER OF CLAIMS                 999,999,999         999,999,999         999,999,999
                                 TOTAL $ AMOUNT SUBMITTED            $999,999,999.99     $999,999,999.99     $999,999,999.99
                                 TOTAL $ AMOUNT RECOUPED             $999,999,999.99     $999,999,999.99     $999,999,999.99

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

7.74.3 TPL-A036-M -- TPL Medicare Claims Adjustment Report Field Descriptions

Field	Description	Length	Data Type
Clm Typ	The type of claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	This field displays the internal control number of the claim.	13	Character

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Field	Description	Length	Data Type
Medicaid Provider	The Medicaid identification number of the provider who performed the service.	10	Character
Recip ID	The recipient Medicaid identification number.	12	Character
Recipient Name	The recipient's name (last, first, middle initial).	32	Character
Submitted Charges	The amount of charges submitted by the provider.	10	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Recouped (Encounters)	Total of the Total Recouped field for RCO encounters.	11	Number (Decimal)
Total $ Amount Recouped (Fee for Service)	Total of the Total Recouped field for fee for service claims.	11	Number (Decimal)
Total $ Amount Recouped (Grand Totals)	Grand total of the amount recouped for FFS and RCO encounter claims	11	Number (Decimal)
Total $ Amount Submitted (Encounters)	Total of the Submitted Charges field for RCO encounters.	11	Number (Decimal)
Total $ Amount Submitted (Fee for Service)	Total of the Submitted Charges field for fee for service claims.	11	Number (Decimal)
Total $ Amount Submitted (Grand Totals)	Grand total of the Submitted Charges for FFS and RCO encounters.	11	Number (Decimal)
Total Number of Claims (Encounters)	The number of valid RCO encounters processed.	9	Number (Interger)
Total Number of Claims (Fee for Service)	The number of valid fee for service claims processed.	9	Number (Integer)
Total Number of Claims (Grand Totals)	Grand total of the number of valid FFS and RCO encounter claims that were processed.	9	Number (Integer)
Total Recouped	This field indicates the amount that was recouped/adjusted from the provider for the claim.	10	Number (Decimal)

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7.75 TPL-A038-R -- TPL Cash Receipt and Disposition Report

7.75.1 TPL-A038-R -- TPL Cash Receipt and Disposition Report Narrative

Users access the TPL Cash Receipt and Disposition report to list the cash receipts, dispositions, and expenditures for cash receipts at the end of the deposit cycle. This report is requested using the Reports - Cash Receipt and Disposition Panel. Users are required to enter the Deposit From Date, Deposit To Date, and Report Type (Trial or Final). It includes all cash receipts and dispositions since the last deposit cycle. This report is produced upon request.

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7.75.2 TPL-A038-R -- TPL Cash Receipt and Disposition Report Layout

```
REPORT  :  TPL-A038-R                                  ALABAMA MEDICAID AGENCY                                RUN DATE: MM/DD/CCYY
PROCESS :  TPLJD010                                MEDICAID MANAGEMENT INFORMATION SYSTEM                      RUN TIME: HH:MM:SS
LOCATION:  TPLA038R                                CASH RECEIPT AND DISPOSITION REPORT                              PAGE: 999,999
                                                      REPORT PERIOD: MM/DD/CCYY

   REPORT TYPE:  XXXXXX

   CARRIER CODE: XXXXXXXXX     CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   RECIPIENT #     A/R #         CASE #         CCN         DISP AMT     REFUND AMT     BAD CHECK AMT  DEPOSIT DATE
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD

  CARRIER TOTAL:  $9,999,999.99


   CARRIER CODE: XXXXXXXXX     CARRIER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   RECIPIENT #     A/R #         CASE #         CCN         DISP AMT     REFUND AMT     BAD CHECK AMT  DEPOSIT DATE
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD
  999999999999 9999999999999 999999999  9999999999999  $9,999,999.99  $9,999,999.99  $9,999,999.99   CCYY/MM/DD


  CARRIER TOTAL:  $9,999,999.99



                                   GRAND TOTAL       $999,999,999.99  $999,999,999.99 $999,999,999.99




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


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7.75.3 TPL-A038-R -- TPL Cash Receipt and Disposition Report Field Descriptions

Field	Description	Length	Data Type
A/R #	The accounts receivable number assigned to each bill.	13	Number (Integer)
Bad Check Amt	The amount returned due to bad checks.	13	Number (Decimal)
Carrier Code	The carrier code that denotes who the money was received from.	7	Character
Carrier Name	The name of the carrier the money was received from.	32	Character
Carrier Total	The total dispositions minus total refunds for a given carrier.	13	Number (Decimal)
Case #	The trauma case number.	9	Character
CCN	The check control number assigned to the check.	13	Number (Integer)
Deposit Date	The date the check was deposited.	10	Date (CCYY/MM/DD)
Disp Amount	The amount dispositioned related to the A/R record or case.	13	Number (Decimal)
Grand Total	The grand total disposition amount and grand total refund for all entities for the reporting period (calculated).	15	Number (Decimal)
Recipient ID	The recipient's Medicaid identification number.	12	Number (Integer)
Refund Amt	The amount to be refunded to the carrier.	13	Number (Decimal)
Report Type	This indicates whether the report requested is a trial or final report.	5	Character

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7.76 TPL-A046-M -- TPL Aged Detail Claims Report

7.76.1 TPL-A046-M -- TPL Aged Detail Claims Report Narrative

The TPL Aged Detail Claims report identifies all outstanding aged account receivables. Detail information is reported for those claims over 180 days from the original bill date and have not been responded too. This report is produced monthly.

7.76.2 TPL-A046-M -- TPL Aged Detail Claims Report Layout

```
REPORT  : TPL-1046-M                        ALABAMA MEDICAID AGENCY                                          RUN DATE:  MM/DD/CCYY
PROCESS : TPLJM018                           MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME:  HH:MM:SS
LOCATION: TPL0012M                           TPL AGED DETAIL CLAIMS REPORT                                         PAGE:  999,999
                                           REPORT PERIOD:  MM/DD/CCYY
SECTION 1
        CARRIER CODE:  XXXXXXX   CARRIER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


     ** > 180 (DAYS) **

         RECIPIENT NAME                      RECIPIENT ID         A/R NUMBER          DATE BILLED        AMOUNT

  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX, X    XXXXXXXXXXXX        XXXXXXXXXXXXXX        MM/DD/CCYY     $999,999,999.99
  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX, X    XXXXXXXXXXXX        XXXXXXXXXXXXXX        MM/DD/CCYY     $999,999,999.99
  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX, X    XXXXXXXXXXXX        XXXXXXXXXXXXXX        MM/DD/CCYY     $999,999,999.99
  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX, X    XXXXXXXXXXXX        XXXXXXXXXXXXXX        MM/DD/CCYY     $999,999,999.99


                                               TOTAL A/R S        999,999,999            TOTAL $  999,999,999,999.99

SECTION 2

        CARRIER   *****  GRAND TOTAL-ALL CARRIERS

                                            TOTAL A/R S                                            TOTAL $ AMT
                                            -----------                                            -----------
                                            999,999,999                                      $ 999,999,999,999.99


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


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7.76.3 TPL-A046-M -- TPL Aged Detail Claims Report Field Descriptions

Field	Description	Length	Data Type
Section 1: A/R Number	The accounts receivable number assigned to each bill.	13	Character
Section 1: Amount	The billed amount of the A/R.	12	Number (Decimal)
Section 1: Carrier Code	The carrier code for which account receivables are still in an active status and the original bill date is equal or greater than 270 days.	7	Character
Section 1: Carrier Name	The carrier's name that corresponds to the carrier code.	45	Character
Section 1: Date Billed	The date on which the A/R was first billed.	10	Date (MM/DD/CCYY)
Section 1: Recipient ID	The recipient's Medicaid identification number.	12	Character
Section 1: Recipient Name	The recipient's first, middle, and last name associated with the account receivables.	32	Character
Section 1: Total $ Amt	The total dollar amount of all accounts receivables for the carrier.	15	Number (Decimal)
Section 1: Total A/R S	The total number of account receivable records reported for the carrier.	9	Number (Decimal)
Section 2: Total $	The total dollar amount outstanding for all carriers.	15	Number (Decimal)
Section 2: Total A/R S	The total number of outstanding account receivables for all carriers.	9	Number (Decimal)

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7.77 TPL-A047-R -- TPL Input Output Code Report

7.77.1 TPL-A047-R -- TPL Input Output Code Report Narrative

TPL Input/Output Code report is an on-request report generated from the Decision Support System (DSS). The report provides the user with a list of claims with an output code = J or 3. This report is produced upon request.

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7.77.2 TPL-A047-R -- TPL Input Output Code Report Layout

Alabama Medicaid Agency

TPL Input Output Code Report
Report Period: 10/01/2006

Report: TPL-A047-R
Run Date: 8/9/2007
Run Time: 1:43:35 PM

OUTPUT CODE: 3

Recipient ID	ICN	From Service Date	To Service Date	Total Charge	TPL Amount	Medicaid Payment
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00
[illegible]	[illegible]	10/01/2006	10/31/2006	[illegible]	$0.00	$0.00

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7.77.3 TPL-A047-R -- TPL Input Output Code Report Field Descriptions

Field	Description	Length	Data Type
From Service Date	The from date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	The claim internal control number.	13	Number (Integer)
Output Code	The claims containing the State specified output codes of 'J' or '3'.	1	Character
Medicaid Payment	The total Medicaid payment on the claim.	12	Number (Decimal)
Recipient ID	The recipient's Medicaid number.	12	Number (Integer)
TPL Amount	The third party liability amount reported on the claim.	9	Number (Decimal)
To Service Date	The claim to date of service.	10	Date (MM/DD/CCYY)
Total Charges	The total provider billed amount on the claim.	9	Number (Decimal)

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7.78 TPL-A052-R -- TPL Trauma Detail Claims Listing Report

7.78.1 TPL-A052-R -- TPL Trauma Detail Claims Listing Report Narrative

The TPL Trauma Detail Claims Listing report identifies each claim pertaining to a trauma case. This report lists, by recipient, detailed claim information for all claims within the trauma case. The report is generated upon request through the TPL Case Tracking Base Information panel. This report is produced upon request.

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7.78.2 TPL-A052-R -- TPL Trauma Detail Claims Listing Report Layout

```
Report  : TPL-A052-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJR052                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPLA052R                TPL TRAUMA DETAIL ONLINE AND OFFLINE CLAIMS LISTING                      Page:    999,999

CLERK ID: XXXXXXXX

RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X     RECIPIENT NUMBER: XXXXXXXXXXXX      TRAUMA CASE NUMBER: XXXXXXXXX

PERIOD COVERED: MM/DD/CCYY    MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------
PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       PROVIDER NUMBER: XXX XXXXXXXXXX

ICN: XXXXXXXXXXXXX  FDOS: MM/DD/CCYY TDOS: MM/DD/CCYY   C/T:X   BILLED:  999,999,999.99  PAID: 99,999,999.99  DT PD:MM/DD/CCYY
      ICD: X   DX CODE: XXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NDC: XXXXXXXXXXX    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    DTL XXX        BILLED     999,999.99   PAID 9,999,999.99
                   PROC CODE XXXXX         PROCEDURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 ---------------------------------------------------------------------------------------------------------------------------

PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       PROVIDER NUMBER: XXXXXXXXXX

ICN: XXXXXXXXXXXXX  FDOS: MM/DD/CCYY TDOS: MM/DD/CCYY   C/T: X   BILLED:  999,999,999.99  PAID: 99,999,999.99  DT PD:MM/DD/CCYY
      ICD: X   DX CODE: XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               DX CODE: XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               DX CODE: XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               DX CODE: XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
               DX CODE: XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NDC: XXXXXXXXXXX   NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
    DTL XXX        BILLED     999,999.99   PAID 9,999,999.99
                   PROC CODE XXXXX         PROCEDURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    DTL XXX        BILLED     999,999.99   PAID 9,999,999.99
                   PROC CODE XXXXX         PROCEDURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
    DTL XXX        BILLED     999,999.99   PAID 9,999,999.99
                   PROC CODE XXXXX         PROCEDURE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
-------------------------------------------------------------------------------------------------------------------------
```

```
REPORT  : TPL-A052-R                              ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
PROCESS : TPLJR052                        MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
LOCATION: TPLA052R                  TPL TRAUMA DETAIL ONLINE AND OFFLINE CLAIMS LISTING                        Page:    999,999

CLERK ID: XXXXXXXX

RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX  RECIPIENT NUMBER: XXXXXXXXXXXX      TRAUMA CASE NUMBER: XXXXXXXXX

PERIOD COVERED: MM/DD/CCYY    MM/DD/CCYY
-----------------------------------------------------------------------------------------------------------------------------

PROVIDER NUMB:  XXX XXXXXXXXXX                                          PROVIDER NUMB:  XXX XXXXXXXXXX
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                      CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-----------------------------------------------------------------------------------------------------------------------------
PROVIDER NUMB:  XXX XXXXXXXXXX                                          PROVIDER NUMB:  XXX XXXXXXXXXX
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                      CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-----------------------------------------------------------------------------------------------------------------------------
PROVIDER NUMB:  XXX XXXXXXXXXX                                          PROVIDER NUMB:  XXX XXXXXXXXXX
```


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```
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                    NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX             ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                     CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-------------------------------------------------------------------------------------------------------------------------------------
```


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```
Report  : TPL-A052-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJR052                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPLA052R                TPL TRAUMA DETAIL ONLINE AND OFFLINE CLAIMS LISTING                      Page:    999,999


CLERK ID: XXXXXXXX

RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX  RECIPIENT NUMBER: XXXXXXXXXXXX      TRAUMA CASE NUMBER: XXXXXXXXX

PERIOD COVERED: MM/DD/CCYY    MM/DD/CCYY
-------------------------------------------------------------------------------------------------------------------------------

PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     PROVIDER NUMBER: XXX XXXXXXXXXXXXXXX

OFFLINE CLAIM NUMBER: XXXXXXXXXXXXXXXXX      START DATE: MM/DD/CCYY  END DATE: MM/DD/CCYY CLAIM TYPE: X
CLAIM AMOUNT:  9,999,999.99      DATE PAID: MM/DD/CCYY
ICD: X  PRIMARY DIAGNOSIS CODE: XXXXXXX       DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
        SECONDARY DIAGNOSIS CODE: XXXXXXX     DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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


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```
REPORT  :  TPL-A052-R                          ALABAMA MEDICAID AGENCY                      RUN DATE: MM/DD/CCYY
PROCESS :  TPLJR052                         MEDICAID MANAGEMENT INFORMATION SYSTEM          RUN TIME: HH:MM:SS
LOCATION:  TPLA052R                           TPL TRAUMA DETAIL CLAIMS LISTING                  PAGE: 999,999




RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX  RECIPIENT NUMBER: XXXXXXXXXXXX      SUMMARY OF ALL RECIPIENT'S PROVIDERS
-------------------------------------------------------------------------------------------------------------------------------------

PROVIDER NUMB:  XXXXXXXXXX                                                PROVIDER NUMB:  XXXXXXXXXX
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                        CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-------------------------------------------------------------------------------------------------------------------------------------
PROVIDER NUMB:  XXXXXXXXXX                                                PROVIDER NUMB:  XXXXXXXXXX
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                        CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-------------------------------------------------------------------------------------------------------------------------------------
PROVIDER NUMB:  XXXXXXXXXX                                                PROVIDER NUMB:  XXXXXXXXXX
         NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                       NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
         ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              ADDR:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX, XX  XXXXX-XXXX                        CITY/ST/ZIP:  XXXXXXXXXXXXXXXXXXXX,  XX  XXXXX-XXXX
-------------------------------------------------------------------------------------------------------------------------------------



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


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7.78.3 TPL-A052-R -- TPL Trauma Detail Claims Listing Report Field Descriptions

Field	Description	Length	Data Type
Addr	The provider's first address line.	30	Character
Billed	The billed amount from the associated claim.	8	Number (Decimal)
C/T	The claim type code.	1	Character
City	The provider's city.	20	Character
Clerk ID	The eight-digit TPL clerk identification number assigned to the trauma case.	8	Number (Integer)
Claim Amount	Amount entered in the Case Tracking Offline Claims panel for the claim.	9	Number (Decimal)
Claim Type	The claim type code for the offline claim.	1	Character
Date Paid	Date when claim was paid as entered in the Case Tracking Offline Claims panel.	10	Date (MM/DD/CCYY)
Description	The description associated with the diagnosis code of the offline claim.	60	Character
DTL	The detail number from the claim (numbered through 28).	2	Character
DX Code	The description associated with the diagnosis code.	60	Character
Dt Pd	The date the claim was paid by Medicaid.	10	Date (MM/DD/CCYY)
DX Code	The diagnosis code associated with the claim. All diagnosis codes submitted on the claim are printed.	7	Character
End Date	End date of service for the offline claim,	10	Date (MM/DD/CCYY)
FDOS	The from date-of-service associated with the claim.	10	Date (MM/DD/CCYY)
ICD	Code to denote which version of the ICD diagnosis code is being reported. The valid values will be ‘9’ for ICD-9, ‘0’ for ICD-10, or blank if diagnosis is not present.	1	Character
ICN	The internal control number assigned to the claim.	13	Number (Integer)
Name	The brand name of the drug associated with the NDC code.	30	Character
NDC	The national drug code associated with the claim.	11	Number (Integer)
Net Amount Paid By Medicaid	Net amount paid by Medicaid – This field is calculated by the Agency and manually entered.	11	Number (Decimal)

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Field	Description	Length	Data Type
Offline Claim Number	Number that identifies the Offline Claim entered in the Case Tracking Offline Claims panel and that is associated with a TPL Casualty Case.	17	Character
Paid	The amount paid by Medicaid for the provider's services rendered.	12	Number (Decimal)
Period Covered	Start date to end date of cover period.	10	Date (MM/DD/CCYY)
Presc Name	The prescription name or description of the NDC.	30	Character
Primary Diagnosis Code	Primary diagnosis code of the offline claim.	Character	7
Proc Code	The procedure code associated with the claim.	5	Character
Procedure	The procedure description associated with the procedure code.	30	Character
Provider Name	The Medicaid provider's name (last, first).	50	Character
Provider Numb	The Medicaid provider's number.	10	Number (Integer)
Recipient Name	The recipient's last name, first name, and middle initial.	36	Character
Recipient Number	The recipient's Medicaid identification number.	12	Number (Integer)
Secondary Diagnosis Code	Secondary diagnosis code of the offline claim.		
ST	The provider's state code.	2	Character
Start Date	Start date of service for the offline claim.	10	Date (MM/DD/CCYY)
TDOS	The to date-of-service associated with the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid By Medicaid	Total amount paid by Medicaid.	12	Number (Decimal)
Total ICN Claim Specific Refunds	Total ICN claim specific refund – This field will be calculated by the Agency and manually entered.	9	Number (Decimal)
Trauma Case Number	The trauma case number assigned by the system.	9	Character
Zip	The provider's full 9-digit zip code.	10	Character

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7.79 TPL-A056-R TPL UAIC 'HITS' With No Policy Record Found Report

7.79.1 TPL UAIC 'HITS' With No Policy Record Found Report Narrative

The TPL UAIC `Hits' with no Policy Record Found report provides all recipients from the UAIC input file that are not found on the TPL resource tables. This report is produced upon request.

7.79.2 TPL-A056-R TPL UAIC 'HITS' With No Policy Record Found Report Layout

```
REPORT  : TPL-A056-R                          ALABAMA MEDICAID AGENCY                                    RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA31                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:  HH:MM:SS
LOCATION: TPLPA315M                    TPL UAIC 'HITS' WITH NO POLICY RECORD FOUND                             PAGE:  999,999
                                                REPORT PERIOD - MM/DD/CCYY



MEDICAID NO: 999999999999    CARRIER CODE: XXXXXXX   POLICY NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   END DATE: MM/DD/CCYY

 REC-ID: XXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXX      ADDR1: XXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY IND: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   COCD: 99   HIC#: XXXXXXXXXXXX                   ADDR2: XXXXXXXXXXXXXXXXXXXXXXXXXX PDTO DT: MM/DD/CCYY
POLTYPE: 99    SSN: 999999999                      ADDR3: XXXXXXXXXXXXXXXXXXXXXXXXXX ISS DT: MM/DD/CCYY
TERM CD: X  POL NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR4: XXXXXXXXXXXXXXXXXXXXXXXXXX            ELIGIBILITY
                                                                                          BEGIN DATE     END DATE
 RECIND: X    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD1: XXXXXXXXXXXXXXXXXXXXXX             (MM/CCYY)       (MM/CCYY)
MTCHIND: X    DOB: MM/DD/CCYY                  ADD2: XXXXXXXXXXXXXXXXXXXXXX               (MM/CCYY)       (MM/CCYY)
              DOD: MM/DD/CCYY                   CSZ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   (MM/CCYY)       (MM/CCYY)



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


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7.79.3 TPL-A056-R TPL UAIC 'HITS' With No Policy Record Found Report Field Descriptions

Field	Description	Length	Data Type
Add 1	The recipient's first address line.	22	Character
Add 2	The recipient's second address line.	22	Character
Addr 1	The policyholder's first address line from the UAIC input file.	25	Character
Addr 2	The policyholder's second address line from the UAIC input file.	25	Character
Addr 3	The policyholder's third address line from the UAIC input file.	25	Character
Addr 4	The policyholder's fourth address line from the UAIC input file.	25	Character
Carrier Code	The matching carrier code from the third party liability Database.	7	Character
COCD	The company code from the UAIC input file: (00, 03, 04, 56, 57, 90, 91) = United American (UAIC) (05, 06, 77) = Liberty National Claims (63) = First United American Life Claims (20, 81) = American Life & Accident Claims (60, 82, 83) = Globe Life & Accident claims (34) = American Income claims	2	Character
CSZ	The recipient's city, state and zip code.	33	Character
DOB	The recipient's date of birth.	10	Date (MM/DD/CCYY)
DOB	The policyholder's date of birth from the UAIC input file.	10	Date (MM/DD/CCYY)
DOD	The policyholder's date of death from the UAIC input file.	10	Date (MM/DD/CCYY)
Eligibility Begin	Identifies eligibility segments by begin and end dates. Shows the month and year the eligibility segment began, and the month and year it ended.	7	Date (MM/CCYY)
Eligibility End Date	The matching policy end date from the third party liability database.	7	Date (MM/CCYY)
End Date	The matching policy end date from the TPL Database.	10	Date (MM/DD/CCYY)
HIC #	The Medicare HIC Number from the UAIC input file. This is normally present on policy type 03 records.	12	Character

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Field	Description	Length	Data Type
Iss Dt	The policy effective date from the UAIC input file.	10	Date (MM/DD/CCYY)
Medicaid No	The recipient's Medicaid identification number.	12	Character
Mtchind	The indicator, which specifies the type of match. Possible values are: Blank = no match (default value) 1 = match on HIC number 2 = match on SSN	1	Character
Name	The policyholder's first, middle, and last name from the UAIC input file.	25	Character
Name	The recipient's first, middle, and last name.	27	Character
PDTO Dt	The policy paid-to-date to which the coverage is paid from the UAIC input file.	10	Date (MM/DD/CCYY)
Pol No.	The policy number assigned by the carrier from the UAIC input file.	30	Character
PolType	The policy type from the UAIC input file as follows: 00 = Hospital/Surgical/Medical 01 = cancer/ dread disease 02 = accident only 03 = Medicare supplement 04 = HMO coverage 05 = indemnity 06 = long term care/nursing home	2	Character
Policy No.	The matching policy number on the third party liability database.	30	Character

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Field	Description	Length	Data Type
Rec Ind	The indicator, which specifies one of the following: 1 =As of run date, the individual on this record is eligible to receive Medicaid. 2 =As of run date, the individual on this record is NOT eligible to receive Medicaid. 3 =As of run date, this record was not found. 4 =As of run date, the individual on this record is in a nursing home and is eligible to receive Medicaid. 5 =No match was attempted because this was a header (M00) or trailer (M99) record, or the HIC # did not begin with the Character 'A' nor end with the Character 'A' or 'M' and a valid SSN was not supplied. *****IMPORTANT***** All subsequent fields (Positions 302-492) on records with a '3' Or '5' in Am-Ind are filled with default values (Blanks Or Zeros).	1	Character
Rec-ID	The record ID from the UAIC input file as follows: M00 = header record M01= detail record M99 = trailer record	3	Character
SSN	The policyholder's Social Security Number from the UAIC input file. This is normally present on policy type 01, 02, 05, and 06 records.	9	Character
Term CD	The policy termination code from the UAIC input file as follows: H = lapsed due to hot check L or 5 = lapsed at request of policyholder R = on waiver of premium per policy terms 3 or 9 = deceased 4 = converted to another policy with same company	1	Character

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7.80 TPL-A057-R -- TPL UAIC Hits with no Match on Carrier Report

7.80.1 TPL-A057-R -- TPL UAIC Hits with no Match on Carrier Report Narrative

The TPL UAIC Hits with no Match on Carrier Report provides all the recipients from the UAIC input file that are found on the TPL Resource tables but do not match on the carrier code. The following company codes on the input file must match to the corresponding carrier code:

Company code = 00, 03, 04, 57, 90 or 91
Carrier code = 00553 or 10053

Company code = 05, 06, 70, 71, 72, 73, 74, 75, 76, or 77
Carrier code = 00306, 01508, 01792, 01826, 01857, 01867, 01868, 03307, 03429, 03489, 01365, 03409, or 00977

Company code = 63
Carrier code = 12736

Company code = 81
Carrier code = 00046, 00047, 00993, 01733, 10337, 01600

Company code = 82 or 83
Carrier code = 00231, 00863, or 00232

This report is produced upon request.

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7.80.2 TPL-A057-R -- TPL UAIC Hits with no Match on Carrier Report Layout

```
REPORT  : TPL-A057-R                                ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA31                            MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:  HH:MM:SS
LOCATION: TPLPA315M                          TPL UAIC 'HITS' WITH NO MATCH ON CARRIER                              PAGE:  999,999
                                                     REPORT PERIOD - MM/DD/CCYY

MEDICAID NO: 999999999999    CARRIER CODE: XXXXXXX   POLICY NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   END DATE: MM/DD/CCYY


REC-ID: XXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXX      ADDR1: XXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY IND: XXXXXXXXXXXXXXXXXXXXXXXXXXX
  CO CD: 99   HIC#: XXXXXXXXXXXX                   ADDR2: XXXXXXXXXXXXXXXXXXXXXXXXXX PDTO DT: MM/DD/CCYY
POLTYPE: 99    SSN: 999999999                      ADDR3: XXXXXXXXXXXXXXXXXXXXXXXXXX ISS DT: MM/DD/CCYY
TERM CD: X  POL NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR4: XXXXXXXXXXXXXXXXXXXXXXXXXX              ELIGIBILITY
                                                                                              BEGIN DATE      END DATE
 RECIND: X    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD1: XXXXXXXXXXXXXXXXXXXXXX              (MM/CCYY)       (MM/CCYY)
MTCHIND: X     DOB: MM/DD/CCYY                   ADD2: XXXXXXXXXXXXXXXXXXXXXX              (MM/CCYY)       (MM/CCYY)
               DOD: MM/DD/CCYY                    CSZ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (MM/CCYY)       (MM/CCYY)



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


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7.80.3 TPL-A057-R -- TPL UAIC Hits with no Match on Carrier Report Field Descriptions

Field	Description	Length	Data Type
Add 1	The recipient's first address line.	22	Character
Add 2	The recipient's second address line.	22	Character
Addr 1	The policyholder's first address line from the UAIC input file.	25	Character
Addr 2	The policyholder's second address line from the UAIC input file.	25	Character
Addr 3	The policyholder's third address line from the UAIC input file.	25	Character
Addr 4	The policyholder's fourth address line from the UAIC input file.	25	Character
Carrier Code	The matching carrier code from the third party liability database.	7	Character
COCD	The company code from the UAIC input file: (00, 03, 04, 56, 57, 90, 91) = United American (UAIC) (05, 06, 77) = Liberty National Claims (63) = First United American Life Claims (20, 81) = American Life & Accident Claims (60, 82, 83) = Globe Life & Accident claims	2	Character
CSZ	The recipient's city, state, and zip code.	33	Character
DOB	The policyholder's date of birth from the UAIC input file.	10	Date (MM/DD/CCYY)
DOB	The recipient's date of birth.	10	Date (MM/DD/CCYY)
DOD	The policyholder's date of death from the UAIC input file.	10	Date (MM/DD/CCYY)
Eligibility Begin Date	Identifies eligibility segments by begin and end dates. Shows the month and year the eligibility segment began, and the month and year it ended.	7	Date (MM/CCYY)
Eligibility End Date	The policy end date from the UAIC input file.	7	Date (MM/CCYY)
End Date	The matching policy end date from the TPL Database.	10	Date (MM/DD/CCYY)
HIC #	The Medicare HIC Number from the UAIC input file. This information is normally present on policy type 03 record.	12	Character

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Field	Description	Length	Data Type
Iss Dt	The policy effective date from the UAIC input file.	10	Date (MM/DD/CCYY)
Medicaid No.	The recipient’s Medicaid number.	12	Character
MtchInd	The indicator, which specifies the type of match. Possible values are: Blank = no match (default value) 1 = match on HIC number 2 = match on SSN	1	Character
Name	The recipient's first, middle, and last name.	27	Character
Name	The policyholder's first, middle, and last name from the UAIC input file.	25	Character
PDTO Dt	The policy paid-to-date to which the coverage is paid from the UAIC input file.	10	Date (MM/DD/CCYY)
Pol No.	The policy number assigned by the carrier from the UAIC input file.	30	Character
PolType	The policy type from the UAIC input file as follows: 00 = Hospital/Surgical/Medical 01 = Cancer/ dread disease 02 = Accident only 03 = Medicare supplement 04 = HMO coverage 05 = Indemnity 06 = Long term care/nursing home	2	Character
Policy No.	The matching policy number on the third party liability database.	30	Character

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Field	Description	Length	Data Type
Rec Ind	The indicator, which specifies one of the following: 1 =As of run date, the individual on this record is eligible to receive Medicaid. 2 = As of run date, the individual on this record is NOT eligible to receive Medicaid. 3 = As of run date, this record was not found. 4 =As of run date, the individual on this record is in a nursing home and is eligible to receive Medicaid. 5 = No match was attempted because this was a header (M00) or trailer (M99) record, or the HIC # did not begin with the character 'A' or end with the character 'A' or 'M' and a valid SSN was not supplied. *****IMPORTANT***** All subsequent fields (Positions 302-492) on records with a '3' or '5' in Am-Ind are filled with default values (Blanks Or Zeros).	1	Character
Rec-ID	The record identification from the UAIC input file as follows: M00 = header record M01= detail record M99 = trailer record	3	Character
SSN	The policyholder's Social Security Number from the UAIC input file. This is normally present on policy type 01, 02, 05, and 06 records.	9	Character
Term CD	The policy termination code from the UAIC input file as follows: H = lapsed due to hot check L or 5 = lapsed at request of policyholder R = on waiver of premium per policy terms 3 or 9 = deceased 4 = converted to another policy with same company	1	Character

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7.81 TPL-A058-R -- TPL UAIC Hits on Carrier No Match on Policy Report

7.81.1 TPL-A058-R -- TPL UAIC Hits on Carrier No Match on Policy Report Narrative

The TPL UAIC Hits on Carrier - No Match on Policy report provides all recipients from the UAIC input file that are found on the TPL resource tables with the same carrier code, but do not share the same policy number. This report is produced upon request.

7.81.2 TPL-A058-R -- TPL UAIC Hits on Carrier no Match on Policy Report Layout

```
REPORT  : TPL-A058-R                                ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA31                            MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:  HH:MM:SS
LOCATION: TPLPA315M                         TPL UAIC HITS ON CARRIER - NO MATCH ON POLICY #                        PAGE:  999,999
                                                      REPORT PERIOD - MM/DD/CCYY




MEDICAID NO: 999999999999    CARRIER CODE: XXXXXXX   POLICY NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   END DATE: MM/DD/CCYY

 REC-ID: XXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXX      ADDR1: XXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY IND: XXXXXXXXXXXXXXXXXXXXXXXXXXX
  CO CD: 99   HIC#: XXXXXXXXXXXX                   ADDR2: XXXXXXXXXXXXXXXXXXXXXXXXXX PDTO DT: MM/DD/CCYY
POLTYPE: 99    SSN: 999999999                      ADDR3: XXXXXXXXXXXXXXXXXXXXXXXXXX ISS DT: MM/DD/CCYY
TERM CD: X  POL NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR4: XXXXXXXXXXXXXXXXXXXXXXXXXX              ELIGIBILITY
                                                                                        BEGIN DATE      END DATE
 RECIND: X    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD1: XXXXXXXXXXXXXXXXXXXXXX             (MM/CCYY)       (MM/CCYY)
MTCHIND: X     DOB: MM/DD/CCYY                   ADD2: XXXXXXXXXXXXXXXXXXXXXX             (MM/CCYY)       (MM/CCYY)
               DOD: MM/DD/CCYY                    CSZ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (MM/CCYY)       (MM/CCYY)




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


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7.81.3 TPL-A058-R -- TPL UAIC Hits on Carrier no Match on Policy Report Field Descriptions

Field	Description	Length	Data Type
Add 1	The recipient's first address line.	22	Character
Add 2	The recipient's second address line.	22	Character
Addr 1	The policyholder's first address line from the UAIC input file.	25	Character
Addr 2	The policyholder's second address line from the UAIC input file.	25	Character
Addr 3	The policyholder's third address line from the UAIC input file.	25	Character
Addr 4	The policyholder's fourth address line from the UAIC input file.	25	Character
Carrier Code	The matching carrier code from the TPL database.	7	Character
COCD	The company code from the UAIC input file: (00, 03, 04, 56, 57, 90, 91) = United American (UAIC) (05, 06, 77) = Liberty National Claims (63) = First United American Life Claims (20, 81) = American Life & Accident Claims (60, 82, 83) = Globe Life & Accident claims (34) = American Income claims	2	Character
CSZ	The recipient's city, state and zip code.	33	Character
DOB	The policyholder's date of birth from the UAIC input file.	10	Date (MM/DD/CCYY)
DOB	The recipient's date of birth.	10	Date (MM/DD/CCYY)
DOD	The policyholder's date of death from the UAIC input file.	10	Date (MM/DD/CCYY)
Eligibility Begin Date	Identifies eligibility segments by begin and end dates. Shows the month and year the eligibility segment began, and the month and year it ended.	7	Date (MM/CCYY)
Eligibility End Date	The matching policy end date from the third party liability database.	7	Date (MM/CCYY)
End Date	The matching policy end date from the TPL Database.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
HIC #	The Medicare HIC Number from the UAIC input file. This is normally present on policy type 03 records.	12	Character
Iss Dt	The policy effective date from the UAIC input file.	10	Date (MM/DD/CCYY)
Medicaid No.	The recipient's Medicaid identification number.	12	Character
Mtchind	The indicator, which specifies the type of match. Possible values are: Blank = no match (default value) 1 = match on HIC number 2 = match on SSN	1	Character
Name	The recipient's first, middle, and last name.	27	Character
Name	The policyholder's first, middle, and last name from the UAIC input file.	25	Character
PDTO Dt	The policy paid-to-date to which the coverage is paid from the UAIC input file.	10	Date (MM/DD/CCYY)
Pol No.	The policy number assigned by the carrier from the UAIC input file.	30	Character
PolType	The policy type from the UAIC input file as follows: 00 = Hospital/Surgical/Medical 01 = Cancer/ dread disease 02 = Accident only 03 = Medicare supplement 04 = HMO coverage 05 = Indemnity 06 = Long term care/nursing home	2	Character
Policy No.	The matching policy number on the third party liability database.	30	Character

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Field	Description	Length	Data Type
Rec IND	The indicator, which specifies one of the following: 1 = As of run date, the individual on this record is eligible to receive Medicaid. 2 =As of run date, the individual on this record is NOT eligible to receive Medicaid. 3 =As of run date, this record was not found. 4 =As of run date, the individual on this record is in a nursing home and is eligible to receive Medicaid. 5 = No match was attempted because this was a header (M00) or trailer (M99) record, or the HIC # did not begin with the character 'A' or end with the character 'A' or 'M' and a valid SSN was not supplied. *****IMPORTANT***** All subsequent fields (Positions 302-492) on records with A '3' Or '5' in Am-Ind are filled with default values (Blanks Or Zeros).	1	Character
Rec-ID	The record ID from the UAIC input file as follows: M00 = header record M01= detail record M99 = trailer record	3	Character
SSN	The policyholder's Social Security Number from the UAIC input file. This is normally present on policy type 01, 02, 05, and 06 records.	9	Character
Term CD	The policy termination code from the UAIC input file as follows: H = lapsed due to hot check L or 5 = lapsed at request of policyholder R = on waiver of premium per policy terms 3 or 9 = deceased 4 = converted to another policy with same company	1	Character

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7.82 TPL-A059-R -- TPL UAIC Hits On Carrier Policy No Match on End Date Report

7.82.1 TPL-A059-R -- TPL UAIC Hits On Carrier Policy No Match on End Date Report Narrative

The TPL UAIC Hits On Carrier/Policy No Match on End Date report provides all recipients from the UAIC input file that are found on the TPL resource tables with a match on carrier code and policy number but no match on policy end date. This report is produced upon request.

7.82.2 TPL-A059-R -- TPL UAIC Hits On Carrier Policy no Match on End Date Report Layout

```
REPORT : TPL-A059-R                                ALABAMA MEDICAID AGENCY                                    RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA31                          MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME:  HH:MM:SS
LOCATION: TPLPA315M                  TPL UAIC HITS ON CARRIER/POLICY - NO MATCH ON END DATE                        PAGE:  999,999
                                                 REPORT PERIOD - MM/DD/CCYY




MEDICAID NO: 999999999999  CARRIER CODE: XXXXXXX  POLICY NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX END DATE:MM/DD/CCYY
 REC-ID: XXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXX      ADDR1: XXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY IND: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
  CO CD: 99   HIC#: XXXXXXXXXXXX                   ADDR2: XXXXXXXXXXXXXXXXXXXXXXXXXX PDTO DT: MM/DD/CCYY
POLTYPE: 99    SSN: 999999999                      ADDR3: XXXXXXXXXXXXXXXXXXXXXXXXXX ISS DT: MM/DD/CCYY
TERM CD: X  POL NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR4: XXXXXXXXXXXXXXXXXXXXXXXXXX              ELIGIBILITY
                                                                                          BEGIN DATE      END DATE
 RECIND: X    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD1: XXXXXXXXXXXXXXXXXXXXXX             (MM/DD/CCYY)    (MM/DD/CCYY)
MTCHIND: X     DOB: MM/DD/CCYY                   ADD2: XXXXXXXXXXXXXXXXXXXXXX             (MM/DD/CCYY)    (MM/DD/CCYY)
               DOD: MM/DD/CCYY                    CSZ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (MM/DD/CCYY)    (MM/DD/CCYY)

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


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7.82.3 TPL-A059-R -- TPL UAIC Hits On Carrier Policy no Match on End Date Report Field Descriptions

Field	Description	Length	Data Type
Add 1	The recipient's first address line.	22	Character
Add 2	The recipient's second address line.	22	Character
Addr 1	The policyholder's first address line from the UAIC input file.	25	Character
Addr 2	The policyholder's second address line from the UAIC input file.	25	Character
Addr 3	The policyholder's third address line from the UAIC input file.	25	Character
Addr 4	The policyholder's fourth address line from the UAIC input file.	25	Character
Carrier Code	The matching carrier code from the third party liability database.	7	Character
COCD	The company code from the UAIC input file: (00, 03, 04, 56, 57, 90, 91) = United American (UAIC) (05, 06, 77) = Liberty National Claims (63) = First United American Life Claims (20, 81) = American Life & Accident Claims (60, 82, 83) = Globe Life & Accident claims (34) = American Income claims	2	Character
CSZ	The recipient's city, state and zip code.	33	Character
DOB	The policyholder's date of birth from the UAIC input file.	10	Date (MM/DD/CCYY)
DOB	The recipient's date of birth.	10	Date (MM/DD/CCYY)
DOD	The policyholder's date of death from the UAIC input file.	10	Date (MM/DD/CCYY)
Eligibility Begin Date	Identifies eligibility segments by begin and end dates. Shows the month and year the eligibility segment began, and the month and year it ended.	7	Date (MM/CCYY)
Eligibility End Date	The matching policy end date from the third party liability database.	10	Date (MM/DD/CCYY)
End Date	The matching policy end date from the TPL Database.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
HIC #	The Medicare HIC Number from the UAIC input file. This is normally present on policy type 03 records.	12	Character
Iss Dt	The policy effective date from the UAIC input file.	10	Date (MM/DD/CCYY)
Medicaid No.	The recipient's Medicaid identification number.	12	Character
Mtchind	The indicator, which specifies the type of match. Possible values are: Blank = no match (default value) 1 =match on HIC number 2 = match on SSN	1	Character
Name	The recipient's first, middle, and last name.	27	Character
Name	The policyholder's first, middle, and last name from the UAIC input file.	25	Character
PDTO Dt	The policy paid-to-date to which the coverage is paid from the UAIC input file.	10	Date (MM/DD/CCYY)
Pol No.	The policy number assigned by the carrier from the UAIC input file.	30	Character
PolType	The policy type from the UAIC input file as follows: 00 = Hospital/Surgical/Medical 01 = Cancer/ dread disease 02 = Accident only 03 = Medicare supplement 04 = HMO coverage 05 = Indemnity 06 = Long term care/nursing home	2	Character
Policy No.	The matching policy number on the third party liability database.	30	Character

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Field	Description	Length	Data Type
Rec IND	The indicator, which specifies one of the following: 1 = As of run date, the individual on this record is eligible to receive Medicaid. 2 = As of run date, the individual on this record is NOT eligible to receive Medicaid. 3 = As of run date, this record was not found. 4 = As of run date, the individual on this record is in a nursing home and is eligible to receive Medicaid. 5 = No match was attempted because this was a header (M00) or trailer (M99) record, or the HIC # did not begin with the character 'A' or end with the character 'A' or 'M' and a valid SSN was not supplied. *****IMPORTANT***** All subsequent fields (Positions 302-492) on records with A '3' or '5' In Am-Ind are filled with default values (Blanks Or Zeros).	1	Character
Rec-ID	The record identification from the UAIC input file as follows: M00 = header record M01= detail record M99 = trailer record	3	Character
SSN	The policyholder's Social Security Number from the UAIC input file. This is normally present on policy type 01, 02, 05, and 06 records.	9	Character
Term CD	The policy termination code from the UAIC input file as follows: H = lapsed due to hot check L or 5 = lapsed at request of policyholder R = on waiver of premium per policy terms 3 or 9 = deceased 4 = converted to another policy with same company	1	Character

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7.83 TPL-A060-R -- TPL UAIC Hits with Match on Carrier Policy and End Date Report

7.83.1 TPL-A060-R -- TPL UAIC Hits with Match on Carrier Policy and End Date Report Narrative

Users access the TPL UAIC Hits with Match on Carrier, Policy and End Date report provides all recipients from the UAIC input file that are found on the TPL resource tables with a match on carrier code, policy number, and policy end date. This report is produced upon request.

7.83.2 TPL-A060-R -- TPL UAIC Hits with Match on Carrier Policy and End Date Report Layout

```
REPORT  : TPL-A060-R                                  ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA31                             MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:  HH:MM:SS
LOCATION: TPLPA315M                  TPL UAIC HITS WITH MATCH ON CARRIER, POLICY AND END DATE                       PAGE:  999,999
                                                   REPORT PERIOD - MM/DD/CCYY




MEDICAID NO: 999999999999    CARRIER CODE: XXXXXXX   POLICY NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   END DATE: MM/DD/CCYY


 REC-ID: XXX  NAME: XXXXXXXXXXXXXXXXXXXXXXXXX      ADDR1: XXXXXXXXXXXXXXXXXXXXXXXXXX DOB: MM/DD/CCYY IND: XXXXXXXXXXXXXXXXXXXXXXXXXXX
  CO CD: 99   HIC#: XXXXXXXXXXXX                   ADDR2: XXXXXXXXXXXXXXXXXXXXXXXXXX PDTO DT: MM/DD/CCYY
POLTYPE: 99    SSN: 999999999                      ADDR3: XXXXXXXXXXXXXXXXXXXXXXXXXX ISS DT: MM/DD/CCYY
TERM CD: X  POL NO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDR4: XXXXXXXXXXXXXXXXXXXXXXXXXX              ELIGIBILITY
                                                                                                BEGIN DATE     END DATE
 RECIND: X    NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADD1: XXXXXXXXXXXXXXXXXXXXXX             (MM/CCYY)       (MM/CCYY)
MTCHIND: X     DOB: MM/DD/CCYY                   ADD2: XXXXXXXXXXXXXXXXXXXXXX             (MM/CCYY))      (MM/CCYY)
               DOD: MM/DD/CCYY                    CSZ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (MM/CCYY)Y)     (MM/CCYY)




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


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7.83.3 TPL-A060-R -- TPL UAIC Hits with Match on Carrier Policy and End Date Report Field Descriptions

Field	Description	Length	Data Type
Add 1	The recipient's first address line.	22	Character
Add 2	The recipient's second address line.	22	Character
Addr 1	The policyholder's first address line from the UAIC input file.	25	Character
Addr 2	The policyholder's second address line from the UAIC input file.	25	Character
Addr 3	The policyholder's third address line from the UAIC input file.	25	Character
Addr 4	The policyholder's fourth address line from the UAIC input file.	25	Character
Carrier Code	The matching carrier code from the third party liability database.	7	Character
COCD	The company code from the UAIC input file: (00, 03, 04, 56, 57, 90, 91) = United American (UAIC) (05, 06, 77) = Liberty National Claims (63) = First United American Life Claims (20, 81) = American Life & Accident Claims (60, 82, 83) = Globe Life & Accident claims (34) = American Income claims	2	Character
CSZ	The recipient's city, state and zip code.	33	Character
DOB	The policyholder's date of birth from the UAIC input file.	10	Date (MM/DD/CCYY)
DOB	The recipient's date of birth.	10	Date (MM/DD/CCYY)
DOD	The policyholder's date of death from the UAIC input file.	10	Date (MM/DD/CCYY)
Eligibility Begin Date	Identifies eligibility segments by begin and end dates. Shows the month and year the eligibility segment began, and the month and year it ended.	7	Date (MM/CCYY)
Eligibility End Date	The matching policy end date from the third party liability database.	7	Date (MM/CCYY)
End Date	The matching policy end date from the TPL Database.	10	Date (MM/DD/CCYY)

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Field	Description	Length	Data Type
HIC #	The Medicare HIC Number from the UAIC input file. This is normally present on policy type 03 records.	12	Character
Iss Dt	The policy effective date from the UAIC input file.	10	Date (MM/DD/CCYY)
Medicaid No.	The recipient's Medicaid identification number.	12	Character
Mtchind	The indicator, which specifies the type of match. Possible values are: Blank = no match (default value) 1 = match on HIC number 2 = match on SSN	1	Character
Name	The recipient's first, middle, and last name.	27	Character
Name	The policyholder's first, middle, and last name from the UAIC input file.	25	Character
PDTO DT	The policy paid-to-date to which the coverage is paid from the UAIC input file.	10	Date (MM/DD/CCYY)
Pol No.	The policy number assigned by the carrier from the UAIC input file.	30	Character
PolType	The policy type from the UAIC input file as follows: 00 = Hospital/Surgical/Medical 01 = Cancer/ dread disease 02 = Accident only 03 = Medicare supplement 04 = HMO coverage 05 = Indemnity 06 = Long term care/nursing home	2	Character
Policy No.	The matching policy number on the third party liability database.	30	Character

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Field	Description	Length	Data Type
Rec IND	The indicator, which specifies one of the following: 1 = As of run date, the individual on this record is eligible to receive Medicaid. 2 = As of run date, the individual on this record is NOT eligible to receive Medicaid. 3 = As of run date, this record was not found. 4 = As of run date, the individual on this record is in a nursing home and is eligible to receive Medicaid. 5 = No match was attempted because this was a header (M00) or trailer (M99) record, or the HIC # did not begin with the character 'A' or end with the character 'A' or 'M' and a valid SSN was not supplied. *****IMPORTANT***** All subsequent fields (Positions 302-492) on records with a '3' or '5' in Am-Ind are filled with default values (Blanks or Zeros).	1	Character
Rec-ID	The record ID from the UAIC input file as follows: M00 = header record M01= detail record M99 = trailer record	3	Character
SSN	The policyholder's Social Security Number from the UAIC input file. This is normally present on policy type 01, 02, 05, and 06 records.	9	Character
Term CD	The policy termination code from the UAIC input file as follows: H = lapsed due to hot check L or 5 = lapsed at request of policyholder R = on waiver of premium per policy terms 3 or 9 = deceased 4 = converted to another policy with same company.	1	Character

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7.84 TPL-A061-R -- TPL RSA Insurance Policy Coverage Report

7.84.1 TPL-A061-R -- TPL RSA Insurance Policy Coverage Report Narrative

The TPL RSA Insurance Policy Coverage report provides a listing of all recipients including Suspect Policy Segments on the RSA input file that are found on the TPL resource tables. This report is produced upon request.

7.84.2 TPL-A061-R -- TPL RSA Insurance Policy Coverage Report Layout

```
Report  : TPL-A061-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJA083                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0316I                         TPL RSA Insurance Policy Coverage                                 Page:    999,999

          BENEFICIARY                   MBR MBR MBR PLN
SSN       NAME                          CD  TYP CLS TYP                                                     ELIGIBILITY
999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXX XXX  XXX XXX                                                 BEGIN DATE END DATE
                                                                                                 CURRENT YEAR  MM/CCYY  MM/CCYY
    DED   DED     ENR      CNL    I  <............. POLICY FILE INFORMATION .............> 1ST PREV YEAR  MM/CCYY  MM/CCYY
    CD    AMT     DT       DT     R          POLICY NUMBER             CO#    BDATE    EDATE 2ND PREV YEAR  MM/CCYY  MM/CCYY
 9) XXX  999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9999999  CCYYMMDD CCYYMMDD
 9) XXX  999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9999999  CCYYMMDD CCYYMMDD
 9) XXX  999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  9999999  CCYYMMDD CCYYMMDD

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

7.84.3 TPL-A061-R -- TPL RSA Insurance Policy Coverage Report Field Descriptions

Field	Description	Length	Data Type
1st Prev Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of ‘X’ in that month’s position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of ‘X’. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character

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Field	Description	Length	Data Type
2nd Prev Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
Bdate	The policy begin date.	10	Date (MM/DD/YY)
Beneficiary Name	The beneficiary name from the RSA input file.	63	Character
CNL DT	The insurance cancellation date from the RSA input file.	10	Date (CCYYMM)
CO #	The carrier code.	7	Character
Current Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
DED AMT	The deduction amount from the RSA input file.	6	Number (Decimal)
DED CD	the deduction code from the RSA input file.	3	Character
EDate	The policy end date.	8	Date (CCYYMMDD)
Eligibility Begin Date	The month that eligibility began.	7	Date (MM/CCYY)
Eligibility End Date	The month that eligibility ended.	7	Date (MM/CCYY)

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Field	Description	Length	Data Type
ENR DT	The insurance enrollment date from the RSA input file.	8	Date (CCYYMM)
I R	The insurance rate code from the RSA input file.	1	Character
MBR CD	The member code from the RSA input file.	3	Character
MBR CLS	The member class from the RSA input file.	3	Character
MBR TYP	The member type from the RSA input file.	3	Character
PLN TYP	The insurance plan type from the RSA input file.	3	Character
Policy Number	The beneficiary policy number.	30	Character
SSN	The member Social Security Number from the RSA input file.	9	Character

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7.85 TPL-A070-R -- TPL DHR Absent Parent Military Service Report

7.85.1 TPL-A070-R -- TPL DHR Absent Parent Military Service Report Narrative

The TPL Absent Parent Military Service report is generated as a result of the data match process for the Department of Human Resources (DHR). This report is produced upon request.

7.85.2 TPL-A070-R -- TPL DHR Absent Parent Military Service Report Layout

```
REPORT  : TPL-A070-R                                  ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA312                                MEDICAID MANAGEMENT INFORMATION SYSTEM                       RUN TIME:  HH:MM:SS
LOCATION: TPLPA313                                TPL DHR ABSENT PARENT MILITARY SERVICE                             PAGE:  999,999
                                                        REPORT PERIOD:  MM/DD/CCYY

ABSENT PARENT SSN: 999999999                                ABSENT PARENT NAME:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ACTIVE DUTY INDICATOR: X

DEPENDENT MEDICAID NUMBER: 999999999999                     DEPENDENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BRANCH OF SERVICE: XXXX                                     ENLISTMENT DATE: MM/DD/CCYY

MILITARY ID NUMBER:  9999999999                             DISCHARGE DATE:  MM/DD/CCYY



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


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7.85.3 TPL-A070-R -- TPL DHR Absent Parent Military Service Report Field Descriptions

Field	Description	Length	Data Type
Absent Parent Name	The absent parent's name from the DHR input file.	30	Character
Absent Parent SSN	The absent parent's Social Security Number from the DHR input file.	9	Number (Integer)
Active Duty Indicator	The active military indicator from the DHR input file.	1	Character
Branch of Service	The branch of military service code from the DHR input file.	4	Character
Dependent Medicaid Number	The dependent's Medicaid identification number. This is obtained by matching the Dependent Social Security Number on the DHR input file to the Recipient Database.	12	Character
Dependent Name	The dependent's name.	30	Character
Discharge Date	The date of the military service discharge from the DHR input file.	10	Date (MM/DD/CCYY)
Enlistment Date	The date enlisted into military service from the DHR input file.	10	Date (MM/DD/CCYY)
Military ID Number	The military service number from the DHR input file.	10	Number (Integer)

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7.86 TPL-A071-R -- TPL DHR Data Report

7.86.1 TPL-A071-R -- TPL DHR Data Report Narrative

The TPL DHR Data report provides all the data received from the Department of Human Resources (DHR). This report is produced upon request.

7.86.2 TPL-A071-R -- TPL DHR Data Report Layout

```
REPORT  : TPL-A071-R                          ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA312                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME:  HH:MM:SS
LOCATION: TPLPA313                                  TPL DHR DATA                                            PAGE:  999,999
                                             REPORT PERIOD:  MM/DD/CCYY



DEPENDENT MEDICAID NUMBER: 999999999999    TPL CARRIER CODE: XXXXX      POLICY NO.: 999999999999999
GROUP CERTIFICATION NO.: 99999             POLICY HOLDER'S NAME: XXXXX               XXXXXXX
POLICY HOLDER'S SSN: 999999999             CHILD'S NAME: XXXXXXX             XXXXXX      X

DEPENDENT MEDICAID NUMBER: 999999999999    TPL CARRIER CODE: XXXXX      POLICY NO.: 999999999999999
GROUP CERTIFICATION NO.: 99999             POLICY HOLDER'S NAME: XXXXX               XXXXXXX
POLICY HOLDER'S SSN: 999999999             CHILD'S NAME: XXXXXXX             XXXXXX      X


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


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7.86.3 TPL-A071-R -- TPL DHR Data Report Field Descriptions

Field	Description	Length	Data Type
Child's Name	Name of child.	30	Character
Dependent Medicaid Number	Medicaid number of dependent.	12	Number (Integer)
Group Certification No.	Group certification number of policy.	5	Number (Integer)
Policy Holder's Name	Name of policy holder.	30	Character
Policy Holder's SSN	Social Security Number of policy holder.	9	Number (Integer)
Policy No.	Insurance carrier policy number.	15	Character
TPL Carrier Code	The identification code of the carrier.	5	Character

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7.87 TPL-A073-R -- TPL DHR Transaction Error Report

7.87.1 TPL-A073-R -- TPL DHR Transaction Error Report Narrative

The TPL DHR Transaction Error report is generated as a result of the DHR data match process. This report is produced upon request.

7.87.2 TPL-A073-R -- TPL DHR Transaction Error Report Layout

```
REPORT  : TPL-A073-R                          ALABAMA MEDICAID AGENCY                                  RUN DATE:  MM/DD/CCYY
PROCESS : TPLJOA312                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         RUN TIME:  HH:MM:SS
LOCATION: TPLPA313                       TPL DHR TRANSACTION ERROR REPORT                                    PAGE:  999,999
                                           REPORT PERIOD :  MM/DD/CCYY

CHILDS SSN     ERROR MESSAGE

999999999      RECEIVED 800(INSURANCE) RECORD WITHOUT A CORRESPONDING 200(PARTICIPANT DEMOGRAPHICS) RECORD



999999999      RECEIVED 800(INSURANCE) RECORD WITHOUT A CORRESPONDING 200(PARTICIPANT DEMOGRAPHICS) RECORD



999999999      DHR SENT CARRIER CODE NOT FOUND



999999999      DHR SENT CARRIER CODE NOT FOUND



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


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7.87.3 TPL-A073-R -- TPL DHR Transaction Error Report Field Descriptions

Field	Description	Length	Data Type
Child's SSN	The dependent's Social Security Number from the DHR input file that encountered an error.	9	Number (Integer)
Error Message	The error that was encounter during the processing of the DHR input file.	104	Character

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7.88 TPL-A075-R -- TPL Electronic Remittance Summary Report

7.88.1 TPL-A075-R -- TPL Electronic Remittance Summary Report Narrative

The TPL Electronic Remittance Summary report is a summary of the claims received on an electronic remittance from an outside source and processed by the Electronic Posting batch process (an AR can represent several BCBS claims, as in the case of a drug AR). This report allows users to see:

- The number of claims reported per Claim Adjustment Reason Code (CARC)
- The sum of submitted charges per CARC
- The sum billed amount per CARC
- The sum total paid per CARC

This report also displays the following:

- The total amount paid for claims that were posted to the TPL accounts receivable's
- The total amount paid for claims that were not posted to the TPL accounts receivable's
- The number of claims that had invalid or blank CARC codes and the total billed amount, submitted charge, and paid amount for those claims
- The total number of claims that had invalid A/R numbers
- The total number of claims that were received on a remittance
- The total number of claims that were processed (i.e., the number of claims that were found on the AR table and processed by the Electronic Posting batch programs)

This report is helpful to users for providing a summary of AR posting activity and for research purposes. The report is produced upon request.

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7.88.2 TPL-A075-R -- TPL Electronic Remittance Summary Report Layout

```
Report  : TPL-A075-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0090M                    TPL ELECTRONIC REMITTANCE SUMMARY REPORT                             Page:    999,999
                                                REPORT PERIOD: MM/CCYY
                                               CHECK NUMBER:  XXXXXXXXXXXXXXX

REMITTANCE DATE: MM/DD/CCYY          CARRIER CODE: XXXXXXX

        BUSINESS     TOT CLAIMS                TOTAL                    TOTAL                       TOTAL
CARC    SCENARIO       REPORTED              SUBM CHARGE               BILLED AMT                  PAID AMT

XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
XXXX    XX              9999999              $9999999.99              $9999999.99              $9999999.99
TOTAL AMOUNT PAID AND POSTED                    :        $9999999.99
TOTAL AMOUNT PAID BUT NOT POSTED                :        $9999999.99
GRAND TOTAL PAID AGAINST REMIT                  :        $9999999.99
NUMBER OF CLAIMS WITH INVALID OR BLANK CARC     :        9999999
TOTAL BILLED AMT:       $9999999.99   TOTAL SUMBITTED CHARGE:       $9999999.99   TOTAL PAID AMT:       $9999999.99
TOTAL CLAIMS ON REMITTANCE                    :      9999999999


Report  : TPL-A075-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM0090                    MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0090M                    TPL ELECTRONIC REMITTANCE SUMMARY REPORT                             Page:    999,999
                                                REPORT PERIOD: MM/CCYY
                                               CHECK NUMBER:  XXXXXXXXXXXXXXX
                                              BUSINESS SCENARIO CODES (BUSC)

BUSINESS SCENARIO CODE: XX     BUSINESS SCENARIO DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX     BUSINESS SCENARIO DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX     BUSINESS SCENARIO DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


Report  : TPL-A075-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM0090                    MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0090M                    TPL ELECTRONIC REMITTANCE SUMMARY REPORT                             Page:    999,999
                                                REPORT PERIOD: MM/CCYY
                                               CHECK NUMBER:  XXXXXXXXXXXXXXX
                                           CLAIM ADJUSTMENT REASON CODES (CARC)

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESC: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                              XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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

7.88.3 TPL-A075-R -- TPL Electronic Remittance Summary Report Field Descriptions

Field	Description	Length	Data Type
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC that describes, at a high level, the category of the denial or payment adjustment of a claim. Note: N/A is displayed if a unique and valid Business Scenario was not found for the CARC.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Description	The description for the CAQH-CORE Business Scenario code.	50	Character
Carrier Code	The code of the carrier submitting the remittance.	7	Character
CARC	The Claim Adjustment Reason Code(s) identifying the reason(s) the claim was adjusted.	4	Character

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Field	Description	Length	Data Type
Claim Adjustment Reason Code	The Claim Adjustment Reason Code (CARC) is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires accountability for every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Desc	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Grand Total Paid Against Remit	The total amount of money paid on the remittance.	12	Number (Decimal)
Number Of Claims with Invalid or Blank CARC	The number of claims that had an invalid or blank Claim Adjustment Reason Code.	10	Number (Integer)
Remittance Date	The date stamp on the electronic remittance.	10	Date (MM/DD/CCYY)
Total Amount Paid and Posted	The total amount that was posted to the Accounts Receivables.	12	Number (Decimal)
Total Amount Paid But Not Posted	The total amount paid by the carrier that was not posted to the account receivables.	12	Number (Decimal)
Total Billed Amt	The total billed amount for each CARC.	9	Number (Decimal)
Total Claims on Remittance	Total number of claims on the remittance.	10	Number (Integer)
Total Claims Reported	The total number of claims reported for each CARC.	10	Number (Integer)
Total Claims with Invalid AR Number	The number of claims that had an invalid AR number.	10	Number (Integer)
Total Paid Amt	The total paid amount for all invalid CARC.	14	Number (Decimal)
Total Paid Amt	The total paid amount for each CARC.	12	Number (Decimal)

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Field	Description	Length	Data Type
Total Submitted Charge	The total submitted charge for all invalid CARC.	14	Number (Decimal)
Total Subm Charge	The total submitted charge for each CARC.	9	Number (Decimal)

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7.89 TPL-A076-R -- TPL Credit Balance Report

7.89.1 TPL-A076-R -- TPL Credit Balance Report Narrative

The TPL Credit Balance Report gives a breakdown of the claims received on an electronic remittance received from an outside source. This report is created during the Electronic Posting process. The Credit Balance section displays claims that have a credit balance (i.e., a paid amount less than zero). This report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

7.89.2 TPL-A076-R -- TPL Credit Balance Report Layout

```
                                                    ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJM090                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
Location: TPL0094M                                  TPL CREDIT BALANCE REPORT                                            Page:    999,999
                                                     REPORT PERIOD: MM/CCYY
                                                  CHECK NUMBER:  XXXXXXXXXXXXXX

REMITTANCE DATE: MM/DD/CCYY        CARRIER CODE: XXXXXXX        DEPOSIT DATE:  MM/DD/CCYY
RID              AR NBR            CONTRACT NBR                     CLAIM #                          SUBSCRIBER NAME
XXXXXXXXXXXX     XXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX,XXXXXXXXXXXX X

PATIENT NAME                         AMT BILLED         AMT PAID           MEDICAID BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X             $9999999.99        $9999999.99     MM/DD/CCYY

CLAIM      FROM         TO           DETAIL          BUSINESS                                                                  ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO   CAGC                                                CARC(S)    AMOUNT(S)
XXXX       MM/DD/CCYY   MM/DD/CCYY  $99999999.99     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
                                                     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

***** A/R 9999999999999 -TOTAL PAID:     $9999999.99
*****************************************************************************************************************************


     NUMBER OF CLAIMS  :            9999999
     TOTAL AMOUNT PAID :        $9999999.99




Report  : TPL-A076-R                                ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJM090                            MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
Location: TPL0094M                                  TPL CREDIT BALANCE REPORT                                            Page:    999,999
                                                     REPORT PERIOD: MM/CCYY
                                                  CHECK NUMBER:  XXXXXXXXXXXXXX
                                                BUSINESS SCENARIO CODES (BUSC)

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
Report  : TPL-A076-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                       TPL CREDIT BALANCE REPORT                                     Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                       CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                   CLAIM ADJUSTMENT REASON CODES (CARC)

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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```

```
Report  : TPL-A076-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                       TPL CREDIT BALANCE REPORT                                     Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                       CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                 REMITTANCE ADVICE REMARK CODES (RARC)

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.89.3 TPL-A076-R -- TPL Credit Balance Report Field Descriptions

Field	Description	Length	Data Type
Adjustment Amount(S)	The dollar amount of the claim adjustment.	9	Number (Decimal)
Amt Billed	The account receivable amount billed to the third party entity.	9	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts receivable number assigned by the system at time of AR creation.	13	Number (Integer)
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC that describes, at a high level, the category of the denial or payment adjustment of a claim. Note: N/A is displayed if a unique and valid Business Scenario was not found for the CARC.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Description	The description for the CAQH-CORE Business Scenario code.	50	Character

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Field	Description	Length	Data Type
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character
CARC	The Claim Adjustment Reason Code(s) identifying the reason(s) the claim was adjusted.	4	Character
Carrier Code	The carrier code of the carrier the money was received from.	7	Character
Check Number	The check number associated to the refund.	9	Character
Claim #	The number assigned to the claim by the insurer.	30	Character
Claim Adjustment Reason Code	The Claim Adjustment Reason Code (CARC) is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires accountability for every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Claim Dtl #	The sequential number assigned to the claim detail (found only on the report).	3	Number (Integer)
Contract NBR	The insurer's contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid's bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	9	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid BILL DATE	The date that the third party insurer was billed by Medicaid.	10	Date (MM/DD/CCYY)
Number of Claims	Displays the number of claims documented in the report.	7	Number (Integer)

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Field	Description	Length	Data Type
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character
RARC(S)	HIPAA Remittance Advice Remarks Codes (RARCs) are used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing. Note: Only the first five (5) RARCs will be reported.	5	Character
Remittance Advice Remark Code	The HIPAA Remittance Advice Remark Code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Number (Integer)
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	11	Number (Decimal)

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7.90 TPL-A077-R -- TPL Payments Received Not Posted Report

7.90.1 TPL-A077-R -- TPL Payments Received Not Posted Report Narrative

The TPL Payments Received Not Posted report gives a breakdown of the claims received on an electronic remittance received from an outside source. This report is created during the Electronic Posting process. This report displays claims that have a paid amount greater than zero but was not posted because of an invalid AR number. This report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

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7.90.2 TPL-A077-R -- TPL Payments Received Not Posted Report Layout

```
Report  : TPL-A077-R                                    ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJD006                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0002I                                       PAYMENTS RECEIVED--NOT POSTED                                       Page:    999,999
                                                            REPORT PERIOD: MM/CCYY

                                                 CHECK NUMBER:  XXXXXXXXXXXXXXX
REMITTANCE DATE: CCYY-MM-DD           CARRIER CODE: XXXXXXX     DEPOSIT DATE: CCYY-MM-DD

CLAIM                        AR            CONTRACT                        CLAIM                           SUBSCRIBER
          RID                NBR           NBR                             NBR                             NAME
          XXXXXXXXXXXX       XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX,XXXXXXXXXXXX X
  BUSINESS SCENARIO: XX      CAGC: XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CARC: XXXX    RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
PATIENT                                          AMT                  AMT        BEFORE   AFTER      MEDICAID
NAME                                             BILLED               PAID       CARC     CARC       BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X                    $9999999.99         $9999999.99    XXXX     XXXX       CCYY-MM-DD

CLAIM      FROM         TO           DETAIL          BUSINESS                                                                    ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO  CAGC                                                  CARC(S)     AMOUNT(S)
XXXX       CCYY-MM-DD   CCYY-MM-DD   $9999999.99     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
XXXX                                                 XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

*****A/R  9999999999999  TOTAL CLAIMS 99999     TOTAL PAID  $99,999,999,999,999.99


NUMBER OF CLAIMS:  99,999,999,999,999
TOTAL AMOUNT PAID: $99,999,999,999,999.99
```


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```
Report  : TPL-A077-R                                   ALABAMA MEDICAID AGENCY                                              Run Date: MM/DD/CCYY
Process : TPLJD006                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                      Run Time:   HH:MM:SS
Location: TPL0002I                                    PAYMENTS RECEIVED--NOT POSTED                                             Page:    999,999
                                                         REPORT PERIOD: MM/CCYY
                                                     BUSINESS SCENARIO CODES (BUSC)
                                             CHECK NUMBER:  XXXXXXXXXXXXXXX

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


Report  : TPL-A077-R                                   ALABAMA MEDICAID AGENCY                                              Run Date: MM/DD/CCYY
Process : TPLJD006                              MEDICAID MANAGEMENT INFORMATION SYSTEM                                      Run Time:   HH:MM:SS
Location: TPL0002I                                    PAYMENTS RECEIVED--NOT POSTED                                             Page:    999,999
                                                         REPORT PERIOD: MM/CCYY
                                                  CLAIM ADJUSTMENT REASON CODES (CARC)
                                             CHECK NUMBER:  XXXXXXXXXXXXXXX

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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```
Report  : TPL-A077-R                                       ALABAMA MEDICAID AGENCY                                                   Run Date: MM/DD/CCYY
Process : TPLJD006                                  MEDICAID MANAGEMENT INFORMATION SYSTEM                                           Run Time:   HH:MM:SS
Location: TPL0002I                                        PAYMENTS RECEIVED--NOT POSTED                                                  Page:    999,999
                                                             REPORT PERIOD: MM/CCYY
                                                     REMITTANCE ADVICE REMARK CODES (RARC)
                                                 CHECK NUMBER:  XXXXXXXXXXXXXXX

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



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


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7.90.3 TPL-A077-R -- TPL Payments Received Not Posted Report Field Descriptions

Field	Description	Length	Data Type
(CLAIM) CARC	The code that conveys the status of the A/R. This field is shown on the Payments Posted, the Denials Posted, the Denial with Invalid AR Number, and the Other sections of the report.	4	Character
Adjustment Amount(S)	The dollar amount of the claim adjustment.	11	Number (Decimal)
After CARC	The A/R status after the Electronic Posting Process is ran.	4	Character
Amt Billed	The account receivable amount billed to the third party entity.	9	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts receivable number assigned by the system at time of AR creation.	13	Number (Integer)
Before CARC	The A/R Status before the electronic posting process is ran. For this report, the value in this field will be N/A, since there is no valid A/R number to use to retrieve the record containing the status pre-posting from the accounts receivable file.	4	Character
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC. N/A if no Business Scenario was found for the CARC or more than one Business Scenario was found. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim	2	Character
Business Scenario Description	The description for the CAQH Business Scenario code.	50	Character
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character

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Field	Description	Length	Data Type
CARC(S)	The Claim Adjustment Reason Code(s) identifying the reasons the claim was adjusted.	4	Character
Carrier Code	The carrier code of the carrier the money was received from.	7	Character
Claim Adjustment Reason Code	The CARC is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/	700	Character
Check Number	The check number associated to the refund.	9	Character
Claim NBR	The number assigned to the claim by the insurer.	30	Character
Claim DTL#	The sequential number assigned to the claim detail (found only on the report).	3	Number (Integer)
Contract NBR	The insurer’s contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid’s bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	9	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid Bill Date	The date that the third party insurer was billed by Medicaid.	10	Date (MM/DD/CCYY)
Number of Claims	Displays the number of claims documented in the report.	7	Number (Integer)
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character

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Field	Description	Length	Data Type
RARC(s)	HIPAA remarks code.Only the first five (5) RARCs will be printed out.	5	Character
Remittance Advice Remark Code	The HIPAA remark code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/	700	Character
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Number (Integer)
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	13	Number (Decimal)

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7.91 TPL-A078-R -- TPL Denials Posted - Needs Research Report

7.91.1 TPL-A078-R -- TPL Denials Posted - Needs Research Report Narrative

The Denials Posted - Needs Research Report is one of a series of reports that gives a breakdown of the claims that are received on an electronic remittance received from an outside source. This report is created during the Electronic Posting process. This report lists claims with a paid amount of zero that were posted to the accounts receivable but need research because the HIPAA Reason Code on each claim was one of the following: 18, 19, 20, 21, 22, 23, 62, 63, 71, 88, 93, 95, 100, 101, 120, 123, 124, 132, 133, 135, 136, 139, 140, 143, A7, B11, and B13. This report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

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7.91.2 TPL-A078-R -- TPL Denials Posted - Needs Research Report Layout

```
Report  : TPL-A078-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                  TPL DENIALS POSTED - NEEDS RESEARCH                                Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                       CHECK NUMBER:  XXXXXXXXXXXXXXX

REMITTANCE DATE: MM/DD/CCYY        CARRIER CODE: XXXXXXX        DEPOSIT DATE: MM/DD/CCYY
RID              AR NBR            CONTRACT NBR                     CLAIM #                        SUBSCRIBER NAME
XXXXXXXXXXXX     XXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX,XXXXXXXXXXXX X

PATIENT NAME                        AMT BILLED         AMT PAID           MEDICAID BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X            $9999999.99        $9999999.99     MM/DD/CCYY

CLAIM      FROM         TO           DETAIL          BUSINESS                                                          ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO   CAGC                                        CARC(S)    AMOUNT(S)
XXXX       MM/DD/CCYY   MM/DD/CCYY  $99999999.99     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
XXXX       MM/DD/CCYY   MM/DD/CCYY  $99999999.99     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX       $9999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX


***** A/R 9999999999999   -TOTAL PAID:  $9999999.99
*****************************************************************************************************************************



     NUMBER OF CLAIMS  :             9999999
     TOTAL AMOUNT PAID :        $9999999.99



Report  : TPL-A078-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                  TPL DENIALS POSTED - NEEDS RESEARCH                                Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                       CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                     BUSINESS SCENARIO CODES (BUSC)

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



Report  : TPL-A078-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                  TPL DENIALS POSTED - NEEDS RESEARCH                                Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                       CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                   CLAIM ADJUSTMENT REASON CODES (CARC)

CLAIM ADJUSTMENT REASON CODE: XXXX
```


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```
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Report  : TPL-A078-R                                  ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM090                          MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0094M                            TPL DENIALS POSTED - NEEDS RESEARCH                              Page:    999,999
                                                    REPORT PERIOD: MM/CCYY
                                                 CHECK NUMBER:  XXXXXXXXXXXXXXX
                                             REMITTANCE ADVICE REMARK CODES (RARC)

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

7.91.3 TPL-A078-R -- TPL Denials Posted - Needs Research Report Field Descriptions

Field	Description	Length	Data Type
Adjustment Amount(S)	The dollar amount of the claim adjustment.	11	Number (Decimal)
Amt Billed	The account receivable amount billed to the third party entity.	11	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts receivable number assigned by the system at time of AR creation.	13	Number (Integer)
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC that describes, at a high level, the category of the denial or payment adjustment of a claim. Note: N/A is displayed if a unique and valid Business Scenario was not found for the CARC.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Description	The description for the CAQH-CORE Business Scenario code.	50	Character
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character
CARC(s)	The Claim Adjustment Reason Code(s) identifying the reason(s) the claim was adjusted.	4	Character

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Field	Description	Length	Data Type
Carrier Code	The carrier code of the carrier the money was received from.	7	Character
Claim Adjustment Reason Code	The Claim Adjustment Reason Code (CARC) is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires accountability for every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Check #	The check number associated to the refund.	9	Character
Claim #	The number assigned to the claim by the insurer.	30	Character
Claim DTL #	The sequential number assigned to the claim detail (found only on the report).	2	Number (Integer)
Contract NBR	The insurer's contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid's bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	11	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid Bill Date	The date that the third party insurer was billed by Medicaid.	8	Date (MM/DD/CCYY)
Number of Claims	Displays the number of claims documented in the report.	7	Number (Integer)

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Field	Description	Length	Data Type
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character
RARC(S)	HIPAA Remittance Advice Remarks Codes (RARCs) are used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing. Note: Only the first five (5) RARCs will be reported.	5	Character
Remittance Advice Remark Code	HIPAA Remittance Advice Remark Code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Character
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	13	Number (Decimal)

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7.92 TPL-A079-R -- TPL Denials with Invalid AR Number - Not Posted Report

7.92.1 TPL-A079-R -- TPL Denials with Invalid AR Number - Not Posted Report Narrative

The TPL Denials with Invalid A/R Number--Not Posted report gives a breakdown of the claims received on an electronic remittance received from an outside source. This report is created during the Electronic Posting process. This report displays claims that have a zero paid amount and an invalid AR number. This report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

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7.92.2 TPL-A079-R -- TPL Denials With Invalid AR Number - Not Posted Report Layout

```
Report  : TPL-A079-R                                    ALABAMA MEDICAID AGENCY                                                    Run Date: MM/DD/CCYY
Process : TPLJD006                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                          Run Time:   HH:MM:SS
Location: TPL0002I                                TPL DENIALS WITH INVALID AR NUMBER-NOT POSTED                                        Page:    999,999
                                                            REPORT PERIOD: MM/CCYY

                                                  CHECK NUMBER:  XXXXXXXXXXXXXXX
REMITTANCE DATE: CCYY-MM-DD           CARRIER CODE: XXXXXXX     DEPOSIT DATE: CCYY-MM-DD

CLAIM                      AR             CONTRACT                        CLAIM                           SUBSCRIBER
          RID              NBR            NBR                             NBR                             NAME
          XXXXXXXXXXXX     XXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX,XXXXXXXXXXXX X
          CARC: N/A   RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
PATIENT                                       AMT                  AMT        BEFORE   AFTER      MEDICAID
NAME                                          BILLED               PAID       CARC     CARC       BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X                  $9999999.99         $9999999.99    XXXX     XXXX       CCYY-MM-DD

CLAIM      FROM         TO           DETAIL          BUSINESS                                                                  ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO  CAGC                                                  CARC(S)     AMOUNT(S)
XXXX       CCYY-MM-DD   CCYY-MM-DD   $9999999.99     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
          RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
XXXX                                                 XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
                                                     XX        XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXX      $9999999999.99
          RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

*****A/R 99999999999999  TOTAL CLAIMS 99999     TOTAL PAID  $99,999,999,999,999.99


NUMBER OF CLAIMS : 99,999,999,999,999
TOTAL AMOUNT PAID: $99,999,999,999,999.99



Report  : TPL-A079-R                                    ALABAMA MEDICAID AGENCY                                                    Run Date: MM/DD/CCYY
Process : TPLJD006                                 MEDICAID MANAGEMENT INFORMATION SYSTEM                                          Run Time:   HH:MM:SS
Location: TPL0002I                                TPL DENIALS WITH INVALID AR NUMBER-NOT POSTED                                        Page:    999,999
                                                            REPORT PERIOD: MM/CCYY
                                                         BUSINESS SCENARIO CODES (BUSC)
                                                  CHECK NUMBER:  XXXXXXXXXXXXXXX

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
Report  : TPL-A079-R                                    ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJD006                                MEDICAID MANAGEMENT INFORMATION SYSTEM                                 Run Time:   HH:MM:SS
Location: TPL0002I                              TPL DENIALS WITH INVALID AR NUMBER-NOT POSTED                              Page:    999,999
                                                          REPORT PERIOD: MM/CCYY
                                                   CLAIM ADJUSTMENT REASON CODES (CARC)
                                                CHECK NUMBER:  XXXXXXXXXXXXXXX

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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```
Location: TPL0002I                                TPL DENIALS WITH INVALID AR NUMBER-NOT POSTED                                    Page:    999,999
                                                            REPORT PERIOD: MM/CCYY
                                                     REMITTANCE ADVICE REMARK CODES (RARC)
                                                CHECK NUMBER:  XXXXXXXXXXXXXXX

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

7.92.3 TPL-A079-R -- TPL Denials With Invalid AR Number - Not Posted Report Field Descriptions

Field	Description	Length	Data Type
(CLAIM) CARC	This identifies the reason for denial from the insurance company. Always N/A for this report.	3	Character
Adjustment Amount(S)	The dollar amount of the claim adjustment.	11	Number (Decimal)
After CARC	The A/R Status after the electronic posting process is ran.	4	Character

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Field	Description	Length	Data Type
Amt Billed	The account receivable amount billed to the third party entity.	11	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts Receivable number assigned by the system at time of A/R creation.	13	Number (Integer)
Before CARC	The A/R Status before the electronic posting process is ran.	4	Character
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC. N/A if no Business Scenario was found for the CARC or more than one Business Scenario was found. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim	2	Character
Business Scenario Description	The description for the CAQH Business Scenario code.	50	Character
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character
CARC(S)	The Claim Adjustment Reason Code(s) identifying the reasons the claim was adjusted.	4	Character
Carrier Code	The carrier code of the carrier the money was received from.	7	Character

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Field	Description	Length	Data Type
Claim Adjustment Reason Code	The CARC is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires that every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim should be accounted for. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Check #	The check number associated to the refund.	9	Character
Claim NBR	The number assigned to the claim by the insurer.	30	Character
Claim DTL #	The sequential number assigned to the claim detail (found only on the report).	3	Number (Integer)
Contract NBR	The insurer's contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid's bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	11	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid Bill Date	The date that the third party insurer was billed by Medicaid.	10	Date (MM/DD/CCYY)
Number Of Claims	Displays the number of claims documented in the report.	7	Number (Integer)
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character
RARC(s)	HIPAA remarks code. Only the first five (5) RARCs will be printed out.	5	Character

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Field	Description	Length	Data Type
Remittance Advice Remark Code	The HIPAA remark code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/	700	Character
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Character
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	13	Number (Decimal)

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7.93 TPL-A080-R -- TPL AR Payments Posted Report

7.93.1 TPL-A080-R -- TPL AR Payments Posted Report Narrative

The TPL AR Payments Posted Report gives a breakdown of the claims received on an electronic remittance received from an outside source. This report is created during the Electronic Posting process. This report displays claims that have a paid amount greater than zero. This report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

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7.93.2 TPL-A080-R -- TPL AR Payments Posted Report Layout

```
Report  : TPL-A080-R                                        ALABAMA MEDICAID AGENCY                                        Run Date: MM/DD/CCYY
Process : TPLJM090                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0094M                                        TPL AR PAYMENTS POSTED REPORT                                        Page:    999,999
                                                             REPORT PERIOD: MM/CCYY
                                                          CHECK NUMBER: XXXXXXXXXXXXXXX

REMITTANCE DATE: MM/DD/CCYY          CARRIER CODE: XXXXXXX       DEPOSIT DATE: MM/DD/CCYYY

CLAIM                       AR            CONTRACT                        CLAIM                           SUBSCRIBER
          RID               NBR           NBR                             NBR                             NAME
          XXXXXXXXXXXX      XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX,XXXXXXXXXXXX X
  BUSINESS SCENARIO: XX     CAGC: XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CARC: XXXX    RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

PATIENT NAME                          AMT                          AMT     BEFORE   AFTER      MEDICAID
                                      BILLED                       PAID    CARC     CARC       BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X         $999999.99              $9999999.99    XXXX     XXXX       MM/DD/CCYY

CLAIM      FROM         TO           DETAIL          BUSINESS                                                                ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO   CAGC                                                 CARC(S)  AMOUNT(S)
XXXX       MM/DD/CCYY   MM/DD/CCYY   $99999999.99    XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX     $9999999.99
          RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

***** A/R 9999999999999 —TOTAL PAID:   $9999999.99


NUMBER OF CLAIMS:       9999999
TOTAL AMOUNT PAID:  $9999999.99


Report  : TPL-A080-R                                        ALABAMA MEDICAID AGENCY                                        Run Date: MM/DD/CCYY
Process : TPLJM090                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0094M                                        TPL AR PAYMENTS POSTED REPORT                                        Page:    999,999
                                                             REPORT PERIOD: MM/CCYY
                                                          CHECK NUMBER: XXXXXXXXXXXXXXX
                                                         BUSINESS SCENARIO CODES (BUSC)

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


Report  : TPL-A080-R                                        ALABAMA MEDICAID AGENCY                                        Run Date: MM/DD/CCYY
Process : TPLJM090                                   MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0094M                                        TPL AR PAYMENTS POSTED REPORT                                        Page:    999,999
                                                             REPORT PERIOD: MM/CCYY
                                                          CHECK NUMBER: XXXXXXXXXXXXXXX
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                                        CLAIM ADJUSTMENT REASON CODES (CARC)

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Report  : TPL-A080-R                                  ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM090                          MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0094M                               TPL AR PAYMENTS POSTED REPORT                                 Page:    999,999
                                                    REPORT PERIOD: MM/CCYY
                                                 CHECK NUMBER: XXXXXXXXXXXXXXX
                                             REMITANCE ADVICE REMARK CODES (RARC)

REMITANCE ADVICE REMARK CODE: XXXXX
REMITANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITANCE ADVICE REMARK CODE: XXXXX
REMITANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REMITANCE ADVICE REMARK CODE: XXXXX
REMITANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                                                   *NO DATA THIS RUN*
                                                                     *END OF REPORT*
```

7.93.3 TPL-A080-R -- TPL AR Payments Posted Report Field Descriptions

Field	Description	Length	Data Type
A/R /Total Paid	The total dollar amount paid against the A/R.	9	Number (Decimal)
Adjustment Amount(S)	The dollar amount of the claim adjustment.	9	Number (Decimal)
After CARC	The A/R status after the electronic posting process is ran..	4	Character
Amt Billed	The account receivable amount billed to the third party entity.	9	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts receivable number assigned by the system at time of A/R creation.	13	Number (Integer)
AR Status Code	The code that conveys the status of the A/R.	3	Character
Before CARC	The A/R Status before the Electronic Posting process is ran.	4	Character

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Field	Description	Length	Data Type
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim. Note: N/A is displayed if a unique and valid Business Scenario was not found for the CARC.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Description	The description for the CAQH-CORE Business Scenario code.	50	Character
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character
CARC	The Claim Adjustment Reason Code(s) identifying the reasons the claim was adjusted.	4	Character
Carrier Code	The carrier code of the carrier the money was received from.	7	Character
Check Number	The check number associated to the refund.	9	Character
Claim Adjustment Reason Code	The Claim Adjustment Reason Code (CARC) is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires accountability for every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character

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Field	Description	Length	Data Type
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Claim NBR	The number assigned to the claim by the insurer.	30	Character
Claim DTL#	The sequential number assigned to the claim detail (found only on the report).	3	Number (Integer)
Contract NBR	The insurer's contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid's bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	9	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid Bill Date	The date that the third party insurer was billed by Medicaid.	10	Date (MM/DD/CCYY)
Number of Claims	Displays the number of claims documented in the report.	7	Number (Integer)
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character
RARC(S)	HIPAA Remittance Advice Remarks Codes (RARCs) are used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing. Note: Only the first five (5) RARCs will be reported.	5	Character
Remittance Advice Remark Code	The HIPAA Remittance Advice Remark Code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character

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Field	Description	Length	Data Type
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Number (Integer)
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	11	Number (Decimal)

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7.94 TPL-A081-R -- TPL Denials Posted Report

7.94.1 TPL-A081-R -- TPL Denials Posted Report Narrative

The TPL Denials Posted report gives a breakdown of the claims received on an electronic remittance from an outside source. This report is created during the Electronic Posting process. This report displays claims that have a zero paid amount and were posted to the Accounts Receivable record. This report displays claims that had a zero paid amount and were posted to the Accounts Receivable record. This report excludes denied claims that have the following HIPAA Reason Codes: 18, 19, 20, 21, 22, 23, 62, 63, 71, 88, 93, 95, 100, 101, 120, 123, 124, 132, 133, 135, 136, 139, 140, 143, A7, B11, and B13. The Denials Posted Report is useful for research purposes and as a record of A/R activity for any particular remittance. This report is produced upon request.

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7.94.2 TPL-A081-R -- TPL Denials Posted Report Layout

```
Report  : TPL-A081-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                         TPL DENIALS POSTED                                          Page:    999,999
                                                        REPORT PERIOD: MM/CCYY
                                                     CHECK NUMBER:  XXXXXXXXXXXXXXX

REMITTANCE DATE: MM/DD/CCYY          CARRIER CODE:  XXXXXXX       DEPOSIT DATE:  MM/DD/CCYY

CLAIM                       AR            CONTRACT                        CLAIM                           SUBSCRIBER
          RID               NBR           NBR                             NBR                             NAME
          XXXXXXXXXXXX      XXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX,XXXXXXXXXXXX X
  BUSINESS SCENARIO: XX     CAGC: XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    CARC: XXXX    RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

PATIENT NAME                          AMT                          AMT     BEFORE   AFTER      MEDICAID
                                      BILLED                       PAID    CARC     CARC       BILL DATE
XXXXXXXXXXXX,XXXXXXXXXXXX X              $9999999.99        $9999999.99    XXXX     XXXX      MM/DD/CCYY

CLAIM      FROM         TO           DETAIL          BUSINESS                                                                  ADJUSTMENT
DTL #      DOS          DOS          PAID AMT        SCENARIO   CAGC                                                  CARC(S)   AMOUNT(S)
XXXX       MM/DD/CCYY   MM/DD/CCYY  $99999999.99     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX      $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX      $9999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX
XXXX       MM/DD/CCYY   MM/DD/CCYY  $99999999.99     XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX      $9999999.99
                                                      XX         XX- XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX      $9999999.99
           RARC(S): XXXXX  XXXXX  XXXXX  XXXXX  XXXXX

***** A/R 9999999999999 -TOTAL PAID:     $9999999.99
*****************************************************************************************************************************


      NUMBER OF CLAIMS  :            9999999
     TOTAL AMOUNT PAID :        $9999999.99


Report  : TPL-A081-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                         TPL DENIALS POSTED                                          Page:    999,999
                                                       REPORT PERIOD: MM/CCYY
                                                     CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                   BUSINESS SCENARIO CODES (BUSC)

BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
BUSINESS SCENARIO CODE: XX          BUSINESS SCENARIO DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Report  : TPL-A081-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                         TPL DENIALS POSTED                                          Page:    999,999
                                                         REPORT PERIOD: MM/CCYY
                                                     CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                 CLAIM ADJUSTMENT REASON CODES (CARC)

CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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CLAIM ADJUSTMENT REASON CODE: XXXX
CLAIM ADJUSTMENT REASON DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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Report  : TPL-A081-R                                    ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM090                                MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0094M                                         TPL DENIALS POSTED                                          Page:    999,999
                                                         REPORT PERIOD: MM/CCYY
                                                     CHECK NUMBER:  XXXXXXXXXXXXXXX
                                                 REMITTANCE ADVICE REMARK CODES (RARC)

REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITTANCE ADVICE REMARK CODE: XXXXX
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REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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REMITTANCE ADVICE REMARK CODE: XXXXX
REMITTANCE ADVICE REMARK DESCRIPTION:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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                                                    *NO DATA THIS RUN*
                                                     *END OF REPORT*
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7.94.3 TPL-A081-R – TPL Denials Posted Report Field Descriptions

Field	Description	Length	Data Type
Adjustment Amount(S)	The dollar amount of the claim adjustment.	9	Number (Decimal)
Adjustment Group Code	The code identifying the general category of payment adjustment and its description.	2	Character
After CARC	The A/R status after the electronic posting process is ran.	4	Character
Amt Billed	The account receivable amount billed to the third party entity.	9	Number (Decimal)
Amt Paid	The dollar amount paid against an A/R.	9	Number (Decimal)
AR NBR	Accounts receivable number assigned by the system at time of AR creation.	13	Number (Integer)
Before CARC	The A/R Status before the Electronic Posting process is ran.	4	Character

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Field	Description	Length	Data Type
Business Scenario	The CAQH CORE-defined Business Scenario code associated to the CARC thjat describes, at a high level, the category of the denial or payment adjustment of a claim. Note: N/A is displayed if a unique and valid Business Scenario was not found for the CARC.	2	Character
Business Scenario Code	The CAQH CORE-defined Business Scenario code that was included in the previous section of the report. The Business Scenario describes, at a high level, the category of the denial or payment adjustment of a claim.	2	Character
Business Scenario Description	The description for the CAQH-CORE Business Scenario code.	50	Character
CAGC	The group code and description that identifies the general category of the payment adjustment.	52	Character
CARC	The Claim Adjustment Reason Code(s) (CARC) identifying the reason(s) the claim was adjusted.	4	Character
Carrier Code	The carrier code of the carrier the money was received from.	7	Character
Claim Adjustment Reason Code	The Claim Adjustment Reason Code (CARC) is the HIPAA adjustment reason code that was included in the previous section of the report. HIPAA requires accountability for every "adjustment" to the allowed price of a claim that causes it to differ from the amount originally billed on the claim. As a result, all cutbacks/denials of units and dollars need to be captured and mapped to HIPAA specific adjustment reason codes and remarks codes.	4	Character
Claim Adjustment Reason Description	The description for the Claim Adjustment Reason Code (CARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference.	700	Character
Claim NBR	The number assigned to the claim by the insurer.	30	Character
Claim DTL #	The sequential number assigned to the claim detail (found only on the report).	3	Number (Integer)

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Field	Description	Length	Data Type
Contract NBR	The insurer's contract number.	30	Character
Deposit Date	The date on which the funds from the carrier's remittance is deposited into Medicaid's bank account.	10	Date (MM/DD/CCYY)
Detail Paid Amt	The dollar amount paid against the claim detail.	9	Number (Decimal)
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
Medicaid Bill Date	The date that the third party insurer was billed by Medicaid.	10	Date (MM/DD/CCYY)
Number of Claims	Displays the number of claims documented in the report.	7	Number (Integer)
Patient Name	The last name, first name, and middle initial of the recipient for whom medical services were rendered.	31	Character
RARC(S)	HIPAA Remittance Advice Remarks Codes (RARCs) are used to provide an additional explanation for an adjustment already described by a CARC or to convey information about remittance processing. Note: Only the first five (5) RARCs will be reported.	5	Character
Remittance Advice Remark Code	The HIPAA Remittance Advice Remark Code (RARC) that was included in the previous section of the report.	5	Character
Remittance Advice Remark Description	The description for the Remittance Advice Remark Code (RARC). Full descriptions can be obtained from Washington Publishing: http://www.wpc-edi.com/reference/.	700	Character
Remittance Date	The date stamp on the electronic remittance received from the carrier.	10	Date (MM/DD/CCYY)
RID	The recipient identification number.	12	Number (Integer)
Subscriber Name	The last name, first name, and middle initial of the owner of the policy.	31	Character
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total Amount Paid	Displays the total dollar amount paid for the report.	13	Number (Decimal)

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7.95 TPL-A088-R -- TPL RSA Policy Record Not Added Report

7.95.1 TPL-A088-R -- TPL RSA Policy Record Not Added Report Narrative

The TPL RSA Policy Record Not Added report displays the recipients from the Retirement Systems of Alabama (RSA) input file whose policy is not in the TPL Resource tables. The recipients who appear on this report are added to the database manually. This report is produced upon request.

7.95.2 TPL-A088-R -- TPL RSA Policy Record not Added Report Layout

```
Report  : TPL-A088-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJA016                     MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   MM/HH/SS
Location: TPL0316I                         TPL RSA Policy Record not Added                                   Page:          1

          BENEFICIARY                   MBR MBR MBR PLN
SSAN      NAME                          CD  TYP CLS TYP                                                      ELIGIBILITY
[redacted]                                                                                                 BEGIN DATE END DATE
                                                                                                  CURRENT YEAR
    DED   DED     ENR      CNL    I  <............. POLICY FILE INFORMATION ..............>  1ST PREV YEAR
    CD    AMT     DT       DT     R          POLICY NUMBER            CO#    BDATE    EDATE  2ND PREV YEAR
 1) P03 011000    000000   000000 D                                                  0        0
          BENEFICIARY                   MBR MBR MBR PLN
SSAN      NAME                          CD  TYP CLS TYP                                                      ELIGIBILITY
[redacted]                                                                                                 BEGIN DATE END DATE
                                                                                                  CURRENT YEAR   1/2007  12/2007
    DED   DED     ENR      CNL    I  <............. POLICY FILE INFORMATION ..............>  1ST PREV YEAR   1/2006  12/2006
    CD    AMT     DT       DT     R          POLICY NUMBER            CO#    BDATE    EDATE  2ND PREV YEAR   1/2005  12/2005
 1) P09 003800    100119   000000 A  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXX         0        0

                                                    ***   END OF REPOR***
```


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7.95.3 TPL-A088-R -- TPL RSA Policy Record not Added Report Field Descriptions

Field	Description	Length	Data Type
1st Previous Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
2nd Previous Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
BDate	The policy begin date.	8	Date (MM/DD/YY)
Beneficiary NAME	The beneficiary name from the RSA input file.	63	Character
CNL DT	The insurance cancellation date from the RSA input file.	8	Character
CO #	The carrier code.	7	Character

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Field	Description	Length	Data Type
Current Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
DED AMT	The deduction amount from the RSA input file.	6	Number (Decimal)
DED CD	The deduction code from the RSA input file.	3	Character
Eligibility Begin Date	The month that eligibility began.	7	Character
Eligibility End Date	The month that eligibility ended.	7	Character
EDATE	The policy end date.	8	Date (MM/DD/YY)
ENR DT	The insurance enrollment date from the RSA input file.	8	Date (MM/DD/YY)
I R	The insurance rate code from the RSA input file.	1	Character
MBR CD	The member code from the RSA input file.	1	Character
MBR CLS	The member class from the RSA input file.	3	Character
MBR TYE	The member type from the RSA input file.	1	Character
PLN Type	The insurance plan type from the RSA input file.	3	Character
Policy Number	The beneficiary policy number.	30	Character
SSAN	The member Social Security Number from the RSA input file.	9	Number (Integer)

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7.96 TPL-A089-R -- TPL RSA Policy Record Added Report

7.96.1 TPL-A089-R -- TPL RSA Policy Record Added Report Narrative

The TPL RSA Policy Record Added report displays the recipients from the RSA input file whose policy has been automatically added to the TPL Resource tables. This report is produced upon request.

7.96.2 TPL-A089-R -- TPL RSA Policy Record Added Report Layout

```
Report  : TPL-A089-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJA083                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0316I                            TPL RSA Policy Record Added                                    Page:    999,999

          BENEFICIARY                   MBR MBR MBR PLN
SSN       NAME                          CD  TYP CLS TYP                                                      ELIGIBILITY
999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX  XX  XXX XXX                                                  BEGIN DATE END DATE
                                                                                                  CURRENT YEAR  MM/CCYY  MM/CCYY
    DED   DED     ENR      CNL    I  <............... POLICY FILE INFORMATION ..............>  1ST PREV YEAR  MM/CCYY  MM/CCYY
    CD    AMT     DT       DT     R          POLICY NUMBER             CO#    BDATE    EDATE  2ND PREV YEAR  MM/CCYY  MM/CCYY
 9) XXX 9999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999 CCYYMMDD CCYYMMDD
 9) XXX 9999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999 CCYYMMDD CCYYMMDD
 9) XXX 9999999   CCYYMM   CCYYMM X  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   9999999 CCYYMMDD CCYYMMDD
                                                 ***   END OF REPORT   ***
                                                 *** NO DATA THIS RUN ***
```

7.96.3 TPL-A089-R -- TPL RSA Policy Record Added Report Field Descriptions

Field	Description	Length	Data Type
1st Prev Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character

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Field	Description	Length	Data Type
2nd PrevYear	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
BDate	The policy begin date.	8	Date (MM/DD/YY)
Begin Date	Eligibility Begin Date for the 3 yr eligibility Status.	7	Date (MM/CCYY)
Beneficiary Name	The beneficiary name from the RSA input file.	63	Character
CNL DT	The insurance cancellation date from the RSA input file.	8	Date (MM/DD/YY)
CO #	The carrier code.	7	Character
Current Year	Eligibility: Identifies months with eligibility status over a three-year period. Eligibility for a particular month is indicated by the presence of 'X' in that month's position in the field. If a particular position contains a blank, the individual was not eligible for Medicaid in that month. The 3-year span is the current year plus the 2 previous years. QMB: Identifies which months over a three-year period the individual on this record was eligible for QMB benefits under the QMB program. Eligibility for a particular month is indicated by the presence of 'X'. All position containing blanks indicate that the individual was not eligible for QMB benefits during those months. The three-year period used is the current year plus 2 previous years.	12	Character
DED AMT	The deduction amount from the RSA input file.	6	Number (Decimal)
DED CD	The deduction code from the RSA input file.	3	Character
EDATE	The policy end date.	8	Date (MM/DD/YY)

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Field	Description	Length	Data Type
End Date	Eligibility End Date for the 3 yr eligibility Status.	7	Date (MM/CCYY)
Eligibility Begin Date	The month that eligibility began.	7	Character
Eligibility End Date	The month that eligibility ended.	7	Character
ENR DT	The insurance enrollment date from the RSA input file.	8	Date (MM/DD/YY)
I R	The insurance rate code from the RSA input file.	1	Character
MBR CD	The member code from the RSA input file.	1	Character
MBR CLS	The member class from the RSA input file.	3	Character
MBR TYE	The member type from the RSA input file.	1	Character
PLN Type	The insurance plan type from the RSA input file.	3	Character
Policy Number	The beneficiary policy number.	30	Character
SSN	The member Social Security Number from the RSA input file.	9	Number (Integer)

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7.97 TPL-A090-R -- TPL Collections By Invoice Category By Fiscal Year Report

7.97.1 TPL-A090-R -- TPL Collections By Invoice Category By Fiscal Year Report Narrative

The TPL Collections by Invoice Category By Fiscal Year report provides all the TPL collections from the account receivable and case records for the current fiscal year, previous fiscal year, and previous fiscal year. The amounts are accumulated by invoice category. This report is produced upon request.

7.97.2 TPL-A090-R -- TPL Collections By Invoice Category By Fiscal Year Report Layout

```
REPORT    TPL-A090-R                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : TPLJD607                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME: HH:MM:SS
LOCATION: TPL1607D                   COLLECTIONS BY INVOICE CATEGORY BY FISCAL YEAR REPORT                     PAGE: 999,999
                                          REPORT PERIOD: MM/DD/CCYY - MM/DD/CCYY

   CURRENT FISCAL YEAR: CCYY

                  INVOICE CATEGORY          AMOUNT COLLECTED
                      999                   $9,999,999.99
                      999                   $9,999,999.99
                      999                   $9,999,999.99

                     CURRENT FISCAL YEAR XXXX TOTAL  $999,999,999.99


   1st PREVIOUS FISCAL YEAR: CCYY

                  INVOICE CATEGORY          AMOUNT COLLECTED
                      999                   $9,999,999.99
                      999                   $9,999,999.99
                      999                   $9,999,999.99

                    1st PREV FISCAL YEAR XXXX TOTAL  $999,999,999.99


   2nd PREVIOUS FISCAL YEAR: CCYY

                  INVOICE CATEGORY          AMOUNT COLLECTED
                      999                   $9,999,999.99
                      999                   $9,999,999.99
                      999                   $9,999,999.99

                    2nd PREV FISCAL YEAR XXXX TOTAL  $999,999,999.99

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


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7.97.3 TPL-A090-R -- TPL Collections By Invoice Category By Fiscal Year Report Field Descriptions

Field	Description	Length	Data Type
Current Fiscal Year Amount Collected	Current Fiscal Year Amount Collected by Invoice Category.	9	Number (Decimal)
Current Fiscal Year Invoice Category	Current Fiscal Year Invoice Category Fund Code.	3	Number
Current Fiscal Year XXXX Total	Current Fiscal Year Total of all Invoice Categories.	12	Number (Decimal)
Current Fiscal Year	Current Fiscal Year.	4	Date (CCYY)
1st Prev Fiscal Amount Collected	Previous Fiscal Amount Collected by Invoice Category.	9	Number (Decimal)
1st Prev Fiscal Invoice Category	Previous Fiscal Invoice Category Fund Code.	3	Number (Integer)
1st Previous Fiscal Year XXXX Total	Previous Fiscal Year Total of all Invoice Categories.	12	Number (Decimal)
1st Previous Fiscal Year	Previous Minus One Year Fiscal Year.	4	Date (CCYY)
2nd Previous Fiscal Year Amount Collected	Previous Minus One Year Amount Collected by Invoice Category.	9	Number (Decimal)
2nd Previous Fiscal Year Invoice Category	Previous Minus One Year Invoice Category Fund Code.	3	Number (Integer)
2nd Previous Fiscal Year XXXX Total	Previous Minus One Year Fiscal Year Total of all Invoice Categories.	12	Number (Decimal)
2nd Prev Fiscal Year	Previous Fiscal Year.	4	Date (CCYY)

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7.98 TPL-A091-M -- TPL Maternity Waiver Claims Adjustment (Hospital Encounter Claims) Report

7.98.1 TPL-A091-M -- TPL Maternity Waiver Claims Adjustment (Hospital Encounter Claims) Report Narrative

The TPL Maternity Waiver Claims Adjustment (Hospital Encounter Claims) report produces a list of maternity waiver claims where the encounter indicator = Y, claim type = I (Inpatient), and the claim has a managed care plan code of P00 - P14. This report is produced monthly.

7.98.2 TPL-A091-M -- TPL Maternity Waiver Claims Adjustment (Hospital Encounter Claims) Report Layout

```
REPORT  : TPL-A091-M                          ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJM040                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                  RUN TIME: HH:MM:SS
LOCATION: TPLA091M                    TPL MATERNITY WAIVER CLAIMS ADJUSTMENT REPORT                                   PAGE: 999,999
                                                REPORT PERIOD:  MM/DD/CCYY
                                                HOSPITAL ENCOUNTER CLAIMS


MEDICAID                                                                SUBMITTED      TOTAL       CLM    FROM        TO
RECIP ID              RECIPIENT NAME                ICN               CHARGES       RECOUPED     TYP     DOS        DOS        PROVIDER

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX


                                                TOTAL NUMBER OF CLAIMS        999,999,999
                                                TOTAL $ AMOUNT SUBMITTED   999,999,999.99
                                                TOTAL $ AMOUNT RECOUPED    999,999,999.99


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


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7.98.3 TPL-A091-M -- TPL Maternity Waiver Claims Adjustment (Hospital Encounter Claims) Report Field Descriptions

Field	Description	Length	Data Type
CLM TYP	The type of the claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	A unique number assigned to the claim by the system.	13	Number (Integer)
Provider	A unique identification number assigned to the provider by Medicaid.	9	Character
Medicaid Recip ID	The recipient Medicaid identification number.	12	Number (Integer)
Recipient Name	The recipient's last name, first name and middle initial.	36	Character
Submitted Charges	The amount of money charged by the provider for the service(s).	12	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Recouped	The total of the money recovered for the claims listed on the report.	14	Number (Decimal)
Total $ Amount Submitted	The total of the submitted charges for the claims listed on the report.	14	Number (Decimal)
Total Number Of Claims	The total of the claims listed on the report.	11	Number (Integer)
Total Recouped	The amount of money recovered from the provider.	12	Number (Decimal)

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7.99 TPL-A092-M -- TPL Maternity Waiver Claims Adjustment (Maternity Care Claims) Report

7.99.1 TPL-A092-M -- TPL Maternity Waiver Claims Adjustment (Maternity Care Claims) Report Narrative

The TPL Maternity Waiver Claims Adjustment report produces a list of maternity waiver claims where the provider type is equal to 61. This report is produced monthly.

7.99.2 TPL-A092-M -- TPL Maternity Waiver Claims Adjustment (Maternity Care Claims) Report Layout

```
REPORT  :  TPL-A092-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS :  TPLJA092                       MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME: HH:MM:SS
LOCATION:  TPLA092M                   TPL MATERNITY WAIVER CLAIMS ADJUSTMENT REPORT                             PAGE: 999,999
                                               REPORT PERIOD:  MM/DD/CCYY
                                                 MATERNITY CARE CLAIMS


MEDICAID                                                          SUBMITTED      TOTAL       CLM    FROM        TO
RECIP ID             RECIPIENT NAME                ICN            CHARGES       RECOUPED     TYP     DOS        DOS        PROVIDER

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXX


                                                 TOTAL NUMBER OF CLAIMS        999,999,999
                                                 TOTAL $ AMOUNT SUBMITTED   999,999,999.99
                                                 TOTAL $ AMOUNT RECOUPED    999,999,999.99


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


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7.99.3 TPL-A092-M -- TPL Maternity Waiver Claims Adjustment (Maternity Care Claims) Report Field Descriptions

Field	Description	Length	Data Type
CLM TYP	The type of the claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	A unique number assigned to the claim by the system.	13	Number (Integer)
Provider	A unique identification number assigned to the provider by Medicaid.	9	Character
Medicaid Recip ID	The recipient Medicaid identification number.	12	Number (Integer)
Recipient Name	The recipient's last name, first name and middle initial.	36	Character
Submitted Charges	The amount of money charged by the provider for the service(s).	12	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Recouped	The total of the money recovered for the claims listed on the report.	14	Number (Decimal)
Total $ Amount Submitted	The total of the submitted charges for the claims listed on the report.	14	Number (Decimal)
Total Number of Claims	The total of the claims listed on the report.	11	Number (Integer)
Total Recouped	The amount of money recovered from the provider.	12	Number (Decimal)

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7.100 TPL-A093-M -- TPL Circumcision Claims Adjustment Report

7.100.1 TPL-A093-M -- TPL Circumcision Claims Adjustment Report Narrative

The TPL Circumcision Claims Adjustment report produces a list of circumcision claims where the procedure code is 54150 or 54160. This report is produced monthly.

7.100.2 TPL-A093-M -- TPL Circumcision Claims Adjustment Report Layout

```
REPORT  : TPL-A093-M                          ALABAMA MEDICAID AGENCY                                          RUN DATE: MM/DD/CCYY
PROCESS : TPLJM040                      MEDICAID MANAGEMENT INFORMATION SYSTEM                                   RUN TIME: HH:MM:SS
LOCATION: TPLA093M                    TPL CIRCUMCISION CLAIMS ADJUSTMENT REPORT                                      PAGE: 999,999
                                            REPORT PERIOD:  MM/DD/CCYY


MEDICAID                                                          SUBMITTED      TOTAL         CLM    FROM        TO
RECIP ID             RECIPIENT NAME                ICN           CHARGES       RECOUPED       TYP     DOS        DOS        PROVIDER

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

999999999999   XXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X  9999999999999  99,999,999.99  99,999,999.99   X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX


                                                 TOTAL NUMBER OF CLAIMS        999,999,999
                                                 TOTAL $ AMOUNT SUBMITTED   999,999,999.99
                                                 TOTAL $ AMOUNT RECOUPED    999,999,999.99


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


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7.100.3 TPL-A093-M -- TPL Circumcision Claims Adjustment Report Field Descriptions

Field	Description	Length	Data Type
CLM TYP	The type of the claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	A unique number assigned to the claim by the system.	13	Number (Integer)
Medicaid Recip ID	The recipient Medicaid identification number.	12	Number (Integer)
Provider	A unique identification number assigned to the provider by Medicaid.	10	Character
Recipient Name	The recipient's last name, first name and middle initial.	36	Character
Submitted Charges	The amount of money charged by the provider for the service(s).	12	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Recouped	The total of the money recovered for the claims listed on the report.	14	Number (Decimal)
Total $ Amount Submitted	The total of the submitted charges for the claims listed on the report.	14	Number (Decimal)
Total Number of Claims	The total of the claims listed on the report.	11	Number (Integer)
Total Recouped	The amount of money recovered from the provider.	12	Number (Decimal)

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7.101 TPL-A094-M -- TPL (E) Diagnosis Claims Adjustment Report

7.101.1 TPL-A094-M -- TPL (E) Diagnosis Claims Adjustment Report Narrative

The TPL(E) Diagnosis Claims Adjustment report produces a list of claims that were recouped/adjusted during the month where the first character in the diagnosis code is ‘E’. This report is produced monthly.

7.101.2 TPL-A094-M -- TPL (E) Diagnosis Claims Adjustment Report Layout

```
REPORT  : TPL-A094-M                          ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : TPLJM040                      MEDICAID MANAGEMENT INFORMATION SYSTEM                            RUN TIME: HH:MM:SS
LOCATION: TPLA094M                        E-DIAGNOSIS CLAIMS ADJUSTMENT REPORT                                 PAGE: 999,999
                                              REPORT PERIOD: MM/DD/CCYY


MEDICAID                                                                  SUBMITTED     TOTAL       CLM    FROM        TO
RECIP ID      RECIPIENT NAME                                ICN           CHARGES     RECOUPED     TYP     DOS        DOS        PROVIDER

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  9999999999999  999,999.99  9,999,999.99  X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  9999999999999  999,999.99  9,999,999.99  X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  9999999999999  999,999.99  9,999,999.99  X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  9999999999999  999,999.99  9,999,999.99  X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX

XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  9999999999999  999,999.99  9,999,999.99  X   MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXX


                                         TOTAL NUMBER OF CLAIMS        999,999,999
                                         TOTAL $ AMOUNT SUBMITTED   999,999,999.99
                                         TOTAL $ AMOUNT RECOUPED    999,999,999.99


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


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7.101.3 TPL-A094-M -- TPL (E) Diagnosis Claims Adjustment Report Field Descriptions

Field	Description	Length	Data Type
CLM TYP	The type of the claim.	1	Character
From DOS	The first date of service on the claim.	10	Date (MM/DD/CCYY)
ICN	A unique number assigned to the claim by the system.	13	Number (Integer)
Medicaid Recip ID	The recipient Medicaid identification number.	12	Number (Integer)
Provider	A unique identification number assigned to the provider by Medicaid.	10	Character
Recipient Name	The recipient's last name, first name and middle initial.	36	Character
Submitted Charges	The amount of money charged by the provider for the service(s).	12	Number (Decimal)
To DOS	The last date of service on the claim.	10	Date (MM/DD/CCYY)
Total $ Amount Recouped	The total of the money recovered for the claims listed on the report.	14	Number (Decimal)
Total $ Amount Submitted	The total of the submitted charges for the claims listed on the report.	14	Number (Decimal)
Total Number of Claims	The total of the claims listed on the report.	11	Number (Integer)
Total Recouped	The amount of money recouped from the provider.	12	Number (Decimal)

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7.102 TPL-A098-R -- Third Party Contractor Active Records Add Production Report

7.102.1 TPL-A098-R -- Third Party Contractor Active Records Add Production Report Narrative

The Third Party Contractor Active Records Add Production report provides a listing of the policies that were active and added as a result of the match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals. This report is produced bi-monthly.

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7.102.2 TPL-A098-R -- Third Party Contractor Active Records Add Production Report Layout

```
REPORT  : TPL-A098-R                              ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : TPLJM019                          MEDICAID MANAGEMENT INFORMATION SYSTEM                           RUN TIME:   HH:MM:SS
LOCATION: TPL03190                THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT                    PAGE:    999,999
                                                  REPORT PERIOD - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                 AID  RECIP   RECIP
RID           LAST               FIRST        CAT  STATUS  AGE
999999999999  XXXXXXXXX          XXXXXXXX     XX     X     999

                       NEW  SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXX        XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   X
*******************************************************************************************************************************
                       EXISTING  SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
 NONE TO REPORT

              AMOUNT BILLED = 9,999,999.99
                 AMOUNT DUE = 9,999,999.99

                 SUMMARY INFORMATION
          GRAND TOTAL ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99

COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                   $9,999,999.99         9,999,999,999            $9,999,999,999.99
Pharmacy                        $9,999,999.99         9,999,999,999            $9,999,999,999.99
Dental                          $9,999,999.99         9,999,999,999            $9,999,999,999.99
Medicare Supplement             $9,999,999.99         9,999,999,999            $9,999,999,999.99
Hospital Indemnity              $9,999,999.99         9,999,999,999            $9,999,999,999.99
Long Term Care                  $9,999,999.99         9,999,999,999            $9,999,999,999.99
Totals:                                               9,999,999,999            $9,999,999,999.99

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


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7.102.3 TPL-A098-R -- Third Party Contractor Active Records Add Production Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Amount Billed	This is the dollar amount HMS receives for identifying a new policy for a recipient.	12	Number (Decimal)
Amount Due	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the Amount Billed for only those policies added.	12	Number (Decimal)
Amt Due (Coverage Type)	This is the amount due per each coverage type for each active record updated.	17	Number (Decimal)
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character

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Field	Description	Length	Data Type
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character
Grand Total Added	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	9	Number (Integer)
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	12	Number (Decimal)
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the Amount Billed for only those policies added.	12	Number (Decimal)
Number (Coverage Type)	The total number of active records updated for each coverage type.	13	Number (Integer)

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Field	Description	Length	Data Type
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Rate (Coverage Type)	The payment rate per each coverage type for each Inactive record updated.	13	Number (Decimal)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	1	Character
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)

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7.103 TPL-A098-T -- Third Party Contractor Active Records Add Pre-Prod Report

7.103.1 TPL-A098-T -- Third Party Contractor Active Records Add Pre-Prod Report Narrative

This pre-production report provides the Agency with a listing of the policies that were active and added as a result of the match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.103.2 TPL-A098-T -- Third Party Contractor Active Records Add Pre-ProdReport Layout

```
REPORT  : TPL-A098-T                              ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : TPLJM019T                          MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:   HH:MM:SS
LOCATION: TPL0319O                      THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRE-PROD REPORT               PAGE:    999,999
                                                   REPORT PERIOD - MM/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                 AID  RECIP   RECIP
RID          LAST               FIRST        CAT  STATUS  AGE
999999999999 XXXXXXXXX          XXXXXXXX     XX     X     999

                       NEW  SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXX        XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   X
*************************************************************************************************************************************
                       EXISTING  SEGMENTS
POLICY                                                                  POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
 NONE TO REPORT
*************************************************************************************************************************************

             AMOUNT BILLED = $9,999,999.99
                AMOUNT DUE = $9,999,999.99

                SUMMARY INFORMATION
          GRAND TOTAL ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99

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


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7.103.3 TPL-A098-T -- Third Party Contractor Active Records Add Pre-Prod Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category	Character	2
AMOUNT BILLED	This is the dollar amount PCG receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due PCG for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the PCG input file	Character	7
CARRIER NAME	The name of the carrier	Character	45
CONTRACT NUMBER	The policy number assigned by the carrier from the PCG input file	Character	30
COVERAGE IND	The descriptions of the coverage indicators from the PCG input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the PCG input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the PCG datamatch.	Number (Integer)	9
GRAND TOTAL AMOUNT BILLED	This is the total dollar amount PCG receives for identifying new policies for all recipients in the PCG datamatch.	Number (Decimal)	12
GRAND TOTAL AMOUNT DUE	This is the total amount due PCG for all records that were added to the database for all recipients in the PCG datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by PCG for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by PCG is listed on a schedule mutually determined by PCG and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the PCG input file, which is used to update the policy type when adding a record	Character	2
POLICY ADD DATE	The date the policy was added	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the PCG input file	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the PCG input file	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category	Character	1
RECIPIENT NAME	The recipient's first, middle, and last name	Character	36
RID	The recipient's Medicaid ID from the PCG input file	Character	12

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7.104 TPL-A098-W -- Third Party Contractor Hipp Records Add PreProd-Production Report

7.104.1 TPL-A098-W -- Third Party Contractor Hipp Records Add PreProd-Production Report Narrative

This report is generated by the HMS HIPP Data match pre-production and production processes and contains the information Added/Updated during processing.

7.104.2 TPL-A098-W --Third Party Contractor Hipp Records Add PreProd-Production Report Layout

```
Report  : TPL-A098-W                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJW324P                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0324W              THIRD PARTY CONTRACTOR HIPP RECORDS ADD PRE-PROD/PRODUCTION REPORT              Page:    999,999
                                        REPORT PERIOD:  MM/DD/CCYY-MM/DD/CCYY


-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                        AID   RECIP   RECIP
RID          LAST                  FIRST            CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XX    XX      999
                       NEW SEGMENTS - ADDED
POLICY                                                          POLICY      POLICY          COVERAGE
ADD          CARRIER      CARRIER   CONTRACT                    START       END         PLAN INDICATORS        PAY    HIPP    HIPP
DATE         CODE         NAME      NUMBER                      DATE        DATE        CODE IOSPWAX123HDE4M   CODE   CASE #  IND
MM/DD/CCYY   XXXXXXXXXX   XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   X   XXXXXXXXXXXXXXX   XX   XXXXXXXX  X
             ERROR FOUND: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 NONE TO REPORT
*************************************************************************************************************************************
                        SEGMENTS FOR HIPP UPDATE

UPDATE       CARRIER      CARRIER   CONTRACT                                                                    HIPP     HIPP
DATE         CODE         NAME      NUMBER                                                                      CASE #   IND
MM/DD/CCYY   XXXXXXXXXX   XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                             XXXXXXXX   X
 NONE TO REPORT
*************************************************************************************************************************************
```


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```
                        EXISTING SEGMENTS
POLICY                                                          POLICY      POLICY            COVERAGE
ADD          CARRIER      CARRIER   CONTRACT                    START       END          PLAN INDICATORS            HIPP     HIPP
DATE         CODE         NAME      NUMBER                      DATE        DATE         CODE IOSPWAX123HDE4M       CASE #   IND
MM/DD/CCYY   XXXXXXXXXX   XXXXX     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   X   XXXXXXXXXXXXXXX   XX   XXXXXXXX  X
 NONE TO REPORT


   RECIPIENT TOTAL ADDED = 99,999,999,999
 RECIPIENT TOTAL UPDATED = 99,999,999,999
 AMOUNT DUE FOR NEW ADDS = $99,999,999,999.99

         SUMMARY INFORMATION
       GRAND TOTAL ADDED = 99,999,999,999
     GRAND TOTAL UPDATED = 99,999,999,999
 GT AMT DUE FOR NEW ADDS = $99,999,999,999.99


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

7.104.3 TPL-A098-W -- Third Party Contractor Inactive Add Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Amount Due For New Adds	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the Amount Billed for only those policies added.	13	Number (Decimal)
Carrier Code	The carrier code from the HMS input file.	10	Character
Carrier Name	The first five letters of the name of the carrier.	5	Character

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Field	Description	Length	Data Type
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character
Error Found	Error message displayed for the error encountered with the policy.	45	Character
Grand Total Added	This is the accumulated number of policies that were added for all the recipients as a result of the HMS HIPP data match.	11	Number (Integer)
Grand Total Updated	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS HIPP data match.	11	Number (Integer)
Gt Amt Due For New Adds	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS HIPP data match. This is calculated by adding the Amount Billed for only those policies added.	13	Number (Decimal)

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Field	Description	Length	Data Type
Hipp Case #	HMS HIPP case unique identifier.	8	Character
Hipp Ind	HMS HIPP indicator to identify if the recipient is active in HIPP or not (1 = Recipient is active in HIPP, 0 = Recipient is not active in HIPP).	1	Character
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	1	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	2	Character
Recipient Name (First)	The recipient's first name.	15	Character
Recipient Name (Last)	The recipient's last name.	20	Character
Recipient Total Added	This is the number of policies that were added as a result of the HMS HIPP data match for the specific recipient.	11	Number (Integer)
Recipient Total Updated	This is the number of policies that were updated as a result of the HMS HIPP data match for the specific recipient.	11	Number (Integer)
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)
Update Date	The date the policy was updated.	10	Date (MM/DD/CCYY)

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7.105 TPL-A099-R -- Third Party Contractor Inactive Records Add Production Report

7.105.1 TPL-A099-R -- Third Party Contractor Inactive Records Add Production Report Narrative

The Third Party Contractor Inactive Records Add Production report provides a listing of the policies that were inactive and added as a result of the match with the Third Party Contractor. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals. This report is produced bi-monthly.

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7.105.2 Third Party Contractor Inactive Records Add Production Report Layout

```
Report  : TPL-A099-R                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM019                          MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL03190                THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRODUCTION REPORT             Page:    999,999
                                                 REPORT PERIOD - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                 AID  RECIP   RECIP
RID           LAST               FIRST        CAT  STATUS  AGE
999999999999  XXXXXXXXX          XXXXXXXX     XX     X     999

                       NEW  SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXX        XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   X
*******************************************************************************************************************************
                       EXISTING  SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
 NONE TO REPORT


              AMOUNT BILLED = 9,999,999.99
                 AMOUNT DUE = 9,999,999.99

                 SUMMARY INFORMATION
          GRAND TOTAL ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99

COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                   $9,999,999.99         9,999,999,999            $9,999,999,999.99
Pharmacy                        $9,999,999.99         9,999,999,999            $9,999,999,999.99
Dental                          $9,999,999.99         9,999,999,999            $9,999,999,999.99
Medicare Supplement             $9,999,999.99         9,999,999,999            $9,999,999,999.99
Hospital Indemnity              $9,999,999.99         9,999,999,999            $9,999,999,999.99
Long Term Care                  $9,999,999.99         9,999,999,999            $9,999,999,999.99
Totals:                                               9,999,999,999            $9,999,999,999.99


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


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7.105.3 Third Party Contractor Inactive Records Add Production Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Amount Billed	This is the dollar amount HMS receives for identifying a new policy.	12	Number (Decimal)
Amount Due	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the Amount Billed for only those policies added.	12	Number (Decimal)
Amt Due (Coverage Type)	This is the amount due per each coverage type for each inactive record updated.	17	Number (Decimal)
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character

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Field	Description	Length	Data Type
Coverage Indicators	The descriptions of the coverage indicators from the HMS input file are as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D =Dental Coverage E =Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character
Grand Total Added	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	9	Number (Integer)
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	12	Number (Decimal)
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the Amount Billed for only those policies added.	12	Number (Decimal)
Number (Coverage Type)	The total number of Inactive records updated for each coverage type.	13	Number (Integer)

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Field	Description	Length	Data Type
Pay Code	The pay code associated with the add. This is system generated.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Rate (Coverage Type)	The payment rate per each coverage type for each Inactive record updated.	13	Number (Decimal)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	1	Character
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number.	12	Character

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7.106 TPL-A099-T Third Party Contractor Inactive Records Add Pre-Prod Report

7.106.1 TPL-A099-T Third Party Contractor Inactive Records Add Pre-Prod Report Narrative

Pre-production Report - Users access the Third Party Contractor Inactive Records Add Pre-Prod Report to provide a listing of the policies that were inactive and added as a result of the match with the Third Party Contractor. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals.

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7.106.2 TPL-A099-T Third Party Contractor Inactive Records Add Pre-Prod Report Layout

```
Report  : TPL-A099-T                                ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJM019T                           MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL03190                  THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRE-PROD REPORT                  Page:    999,999
                                                   REPORT PERIOD - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                 AID  RECIP   RECIP
RID          LAST               FIRST        CAT  STATUS  AGE
999999999999 XXXXXXXXX          XXXXXXXX     XX     X     999
                       NEW  SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXX        XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   X
*************************************************************************************************************************************
                       EXISTING  SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
 NONE TO REPORT


             AMOUNT BILLED = 9,999,999.99
                AMOUNT DUE = 9,999,999.99

                SUMMARY INFORMATION
          GRAND TOTAL ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99


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

7.106.3 TPL-A099-T Third Party Contractor Inactive Records Add Pre-Prod Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category	Character	2
AMOUNT BILLED	This is the dollar amount PCG receives for identifying a new policy	Number (Decimal)	12
AMOUNT DUE	This is the amount due PCG for all records that were added to the database for a recipient. This is calculated by	Number (Decimal)	12

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Field	Description	Data Type	Length
	adding the AMOUNT BILLED for only those policies added.		
CARRIER CODE	The carrier code from the PCG input file	Character	7
CARRIER NAME	The name of the carrier	Character	45
CONTRACT NUMBER	The policy number assigned by the carrier from the PCG input file	Character	30
COVERAGE IND	The descriptions of the coverage indicators from the PCG input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the PCG input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the PCG datamatch.	Number (Integer)	13

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Field	Description	Data Type	Length
GRAND TOTAL AMOUNT BILLED	This is the total dollar amount PCG receives for identifying new policies for all recipients in the PCG datamatch.	Number (Decimal)	17
GRAND TOTAL AMOUNT DUE	This is the total amount due PCG for all records that were added to the database for all recipients in the PCG datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	17
PAY CODE	The pay code associated with the add. This is system generated.	Character	2
PLAN CODE	The plan code from the PCG input file, which is used to update the policy type when adding a record	Character	2
POLICY ADD DATE	The date the policy was added	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the PCG input file	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the PCG input file	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category	Character	1
RECIPIENT NAME	The recipient's first, middle, and last name	Character	36
RID	The recipient's Medicaid ID from the PCG input file	Character	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12

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Field	Description	Data Type	Length
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED CODE	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20

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Field	Description	Data Type	Length
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.107 TPL-A100-R -- Third Party Contractor Active Records Add Production Report - Update Records Report - (Non Payable/Payable)

7.107.1 TPL-A100-R -- Third Party Contractor Active Records Add Production Report - Update Records - (Non Payable/Payable) Narrative

The Third Party Contractor Active Add – Update Records report provides the Agency with a listing of the policies that were active and updated as a result of the data match with the Third Party Contractor. The title of the report will identify the update records as either being Non Payable or Payable. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.107.2 TPL-A100-R -- Third Party Contractor Active Records Add Production Report - Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A100-R                              ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJM029                         MEDICAID MANAGEMENT INFORMATION SYSTEM                                  Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT                            Page:    999,999
                                           HMS UPDATE RECORDS - (NON PAYABLE/PAYABLE)
                                                   REPORT PERIOD:  MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                                  POLICY      POLICY           COVERAGE
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*****************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*****************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99


            SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99
COVERAGE TYPE                         RATE                 NUMBER                    AMT DUE
Major Medical                   $99,999,999.99          99,999,999,99           $99,999,999,999.99
Pharmacy                        $99,999,999.99          99,999,999,99           $99,999,999,999.99
Dental                          $99,999,999.99          99,999,999,99           $99,999,999,999.99
Medicare Supplement             $99,999,999.99          99,999,999,99           $99,999,999,999.99
```


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```
Hospital Indemnity          $99,999,999.99        99,999,999,99          $99,999,999,999.99
Long Term Care              $99,999,999.99        99,999,999,99          $99,999,999,999.99
Totals:                                           99,999,999,99          $99,999,999,999.99


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

7.107.3 TPL-A100-R -- Third Party Contractor Active Records Add Production Report - Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Active record updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage	Character	15

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Field	Description	Data Type	Length
	D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all the recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only the policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number of Active records updated for each coverage type.	Number (Integer)	12
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Active record updated.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated in the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.108 TPL-A100-T -- Third Party Contractor Active Records Add Pre-Prod Report - Update Records - (Non Payable/Payable)

7.108.1 TPL-A100-T -- Third Party Contractor Active Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Narrative

This pre-production report provides the Agency with a listing of the policies that were active and updated as a result of the HMS Update data match with the Third Party Contractor. The title of the report will identify the update records as either being Non Payable or Payable. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.108.2 TPL-A100-T -- Third Party Contractor Active Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A100-T                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM029T                        MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0319O                THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRE-PROD REPORT                      Page:    999,999
                                           HMS UPDATE RECORDS - (NON
PAYABLE/PAYABLE)                                                                                                  REPORT
PERIOD:  MM/CCYY
-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                                  POLICY      POLICY           COVERAGE
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99


            SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99


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


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7.108.3 TPL-A100-T -- Third Party Contractor Active Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not updated.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1

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Field	Description	Data Type	Length
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.109 TPL-A101-R -- Third Party Contractor Inactive Records Add Production Report - Update Records - (Non Payable/Payable)

7.109.1 TPL-A101-R -- Third Party Contractor Inactive Records Add Production Report - Update Records - (Non Payable/Payable) Narrative

The Third Party Contractor Inactive Update Pre-production Report - Users access the Third Party Contractor Inactive Update Report to provide a listing of the policies that were inactive and updated as a result of the data match with the Third Party Contractor. The title of the report will identify the update records as either being Non Payable or Payable. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals.

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7.109.2 TPL-A101-R -- Third Party Contractor Inactive Records Add Production Report - Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A101-R                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM029                        MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:   HH:MM:SS
Location: TPL0319O             THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRODUCTION REPORT                     Page:    999,999
                                          HMS UPDATE RECORDS - (NON-
PAYABLE/PAYABLE)                                                                                                  REPORT
PERIOD:  MM/CCYY


-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                                  POLICY      POLICY           COVERAGE
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99

           SUMMARY INFORMATION
       GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99

COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                  $99,999,999.99         99,999,999,99           $99,999,999,999.99
Pharmacy                       $99,999,999.99         99,999,999,99           $99,999,999,999.99
```


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```
Dental                          $99,999,999.99          99,999,999,99            $99,999,999,999.99
Medicare Supplement             $99,999,999.99          99,999,999,99            $99,999,999,999.99
Hospital Indemnity              $99,999,999.99          99,999,999,99            $99,999,999,999.99
Long Term Care                  $99,999,999.99          99,999,999,99            $99,999,999,999.99
Totals:                                                 99,999,999,99            $99,999,999,999.99


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

7.109.3 TPL-A101-R -- Third Party Contractor Inactive Records Add Production Report - Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Inactive record updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage	Character	15

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Field	Description	Data Type	Length
	X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all the recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only the policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2

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Field	Description	Data Type	Length
NUMBER (Coverage Type)	The total number of Inactive records updated for each coverage type.	Number (Integer)	12
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Inactive record updated.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated in the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.110 TPL-A101-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Update Records - (Non Payable/Payable)

7.110.1 TPL-A101-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Narrative

Pre-production Report - Users access the Third Party Contractor Inactive Update Report to provide a listing of the policies that were inactive and added as a result of the update datamatch with the Third Party Contractor. The title of the report will identify the update records as either being Non Payable or Payable. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals.

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7.110.2 TPL-A101-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A101-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM029T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRE-PROD REPORT                  Page:    999,999
                                        HMS UPDATE RECORDS - (NON-
PAYABLE/PAYABLE)                                                                                              REPORT
PERIOD:  MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                    FIRST            CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                          POLICY      POLICY           COVERAGE
UPDATE       CARRIER       CARRIER       CONTRACT               START       END         PLAN INDICATORS       PAY
DATE         CODE          NAME          NUMBER                 DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER       CARRIER       CONTRACT               START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE          NAME          NUMBER                 DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                        EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                          POLICY      POLICY           COVERAGE
ADD          CARRIER       CARRIER       CONTRACT               START       END         PLAN INDICATORS
DATE         CODE          NAME          NUMBER                 DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99

            SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99


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


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7.110.3 TPL-A101-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not updated.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1

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Field	Description	Data Type	Length
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.111 TPL-A102-R -- Third Party Contractor Active Records Add Production Report – HMS Quarterly Records Report

7.111.1 TPL-A102-R -- Third Party Contractor Active Records Add Production Report - HMS Quarterly Records Report Narrative

The Third Party Contractor Active Add – HMS Quarterly Records report provides a listing of the policies that were active and added as a result of the Quarterly Data Match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

7.111.2 TPL-A102-R -- Third Party Contractor Active Records TPL-A102-R -- Third Party Contractor Active Records Add Production Report - HMS Quarterly Records Layout

Report : TPL-A102-R	ALABAMA MEDICAID AGENCY	Run Date: MM/DD/CCYY
Process : TPLJQ419	MEDICAID MANAGEMENT INFORMATION SYSTEM	Run Time: HH:MM:SS
Location: TPL0319O	THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT	Page: 999,999

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HMS QUARTERLY RECORDS

REPORT PERIOD: MM/CCYY

RECIPIENT NAME AID RECIP RECIP

RID LAST FIRST CAT STATUS AGE

999999999999 XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XX XXXXXX XXX

NEW SEGMENTS - ADDED

POLICY POLICY POLICY COVERAGE

ADD CARRIER CARRIER CONTRACT START END PLAN INDICATORS PAY

DATE CODE NAME NUMBER DATE DATE CODE IOSPWAX123HDE4M CODE

MM/DD/CCYY XXXXXXXXXX XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY XX XXXXXXXXXXXXXXX XX

NONE TO REPORT

****

NEW SEGMENTS - NOT ADDED

POLICY POLICY POLICY COVERAGE

ADD CARRIER CARRIER CONTRACT START END PLAN INDICATORS PAY NOT

DATE CODE NAME NUMBER DATE DATE CODE IOSPWAX123HDE4M CODE ADDED

MM/DD/CCYY XXXXXXXXXX XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY XX XXXXXXXXXXXXXXX XX XX

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NONE TO REPORT

****

EXISTING SEGMENTS

POLICY POLICY POLICY COVERAGE

ADD CARRIER CARRIER CONTRACT START END PLAN INDICATORS

DATE CODE NAME NUMBER DATE DATE CODE IOSPWAX123HDE4M

MM/DD/CCYY XXXXXXXXXX XXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY MM/DD/CCYY XX XXXXXXXXXXXXXXX

NONE TO REPORT

RECIPIENT TOTAL ADDED = 99,999,999,999

RECIPIENT TOTAL NOT ADDED = 99,999,999,999

AMOUNT BILLED = $99,999,999,999.99

AMOUNT DUE = $99,999,999,999.99

SUMMARY INFORMATION

GRAND TOTAL ADDED = 99,999,999,999

GRAND TOTAL NOT ADDED = 99,999,999,999

GRAND TOTAL AMT BILLED = $99,999,999,999.99

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GRAND TOTAL AMT DUE = $99,999,999,999.99

COVERAGE TYPE	RATE	NUMBER	AMT DUE
Major Medical	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Pharmacy	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Dental	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Medicare Supplement	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Hospital Indemnity	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Long Term Care	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Invalid Aid Cat/Cov Type	$99,999,999.99	99,999,999,999	$99,999,999,999.99
Totals:		99,999,999,999	$99,999,999,999.99

*** END OF REPORT ***

*** NO DATA THIS RUN ***

7.111.3 TPL-A102-R -- Third Party Contractor Active Records Add Production Report - HMS Quarterly Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2

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Field	Description	Data Type	Length
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Inactive record added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED	Character	15

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Field	Description	Data Type	Length
	VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS data match.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
NUMBER (Coverage Type)	The total number or Inactive records added for each coverage type.	Number (Integer)	9
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
RATE (Coverage Type)	The payment rate per each coverage type for each Inactive record added.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS data match.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.112 TPL-A102-T -- Third Party Contractor Active Records Add Pre-Prod Report – HMS Quarterly Records Report

7.112.1 TPL-A102-T -- Third Party Contractor Active Records Add Pre-Prod Report - HMS Quarterly Records Report Narrative

This pre-production report provides the Agency with a listing of the policies that were active and added as a result of the Quarterly data match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

7.112.2 TPL-A102-T -- Third Party Contractor Active Records TPL-A102-T -- Third Party Contractor Active Records Add Pre-Prod Report - HMS Quarterly Records Layout

```
Report  : TPL-A102-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ419T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O               THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRE-PROD REPORT                  Page:    999,999
                                              HMS QUARTERLY RECORDS
                                             REPORT PERIOD:  MM/CCYY


-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                    FIRST            CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                       NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                       NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


      RECIPIENT TOTAL ADDED = 99,999,999,999
```


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```
RECIPIENT TOTAL NOT ADDED = 99,999,999,999
            AMOUNT BILLED = $99,999,999,999.99
               AMOUNT DUE = $99,999,999,999.99


          SUMMARY INFORMATION
        GRAND TOTAL ADDED = 99,999,999,999
    GRAND TOTAL NOT ADDED = 99,999,999,999
   GRAND TOTAL AMT BILLED = $99,999,999,999.99
      GRAND TOTAL AMT DUE = $99,999,999,999.99


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

7.112.3 TPL-A102-T -- Third Party Contractor Active Records Add Pre-Prod Report - HMS Quarterly Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage	Character	15

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Field	Description	Data Type	Length
	3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS data match.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS data match.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.113 TPL-A103-R -- Third Party Contractor Inactive Records Add Production Report – HMS Quarterly Records Report

7.113.1 TPL-A103-R -- Third Party Contractor Inactive Records Add Production Report - HMS Quarterly Records Report Narrative

The Third Party Contractor Inactive Add report provides a listing of the policies that were inactive and added as a result of the Quarterly data match with the Third Party Contractor. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals.

7.113.2 TPL-A103-R -- Third Party Contractor Inactive Records Add Production Report - HMS Quarterly Records Layout

```
Report  : TPL-A103-R                          ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJQ419                       MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0319O            THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRODUCTION REPORT                        Page:    999,999
                                              HMS QUARTERLY RECORDS
                                             REPORT PERIOD:  MM/CCYY


-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                   FIRST             CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                       NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*************************************************************************************************************************************
                       NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*************************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT
```


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```
      RECIPIENT TOTAL ADDED = 99,999,999,999
  RECIPIENT TOTAL NOT ADDED = 99,999,999,999
              AMOUNT BILLED = $99,999,999,999.99
                 AMOUNT DUE = $99,999,999,999.99


            SUMMARY INFORMATION
          GRAND TOTAL ADDED = 99,999,999,999
      GRAND TOTAL NOT ADDED = 99,999,999,999
     GRAND TOTAL AMT BILLED = $99,999,999,999.99
        GRAND TOTAL AMT DUE = $99,999,999,999.99



COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                  $99,999,999.99         99,999,999,999            $99,999,999,999.99
Pharmacy                       $99,999,999.99         99,999,999,999            $99,999,999,999.99
Dental                         $99,999,999.99         99,999,999,999            $99,999,999,999.99
Medicare Supplement            $99,999,999.99         99,999,999,999            $99,999,999,999.99
Hospital Indemnity             $99,999,999.99         99,999,999,999            $99,999,999,999.99
Long Term Care                 $99,999,999.99         99,999,999,999            $99,999,999,999.99
Invalid Aid Cat/Cov Type       $99,999,999.99         99,999,999,999            $99,999,999,999.99
Totals:                                               99,999,999,999            $99,999,999,999.99


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

7.113.3 TPL-A103-R -- Third Party Contractor Inactive Records Add Production Report - HMS Quarterly Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12

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Field	Description	Data Type	Length
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Inactive record added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS data match.	Number (Integer)	9

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Field	Description	Data Type	Length
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
NUMBER (Coverage Type)	The total number or Inactive records added for each coverage type.	Number (Integer)	9
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Inactive record added.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3

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Field	Description	Data Type	Length
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS data match.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.114 TPL-A103-T -- Third Party Contractor Inactive Records Add Pre-Prod Report – HMS Quarterly Records Report

7.114.1 TPL-A103-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HMS Quarterly Records Report Narrative

This pre-production report provides the Agency with a listing of the policies that were inactive and added as a result of the Quarterly data match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.114.2 TPL-A103-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HMS Quarterly Records Layout

```
Report  : TPL-A103-T                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ419T                        MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRE-PROD REPORT                      Page:    999,999
                                                  HMS QUARTERLY RECORDS
                                                 REPORT PERIOD:  MM/CCYY
-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                        NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                        NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                        EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


      RECIPIENT TOTAL ADDED = 99,999,999,999
  RECIPIENT TOTAL NOT ADDED = 99,999,999,999
              AMOUNT BILLED = $99,999,999,999.99
                 AMOUNT DUE = $99,999,999,999.99


            SUMMARY INFORMATION
          GRAND TOTAL ADDED = 99,999,999,999
      GRAND TOTAL NOT ADDED = 99,999,999,999
     GRAND TOTAL AMT BILLED = $99,999,999,999.99
        GRAND TOTAL AMT DUE = $99,999,999,999.99


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


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7.114.3 TPL-A103-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HMS Quarterly Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS data match.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15

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Field	Description	Data Type	Length
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS data match.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.115 TPL-A104-R -- Third Party Contractor Active Records Add Production Report - HIPP Update Records Report - (Non Payable/Payable)

7.115.1 TPL-A104-R -- Third Party Contractor Active Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Narrative

The Third Party Contractor Active Add – HIPP Update Records Report provides the Agency with a listing of the HIPP policies, with an Agency Override value of “Y”, that were identified to be updated as a result of the data match with the Third Party Contractor.

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7.115.2 TPL-A104-R -- Third Party Contractor Active Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A104-R                              ALABAMA MEDICAID AGENCY                                          Run Date: MM/DD/CCYY
Process : TPLJM029                         MEDICAID MANAGEMENT INFORMATION SYSTEM                                  Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT                            Page:    999,999
                                           HMS HIPP UPDATE RECORDS - (NON PAYABLE/PAYABLE)
                                                   REPORT PERIOD:  MM/CCYY
-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                   FIRST             CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XX    XXXXXX  XXX
                          SEGMENTS - UPDATED
POLICY                                                                  POLICY      POLICY           COVERAGE
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*************************************************************************************************************************************
                          SEGMENTS - NOT UPDATED
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*************************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT

    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99

            SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99

COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                  $99,999,999.99         99,999,999,99           $99,999,999,999.99
Pharmacy                       $99,999,999.99         99,999,999,99           $99,999,999,999.99
Dental                         $99,999,999.99         99,999,999,99           $99,999,999,999.99
Medicare Supplement            $99,999,999.99         99,999,999,99           $99,999,999,999.99
Hospital Indemnity             $99,999,999.99         99,999,999,99           $99,999,999,999.99
Long Term Care                 $99,999,999.99         99,999,999,99           $99,999,999,999.99
```


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```
Totals:                                          99,999,999,99          $99,999,999,999.99

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

7.115.3 TPL-A104-R -- Third Party Contractor Active Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Active record updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage	Character	15

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Field	Description	Data Type	Length
	4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all the recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only the policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number of Active records updated for each coverage type.	Number (Integer)	12
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Active record updated.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated in the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Number (Integer)	12

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7.116 TPL-A104-T -- Third Party Contractor Active Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable)

7.116.1 TPL-A104-T -- Third Party Contractor Active Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Narrative

This pre-production report provides the Agency with a listing the HIPP policies, with an Agency Override value of “Y”, that were identified to be updated as a result of the data match with the Third Party Contractor.

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7.116.2 TPL-A104-T -- Third Party Contractor Active Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A104-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM029T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRE-PROD REPORT                     Page:    999,999
                                        HMS HIPP UPDATE RECORDS - (NON PAYABLE/PAYABLE)
                                                REPORT PERIOD:  MM/CCYY


-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                    FIRST            CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                            POLICY      POLICY           COVERAGE
UPDATE       CARRIER       CARRIER       CONTRACT                 START       END         PLAN INDICATORS       PAY
DATE         CODE          NAME          NUMBER                   DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER       CARRIER       CONTRACT                 START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE          NAME          NUMBER                   DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                            POLICY      POLICY           COVERAGE
ADD          CARRIER       CARRIER       CONTRACT                 START       END         PLAN INDICATORS
DATE         CODE          NAME          NUMBER                   DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99


           SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99


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


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7.116.3 TPL-A104-T -- Third Party Contractor Active Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not updated.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1

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Field	Description	Data Type	Length
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Number (Integer)	12

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7.117 TPL-A105-R -- Third Party Contractor Inactive Records Add Production Report - HIPP Update Records - (Non Payable/Payable)

7.117.1 TPL-A105-R -- Third Party Contractor Inactive Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Narrative

The Third Party Contractor Inactive HIPP Update Report provides a listing of the HIPP policies, with an Agency Override value of “Y”, which are inactive and identified to be updated as a result of the data match with the Third Party Contractor.

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7.117.2 TPL-A105-R -- Third Party Contractor Inactive Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A105-R                              ALABAMA MEDICAID AGENCY                                        Run Date: MM/DD/CCYY
Process : TPLJM029                         MEDICAID MANAGEMENT INFORMATION SYSTEM                                Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRODUCTION REPORT                        Page:    999,999
                                           HMS HIPP UPDATE RECORDS - (NON PAYABLE/PAYABLE)
                                                   REPORT PERIOD:  MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXX   XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                                  POLICY      POLICY           COVERAGE
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT

    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99

            SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99

COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                  $99,999,999.99         99,999,999,99           $99,999,999,999.99
Pharmacy                       $99,999,999.99         99,999,999,99           $99,999,999,999.99
Dental                         $99,999,999.99         99,999,999,99           $99,999,999,999.99
Medicare Supplement            $99,999,999.99         99,999,999,99           $99,999,999,999.99
Hospital Indemnity             $99,999,999.99         99,999,999,99           $99,999,999,999.99
```


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```
Long Term Care                $99,999,999.99          99,999,999,99            $99,999,999,999.99
Totals:                                               99,999,999,99            $99,999,999,999.99

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

7.117.3 TPL-A105-R -- Third Party Contractor Inactive Records Add Production Report - HIPP Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Inactive record updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage	Character	15

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Field	Description	Data Type	Length
	3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all the recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only the policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number of Inactive records updated for each coverage type.	Number (Integer)	12

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Field	Description	Data Type	Length
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Inactive record updated.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated in the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Number (Integer)	12

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7.118 TPL-A105-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable)

7.118.1 TPL-A105-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Narrative

The Third Party Contractor Inactive HIPP Update Pre-Production Report provides a listing of the HIPP policies, with an Agency Override value of “Y”, which are inactive and identified to be updated as a result of the data match with the Third Party Contractor.

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7.118.2 TPL-A105-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Layout

```
Report  : TPL-A105-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM029T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRE-PROD REPORT                  Page:    999,999
                                        HMS HIPP UPDATE RECORDS - (NON PAYABLE/PAYABLE)
                                                REPORT PERIOD:  MM/CCYY


-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                    FIRST            CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXX XX    XXXXXX  XXX
                           SEGMENTS - UPDATED
POLICY                                                              POLICY      POLICY           COVERAGE
UPDATE       CARRIER       CARRIER       CONTRACT                   START       END         PLAN INDICATORS       PAY
DATE         CODE          NAME          NUMBER                     DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*************************************************************************************************************************
                           SEGMENTS - NOT UPDATED
UPDATE       CARRIER       CARRIER       CONTRACT                   START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE          NAME          NUMBER                     DATE        DATE        CODE IOSPWAX123HDE4M  CODE UPDATED
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*************************************************************************************************************************
                       EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
POLICY                                                              POLICY      POLICY           COVERAGE
ADD          CARRIER       CARRIER       CONTRACT                   START       END         PLAN INDICATORS
DATE         CODE          NAME          NUMBER                     DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX    XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL UPDATED =         99,999,999
RECIPIENT TOTAL NOT UPDATED =         99,999,999
              AMOUNT BILLED =     $99,999,999.99
                 AMOUNT DUE =     $99,999,999.99


           SUMMARY INFORMATION
        GRAND TOTAL UPDATED =         99,999,999
    GRAND TOTAL NOT UPDATED =         99,999,999
     GRAND TOTAL AMT BILLED =     $99,999,999.99
        GRAND TOTAL AMT DUE =     $99,999,999.99


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


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7.118.3 TPL-A105-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - HIPP Update Records - (Non Payable/Payable) Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying an update on a recipient's policy.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were updated in the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The first five characters in the name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL UPDATED	This is the accumulated number of policies that were updated for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying policies needing an update for all the recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were updated in the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies updated.	Number (Decimal)	12
GRAND TOTAL NOT UPDATED	This is the accumulated number of policies for all recipients that were received from HMS but not updated in the database.	Number (Integer)	9
NOT UPDATED	The value assigned by the system that indicates the reason the policy was not updated.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when updating a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY UPDATE DATE	The date the policy was updated.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1

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Field	Description	Data Type	Length
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL UPDATED	This is the accumulated number of policies that were updated as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT UPDATED	This is the accumulated number of policies that were received from HMS but not updated to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Number (Integer)	12

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7.119 TPL-A198-R -- Third Party Contractor Active Records Add Prod Report - Absent Parent Records Report

7.119.1 TPL-A198-R -- Third Party Contractor Active Records Add Prod Report - Absent Parent Records Report Narrative

This report provides the Agency with a listing of the policies that were active and added as a result of the match with the Third Party Contractor when procesing rhe absent parent file. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.119.2 TPL-A198-R -- Third Party Contractor Active Records Add Prod Report - Absent Parent Records Report Layout

```
Report  : TPL-A198-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/YYYY
Process : TPLJM199                      MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O             THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT                   Page:    999,999
                                              'ABSENT PARENT RECORDS'
                                              REPORT PERIOD:  MM/CCYY
-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                  FIRST              CAT   STATUS  AGE
999999999999  XXXXXXXXX             XXXXXXXX           41            999
                        NEW SEGMENTS - ADDED
POLICY                                                          POLICY      POLICY           COVERAGE
ADD          CARRIER   CARRIER         CONTRACT                 START       END         PLAN INDICATORS       PAY
DATE         CODE      NAME            NUMBER                   DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXX   XXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   XX  000000500000000   P    02

MM/DD/CCYY   XXXXXXX   XXXXX           XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY   XX  111111001110011   M1   02


*******************************************************************************************************************************
                        EXISTING SEGMENTS
POLICY                                                          POLICY      POLICY           COVERAGE
ADD          CARRIER   CARRIER         CONTRACT                 START       END         PLAN INDICATORS
DATE         CODE      NAME            NUMBER                   DATE        DATE        CODE IOSPWAX123HDE4M
 NONE TO REPORT


    RECIPIENT TOTAL ADDED =      999999999
RECIPIENT TOTAL NOT ADDED =      999999999
            AMOUNT BILLED =        $9999999.99
               AMOUNT DUE =        $9999999.99


          SUMMARY INFORMATION
        GRAND TOTAL ADDED =      999999999
    GRAND TOTAL NOT ADDED =      999999999
   GRAND TOTAL AMT BILLED =        $9999999.99
      GRAND TOTAL AMT DUR =        $9999999.99


                                                        *END OF REPORT*
```


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7.119.3 TPL-A198-R -- Third Party Contractor Active Records Add Prod Report - Absent Parent Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Active record added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values:	Character	15

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Field	Description	Data Type	Length
	VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number or Active records added for each coverage type.	Number (Integer)	12
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
RATE (Coverage Type)	The payment rate per each coverage type for each Active record added.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.120 TPL-A328-R -- Third Party Contractor Active Records Add Production Report - Tricare Records

7.120.1 TPL-A328-R -- Third Party Contractor Active Records Add Production Report - Tricare Records Report Narrative

The Third Party Contractor Active Add – Tricare Records report provides a listing of the policies that were active and added as a result of the Tricare datamatch with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals. This report is produced upon request.

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7.120.2 TPL-A328-R -- Third Party Contractor Active Records Add Production Report - Tricare Records Layout

```
Report  : TPL-A328-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJO329                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRODUCTION REPORT                Page:    999,999
                                             HMS TRICARE (DEERS) RECORDS
                                              REPORT PERIOD:  MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                          AID   RECIP   RECIP
RID          LAST                   FIRST             CAT   STATUS  AGE
999999999999 XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                       NEW SEGMENTS - ADDED
POLICY                                                          POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT              START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*******************************************************************************************************************************
                       NEW SEGMENTS - NOT ADDED
POLICY                                                          POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT              START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*******************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                          POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT              START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL ADDED =         99,999,999
RECIPIENT TOTAL NOT ADDED =         99,999,999
             AMOUNT BILLED =     $99,999,999.99
                AMOUNT DUE =     $99,999,999.99

           SUMMARY INFORMATION
        GRAND TOTAL ADDED =         99,999,999
    GRAND TOTAL NOT ADDED =         99,999,999
   GRAND TOTAL AMT BILLED =     $99,999,999.99
      GRAND TOTAL AMT DUE =     $99,999,999.99


COVERAGE TYPE                        RATE                 NUMBER                     AMT DUE
Major Medical                   $99,999,999.99         99,999,999,99            $99,999,999,999.99
Pharmacy                        $99,999,999.99         99,999,999,99            $99,999,999,999.99
Dental                          $99,999,999.99         99,999,999,99            $99,999,999,999.99
Medicare Supplement             $99,999,999.99         99,999,999,99            $99,999,999,999.99
Hospital Indemnity              $99,999,999.99         99,999,999,99            $99,999,999,999.99
Long Term Care                  $99,999,999.99         99,999,999,99            $99,999,999,999.99
Totals:                                                99,999,999,99            $99,999,999,999.99

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


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7.120.3 TPL-A328-R -- Third Party Contractor Active Records Add Production Report - Tricare Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Active record added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values:	Character	15

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Field	Description	Data Type	Length
	VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number or Active records added for each coverage type.	Number (Integer)	12
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
RATE (Coverage Type)	The payment rate per each coverage type for each Active record added.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Integer)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.121 TPL-A328-T -- Third Party Contractor Active Records Add Pre-Prod Report - Tricare Records

7.121.1 TPL-A328-T -- Third Party Contractor Active Records Add Pre-Prod Report - Tricare Records Report Narrative

This pre-production report provides the Agency with a listing of the policies that were active and added as a result of the Tricare data match with the Third Party Contractor. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides grand totals.

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7.121.2 TPL-A328-T -- Third Party Contractor Active Records Add Pre-Prod Report - Tricare Records Layout

```
Report  : TPL-A328-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJO329T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0319O              THIRD PARTY CONTRACTOR ACTIVE RECORDS ADD PRE-PROD REPORT                       Page:    999,999
                                                HMS TRICARE (DEERS) RECORDS
                                                 REPORT PERIOD:  MM/CCYY
  ---------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                        NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*********************************************************************************************************************************
                        NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*********************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT
     RECIPIENT TOTAL ADDED =         99,999,999
RECIPIENT TOTAL NOT ADDED =         99,999,999
            AMOUNT BILLED =     $99,999,999.99
               AMOUNT DUE =     $99,999,999.99
           SUMMARY INFORMATION
        GRAND TOTAL ADDED =         99,999,999
    GRAND TOTAL NOT ADDED =         99,999,999
   GRAND TOTAL AMT BILLED =     $99,999,999.99
      GRAND TOTAL AMT DUE =     $99,999,999.99


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

7.121.3 TPL-A328-T -- Third Party Contractor Active Records Add Pre-Prod Report - Tricare Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12

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Field	Description	Data Type	Length
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	Number (Decimal)	12

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Field	Description	Data Type	Length
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED CODE	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20

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Field	Description	Data Type	Length
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.122 TPL-A329-R -- Third Party Contractor Inactive Records Add Production Report - Tricare Records

7.122.1 TPL-A329-R -- Third Party Contractor Inactive Records Add Production Report - Tricare Records Report Narrative

The Third Party Contractor Inactive Add report provides a listing of the policies that were inactive and added as a result of the Tricare datamatch with the Third Party Contractor. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals. This report is produced upon request.

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7.122.2 TPL-A329-R -- Third Party Contractor Inactive Records Add Production Report - Tricare Records Layout

```
Report  : TPL-A329-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJO329                      MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0319O            THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRODUCTION REPORT                  Page:    999,999
                                                HMS TRICARE (DEERS) RECORDS
                                                 REPORT PERIOD:  MM/CCYY
 ---------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                    FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                       NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*********************************************************************************************************************************
                       NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*********************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL ADDED =         99,999,999
RECIPIENT TOTAL NOT ADDED =         99,999,999
            AMOUNT BILLED =     $99,999,999.99
               AMOUNT DUE =     $99,999,999.99


          SUMMARY INFORMATION
        GRAND TOTAL ADDED =         99,999,999
    GRAND TOTAL NOT ADDED =         99,999,999
   GRAND TOTAL AMT BILLED =     $99,999,999.99
      GRAND TOTAL AMT DUE =     $99,999,999.99


COVERAGE TYPE                        RATE                 NUMBER                     AMT DUE
Major Medical                   $99,999,999.99          99,999,999,99           $99,999,999,999.99
Pharmacy                        $99,999,999.99          99,999,999,99           $99,999,999,999.99
Dental                          $99,999,999.99          99,999,999,99           $99,999,999,999.99
Medicare Supplement             $99,999,999.99          99,999,999,99           $99,999,999,999.99
Hospital Indemnity              $99,999,999.99          99,999,999,99           $99,999,999,999.99
Long Term Care                  $99,999,999.99          99,999,999,99           $99,999,999,999.99
Totals:                                                 99,999,999,99           $99,999,999,999.99

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


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7.122.3 TPL-A329-R -- Third Party Contractor Inactive Records Add Production Report - Tricare Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
AMT DUE (COVERAGE TYPE)	This is the amount due per each coverage type for each Inactive record added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage	Character	15

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Field	Description	Data Type	Length
	M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID		
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED CODE	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
NUMBER (Coverage Type)	The total number or Inactive records added for each coverage type.	Number (Integer)	9
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10

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Field	Description	Data Type	Length
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RATE (Coverage Type)	The payment rate per each coverage type for each Inactive record added.	Number (Decimal)	12
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file.	Character	12

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7.123 TPL-A329-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Tricare Records

7.123.1 TPL-A329-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Tricare Records Report Narrative

Pre-production Report - Users access the Third Party Contractor Inactive Add Report to provide a listing of the policies that were inactive and added as a result of the Tricare datamatch with the Third Party Contractor. The report is sorted by Recipient ID with a page break on ID. A summary is provided on the last page of the report that provides grand totals.

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7.123.2 TPL-A329-T -- Third Party Contractor Inactive Records Add Pre-Prod Report - Tricare Records Layout

```
Report  : TPL-A329-T                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJO329T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time:   HH:MM:SS
Location: TPL0319O             THIRD PARTY CONTRACTOR INACTIVE RECORDS ADD PRE-PROD REPORT                    Page:    999,999
                                             HMS TRICARE (DEERS) RECORDS
                                              REPORT PERIOD:  MM/CCYY

 ---------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                          AID   RECIP   RECIP
RID           LAST                   FIRST             CAT   STATUS  AGE
999999999999  XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXX  XX    XXXXXX  XXX
                       NEW SEGMENTS - ADDED
POLICY                                                                  POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX
NONE TO REPORT
*********************************************************************************************************************************
                       NEW SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY   NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE  ADDED
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX    XX
NONE TO REPORT
*********************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY          COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXXXXXXX     XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX
NONE TO REPORT


    RECIPIENT TOTAL ADDED =         99,999,999
RECIPIENT TOTAL NOT ADDED =         99,999,999
             AMOUNT BILLED =     $99,999,999.99
                AMOUNT DUE =     $99,999,999.99


          SUMMARY INFORMATION
        GRAND TOTAL ADDED =         99,999,999
    GRAND TOTAL NOT ADDED =         99,999,999
   GRAND TOTAL AMT BILLED =     $99,999,999.99
      GRAND TOTAL AMT DUE =     $99,999,999.99

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


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7.123.3 TPL-A328-R -- Third Party Contractor Inactive Records Add Pre-Prod Report - Tricare Records Report Field Descriptions

Field	Description	Data Type	Length
AID CAT	The recipient's most current aid category.	Character	2
AMOUNT BILLED	This is the dollar amount HMS receives for identifying a new policy for a recipient.	Number (Decimal)	12
AMOUNT DUE	This is the amount due HMS for all records that were added to the database for a recipient. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
CARRIER CODE	The carrier code from the HMS input file.	Character	10
CARRIER NAME	The name of the carrier.	Character	5
CONTRACT NUMBER	The policy number assigned by the carrier from the HMS input file.	Character	30
COVERAGE INDICATORS	The descriptions of the coverage indicators from the HMS input file are as follows: I – Inpatient Coverage O – Outpatient Coverage S – Surgical Coverage P – Physician Coverage W – Well Child Coverage A – Ambulance Coverage X – Prescription Drug Coverage 1 – Extended Care Coverage 2 – Mental Health Coverage 3 – DME Coverage H – Home Health Coverage D – Dental Coverage E – Vision Coverage 4 – Medicare No Policy Coverage M – Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: VALUE '0' = COVERAGE TYPE IS NOT COVERED VALUE '1' = COVERAGE TYPE IS COVERED VALUE '4' = ONLY CROSSOVER CLAIMS ARE COVERED VALUE '5' = COVERAGE TYPE IS COVERED; COST AVOID	Character	15

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Field	Description	Data Type	Length
GRAND TOTAL ADDED	This is the accumulated number of policies that were added for all the recipients as a result of the HMS datamatch.	Number (Integer)	9
GRAND TOTAL AMT BILLED	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS datamatch.	Number (Decimal)	12
GRAND TOTAL AMT DUE	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS datamatch. This is calculated by adding the AMOUNT BILLED for only those policies added.	Number (Decimal)	12
GRAND TOTAL NOT ADDED	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	Number (Integer)	9
NOT ADDED CODE	The value assigned by the system that indicates the reason the policy was not added.	Number (Integer)	2
PAY CODE	The Pay Code represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	Character	2
PLAN CODE	The plan code from the HMS input file, which is used to update the policy type when adding a record.	Character	2
POLICY ADD DATE	The date the policy was added.	Date (MM/DD/CCYY)	10
POLICY END DATE	The end date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
POLICY START DATE	The start date of the policy from the HMS input file.	Date (MM/DD/CCYY)	10
RECIP AGE	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	Number (Integer)	3
RECIP STATUS	The status of the recipient's aid category.	Character	1

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Field	Description	Data Type	Length
RECIPIENT NAME - FIRST	The recipient's first name.	Character	15
RECIPIENT NAME - LAST	The recipient's last name.	Character	20
RECIPIENT TOTAL ADDED	This is the accumulated number of policies that were added as a result of the HMS datamatch.	Number (Integer)	9
RECIPIENT TOTAL NOT ADDED	This is the accumulated number of policies that were received from HMS but not added to the database.	Number (Decimal)	9
RID	The recipient's Medicaid ID from the HMS input file	Character	12

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7.124 TPL-AR01-R -- TPL AR Created Through HMS Report

7.124.1 TPL-AR01-R -- TPL AR Created Through HMS Report Narrative

One time process report to show TPL ARs created through the HMS process.

7.124.2 TPL-AR01-R -- TPL AR Created Through HMS Report Layout

```
Report : TPL-AR01-R                          ALABAMA MEDICAID AGENCY                                   Run Date: MM/DD/CCYY
Process : TPLJO320                   MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time: MM:HH:SS
Location: TPL0320o                           TPL AR CREATED THROUGH HMS                                        Page: 1


AR NUMBER      RECIPIENT NAME                      ID MEDICAID       LEGACY ICN     ICN            CDE_CARRIER    AMT
-------------- ----------------------------------- ------------- -------------- -------------- ------------ -------------
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999
9999999999999  XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999      9999999999999 9999999999999   99999          999999999999




TOTAL NUMBER OF AR CREATED : 999999999                    TOTAL AR AMOUNT : $ 9,999,999.99

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

7.124.3 TPL-AR01-R -- TPL AR Created Through HMS Report Field Descriptions

Field	Description	Data Type	Length
AMT	Amount of AR.	Number (Decimal)	12
AR Number	AR Number.	Number (Integer)	13
CDE Carrier	Carrier code.	Number (Integer)	5
ICN	Internal Control Number.	Number (Integer)	13
ID Medicaid	Medicaid ID of recipient (RID).	Number (Integer)	12

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Field	Description	Data Type	Length
Legacy ICN	Legacy assigned internal control number.	Number (Integer)	13
Recipient Name	Name of recipient	Character	30
Total Number of AR Created	Total number of accounts receivable created for this report run.	Number (Integer)	9
Total AR Amount	Total accounts receivable amounts for this report run.	Number (Decimal)	11

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7.125 TPL-AR02-R -- TPL Duplicate AR Sent By HMS Report

7.125.1 TPL-AR02-R -- TPL Duplicate AR Sent By HMS Report Narrative

One time process report to show duplicate TPL ARs sent by HMS.

7.125.2 TPL-AR02-R -- TPL Duplicate AR Sent By HMS Report Layout

```
  Report : TPL-AR02-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
  Process : TPLJO320                     MEDICAID MANAGEMENT INFORMATION SYSTEM                         Run Time: MM:HH:SS
 Location: TPL0320o                            TPL Duplicate AR Sent By HMS Report                              Page: 1


DUPE AR NUMBER   RECIPIENT NAME                    ID MEDICAID       ICN            LEGACY ICN     CDE_CARRIER    AMT
-------------- ---------------------------------------- ------------- -------------- -------------- ------------ -------------
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999
9999999999999    XXXXXXXXXXXXXXX, XXXXXXXXXXXXXX X  999999999999    9999999999999 9999999999999   99999          999999999999




TOTAL NUMBER OF DUPLICATE AR : 999999999                    TOTAL AR AMOUNT : $ 9,999,999.99

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

7.125.3 TPL-AR02-R -- TPL Duplicate AR Sent By HMS Report Field Descriptions

Field	Description	Data Type	Length
AMT	Amount of AR.	Number (Decimal)	12
Dupe AR Number	AR Number.	Number (Integer)	13
CDE Carrier	Carrier code.	Number (Integer)	5
ICN	Internal Control Number.	Number (Integer)	13
ID Medicaid	Medicaid ID of recipient (RID).	Number (Integer)	12

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Field	Description	Data Type	Length
Legacy ICN	Legacy assigned internal control number.	Number (Integer)	13
Recipient Name	Name of recipient	Character	30
Total Number of Duplicate AR	Total number of accounts receivable created for this report run.	Number (Integer)	9
Total AR Amount	Total accounts receivable amounts for this report run.	Number (Decimal)	11

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7.126 TPL-AR03-R -- AR'S Closed by the HMS reason code daily process Report

7.126.1 TPL-AR03-R -- AR'S Closed by the HMS reason code daily process Report Narrative

This report shows the AR information that was updated during the TPL Daily A/R Reason Code Process.

7.126.2 TPL-AR03-R -- AR'S Closed by the HMS reason code daily process Report Layout

```
Report  : TPL-AR03-R                          ALABAMA MEDICAID AGENCY                                  Run Date: MM/DD/CCYY
Process : TPLJD600                       MEDICAID MANAGEMENT INFORMATION SYSTEM                       Run Time:   HH:MM:SS
Location: TPL0600D                    AR'S CLOSED BY THE HMS REASON CODE DAILY PROCESS                  Page:       999999

                                 AR CNTL NUMBER    PREV REASON CDE   NEW REASON CDE
                                ----------------  ----------------- ----------------
                                 XXXXXXXXXXXXX          XXXX              XXXX
                                XXXXXXXXXXXXX          XXXX              XXXX
                                XXXXXXXXXXXXX          XXXX              XXXX
                                XXXXXXXXXXXXX          XXXX              XXXX

                               TOTAL NUMBER OF AR's CLOSED :         ###,###,###

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

7.126.3 TPL-AR03-R -- TPL AR Created Through HMS Report Field Descriptions

Field	Description	Data Type	Length
AR Cntl Number	A/R Control Number	Character	13
New Reason Cde	This is the reason code received in the input file from HMS and that was applied to the corresponding A/R.	Character	4
Prev Reason Cde	Reason code assigned to the A/R before applying the change.	Character	4
Total Number of Ar's Closed	Total Number of A/R that where closed during the process.	Number (Integer)	11
Total Number of Ar's Received	Total Number of records received and read.	Number (Integer)	11

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7.127 TPL-AR04-R -- AR'S Not processed by HMS reason code daily process Report

7.127.1 TPL-AR04-R -- AR'S Not processed by HMS reason code daily process Narrative

This report shows the AR information that was not processed during the TPL Daily A/R Reason Code Process.

7.127.2 TPL-AR04-R -- AR'S Not processed by HMS reason code daily process Layout

```
Report  : TPL-AR04-R                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJD600                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0600D                 AR'S NOT PROCESSED BY HMS REASON CODE DAILY PROCESS                       Page:     999999


                              SAK ACCT REC     AR CNTL NUMBER    REASON CDE RCVD        REASON
                            ----------------  ----------------  ------------------  ----------------
                                #########                              XXXX         XXXXXXXXXXXXXXXX
                                #########      XXXXXXXXXXXXXX          XXXX         XXXXXXXXXXXXXXXX

                                #########      XXXXXXXXXXXXXX          XXXX         XXXXXXXXXXXXXXXX
                                #########                              XXXX         XXXXXXXXXXXXXXXX

                                     SUBTOTAL FOR ERROR <INVALID RSN CDE>
:     ###,###,###
                                     SUBTOTAL FOR ERROR <AR NO EXISTS   >
:     ###,###,###
                                     SUBTOTAL FOR ERROR <AR DISP EXIST  >
:     ###,###,###
                                    TOTAL NUMBER OF RECORDS NOT PROCESSED
:     ###,###,###

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

7.127.3 TPL-AR02-R -- TPL Duplicate AR Sent By HMS Report Field Descriptions

Field	Description	Data Type	Length
Ar Cntl Number	A/R Control Number.	Character	13
Reason	Brief Error description. Reason why the record was not processed.	Character	20
Reason Cde Rcvd	This is the reason code received in the input file from HMS.	Character	4
Sak Acct Rec	Sak number recived and that identifies the A/R.	Number (Integer)	9
Subtotal For Error <Ar Disp Exist >	Subtotal of records not processed from reason: AR DISP EXIST .	Number (Integer)	11

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Field	Description	Data Type	Length
Subtotal For Error <Ar No Exists>	Subtotal of records not processed from reason: AR NO EXISTS.	Number (Integer)	11
Subtotal For Error <Invalid Rsn Cde>	Subtotal of records not processed from reason: INVALID RSN CDE.	Number (Integer)	11
Total Number of AR's Received	Total Number of records received.	Number (Integer)	11
Total Number of Records Not Processed	Total number of records not processed.	Number (Integer)	11

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7.128 TPL-P098-E -- Third Party Contractor Active Records Error Production Report

7.128.1 TPL-P098-E -- Third Party Contractor Active Records Error Production Report Narrative

The Third Party Contractor Active Records Error Production report provides a listing of the policies that were not added as a result of the match with the Third Party Contractor due to an error. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides the grand total. This report is produced bimonthly.

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7.128.2 TPL-P098-E -- Third Party Contractor Active Records Error Production Report Layout

```
Report  : TPL-P098-E                              ALABAMA MEDICAID AGENCY                                    Run Date:  MM/DD/CCYY
Process : TPLJM019                          MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:    HH:MM:SS
Location: TPL0318I                THIRD PARTY CONTRACTOR ACTIVE RECORDS ERROR PRODUCTION RPT                     Page:     999,999
                                                REPORT PERIOD - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                  AID  RECIP   RECIP
RID           LAST               FIRST         CAT  STATUS  AGE
999999999999  XXXXXXXXX          XXXXXXXX      XX     X     999
                       NEW  SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE ADDED
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX   XX
*******************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX


                 SUMMARY INFORMATION
      GRAND TOTAL NOT ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99


COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                   $9,999,999.99          9,999,999,99            $9,999,999,999.99
Pharmacy                        $9,999,999.99          9,999,999,99            $9,999,999,999.99
Dental                          $9,999,999.99          9,999,999,99            $9,999,999,999.99
Medicare Supplement             $9,999,999.99          9,999,999,99            $9,999,999,999.99
Hospital Indemnity              $9,999,999.99          9,999,999,99            $9,999,999,999.99
Long Term Care                  $9,999,999.99          9,999,999,99            $9,999,999,999.99
Invalid Aid Cat/Cov Type        $9,999,999.99          9,999,999,99            $9,999,999,999.99
Totals:                                                9,999,999,99            $9,999,999,999.99


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


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7.128.3 TPL-P098-E -- Third Party Contractor Active Records Error Production Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Amt Due(Coverage Type)	This is the amount due per each coverage type for each active record updated.	17	Number (Integer)
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character

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Field	Description	Length	Data Type
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	17	Number (Decimal)
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the Amount Billed for only those policies added.	17	Number (Decimal)
Grand Total Not Added	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	13	Number (Integer)
Not Added	The value assigned by the system that indicates the reason the policy was not added.	2	Number (Integer)
Number (Coverage Type)	The total number of active records updated for each coverage type.	13	Number (Integer)
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Rate (Coverage Type)	The payment rate per each coverage type for each active record updated.	13	Number (Integer)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)

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Field	Description	Length	Data Type
Recip Status	The status of the recipient's aid category.	1	Character
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)

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7.129 TPL-P099-E -- Third Party Contractor Inactive Records Error Production Report

7.129.1 TPL-P099-E -- Third Party Contractor Inactive Records Error Production Report Narrative

The Third Party Contractor Inactive Records Error Production report provides a listing of the policies that were not added as a result of the match with the Third Party Contractor due to an error. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides the grand total. This report is produced upon request.

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7.129.2 TPL-P099-E -- Third Party Contractor Inactive Records Error Production Report Layout

```
Report  : TPL-P099-E                              ALABAMA MEDICAID AGENCY                                    Run Date:  MM/DD/CCYY
Process : TPLJM019                         MEDICAID MANAGEMENT INFORMATION SYSTEM                            Run Time:    HH:MM:SS
Location: TPL0319O                THIRD PARTY CONTRACTOR INACTIVE RECORDS ERROR PRODUCTION RPT                   Page:     999,999
                                                REPORT PERIOD - MM/DD/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
              RECIPIENT  NAME                  AID  RECIP   RECIP
RID           LAST               FIRST         CAT  STATUS  AGE
999999999999  XXXXXXXXX          XXXXXXXX      XX     X     999
                       NEW  SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M  CODE ADDED
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX   XX
*******************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                       START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                         DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX


                 SUMMARY INFORMATION
      GRAND TOTAL NOT ADDED =  9,999,999,999
  GRAND TOTAL AMOUNT BILLED = $9,999,999,999.99
     GRAND TOTAL AMOUNT DUE = $9,999,999,999.99


COVERAGE TYPE                        RATE                 NUMBER                    AMT DUE
Major Medical                   $9,999,999.99          9,999,999,99            $9,999,999,999.99
Pharmacy                        $9,999,999.99          9,999,999,99            $9,999,999,999.99
Dental                          $9,999,999.99          9,999,999,99            $9,999,999,999.99
Medicare Supplement             $9,999,999.99          9,999,999,99            $9,999,999,999.99
Hospital Indemnity              $9,999,999.99          9,999,999,99            $9,999,999,999.99
Long Term Care                  $9,999,999.99          9,999,999,99            $9,999,999,999.99
Invalid Aid Cat/Cov Type        $9,999,999.99          9,999,999,99            $9,999,999,999.99
Totals:                                                9,999,999,99            $9,999,999,999.99


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


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7.129.3 TPL-P099-E -- Third Party Contractor Inactive Records Error Production Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Amt Due (Coverage Type)	This is the amount due per each coverage type for each inactive record updated.	17	Number (Decimal)
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character

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Field	Description	Length	Data Type
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	17	Number (Decimal)
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the Amount Billed for only those policies added.	17	Number (Decimal)
Grand Total Not Added	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	13	Number (Integer)
Not Added	The value assigned by the system that indicates the reason the policy was not added.	2	Number (Integer)
Number (Coverage Type)	The total number of inactive records updated for each coverage type.	13	Number (Integer)
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Rate (Coverage Type)	The payment rate per each coverage type for each inactive record updated.	13	Number (Integer)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	1	Character

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Field	Description	Length	Data Type
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)

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7.130 TPL-Q011-P -- Southland Policy Add/Update Report

7.130.1 TPL-Q011-P -- Southland Policy Add/Update Report Narrative

This report provides the Agency with a listing of the policies that were added and/or updated as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity. A summary is provided at the end of the report that provides totals.

7.130.2 TPL-Q011-P -- Southland Policy Add/Update Report Layout

```
Report  : TPL-Q011-P                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ008                       MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0008Q                     SOUTHLAND POLICY ADD/UPDATE PRODUCTION REPORT                         Page:    999,999
                                             REPORT PERIOD: MM/CCYY - MM/CCYY

*****************************************************************************************************************************
MEDICAID POLICY DATA:
MEDICAID ID: XXXXXXXXXXXX    SSN: 999-99-9999    RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  DOB: MM/DD/CCYY   REL: X

SOUTHLAND POLICY DATA:
POLICY NUMBER: XXXXXXXXXX    SSN: 999-99-9999   SUBSCRIBER NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  DOB: MM/DD/CCYY

-----------------------------------------------------------------------------------------------------------------------------
                        NEW SEGMENTS - ADDED
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT

-----------------------------------------------------------------------------------------------------------------------------
                        SEGMENTS - UPDATED
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT

-----------------------------------------------------------------------------------------------------------------------------
                        EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT



          SUMMARY INFORMATION
      GRAND TOTAL POLICIES ADDED               =          99,999,999,999
      GRAND TOTAL POLICIES UPDATED             =          99,999,999,999
      GRAND TOTAL POLICIES NOT ADDED/UPDATED   =          99,999,999,999
      GRAND TOTAL RECIPIENTS                   =          99,999,999,999
```


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

7.130.3 TPL-Q011-P -- Southland Policy Add/Update Report Field Descriptions

Field	Description	Length	Data Type
CARRIER CODE	The Southland Carrier code.	10	Character
COVERAGE	The coverage code on the Southland policy.	2	Character
DOB (MEDICAID POLICY DATA)	The recipient's Date of Birth.	10	Date (MM/DD/CCYY)
DOB (SOUTHLAND POLICY DATA)	The date of birth of the subscriber on Southland's insurance policy.	10	Date (MM/DD/CCYY)
EFFECTIVE DATE	The coverage effective date on the Southland policy.	10	Date (MM/DD/CCYY)
END DATE	The coverage end date on the Southland policy.	10	Date (MM/DD/CCYY)
GRAND TOTAL POLICIES ADDED	The total number of Southland policies added	11	Number (Integer)
GRAND TOTAL POLICIES UPDATED	The total number of Southland policies updated.	11	Number (Integer)
GRAND TOTAL RECIPIENTS	Total number of Southland recipients processed.	11	Number (Integer)
GRAND TOTAL POLICIES NOT ADDED/UPDATED	Total number of policies not added and/or updated.	11	Number (Integer)
GROUP NUMBER	The group number on the Southland policy.	30	Character
MEDICAID ID	Medicaid ID assigned to the recipient.	12	Number (Integer)
POLICY NUMBER	The Policy number related to recipient's Southland’s insurance.	30	Character
POLICY NUMBER (SOUTHLAND POLICY DATA)	The subscriber's/dependent's unique ID on the Southland Data Match file.	10	Character
RECIPIENT NAME	Last Name, First Name and Middle Initial of the recipient.	39	Character
REL	The recipient’s relationship to the Southland Subscriber.	1	Character
SSN (MEDICAID POLICY DATA)	The recipient's Social Security Number.	11	Character

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Field	Description	Length	Data Type
SSN (SOUTHLAND POLICY DATA)	The subscriber's Social Security Number on Southland's insurance policy.	11	Character
SUBSCRIBER NAME	Last Name, First Name and Middle Initial of the subscriber on Southland's insurance policy.	39	Character
SUSPECT CODE	The suspect code for the Southland policy.	1	Character

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7.131 TPL-Q011-T -- Southland Policy Add/Update Pre Prod Report

7.131.1 TPL-Q011-T -- Southland Policy Add/Update Pre Prod Report Narrative

This pre-production report provides the Agency with a listing of the policies that will be potentially added or updated as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity. A summary is provided at the end of the report that provides totals.

7.131.2 TPL-Q011-T -- Southland Policy Add/Update Pre Prod Report Layout

```
Report  : TPL-Q011-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ008T                     MEDICAID MANAGEMENT INFORMATION SYSTEM                           Run Time:   HH:MM:SS
Location: TPL0008Q                    SOUTHLAND POLICY ADD/UPDATE PRE PROD REPORT                            Page:    999,999
                                          REPORT PERIOD: MM/CCYY - MM/CCYY

*****************************************************************************************************************************
MEDICAID POLICY DATA:
MEDICAID ID: XXXXXXXXXXXX    SSN: 999-99-9999    RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  DOB: MM/DD/CCYY   REL: X

SOUTHLAND POLICY DATA:
POLICY NUMBER: XXXXXXXXX     SSN: 999-99-9999   SUBSCRIBER NAME: XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X  DOB: MM/DD/CCYY

-----------------------------------------------------------------------------------------------------------------------------
                        NEW SEGMENTS - ADDED
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT

-----------------------------------------------------------------------------------------------------------------------------
                        SEGMENTS - UPDATED
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT

-----------------------------------------------------------------------------------------------------------------------------
                        EXISTING SEGMENTS/SEGMENTS BEFORE UPDATE
CARRIER CODE  POLICY NUMBER                   GROUP NUMBER                      SUSPECT CODE  COVERAGE    EFFECTIVE DATE    END DATE
XXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           XX       MM/DD/CCYY      MM/DD/CCYY
NONE TO REPORT



          SUMMARY INFORMATION
      GRAND TOTAL POLICIES ADDED               =          99,999,999,999
      GRAND TOTAL POLICIES UPDATED             =          99,999,999,999
      GRAND TOTAL POLICIES NOT ADDED/UPDATED   =          99,999,999,999
      GRAND TOTAL RECIPIENTS                   =          99,999,999,999
```


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

7.131.3 TPL-Q011-T -- Southland Policy Add/Update Pre Prod Report Field Descriptions

Field	Description	Length	Data Type
CARRIER CODE	The Southland Carrier code.	10	Character
COVERAGE	The coverage code on the Southland policy.	2	Character
DOB (MEDICAID POLICY DATA)	The recipient's Date of Birth.	10	Date (MM/DD/CCYY)
DOB (SOUTHLAND POLICY DATA)	The date of birth of the subscriber on Southland's insurance policy.	10	Date (MM/DD/CCYY)
EFFECTIVE DATE	The coverage effective date on the Southland policy.	10	Date (MM/DD/CCYY)
END DATE	The coverage end date on the Southland policy.	10	Date (MM/DD/CCYY)
GRAND TOTAL POLICIES ADDED	The total number of Southland policies added.	11	Number (Integer)
GRAND TOTAL POLICIES UPDATED	The total number of Southland policies updated.	11	Number (Integer)
GRAND TOTAL RECIPIENTS	Total number of Southland recipients processed.	11	Number (Integer)
GRAND TOTAL POLICIES NOT ADDED/UPDATED	Total number of policies not added and/or updated.	11	Number (Integer)
GROUP NUMBER	The group number on the Southland policy.	30	Character
MEDICAID ID	Medicaid ID assigned to the recipient.	12	Number (Integer)
POLICY NUMBER	The Policy number related to recipient's Southland’s insurance.	30	Character
POLICY NUMBER (SOUTHLAND POLICY DATA)	The subscriber's/dependent's unique ID on the Southland Data Match file.	10	Character
RECIPIENT NAME	Last Name, First Name and Middle Initial of the recipient.	39	Character
REL	The recipient’s relationship to the Southland Subscriber.	1	Character
SSN (MEDICAID POLICY DATA)	The recipient's Social Security Number.	11	Character

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Field	Description	Length	Data Type
SSN (SOUTHLAND POLICY DATA)	The subscriber's Social Security Number on Southland's insurance policy.	11	Character
SUBSCRIBER NAME	Last Name, First Name and Middle Initial of the subscriber on Southland's insurance policy.	39	Character
SUSPECT CODE	The suspect code for the Southland policy.	1	Character

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7.132 TPL-Q012-P -- Southland Not Identified - Needs Research Report

7.132.1 TPL-Q012-P -- Southland Not Identified - Needs Research Report Narrative

This report provides the Agency with a listing of the recipients that only matched on the first three letters of the first name and date of birth, recipients who had multiple matches on the social security number, and recipients who had multiple matches on the last name, first name, and date of birth as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity. The Agency will use this report for further research.

7.132.2 TPL-Q012-P -- Southland Not Identified - Needs Research Report Layout

```
Report  : TPL-Q012-P                              ALABAMA MEDICAID AGENCY                                     Run Date: MM/DD/CCYY
Process : TPLJQ008                        MEDICAID MANAGEMENT INFORMATION SYSTEM                              Run Time:    HH:MM:SS
Location: TPL0008Q                  SOUTHLAND NOT IDENTIFIED - NEEDS RESEARCH PRODUCTION REPORT                   Page:     999,999
                                  MATCH ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB/MULTIPLE MATCHES
                                                REPORT PERIOD: MM/CCYY - MM/CCYY


*********************************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*********************************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*********************************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
TOTAL NUMBER OF MATCHES ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB = 99,999,999,999
TOTAL NUMBER OF MULTIPLE MATCHES ON SSN                              = 99,999,999,999
TOTAL NUMBER OF MULTIPLE MATCHES ON LAST NAME, FIRST NAME, AND DOB   = 99,999,999,999
TOTAL NUMBER OF RECIPIENTS                                           = 99,999,999,999


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

7.132.3 TPL-Q012-P -- Southland Not Identified - Needs Research Report Field Descriptions

Field	Description	Length	Data Type
DOB	The Medicaid Recipient's Date of Birth.	10	Date (MM/DD/CCYY)
DOB:	The date of birth of the recipient on Southland's insurance policy.	10	Date (MM/DD/CCYY)
FIRST NAME	The Medicaid Recipient's First Name	15	Character
LAST NAME	The Medicaid Recipient's Last Name	20	Character
MEDICAID ID	The Medicaid ID assigned to the recipient.	12	Number (Integer)
REASON	The reason why the Southland recipient appears on the report.	50	Character
RECIPIENT NAME	Last Name and First Name of the Southland recipient.	36	Character
REL	The Southland recipient's relationship to the subscriber on Southland's insurance policy.	1	Character
SSN	The Medicaid Recipient's Social Security Number.	11	Character
SSN:	The recipient's Social Security Number on Southland's insurance policy.	11	Character
TOTAL NUMBER OF MATCHES ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB	Total number of Southland recipients that matched on the first three letters of the first name and date of birth.	11	Number (Integer)
TOTAL NUMBER OF MULTIPLE MATCHES ON LAST NAME, FIRST NAME, AND DOB	Total number of Southland recipients that multiple matches on the last name, first name, and date of birth.	11	Number (Integer)

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Field	Description	Length	Data Type
TOTAL NUMBER OF MULTIPLE MATCHES ON SSN	Total number of Southland recipients that multiple matches on the social security number.	11	Number (Integer)
TOTAL RECIPIENTS	Total number of Southland recipients displayed on the report.	11	Number (Integer)

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7.133 TPL-Q012-T -- Southland Not Identified - Needs Research Pre Prod Report

7.133.1 TPL-Q012-T -- Southland Not Identified - Needs Research Pre Prod Report Narrative

This pre production report provides the Agency with a listing of the recipients that only matched on the first three letters of the first name and date of birth, recipients who had multiple matches on the social security number, and recipients who had multiple matches on the last name, first name, and date of birth as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity. The Agency will use this report for further research.

7.133.2 TPL-Q012-T -- Southland Not Identified - Needs Research Pre Prod Report Layout

```
Report  : TPL-Q012-T                              ALABAMA MEDICAID AGENCY                                      Run Date: MM/DD/CCYY
Process : TPLJQ008T                         MEDICAID MANAGEMENT INFORMATION SYSTEM                             Run Time:    HH:MM:SS
Location: TPL0008Q                     SOUTHLAND NOT IDENTIFIED - NEEDS RESEARCH PRE PROD REPORT                   Page:     999,999
                                     MATCH ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB/MULTIPLE MATCHES
                                                      REPORT PERIOD: MM/CCYY - MM/CCYY


*********************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*********************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

*********************************************************************************************************************************
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    DOB: MM/DD/CCYY    SSN: 999-99-9999    REL: X

MEDICAID ID     LAST NAME            FIRST NAME         DOB                SSN
XXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX    XXXXXXXXXX         XXXXXXXXXXX

REASON: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```


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```
TOTAL NUMBER OF MATCHES ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB = 99,999,999,999
TOTAL NUMBER OF MULTIPLE MATCHES ON SSN                              = 99,999,999,999
TOTAL NUMBER OF MULTIPLE MATCHES ON LAST NAME, FIRST NAME, AND DOB   = 99,999,999,999
TOTAL NUMBER OF RECIPIENTS                                           = 99,999,999,999


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

7.133.3 TPL-Q012-T -- Southland Not Identified - Needs Research Pre Prod Report Field Descriptions

Field	Description	Length	Data Type
DOB	The Medicaid Recipient's Date of Birth.	10	Date (MM/DD/CCYY)
DOB:	The date of birth of the recipient on Southland's insurance policy.	10	Date (MM/DD/CCYY)
FIRST NAME	The Medicaid Recipient's First Name	15	Character
LAST NAME	The Medicaid Recipient's Last Name	20	Character
MEDICAID ID	The Medicaid ID assigned to the recipient.	12	Number (Integer)
REASON	The reason why the Southland recipient appears on the report.	50	Character
RECIPIENT NAME	Last Name and First Name of the Southland recipient.	36	Character
REL	The Southland recipient's relationship to the subscriber on Southland's insurance policy.	1	Character
SSN	The Medicaid Recipient's Social Security Number.	11	Character
SSN:	The recipient's Social Security Number on Southland's insurance policy.	11	Character
TOTAL NUMBER OF MATCHES ON FIRST 3 LETTERS OF THE FIRST NAME AND DOB	Total number of Southland recipients that matched on the first three letters of the first name and date of birth.	11	Number (Integer)
TOTAL NUMBER OF MULTIPLE MATCHES ON LAST NAME, FIRST NAME, AND DOB	Total number of Southland recipients that multiple matches on the last name, first name, and date of birth.	11	Number (Integer)

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Field	Description	Length	Data Type
TOTAL NUMBER OF MULTIPLE MATCHES ON SSN	Total number of Southland recipients that multiple matches on the social security number.	11	Number (Integer)
TOTAL RECIPIENTS	Total number of Southland recipients displayed on the report.	11	Number (Integer)

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7.134 TPL-Q013-P -- Southland Recipient Not Found Report

7.134.1 TPL-Q013-P -- Southland Recipient Not Found Report Narrative

This report provides the Agency with a listing of the recipients that were not found as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity.

7.134.2 TPL-Q013-P -- Southland Recipient Not Found Report Layout

```
Report  : TPL-Q013-P                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ008                     MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0008Q                    SOUTHLAND RECIPIENT NOT FOUND PRODUCTION REPORT                      Page:    999,999
                                          REPORT PERIOD: MM/CCYY - MM/CCYY


RECIPIENT NAME                                                  SSN             DOB              REL
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X


TOTAL RECIPIENTS:   99,999,999,999


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


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7.134.3 TPL-Q013-P -- Southland Recipient Not Found Report Field Descriptions

Field	Description	Length	Data Type
DOB	The date of birth of the recipient on Southland's insurance policy.	10	Date (MM/DD/CCYY)
RECIPIENT NAME	Last Name, First Name and Middle Initial of the Southland recipient.	39	Character
REL	The Southland recipient’s relationship to the subscriber on Southland's insurance policy.	1	Character
SSN	The recipient’s Social Security Number on Southland's insurance policy.	11	Character
TOTAL RECIPIENTS	Total number of Southland recipients that did not match.	11	Number (Integer)

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7.135 TPL-Q013-T -- Southland Recipient Not Found Pre Prod Report

7.135.1 TPL-Q013-T -- Southland Recipient Not Found Pre Prod Report Narrative

This pre production report provides the Agency with a listing of the recipients that were not found as a result of the data match with Southland Benefit Solutions, LLC to identify Medicaid recipients enrolled in their supplemental coverage plans - vision, dental, cancer, and hospital indemnity.

7.135.2 TPL-Q013-T -- Southland Recipient Not Found Pre Prod Report Layout

```
Report  : TPL-Q013-T                          ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJQ008T                      MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0008Q                    SOUTHLAND RECIPIENT NOT FOUND PRE PROD REPORT                          Page:    999,999
                                            REPORT PERIOD: MM/CCYY - MM/CCYY


RECIPIENT NAME                                                  SSN             DOB              REL
-------------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXX X 999-99-9999     MM/DD/CCYY        X


TOTAL RECIPIENTS:   99,999,999,999


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


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7.135.3 TPL-Q013-T -- Southland Recipient Not Found Pre Prod Report Field Descriptions

Field	Description	Length	Data Type
DOB	The date of birth of the recipient on Southland's insurance policy.	10	Date (MM/DD/CCYY)
RECIPIENT NAME	Last Name, First Name and Middle Initial of the Southland recipient.	39	Character
REL	The Southland recipient’s relationship to the subscriber on Southland's insurance policy.	1	Character
SSN	The recipient’s Social Security Number on Southland's insurance policy.	11	Character
TOTAL RECIPIENTS	Total number of Southland recipients that did not match.	11	Number (Integer)

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7.136 TPL-T098-E -- Third Party Contractor Active Error Pre-Prod Report

7.136.1 TPL-T098-E -- Third Party Contractor Active Error Pre-Prod Report Narrative

This pre-production report provides the Agency with a listing of the policies that were not added as a result of the match with the Third Party Contractor due to an error. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides the grand total.

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7.136.2 TPL-T098-E -- Third Party Contractor Active Records Error Pre-Prod Report Layout

```
Report  : TPL-T098-E                              ALABAMA MEDICAID AGENCY                                    Run Date: MM/DD/CCYY
Process : TPLJM019T                          MEDICAID MANAGEMENT INFORMATION SYSTEM                          Run Time:   HH:MM:SS
Location: TPL0319O                THIRD PARTY CONTRACTOR ACTIVE RECORDS ERROR PRE-PROD RPT                       Page:    999,999
                                                   REPORT PERIOD - MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                 AID  RECIP   RECIP
RID          LAST               FIRST        CAT  STATUS  AGE
999999999999 XXXXXXXXX          XXXXXXXX     XX     X     999
                       NEW  SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE ADDED
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX   XX
*************************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX


                 SUMMARY INFORMATION
      GRAND TOTAL NOT ADDED = 999999999
  GRAND TOTAL AMOUNT BILLED = 9,999,999.99
     GRAND TOTAL AMOUNT DUE = 9,999,999.99

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


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7.136.3 TPL-T098-E -- Third Party Contractor Active Records Error Pre-ProdReport Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match.	17	Number (Decimal)

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Field	Description	Length	Data Type
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the Amount Billed for only those policies added.	17	Number (Decimal)
Grand Total Not Added	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	13	Number (Integer)
Not Added	The value assigned by the system that indicates the reason the policy was not added.	2	Number (Integer)
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	1	Character
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)

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7.137 TPL-T099-E -- Third Party Contractor Inactive Error Pre-Production Report

7.137.1 TPL-T099-E -- Third Party Contractor Inactive Error Pre-Production Report Narrative

This pre-production report provides the Agency with a listing of the policies that were not added as a result of the match with the Third Party Contractor due to an error. The report is sorted by Recipient ID with a break between the different IDs. A summary is provided on the last page of the report that provides the grand total.

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7.137.2 TPL-T099-E -- Third Party Contractor Inactive Records Error Pre-Prod Report Layout

```
REPORT  : TPL-T099-E                              ALABAMA MEDICAID AGENCY                                    RUN DATE: MM/DD/CCYY
PROCESS : TPLJM019T                          MEDICAID MANAGEMENT INFORMATION SYSTEM                          RUN TIME:   HH:MM:SS
LOCATION: TPL0319O                THIRD PARTY CONTRACTOR ACTIVE RECORDS ERROR PRE-PROD RPT                       PAGE:    999,999
                                                     REPORT PERIOD - MM/CCYY

-------------------------------------------------------------------------------------------------------------------------------------
             RECIPIENT  NAME                 AID  RECIP   RECIP
RID          LAST               FIRST        CAT  STATUS  AGE
999999999999 XXXXXXXXX          XXXXXXXX     XX     X     999
                        NEW  SEGMENTS - NOT ADDED
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS       PAY  NOT
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M  CODE ADDED
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX   XX   XX
*************************************************************************************************************************************
                       EXISTING SEGMENTS
POLICY                                                                  POLICY      POLICY           COVERAGE
ADD          CARRIER        CARRIER       CONTRACT                      START       END         PLAN INDICATORS
DATE         CODE           NAME          NUMBER                        DATE        DATE        CODE IOSPWAX123HDE4M
MM/DD/CCYY   XXXXX          XXXXX         XXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/CCYY  MM/DD/CCYY   XX  XXXXXXXXXXXXXXX


                 SUMMARY INFORMATION
      GRAND TOTAL NOT ADDED = 999999999
  GRAND TOTAL AMOUNT BILLED = 9,999,999.99
     GRAND TOTAL AMOUNT DUE = 9,999,999.99

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


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7.137.3 TPL-T099-E -- Third Party Contractor Inactive Records Error Pre-Prod Report Field Descriptions

Field	Description	Length	Data Type
Aid Cat	The recipient's most current aid category.	2	Character
Carrier Code	The carrier code from the HMS input file.	7	Character
Carrier Name	The name of the carrier.	45	Character
Contract Number	The policy number assigned by the carrier from the HMS input file.	30	Character
Coverage Indicators	Displays the value of each coverage indicator. The value and description for each indicator is as follows: I = Inpatient Coverage O = Outpatient Coverage S = Surgical Coverage P = Physician Coverage W = Well Child Coverage A = Ambulance Coverage X = Prescription Drug Coverage 1 = Extended Care Coverage 2 = Mental Health Coverage 3 = DME Coverage H = Home Health Coverage D = Dental Coverage E = Vision Coverage 4 = Medicare No Policy Coverage M = Maternity Coverage Each of the aforementioned coverage indicators from the HMS input file can have one of the following values: Value '0' = Coverage Type is Not Covered Value '1' = Coverage Type is Covered Value '4' = Only Crossover Claims are Covered Value '5' = Coverage Type is Covered; Cost Avoid	15	Character
Grand Total Amount Billed	This is the total dollar amount HMS receives for identifying new policies for all recipients in the HMS data match..	12	Number (Decimal)

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Field	Description	Length	Data Type
Grand Total Amount Due	This is the total amount due HMS for all records that were added to the database for all recipients in the HMS data match. This is calculated by adding the Amount Billed for only those policies added.	12	Number (Decimal)
Grand Total Not Added	This is the accumulated number of policies for all recipients that were received from HMS but not added to the database.	9	Number (Integer)
Not Added	The value assigned by the system that indicates the reason the policy was not added.	2	Number (Integer)
Pay Code	Represents the types of policies provided to the Medicaid Agency by HMS for a given Medicaid recipient and their associated costs. The cost for each type of policy provided by HMS is listed on a schedule mutually determined by HMS and the Medicaid Agency. The pay code is determined by the aid category the recipient has been assigned and the types of coverage the policy provides.	2	Character
Plan Code	The plan code from the HMS input file, which is used to update the policy type when adding a record.	2	Character
Policy Add Date	The date the policy was added.	10	Date (MM/DD/CCYY)
Policy End Date	The end date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Policy Start Date	The start date of the policy from the HMS input file.	10	Date (MM/DD/CCYY)
Recip Age	The age of the recipient. The system must calculate the age based on the recipient's date of birth.	3	Number (Integer)
Recip Status	The status of the recipient's aid category.	1	Character
Recipient Name	The recipient's first, middle, and last name.	36	Character
RID	The recipient's Medicaid identification number from the HMS input file.	12	Number (Integer)

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