Client Services Unit

INDIANA HEALTH COVERAGE PROGRAMS

Teleprocessing User's Guide – EPSDT

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Section 1: Periodicity and Screening Schedule Window

Introduction

This window is used to view the State-established screening and immunization periodicity recommended for Medicaid-eligible children ages 0 through 20.

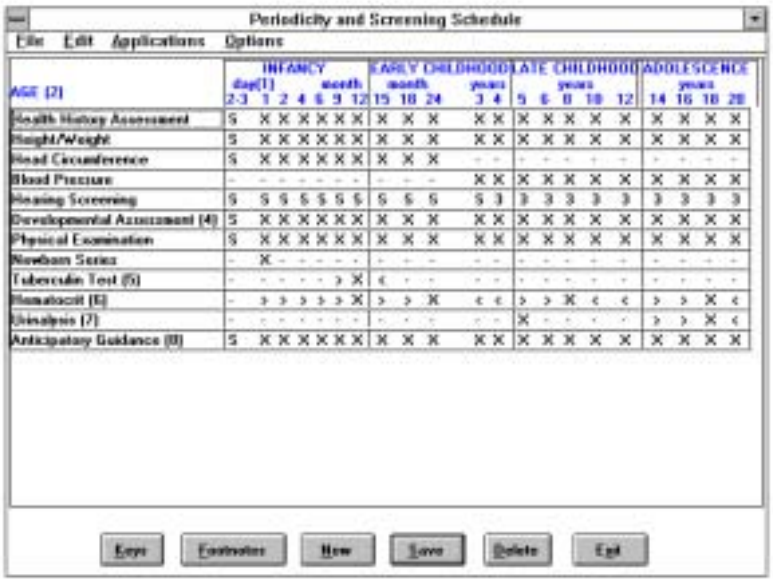


Figure 1.1 – Periodicity and Screening Schedule Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalties with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		BuyIn Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 1.2 – Menu Tree for Periodicity and Screening Schedule (part 2 of 2)

Figure 1.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the on-line window

Exit – Returns the user to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT with the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options. Valid values include the following:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options. Valid options include the following:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override, Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for **Previous** that includes the following options. Valid options include the following:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Field Information

Field Name: Screening Row

Description – A description of all EPSDT screening types, including footnotes, with valid values to include the following:

- Age (Two)
- Health History Assessment
- Height/Weight
- Head Circumference
- Blood Pressure
- Hearing Screening
- Developmental Assessment (Four)
- Physical Examination
- Newborn Series
- Tuberculin Test (Five)
- Hematocrit (Six)
- Urinalysis (Seven)
- Anticipatory Guidance (Eight)

Format – Alphanumeric

Features – None

Edit – 4114, EPSDT screening description is missing

To Correct – Enter EPSDT screening description

Field Name: Screening Period Columns

Description – A description of all EPSDT Screening Period Columns with valid values to include the following:

- Infancy (Day: 2-3 / Month: 1, 2, 4, 6, 9, 12)
- Early Childhood (Month: 15, 18, 24, / Years: 3 and 4)
- Late Childhood (Years: 5, 6, 8, 10, and 12)
- Adolescence (Years: 14, 16, 18, and 20)

Format – N/a

Features – Protected. Displays titles of screening periods

Member Mother – Accesses the Member Mother RID window

RID – A specific member identification number

Redetermination – Accesses the Member Redetermination Date

Date – Window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Edits – None

To Correct – N/a

Field Name: Screening Indicators

Description – The description and valid values include the following:

- *X* – To be performed
- *S* – Subjective, by history
- **-** – Not applicable
- *3* – Refer to footnote 3 in the Footnotes window
- > – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.
- < – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Format – One alphanumeric character

Features – None

Edit – 4113, Valid values are X, S, -, 3, >, and <

To Correct – Verify entry. Valid values are **X**, **S**, **-**, **3**, >, and <

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREENING_PERIODICITY

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREENING_PERIODICITY

DW_RE_EPSDT_SCREENING_XREF

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on the Periodicity and Screening Schedule window

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes used on the Periodicity and Screening Schedule window

New – Click to add a new screening row to the Periodicity and Screening Schedule window

Save – Click to save changes made to Periodicity and Screening Schedule

Delete – Click to delete the highlighted text

Exit – Click to exit the periodicity and Screening Schedule window and return to the previous window.

Section 2: Supplement to the American Academy of Pediatrics Periodicity Schedule Window

Introduction

This window is used to view the State-established immunization and supplemental screenings periodicity schedule recommended for Medicaid-eligible children age 0 through 20.

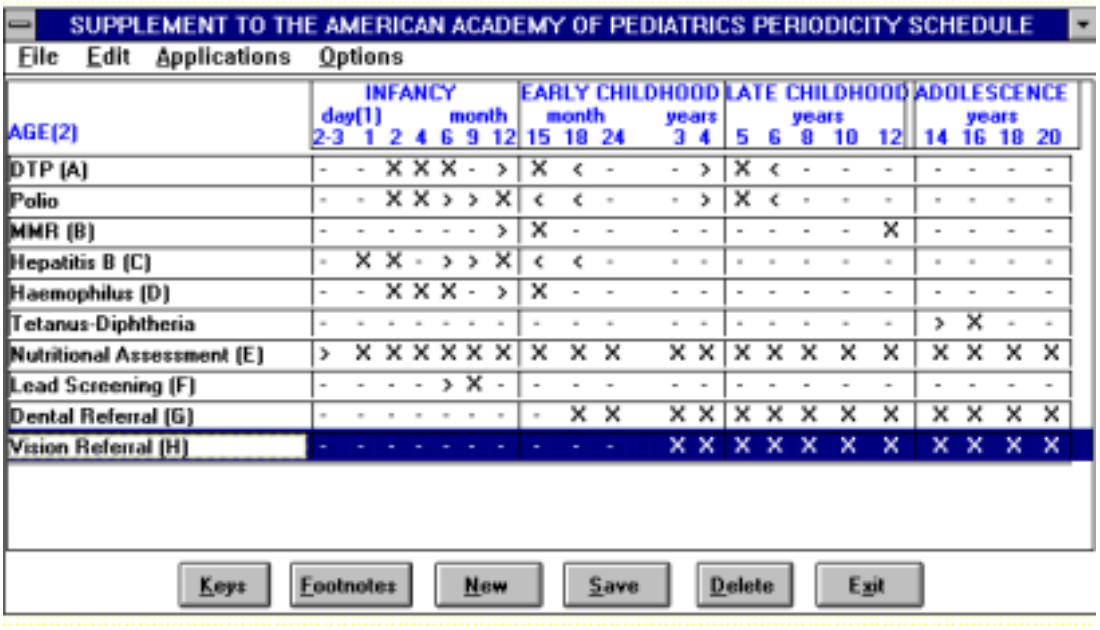


Figure 2.1 – Supplement to the American Academy of Pediatrics Periodicity Schedule Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 2.2 – Menu Tree for Supplement to the American Academy of Pediatrics Periodicity Schedule (part 2 of 2)

Figure 2.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed previously. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu command allows the following functions:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Cared Members window

Previous – Displays a drop-down list for **Previous** that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother – Accesses the Member Mother RID window

RID – A specific member identification number

Redetermination – Accesses to the Member Redetermination Date

Date – Window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Immunizations and Additional Screenings Row

Description – A description of all EPSDT screenings. Valid values include the following:

- Age (2)
- DTP (A)
- Polio
- MMR (B)
- Hepatitis B (C)
- Haemophilus (D)
- Tetanus-Diphtheria
- Nutritional Assessment (E)
- Lead Screening (F)
- Dental Referral (G)
- Vision Referral (H)

Note: Refer to attachment (I) for footnote definitions.

Format – N/a

Features – None

Edit – 4114, EPSDT screening description is missing

To Correct – Please enter EPSDT screening description

Field Name: Immunizations and Additional Screenings Period Columns

Description – A description of all EPSDT immunizations Period Columns. Valid values include the following:

- Infancy (Day: 2-3 / Month: 1, 2, 4, 6, 9, 12)
- Early Childhood (Month: 15, 18, 24, / Years: 3 and 4)
- Late Childhood (Years: 5, 6, 8, 10, and 12)
- Adolescence (Years: 14, 16, 18, and 20)

Format – Alphabetic and numeric

Features – Protected, displays titles of screening periods

Edits – None

To Correct – N/a

Field Name: Immunization and Additional Screening Indicators

Description – The valid values for this field are X, S, -, 3, >, and <.

X – To be performed

S – Subjective, by history

- – Not applicable

3 – Refer to footnote 3 in the Footnotes window

> – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

< – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Format – One alphanumeric character

Features – None

Edits - 4113 Valid values are **X**, **S**, **-**, **3**, >, and <

To correct –Verify typing. Valid values are **X**, **S**, **-**, **3**, >, and <

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREENING_PERIODICITY

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREENING_PERIODICITY

DW_RE_EPSDT_SCREENING_XREF

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on this window

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes used on this window

New – Click to add a new screening row

Save – Click to save changes made to this window

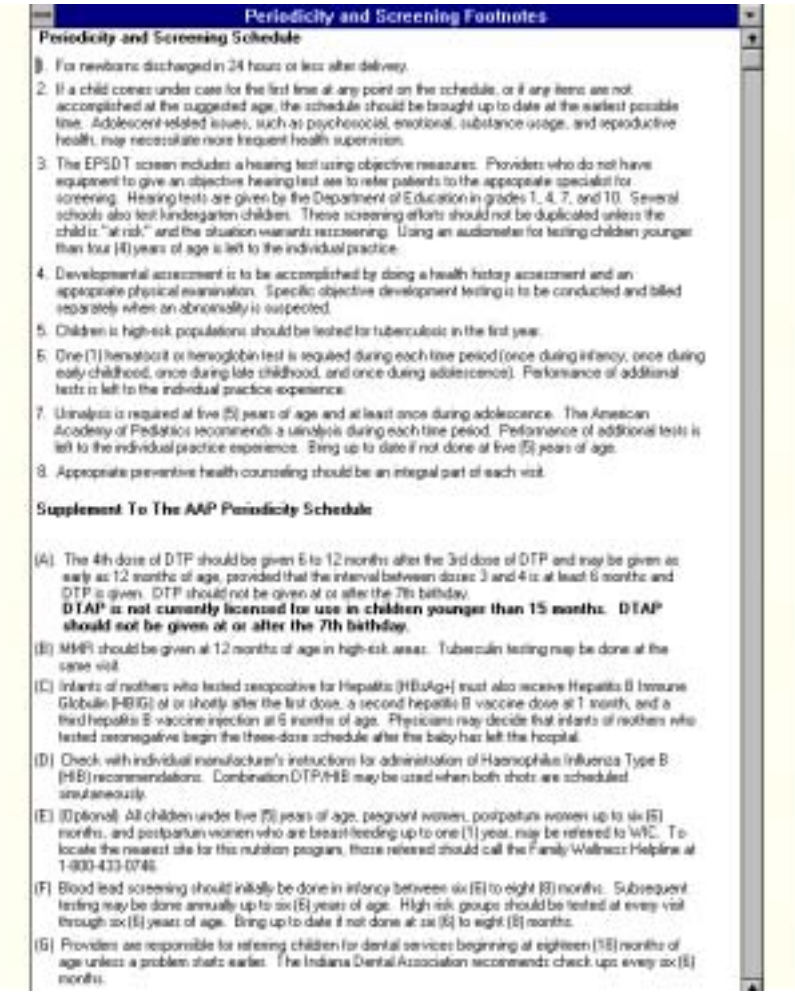
Delete – Click to delete the highlighted text

Exit – Click to exit this window and return to the previous window

Section 3: Periodicity and Screening Footnotes Window

Introduction

The Periodicity and Screening Footnotes screen is used as a reference for the footnotes noted on the Periodicity and Screening Schedule, Supplement to the American Academy of Pediatrics (AAP) Periodicity Schedule, and the Accelerated Periodicity windows. Please refer to *Footnotes – Attachment I* further in this section for a complete description of the Periodicity and Screening Footnotes window.



Periodicity and Screening Footnotes

Periodicity and Screening Schedule

1. For newborns discharged in 24 hours or less after delivery.
2. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time. Adolescent-related issues, such as psychosocial, emotional, substance usage, and reproductive health, may necessitate more frequent health supervision.
3. The EPSDT screen includes a hearing test using objective measures. Providers who do not have equipment to give an objective hearing test are to refer patients to the appropriate specialist for screening. Hearing tests are given by the Department of Education in grades 1, 4, 7, and 10. Several schools also test kindergarten children. These screening efforts should not be duplicated unless the child is "at risk," and the situation warrants rescreening. Using an audiometer for testing children younger than four (4) years of age is left to the individual practice.
4. Developmental assessment is to be accomplished by doing a health history assessment and an appropriate physical examination. Specific objective development testing is to be conducted and billed separately when an abnormality is suspected.
5. Children in high-risk populations should be tested for tuberculosis in the first year.
6. One (1) hematocrit or hemoglobin test is required during each time period (once during infancy, once during early childhood, once during late childhood, and once during adolescence). Performance of additional tests is left to the individual practice experience.
7. Urinalysis is required at five (5) years of age and at least once during adolescence. The American Academy of Pediatrics recommends a urinalysis during each time period. Performance of additional tests is left to the individual practice experience. Bring up to date if not done at five (5) years of age.
8. Appropriate preventive health counseling should be an integral part of each visit.

Supplement To The AAP Periodicity Schedule

(A) The 4th dose of DTP should be given 6 to 12 months after the 3rd dose of DTP and may be given as early as 12 months of age, provided that the interval between doses 3 and 4 is at least 6 months and DTP is given. DTP should not be given at or after the 7th birthday.
DTAP is not currently licensed for use in children younger than 15 months. DTAP should not be given at or after the 7th birthday.

(B) MMR should be given at 12 months of age in high-risk areas. Tuberculin testing may be done at the same visit.

(C) Infants of mothers who tested seropositive for Hepatitis (HBsAg+) must also receive Hepatitis B Immune Globulin (HBIG) at or shortly after the first dose, a second hepatitis B vaccine dose at 1 month, and a third hepatitis B vaccine injection at 6 months of age. Physicians may decide that infants of mothers who tested seronegative begin the three-dose schedule after the baby has left the hospital.

(D) Check with individual manufacturer's instructions for administration of Haemophilus Influenza Type B (HIB) recommendations. Combination DTP/HIB may be used when both shots are scheduled simultaneously.

(E) (Optional) All children under five (5) years of age, pregnant women, postpartum women up to six (6) months, and postpartum women who are breast-feeding up to one (1) year, may be referred to WIC. To locate the nearest site for this nutrition program, those referred should call the Family Wellness Helpline at 1-800-433-0746.

(F) Blood lead screening should initially be done in infancy between six (6) to eight (8) months. Subsequent testing may be done annually up to six (6) years of age. High risk groups should be tested at every visit through six (6) years of age. Bring up to date if not done at six (6) to eight (8) months.

(G) Providers are responsible for referring children for dental services beginning at eighteen (18) months of age unless a problem starts earlier. The Indiana Dental Association recommends check ups every six (6) months.

Figure 3.1 – Periodicity and Screening Footnotes Window

Field Information

There are no valid values or field information since this window functions as a listing of footnotes.

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREENING_PERIODICITY

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREENING_PERIODICITY

DW_RE_EPSDT_SCREENING_XREF

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on the Periodicity and Screening Schedule, Supplement to the American Academy of Pediatrics Periodicity Schedule, and Accelerated Periodicity windows

Exit – Click to exit the Periodicity and Screening Footnotes window and return to the previous window

The scroll bar on the right side of window allows the user to move up and down through the document.

Footnotes – Attachment I

Periodicity And Screening Schedule

1. For newborns discharged in 24 hours or less after delivery
2. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time. Adolescent-related issues, such as psychosocial, emotional, substance usage, and reproductive health, may necessitate more frequent health supervision.
3. The EPSDT screen includes a hearing test using objective measures. Providers who do not have equipment to give an

objective hearing test are to refer patients to the appropriate specialist for screening. The Department of Education in grades 1, 4, 7, and 10 administers hearing tests. Several schools also test kindergarten children. These screening efforts should not be duplicated unless the child is "at risk" and the situation warrants rescreening. Using an audiometer for testing children younger than four years of age is left to the individual practice.

4. Developmental assessment is to be accomplished by doing a health history assessment and an appropriate physical examination. Specific objective developmental testing is to be conducted and billed separately when an abnormality is suspected.
5. Children in high-risk populations should be tested for tuberculosis in the first year.
6. One hematocrit or hemoglobin test is required during each time period, once during infancy, once during early childhood, once during late childhood, and once during adolescence. Performance of additional tests is left to the individual practice experience.
7. Urinalysis is required at five years of age and at least once during adolescence. The American Academy of Pediatrics recommends a urinalysis during each time period. Performance of additional tests is left to the individual practice experience. Bring up to date if not done at five years of age.
8. Appropriate preventive health counseling should be an integral part of each visit.

Supplement to the AAP Periodicity Schedule

A. The fourth dose of DTP should be given six to 12 months after the third dose of DTP and may be given as early as 12 months of age, provided that the interval between doses three and four is at least six months and DTP is given. DTP should not be given at or after the seventh birthday. **DTAP is not currently licensed for use in children younger than 15 months. DTAP should not be given on or after the seventh birthday**.

B. MMR should be given at 12 months of age in high-risk areas. Tuberculin testing may be done at the same visit.

C. Infants of mothers who tested seropositive for Hepatitis (HBsAg+) must also receive Hepatitis B Immune Globulin (HBIG) at or shortly after the first dose, a second hepatitis B vaccine dose at one month, and a third hepatitis B vaccine injection at six months of age. Physicians may decide that infants of mothers who tested

seronegative begin the three-dose schedule after the baby has left the hospital.

D. Check with individual manufacturer's instructions for administration of Haemophilus Influenza Type B (HIB) recommendations. Combination DTP/HIB may be used when both shots are scheduled simultaneously.

E. Optional. All children under five years of age, pregnant women, postpartum women up to six months, and postpartum women who are breast-feeding up to one year, may be referred to the Women, Infant, and Children program (WIC). To locate the nearest site for this nutrition program, those referred should call the Family Wellness Helpline at 1-800-433-0746.

F. Blood lead screening should initially be done in infancy between six to eight months. Subsequent testing may be done annually up to six years of age. High-risk groups should be tested at every visit through six years of age. Bring up to date if not done at six to eight months.

G. Providers are responsible for referring children for dental services beginning at 18 months of age unless a problem starts earlier. The Indiana Dental Association recommends check ups every six months.

H. Providers are responsible for referring children for vision services beginning at three years of age.

Accelerated Periodicity Schedule

A. Interruption of the recommended schedule with a delay between doses does not interfere with the final immunity achieved, nor does it necessitate starting the series over again, regardless of the length of time elapsed.

B. If the third dose of polio vaccine was received before the fourth birthday, a fourth dose may be given at school entry. Fourth dose is not needed if the third dose was given after fourth birthday.

C. Two doses of MMR vaccine are now recommended. Two doses of Measles (MMR preferred) should be administered by age 11or 12. The second dose of MMR may be administered 30 days after the first dose. MMR vaccines should not be given to pregnant females.

For post-puberty females in need of measles, mumps, or rubella vaccines, reasonable precautions should be used: 1) Asking her if she is pregnant, 2) Excluding those who say they are, and 3) Explaining the theoretical risks of the vaccine to the others and counseling them not to become pregnant for three months after the

vaccination. It is not recommended that females sign a separate waiver other than the appropriate *Important Information Statement or Vaccine Information Pamphlet*. Vaccine containing rubella is highly indicated for children who may be in contact with susceptible pregnant women - the shed virus is not communicable.

MMR-2 is especially recommended for all new entering college students and may be administered at any time thirty days after the first dose.

D. If the first dose of HIB was given after 15 months of age, no additional doses are recommended. For healthy children, do not administer after age five (59 months of age). Refer to ACIP recommendations.

E. If the fourth dose of DTP was administered after the fourth birthday; there is no need to administer the fifth dose.

Section 4: Periodicity and Screening Key Window

Introduction

The Periodicity and Screening Key window is a reference for the valid values noted on the Periodicity and Screening Schedule, Supplement to the American Academy of Pediatrics (AAP) Periodicity Schedule, and Accelerated Periodicity windows

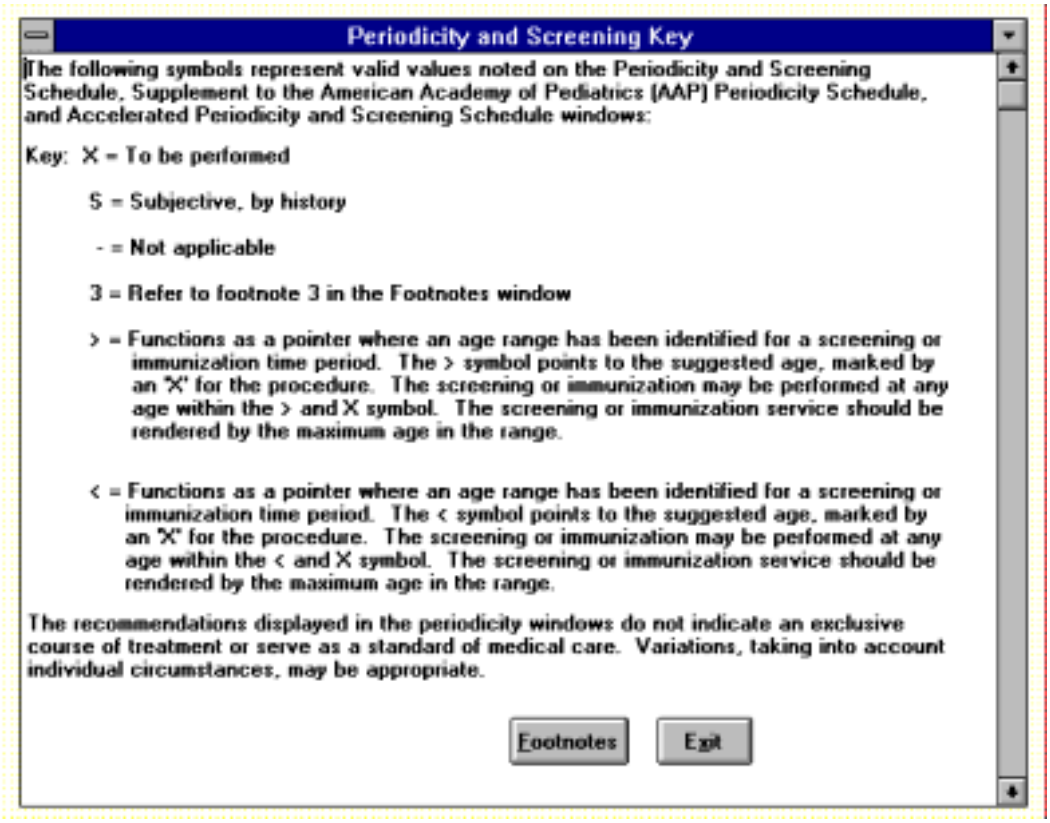


Figure 4.1 – Periodicity and Screening Key Window

Valid values include the following:

X – To be performed

S – Subjective, by history

- – Not applicable

3 – Refer to footnote 3 in the Footnotes window.

> – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

< – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Field Information

There are no valid values or field information since this window functions as a listing of valid keys.

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREENING_PERIODICITY

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREENING_PERIODICITY

DW_RE_EPSDT_SCREENING_XREF

Features

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes on the Screening and Periodicity Schedule, Supplement to the American Academy of Pediatrics Periodicity Schedule, and the Accelerated Periodicity windows.

Exit – Click to exit the Periodicity and Screening Key window and return to the previous window

The scroll bar to the right of the window allows the user to move up and down through the document.

Section 5: Accelerated Periodicity Schedule Ages 2 through 6 Window

Introduction

This window is used to view the State-established accelerated screening and immunization periodicity schedule recommended for Medicaid-eligible children ages 0 through 20.

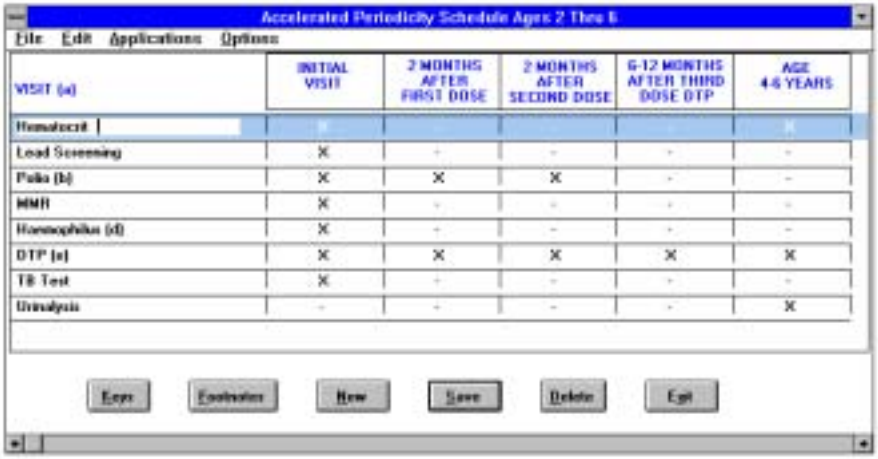


Figure 5.1 – Accelerated Periodicity Schedule Ages 2 through 6 Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 5.2 – Menu Tree for Accelerated Periodicity Schedule Ages 2 through 6 (part 2 of 2)

Figure 5.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed in Figure 5.2. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns the user to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that allows the user to select one of the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother – Accesses the Member Mother RID window

RID – A specific member identification number

Redetermination – Accesses the Member Redetermination Date

Date – Window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Screening Row

Description – A description of all EPSDT screening types, including footnotes. Valid values include the following:

- Visit
- Lead Screening
- TB Test
- Urinalysis

* Please refer to attachment (I) for footnote definitions.

Format – Alphanumeric

Features – None

Edit – 4114, EPSDT screening description is missing

To Correct – Enter EPSDT screening description

Field Name: Screening Period Columns

Description – A description of all EPSDT Screening Period Columns. Valid values include the following:

- Initial Visit
- Two months after first dose
- Two months after second dose
- Six to 12 months after third dose DTP Age 4 to 6 years

Format – N/a

Features – Protected, displays title of screening periods

Edits – None

To Correct – N/a

Field Name: Screening Indicators

Description – The valid values include: **X**, **S**, **-**, **3**, >, and <.

X – To be performed

S – Subjective, by history

- – Not applicable

3 – Refer to footnote 3 in the Footnotes window

> – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

< – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Format - One alphabetic and numeric

Features – None

Edit – 4113, valid values are **X**, **S**, **-**, **3**, >, and <

To correct – Verify typing. Valid values are **X**, **S**, **-**, **3**, >, and <

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREEN_PERIOD_2_TO_6

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREEN_PERIOD_2_TO_6

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on this window

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes used on this window

New – Click to add a new screening row to this window

Save – Click to save changes made to this window

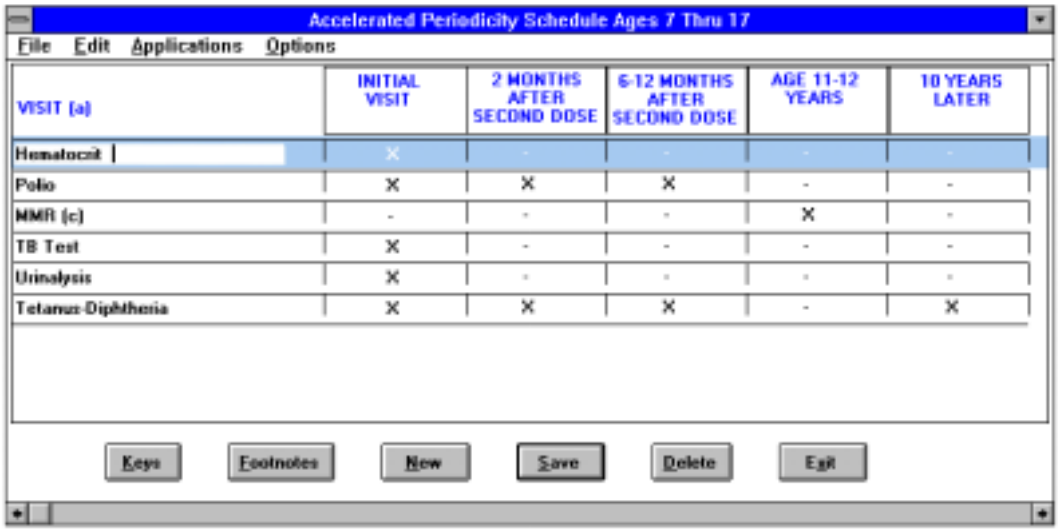
Delete – Click to delete the highlighted text

Exit – Click to exit the Accelerated Periodicity Schedule Ages 2 through 6 window and return to the previous window.

Section 6: Accelerated Periodicity Schedule Ages 7 through 17 Window

Introduction

This window is used to view the State-established accelerated screening and immunization periodicity schedule recommended for Medicaid eligible children ages 0 through 20.



VISIT (a)	INITIAL VISIT	2 MONTHS AFTER SECOND DOSE	6-12 MONTHS AFTER SECOND DOSE	AGE 11-12 YEARS	10 YEARS LATER
Hematocrit	X	-	-	-	-
Polio	X	X	X	-	-
MMR (c)	-	-	-	X	-
TB Test	X	-	-	-	-
Urinalysis	X	-	-	-	-
Tetanus-Diphtheria	X	X	X	-	X

Figure 6.1– Accelerated Periodicity Schedule Ages 7 through 17 Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 6.2 – Menu Tree for Accelerated Periodicity Schedule Ages 7 through 17 (part 2 of 2)

Figure 6.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed in Figure 6.2. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following functions:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother – Accesses the Member Mother RID window

RID – A specific member identification number

Redetermination Date – Accesses the Member Redetermination Date window for a specific member.

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Screening Row

Description – A description of all EPSDT screening types, including footnotes. Valid values include the following:

- VISIT
- TB Test
- Urinalysis

> *Note: Please refer to attachment (I) for footnote definitions.*

Format – Alphanumeric

Features – None

Edit – 4114, EPSDT screening description is missing

To Correct – Enter EPSDT screening description

Field Name: Screening Period Columns

Description – A description of all EPSDT Screening Period Columns. Valid values include the following:

Format – N/a

Features – Protected, displays titles of screening periods

Edits – None

To Correct – N/a

FIELD NAME: Screening Indicators

Description – The valid values include **X**, **S**, **-**, **3**, >, and <.

X – To be performed

S – Subjective, by history

- – Not applicable

3 – Refer to footnote 3 in the Footnotes window

> – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

< – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Format – One alphanumeric character

Features – None

Edit – 4113, valid values are **X**, **S**, **-**, **3**, >, and <

To correct – Verify typing. Valid values are **X**, **S**, **-**, **3**, >, and <

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREEN_PERIOD_7_TO_17

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREEN_PERIOD_7_TO_17

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on this window

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes used on this window

New – Click to add a new screening row to the Accelerated Periodicity Schedule Ages 7 through 17

Save – Click to save changes made to Accelerated Periodicity Schedule Ages 7 through 17

Delete – Click to delete the highlighted text

Exit – Click to exit the Accelerated Periodicity Schedule Ages 7 through 17 window and return to the previous window

Section 7: Accelerated Periodicity Schedule Ages 18 and Over Window

Introduction

This window is used to view the State-established accelerated screening and immunization periodicity schedule recommended for Medicaid-eligible children ages 0 through 20.

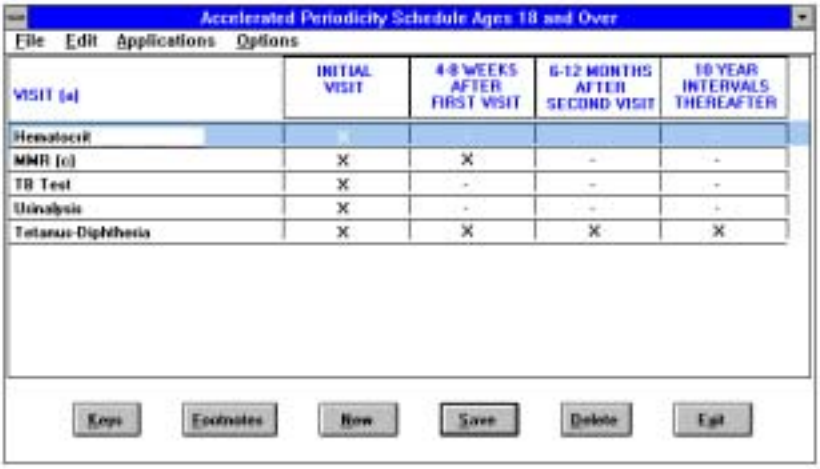


Figure 7.1 – Accelerated Periodicity Schedule Ages 18 and Over Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 7.2 – Menu Tree for Accelerated Periodicity Schedule Ages 18 and Up (part 2 of 2)

Figure 7.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this

illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial

- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows related to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification

- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Screening Row

Description – A description of all EPSDT screening types, including footnotes. Valid values include the following:

- VISIT
- TB Test
- Urinalysis

> *Note: Please refer to attachment (I) for footnote definitions.*

Format – Alphabetic and numeric

Features – None

Edit – 4114, EPSDT screening description is missing

To Correct – Enter EPSDT screening description

Field Name: Screening Period Columns

Description – A description of all EPSDT Screening Period Columns. Valid values include the following:

- Initial Visit
- 4 - 8 Weeks after first visit
- 6 - 12 Months after second visit
- 10 Years Intervals thereafter

Format – N/a

Features – Protected, displays titles of screening periods

Edits – None

To Correct – N/a

Field Name: Screening Indicators

Description – The valid values include **X**, **S**, **-**, **3**, >, and <

X – To be performed

S – Subjective, by history

- – Not applicable

3 – Refer to footnote 3 in the Footnotes window

> – Functions as a pointer where an age range has been identified for a screening or immunization time period. The > symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the > and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

< – Functions as a pointer where an age range has been identified for a screening or immunization time period. The < symbol points to the suggested age, marked by an **X** for the procedure. The screening or immunization may be performed at any age within the < and **X** symbol. The screening or immunization service should be rendered by the maximum age in the range.

Format – One alphabetic and numeric

Features – None

Edit – 4113, Valid values are **X**, **S**, **-**, **3**, >, and <

To correct – Verify typing. Valid values are **X**, **S**, **-**, **3**, >, and <

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREEN_PERIOD_18_OVER

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREEN_PERIOD_18_OVER

System Features

Keys – Click to access the Periodicity and Screening Key window that lists and defines the valid indicators used on this window

Footnotes – Click to access the Periodicity and Screening Footnotes window that lists and defines the footnotes used on this window

New – Click to add a new screening row to the Accelerated Periodicity Schedule Ages 18 and over

Save – Click to save changes made to Accelerated Periodicity Schedule Ages 18 and over

Delete – Click to delete the highlighted text on this window

Exit – Click to exit the Accelerated Periodicity Schedule Ages 18 and Over window and return to the previous window

Section 8: Member EPSDT Screenings Window

Introduction

IFSSA uses this window to view screening claim history and immunization claim history performed for EPSDT eligible members.

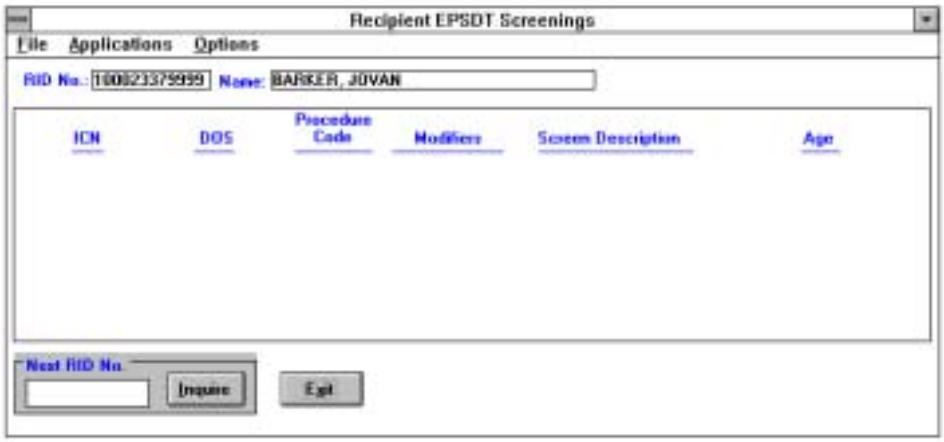


Figure 8.1 – Member EPSDT Screenings Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 8.2 – Menu Tree for Member EPSDT Screening (part 2 of 2)

Figure 8.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following functions:

Print – Prints the online window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care

- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification

- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: RID No.

Description – Member identification number

Format – 12 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Name

Description – Member name

Format – 29 numeric characters with special character options such as space, hyphen, and apostrophe

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: ICN

Description – Internal control number assigned to the claim

Format – 13 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name – DOS

Description –From Date of Service listed on the detail

Format – Eight numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Procedure Code

Description –EPSDT procedure code billed on the detail

Format – Five alphabetic and numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Modifier

Description – Modifier code billed for the procedure

Format - Two alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Screen Description

Description – Description of the screening performed

Format – 30 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Age

Description – Age of EPSDT member on the date of the screening

Format – 11 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_SCREENINGS

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_SCREENINGS

System Features

Click the **Next RID No**. Enter the next member identification number. Click **Inquire** to view the next member screening history.

Click **Exit** to exit from the Member EPSDT Screenings window and return to the previous window

Section 9: Member EPSDT Notices Window

Introduction

IFSSA uses this window to display the history of notices sent to EPSDT-eligible members.

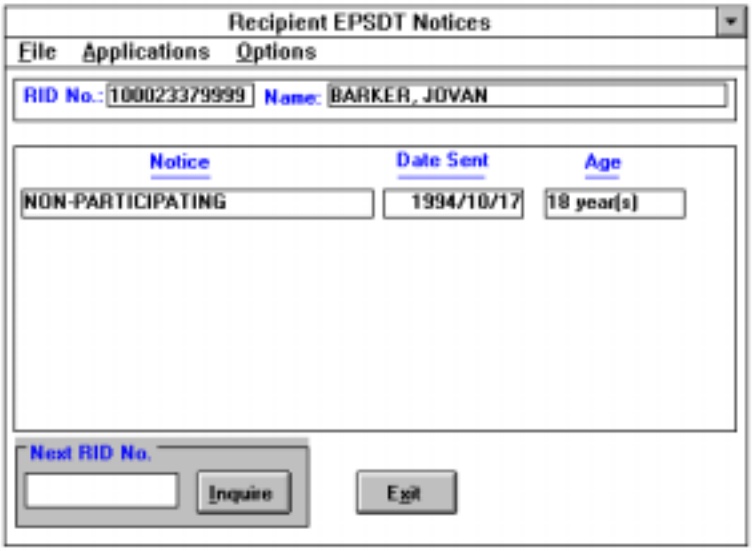


Figure 9.1 – Member EPSDT Notices Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 9.2 – Menu Tree for Member EPSDT Notices

Figure 9.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following functions:

Print – Prints the on-line window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care

- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification

- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: RID No.

Description – Member identification number

Format – 12 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Name

Description – Member name

Format – 29 alphabetic characters with special character options such as space, hyphen, and apostrophe

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Notice

Description – EPSDT notices sent to eligible members

Format – 30 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Sent

Description – Date EPSDT notices were sent to the member

Format – Eight numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Age

Description – Age of the EPSDT member when notice was sent

Format – 11 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_RECIP_NOTICES

Menu – M_RE_MAINTENANCE

Data Windows – DW_RE_EPSDT_RECIP_NOTICES

System Features

Click **Next RID No**. Enter the next member identification number. Click **Inquire** to view the next member screening history.

Click **Exit** to exit the Member EPSDT Notices window and return to the previous window

Section 10: Member EPSDT Abnormalities Window

Introduction

IFSSA uses this window to view the abnormality history for a member. The status of an abnormality can also be updated when it has been closed for the reason **IFSSA**.

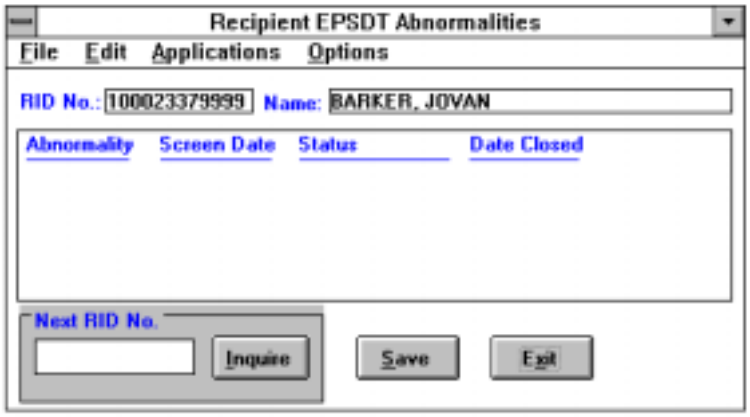


Figure 10.1 – Member EPSDT Abnormalities Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 10.2 – Menu Tree for Member EPSDT Abnormalities

Figure 10.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the on-line window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: RID No.

0 – Member Medicaid ID number

Format – 13 alphabetic characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Name

Description – Member name

Format – 30 alphabetic characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Abnormality

Description – Short description of the abnormality

Format – Six alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Screen Date

Description – Date the abnormality was identified

Format – Eight character date

Features – Display only

Edits – None

To Correct – N/a

Field Name: Status

Description – Status of the abnormality

Format – Drop-down list

Features – Updateable

Edit – 9064, Status must be IFSSA!

To Correct – Verify typing and re-enter field data

Field Name: Date Closed

Description – Date the abnormality was closed

Format - Eight character date

Features – Updateable

Edit – 9065, Closed date must be >= Screen date!

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify typing and re-enter field data

System Information

PBL – RECIP03.PBL

Window – W_RE_RECIP_ABNOR

Data Windows – DW_RE_DETAIL

Menu – M_RE_LIST_UPDATE

System Features

Click **Next RID No**. Type the next member identification number.
Click **Inquire** to view the next member screening history.

Section 11: EPSDT Abnormality Codes with Modifiers Window

Introduction

IFSSA and EDS use this window to view the valid procedure code, modifier, and diagnosis code combinations for each tracked abnormality. This window also provides the description for the abnormality that appears on various EPSDT reports.

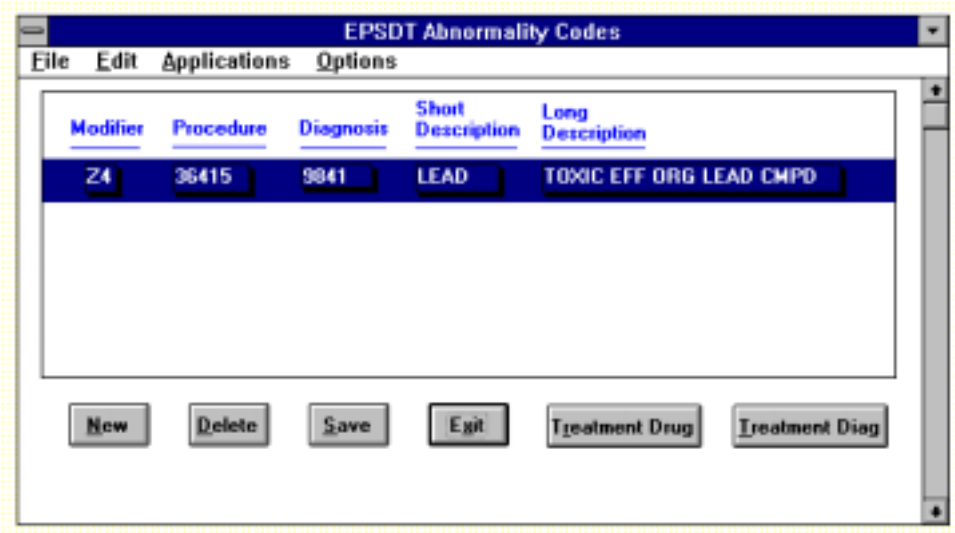


Figure 11.1 – EPSDT Abnormality Codes with Modifiers Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 11.2 – Menu tree for EPSDT Abnormality Codes (With Modifiers)

Figure 11.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following functions:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Modifier

Description – Procedure code modifier

Format – Two alphanumeric characters

Features – Updateable

Edit – 8156, Modifier not on file!

Edit – 60053, Modifier required!

To Correct – Verify typing and re-enter field data

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Updateable.

Edit – 8031, Procedure code is required!

Edit – 8106, Procedure code not on file!

To Correct – Verify typing and re-enter field data.

Field Name: Diagnosis

Description – Diagnosis code.

Format – Five alphanumeric characters.

Features – Updateable

Edit – 8109, Diagnosis code not on file!

Edit – 8172, Diagnosis is required!

To Correct – Verify typing and re-enter field data

Field Name: Short Description

Description – Brief description of the abnormality for reporting purposes

Format - Six alphanumeric characters

Features – Updateable

Edit – 8014, Description required!

To Correct – Verify typing and re-enter field data

Field Name: Long Description

Description – Detailed description of the abnormality

Format – 25 alphabetic characters

Features – Updateable

Edit – 8014, Description required!

To Correct – Verify typing and re-enter field data

Other Features

Edit – 4137, Cannot delete! Treatment drugs exist for this record

Edit – 4173, Cannot delete! Treatment diagnoses exist for this record

Command Buttons – Treatment Drug - opens EPSDT Drug Treatment window

Treatment Diag - opens EPSDT Diagnosis Treatment window

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_MOD_XREF

Data Windows – DW_RE_EPSDT_MOD_XREF

Menu – M_RE_LIST_UPDATE

Section 12: EPSDT Diagnosis Treatment with Modifiers Window

Introduction

This window is used to view the diagnosis codes defined by IFSSA that are used in the treatment of each procedure code/modifier combination displayed on the EPSDT Abnormality Codes (With Modifiers) window

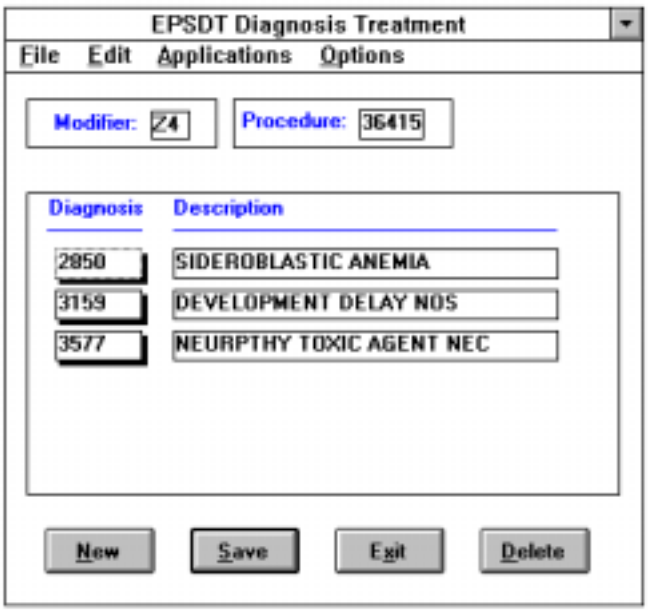


Figure 12.1 – EPSDT Diagnosis Treatment
(With Modifiers) Window

Field Information

Field Name: Modifier

Description – Procedure code modifier

Format - Two alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Diagnosis

Description – Diagnosis code

Format – Five alphanumeric characters

Features – Updateable

Edit – 8010, Diagnosis code must be >= 3 characters long!

Edit – 8109, Diagnosis code not on file!

Edit – 8016, Duplicate found - Please re - enter!

To Correct – Verify typing and re-enter field data

Field Name: Diagnosis

Description – Long description of the diagnosis code

Format – Up to 30 alphabetic characters

Features – Display only

Edits – None

To Correct – N/a

System Information

PBL – RECIP03.PBL

Window – W_RE_EPS_DIAG_TREAT

Data Windows – DW_MOD_XREF_HEADER

DW_MOD_XREF_HEADER2

DW_RE_EPS_MOD_DIAG_TREAT

Menu – M_RE_LIST_UPDATE

Section 13: EPSDT Drug Treatment with Modifiers Window

Introduction

This window is used to view the drug Smart Keys defined by IFSSA that are used in the treatment of each procedure code/modifier combination displayed on the EPSDT Abnormality Codes (With Modifiers) window.

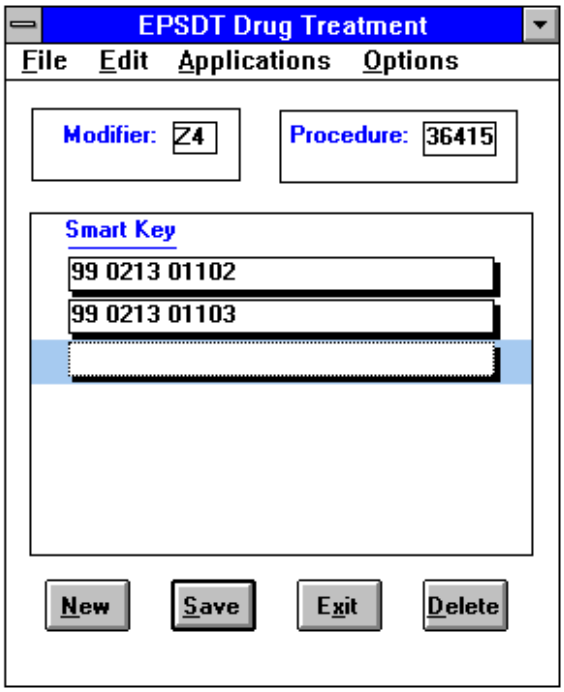


Figure 13.1 – EPSDT Drug Treatment with Modifiers Window

Field Information

Field Name: Modifier

Description – Procedure code modifier

Format – Two alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Smart Key

Description – Drug smart key

Format – 24 alphabetic characters

Features – Updateable

Edit – 8016, Duplicate found. Please re-enter!

To Correct – Verify typing and re-enter field data

System Information

PBL – RECIP03.PBL

Window – W_RE_EPS_DRUG_TREAT

Data Windows – DW_MOD_XREF_HEADER

DW_MOD_XREF_HEADER2

DW_RE_EPS_MOD_DRUG_TREAT

Menu – M_RE_LIST_UPDATE

Section 14: EPSDT Abnormality Codes without Modifiers Windows

Introduction

IFSSA and EDS use this window to view the valid procedure codes, for procedures not billed with modifiers, for each tracked abnormality. This window also provides the description for the abnormality that appears on various EPSDT reports.

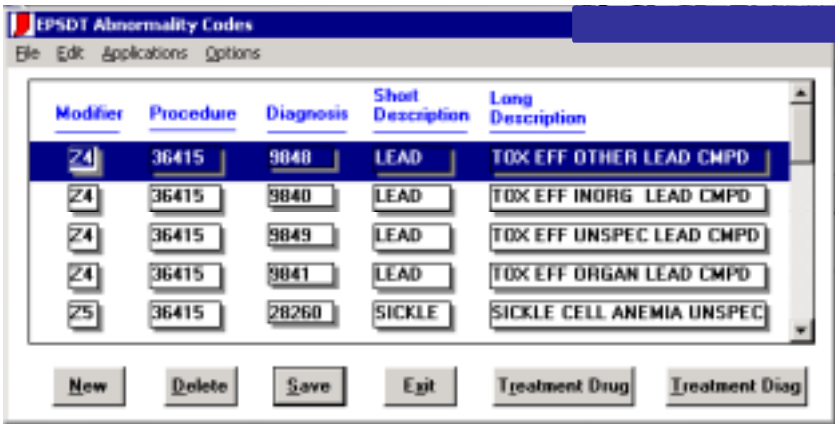


Figure 14.1 – EPSDT Abnormality Codes without Modifiers Windows

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 14.2 – Menu Tree for EPSDT Abnormality Codes (Without Modifiers)

Figure 14.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following functions:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window for the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop-down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID – Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Updateable

Edit – 8031, Procedure code is required!

Edit – 8106, Procedure code not on file!

To Correct – Verify typing and re-enter field data

Field Name: Diagnosis

Description – Diagnosis code

Format – Five alphanumeric characters

Features – Updateable

Edit – 8109, Diagnosis code not on file!

Edit – 8172, Diagnosis is required!

To Correct – Verify typing and re-enter field data

Field Name: Short Description

Description – Brief description of the abnormality for reporting purposes

Format – Six alphanumeric characters

Features – Updateable

Edit – 8014, Description required!

To Correct – Verify typing and re-enter field data

Field Name: Long Description

Description – Detailed description of the abnormality

Format – 25 alphabetic characters

Features – Updateable

Edit – 8014, Description required!

To Correct – Verify typing and re-enter field data

Other Features

Edit – 4137, Cannot delete! Treatment drugs exist for this record

Edit – 4173, Cannot delete! Treatment diagnoses exist for this record

Command Buttons – Treatment Drug - opens EPSDT Drug Treatment window

Treatment Diag - opens EPSDT Diagnosis Treatment window

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_NON_MOD_XREF

Data Windows – DW_RE_EPSDT_NON_MOD_XREF

Menu – M_RE_LIST_UPDATE

Section 15: EPSDT Diagnosis Treatment without Modifiers Window

Introduction

This window is used to view the diagnosis codes defined by IFSSA that are used in the treatment of each procedure code displayed on the EPSDT Abnormality Codes (Without Modifiers) window.

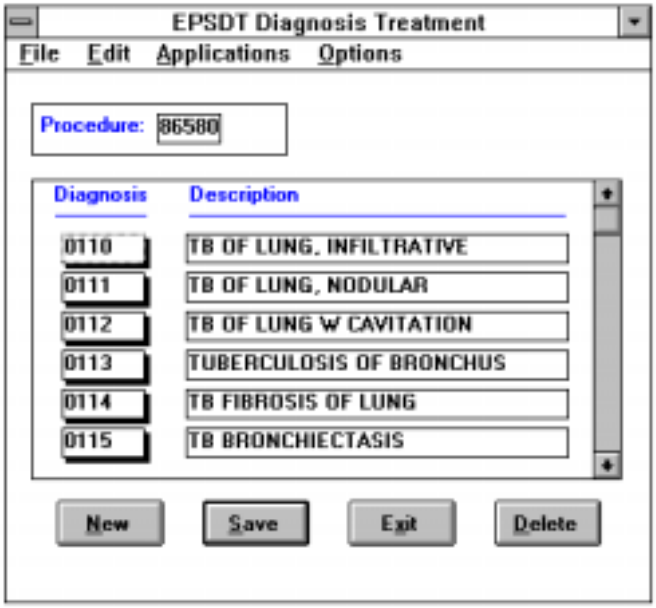


Figure 15.1 – EPSDT Diagnosis Treatment without Modifiers Window

Field Information

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Diagnosis

Description – Diagnosis code

Format – Five alphanumeric characters

Features – Updateable

Edit – 8010, Diagnosis code must be >= 3 characters long!

Edit – 8109, Diagnosis code not on file!

Edit – 8016, Duplicate found - Please re-enter!

To Correct – Verify typing and re-enter field data

Field Name: Diagnosis

Description – Detailed description of the diagnosis code

Format – Up to 30 alphabetic characters

Features – Display only

Edits – None

To Correct – N/a

System Information

PBL – RECIP03.PBL

Window – W_RE_EPS_NON_MOD_DIAG_TREAT

Data Windows – DW_MOD_XREF_HEADER2

DW_RE_EPS_NON_MOD_DIAG_TREAT

Menu – M_RE_LIST_UPDATE

Section 16: EPSDT Drug Treatment without Modifiers Window

Introduction

This window is used to view the drug Smart Keys defined by IFSSA that are used in the treatment of each procedure code displayed on the EPSDT Abnormality Codes (Without Modifiers) window.

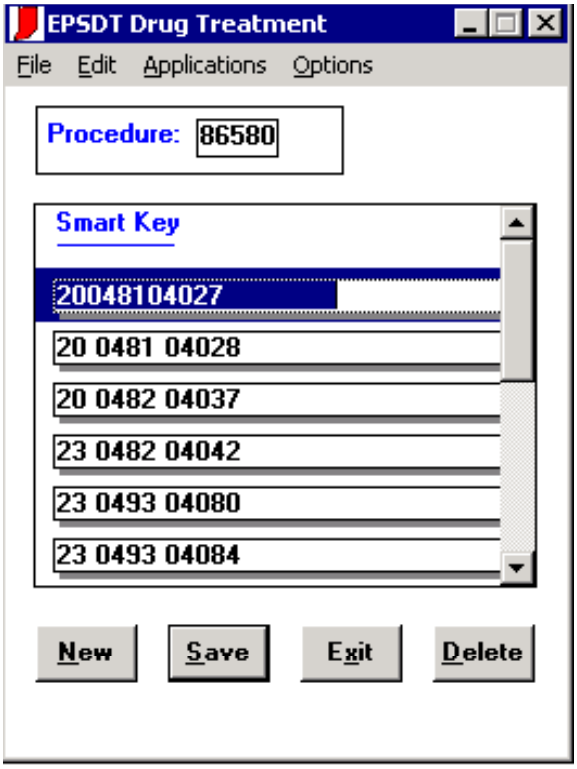


Figure 16.1 – EPSDT Drug Treatment without Modifiers Window

Field Information

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Display only

Edits – None

To Correct – N/a

Field Name: Smart Key

Description – Drug smart key

Format – 24 alphabetic characters

Features – Updateable

Edit – 8016, Duplicate found - Please re-enter!

To Correct – Verify typing and re-enter field data

System Information

PBL – RECIP03.PBL

Window – W_RE_EPS_NON_MOD_DRUG_TREAT

Data Windows – DW_MOD_XREF_HEADER2
DW_RE_EPS_NON_MOD_DRUG_TREAT

Menu – M_RE_LIST_UPDATE

Section 17: EPSDT Missed Appointment Codes Window

Introduction

IFSSA and EDS use this window to view the valid procedure code and diagnosis code combinations utilized when billing EPSDT claims for missed appointments.

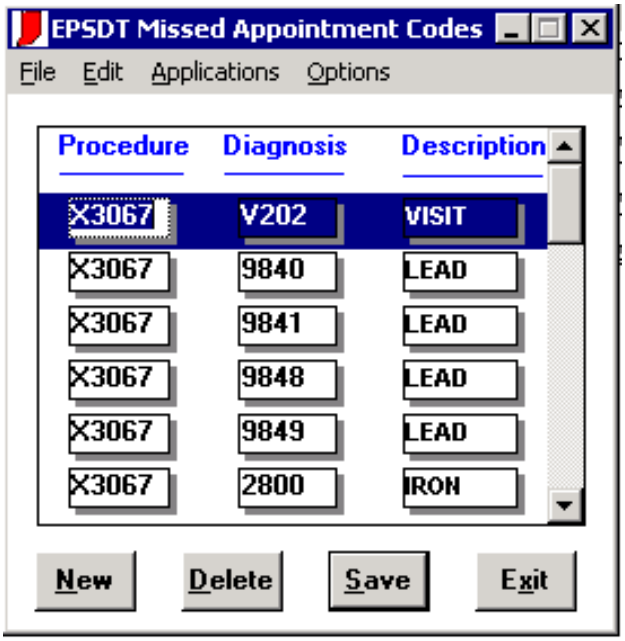


Figure 17.1 – EPSDT Missed Appointment Codes Window

File	Applications	Options
New	Adhoc Reporting	Base
Save	Claims	CSHCS
Print	Financial	Eligibility
Exit	Managed Care	EOMB Request
Audit	MARS	EPSDT
Exit Indiana *AIM*	Prior Authorization	Abnormalities with Modifiers
	Provider	Abnormalities w/o modifiers
	Member	Missed Appointment Codes
	Reference	Periodicity Schedules
	Security	Accelerated Schedule 2-6
	SURS	Accelerated Schedule 7-17
	Third Party Liability	Accelerated Schedule 18 and up
		Regular Screening
		Regular Supplement
		Recip Abnormalities
		Recip Notices
		Recip Screenings
		ID Cards
		Lockin
		Lockin Base
		Lock Notification
		Lock Prov Notification
		Lock Prov End Notification
		Lock Utilization
		LOC
		Medicare
		Billing A Mismatches
		Billing B Mismatches
		Buyin Coverage
		Dual Aid Eligibility
		Medicare Coverage
		Override
		Part A Billing
		Part B Billing
		Premium 150
		Premium S15
		Patient Liability
		Potential MC Recip
		Previous
		Addresses
		Names
		PCNs
		PMP Assignment
		Member Mother RID
		Redetermination Date
		Search
		Spenddown
		590 Search

Figure 17.2 – Menu Tree for EPSDT Missed Appointment Codes

Figure 17.2 is an illustration of a menu tree for the Member Application. All EPSDT windows appear within the EPSDT menu under Options, as displayed above. Submenus within each main menu are also displayed for user reference. The menu titles on this illustration reflect the overall menu commands and window options available for the Member Screenings window. The following paragraphs describe how to access the menus and commands displayed in this illustration.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options appears in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option can be selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds new row entries

Save – Saves the new row entries

Print – Prints the online window

Exit – Returns to the previous window

Audit – Displays the audit trail for window updates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

- Adhoc Reporting
- Claims
- Financial
- Managed Care
- MARS
- Prior Authorization
- Provider
- Member
- Reference
- Security
- SURS
- Third Party Liability

Menu Selection: Options

This menu selection accesses all the windows that relate to the member functional area.

Base – Accesses the Member Base window of the requested member

CSHCS – Accesses the CSHCS Provider Eligibility window

Eligibility – Accesses the Member Eligibility window

EOMB Request – Accesses the Member EOMB Request window

EPSDT – Displays a drop-down list for EPSDT that includes the following options:

- Abnormalities with Modifiers
- Abnormalities w/o Modifiers
- Missed Appointment Codes
- Periodicity Schedules
- Recip Abnormalities
- Recip Notices
- Recip Screenings

ID Cards – Accesses the Member ID Cards window

Lockin – Displays a drop-down list for Lockin that includes the following options:

- Lockin Base
- Lock Notification
- Lock Prov Notification
- Lock Prov End Notification
- Lock Utilization

LOC – Accesses the Member Level of Care window

Medicare – Displays a drop-down list for Medicare that includes the following options:

- Billing A Mismatches
- Billing B Mismatches
- Buyin Coverage
- Dual Aid Eligibility
- Medicare Coverage
- Override
- Part A Billing
- Part B Billing
- Premium 150
- Premium S15

Patient Liab – Accesses the Member Patient Liability window

Potential MC Recip – Accesses the Potential Managed Care Members window

Previous – Displays a drop down list for Previous that includes the following options:

- Addresses
- Names
- PCNs

PMP Assignment – Accesses the PMP Assignment History window for a specific member

Member Mother RID –Accesses the Member Mother RID window for a specific member

Redetermination Date – Accesses the Member Redetermination Date window for a specific member

Search – Accesses the Member Search window

Spenddown – Accesses the Spenddown Liability window

590 Search – Accesses the 590 Search window

Field Information

Field Name: Procedure

Description – Procedure code

Format – Five alphanumeric characters

Features – Display only

Edit – 8106, Procedure code not on file!

Edit – 8031, Procedure code is required!

To Correct – Verify typing and re-enter field data

Field Name: Diagnosis

Description – Diagnosis code

Format – Five alphanumeric characters

Features – Updateable

Edit – 8109, Diagnosis code not on file!

Edit – 8172, Diagnosis is required!

To Correct – Verify typing and re-enter field data

Field Name: Description

Description – Description of the type of missed appointment

Format – Six alphabetic characters

Features – Updateable

Edit – 8014, Description required!

To Correct – Verify typing and re-enter field data

System Information

PBL – RECIP03.PBL

Window – W_RE_EPSDT_APP_CODES

Data Windows – DW_RE_EPSDT_APP_CODES

DW_MOD_XREF_HEADER2

Menu – M_RE_LIST_UPDATE

Glossary

590 Program	A state of Indiana medical assistance program for institutionalized persons under the jurisdiction of the Department of Corrections, Division of Mental Health, and Department of Health.
ARCH	Aid to Residents in County Homes. A State-funded program that provides medical services to certain residents of county nursing homes.
AVR	Automated voice-response system used by providers to verify member eligibility by phone.
AWP	Average wholesale price used for drug pricing.
auto assignment	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.
BENDEX	Beneficiary Data Exchange. A file containing data from HCFA regarding persons receiving Medicaid benefits from the Social Security Administration.
bill	Refers to a bill for medical services, the submitted claim document, or the electronic media claims (EMC) record. A bill may request payment for one or more performed services.
buy-in	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance members, enrolling them in Medicare Part A or Part B or both programs.
CCF	Claim correction form. A CCF is generated by Indiana*AIM* and sent to the provider who submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.
CCN	Cash control number. A financial control number assigned to identify individual transactions.
CFR	Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.
claim	A provider's request for reimbursement of Medicaid-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: HCFA-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
CLIA	Clinical Laboratory Improvement Amendments. A federally mandated set of certification criteria and a data collection monitoring system designed to ensure the proper certification of clinical laboratories.

contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
contractor, contractors, or the contractor	Refers to all successful bidders for the services defined in any contract.
core contractor	The successful bidder on *Service Package #1: Claims Processing and Related Services*.
core services	Refers to *Service Package #1: Claims Processing and Related Services.*
county office	County offices of the Division of Family and Children. Offices responsible for determining eligibility for Medicaid using the Indiana Client Eligibility System (ICES).
covered service	Mandatory medical services required by HCFA and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible Medicaid members.
CPAS	Claims Processing Assessment System. An automated claims analysis tool used by the State for contractor quality control reviews.
CRF/DD	Community Residential Facility for the Developmentally Disabled.
CSHCS	Children's Special Health Care Services. A State-funded program providing assistance to children with chronic health problems. CSHCS members do not have to be Medicaid-eligible. If they are also eligible for Medicaid, children can be enrolled in both programs.
CSR	Customer service request.
customer	Individuals or entities that receive services or interact with the contractor supporting the Medicaid program, including State staff, members, and Medicaid providers (managed care PMPs, managed care organizations, and waiver providers).
designee	A duly authorized representative of a person holding a superior position.
DHHS	U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through the Health Care Financing Administration.
DME	Durable medical equipment. Examples: wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.

DPOC	Data Processing Oversight Commission. Indiana state agency that oversees agency compliance with all State data processing statutes, policies, and procedures.
DRG	Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.
DSH	Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.
DSS	Decision Support System. A data extraction tool used to evaluate Medicaid data, trends, and so forth, for the purpose of making programmatic decisions.
DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and PCs for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECS	Electronic claims submittal. Claims submitted in electronic format rather than paper. See ***ECC, EMC***.
EDP	Electronic data processing.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See ***ECC, ECS***.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.
EOMB	Explanation of Medicare benefits. A form provided by Indiana*AIM* and sent to members. The EOMB details the payment or denial of claims submitted by providers for services provided to members.
EOP	Explanation of payment. Describes the reimbursement activity on the provider's remittance advice (RA).

EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for Medicaid-eligible members under the age of 21 offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the member is referred for further treatment.
EVS	Eligibility Verification System. A system used by providers to verify member eligibility using a point-of-sale device, on-line PC access, or an automated voice response system.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.
FIPS	Federal information processing standards.
fiscal year - Indiana	July 1 - June 30.
fiscal year - federal	October 1 - September 30.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the Indiana Medicaid program.
HCBS	Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged members to allow them to live in the community and avoid being placed in an institution.
HCFA	Health Care Financing Administration. The federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs.
HCFA-1500	HCFA-approved standardized claim form used to bill professional services.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.
HCPCS	HCFA Common Procedure Coding System. A uniform health care procedural coding system approved for use by HCFA. HCPCS includes all subsequent editions and revisions.

HealthWatch	Indiana's preventive care program for Medicaid members under 21 years of age. Also known as EPSDT.
HIC	Health insurance carrier number.
HIO	Health insuring organization.
HMO	Health maintenance organization.
Hoosier Healthwise	Indiana Medicaid managed-care program. Hoosier Healthwise has three components including Primary Care Case Management (PCCM), Risk-Based Managed Care (RBMC), and Managed Care for Persons with Disabilities (MCPD).
HRI	Health-related items.
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.
ICES	Indiana Client Eligibility System. Caseworkers in the county offices of the Division of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).
ICF/MR	Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for Medicaid-eligible, mentally retarded individuals.
ICN	Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.
IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IMD	Institutions for mental disease.
Indiana*AIM*	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.
ISMA	Indiana State Medical Association.
ITF	Integrated test facility. A copy of the production version of Indiana*AIM* used for testing any maintenance and modifications before implementing changes in the production system.

JCL	Job control language.
LAN	Local area network.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
lock-in	Restriction of a member to particular providers, determined as necessary by the State.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to members.
MAC	Maximum allowable charge for drugs as specified by the federal government.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.
MCO	Managed care organization.
MCPD	Managed Care for Persons with Disabilities is one of three delivery systems in the Hoosier Healthwise managed care program. In MCPD, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the Indiana Medicaid definition.
MEQC	Medicaid eligibility quality control.
MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as Indiana*AIM*.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.
medical policy contractor	Successful bidder on *Service Package #2: Medical Policy and Review Services.*
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
non-core services	Refers to *Service Packages #2 and #3*.

non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
NPIN	National provider identification number.
OMNI	A point-of-sale device used by providers to scan member ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
PA	Prior authorization. Some designated Medicaid services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
PCCM	Primary care case management. One of three delivery systems within the Hoosier Healthwise managed care program. Providers in PCCM are reimbursed on a fee-for-service basis. Members are assigned to a primary medical provider (PMP) or group that is responsible for managing the care of the member and providing all primary care and authorizing specialty care for the member—24 hours a day, seven days a week.
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to Medicaid members assigned to the PMP's care.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization.
PRO	Peer review organization.
Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.
QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.

QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
RA	Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
RBMC	Risk-based managed care. One of three delivery systems in the Hoosier Healthwise managed care program. In RBMC, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. The delivery system serves TANF members, pregnant women, and children.
RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
RFI	Request for Information.
RFP	Request for Proposals.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
specialty vendors	Provide support to Medicaid business functions but the vendors are not currently Medicaid fiscal agents.
State	Spelled as shown, State refers to the State of Indiana and any of its departments or agencies.

subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
SUR	Surveillance and Utilization Review. Refers to system functions and activities mandated by the Health Care Financing Administration (HCFA) that are necessary to maintain complete and continuous compliance with HCFA regulatory requirements for SUR including the following SPR requirements: 3 statistical analysis 4 exception processing 5 provider and member profiles 6 retrospective detection of claims processing edit/audit failures/errors 7 retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards 8 retrospective detection of fraud and abuse by providers or members 9 sophisticated data and claim analysis including sampling and reporting 10 general access and processing features 11 general reports and output
systems analyst/engineer	Responsible for performing the following activities: 12 Detailed system/program design 13 System/program development 14 Maintenance and modification analysis/resolution 15 User needs analysis 16 User training support 17 Development of personal Medicaid program knowledge
TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TPL	Third Party Liability.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services*.
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.
UPC	Universal product code. Codes contained on the first data bank tape update and/or applied to products such as drugs and other pharmaceutical products.

UPIN	Universal provider identification number.
VFC	Vaccines for Children program.
WAN	Wide area network.
WIC	Women, Infants, and Children program. A federal program administered by the Indiana Department of Health that provides nutritional supplements to low-income pregnant or breast-feeding women, and to infants and children under 5 years of age.

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