INDIANA HEALTH COVERAGE PROGRAMS

AIM Master Report Definitions

2 of 4

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Section 13: FIN Reports

BNK-100-W Check Clearing Errors

Functional Area	Report Number	Job Name	Report Title
Financial	BNK-100-W	FINJW402	Check Clearing Errors

Description of Information

The BNK-100-W report details all transactions cleared by the bank. On a weekly basis, the bank sends a clears transmission file that details all check numbers and dollar amounts of paid items. This report identifies any check that cannot find an exact match of check number and dollar amount in AIM.

Purpose

The Check Clearing Errors report allows EDS to reconcile the items cleared at the bank that remains unpaid within AIM.

Sort Sequence

- *Primary -* Cleared by Bank Date
- *Secondary -* Check Number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Error Description	Details reason check clearing remains unposted at EDS
Check Number	Check number posted at bank but unposted at EDS
Issued by EDS	Identified date check was issued by EDS
Paid Amount	Dollar amount of check issued by EDS
EDS Status	Lists the check status within AIM
Cleared by Bank	Date check posted at bank
Bank Amount	Dollar amount of check posted at bank

Report: BNK-100-W | Indiana*AIM* | Run Date: CCYY/MM/DD

Process: | CHECK CLEARING ERRORS | Page Number: 99,999

Location | Period: mm/dd/yyyy – mm/dd/yyyy

Error Description	Check Number	Issued by EDS	Paid Amount	EDS Status	Cleared by Bank	Bank Amount
Check not issued	00000000000	99/99/9999	$99,999.99	I	99/99/9999	$99,999.99

FIN-0005-W Financial Balancing Report

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-0005-W	FINJW204	Financial Balancing Report

Description of Information

The Financial Balancing Report contains system-generated financial counts and dollar totals on claim and non-claim transactions processed in the weekly financial cycle.

Purpose

The Financial Balancing Report is a system-generated tool created to allow the cycle monitor to ensure the financial weekly cycle is balanced and no errors occurred.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Claim Extracted by Form:

Pharmacy - Original Claims

Dollar totals of all claim net payments on paid original claims processed during the weekly cycle for claim types P and Q.

Pharmacy - Paid Adjustments

Dollar totals of claim net payments on paid positive result adjustments for claim types P and Q. To be accumulated the following must be true:

- the region of the ICN must be 45, 46, or 49 – 60
- the daughter amount is greater than or equal to the mother or original claim payment.

Pharmacy - Paid Interest

Total dollar amount of interest payments for claims processed during the weekly cycle for claim types P and Q. To be accumulated the following must be true:

- ICN regions 10, 11, or 90 that are over 30 days from date of receipt of the claim; or regions 20 or 25 that are over 21 days from date of receipt of the claim
- Claim status is P (paid)
- Funding program is Medicaid
- Claim was received on or after 4/2/96
- Claim did not hit locations 22, 30, 31, 40, 44, 50, 66, 97, CD, CO, CP, PP, PR, or TP.

Pharmacy - A/R Adjustment

Total dollar amount of negative payment result adjustments for claim type P and Q. To be accumulated the following must be true:

- Daughter claim can be paid or denied
- Amount paid of daughter is less than amount paid of mother
- ICN has region 45, 46, or 49 - 60
- If the region is 51 or 54 the following equation applies - (daughter amount paid minus mother amount paid) plus cash receipt disposition amount is less than zero
- For all other regions 45, 46, 49 - 50, 52 - 53, and 55 – 60, daughter amount paid minus mother amount paid is less than zero

Pharmacy - C/R Adjustments

Total dollar amount of negative payment result adjustments for claim types P and Q. To be accumulated the following must be true:

- Daughter claim can be paid or denied
- Amount paid of daughter is equal to or less than amount paid of mother
- ICN has region 51 or 54
- Daughter amount paid minus mother amount paid, plus cash receipt disposition amount equals zero.

Pharmacy - Number Of Paid Claims

Total count of all paid status pharmacy claims processed in the weekly financial cycle. Claim types P and Q with status of P.

Pharmacy - Number Of Denied Claims

Total count of all denied status pharmacy claims processed in the weekly financial cycle. Claim types P and Q with claim status D.

Pharmacy - Number Of Interest Claims

Total count of all paid pharmacy claims which meet the criteria for Paid Interest Claims. Claim types P and Q.

Pharmacy - Number Of Suspended Claims

Total count of all suspended status pharmacy claims at the time of the weekly financial cycle. Claim types P and Q with claim status S.

Pharmacy - Number Of Adjusted Claims

Total count of all finalized adjustment pharmacy claims processed during the weekly financial cycle. Claim types P and Q paid or denied with an ICN region of 45, 46, or 49 - 60.

CMS1500 - Original Claims

Dollar totals of all claim net payments on paid original claims processed during the weekly cycle for claim types M and B.

CMS1500 - Paid Adjustments

Dollar totals of claim net payments on paid positive result adjustments for claim types M and B. To be accumulated the following must be true:

- The region of the ICN is 45, 46, or 49 – 60
- The daughter amount is greater than or equal to the mother or original claim payment.

CMS1500 - Paid Interest

Total dollar amount of interest payments on claims processed during the weekly cycle for claim types M and B. To be accumulated the following must be true:

- ICN regions 10, 11, or 90 that are over 30 days from date of receipt of the claim; or regions 20 or 25 that are over 21 days from date of receipt of the claim
- Claim status is P (paid)
- Funding program is Medicaid
- Claim was received on or after 4/2/96
- Claim did not hit locations 22, 30, 31, 40, 44, 50, 66, 97, CD, CO, CP, PP, PR, or TP.

CMS1500 - A/R Adjustment

Total dollar amount of negative payment result adjustments for claim type M and B. To be accumulated the following must be true:

- Daughter claim can be paid or denied
- Amount paid of daughter is less than amount paid of mother
- ICN has region 45, 46, or 49 – 60
- If the region is 51 or 54 the following equation applies: (daughter amount paid minus mother amount paid), plus cash receipt disposition amount is less than zero
- For all other regions 45, 46, 49 - 50, 52 - 53, and 55 – 60, daughter amount paid minus mother amount paid is less than zero

CMS1500 - C/R Adjustments

Total dollar amount of negative payment result adjustments for claim types M and B. To be accumulated the following must be true:

- Daughter claim can be paid or denied
- Amount paid of daughter is equal to or less than amount paid of mother
- ICN has region 51 or 54 and (daughter amount paid minus mother amount paid) plus cash receipt disposition amount is zero.

CMS1500 - Number Of Paid Claims

Total count of all paid pharmacy claims processed in the weekly financial cycle. Claim types M and B with claim status of ***P***.

CMS1500 - Number Of Denied Claims

Total count of all denied status pharmacy claims processed in the weekly financial cycle. Claim types M and B with claim status ***D***.

CMS1500 - Number Of Interest Claims

Total count of all paid pharmacy claims which meet the criteria for Paid Interest Claims. Claim types M and B.

CMS1500 - Number Of Suspended Claims	Total count of all suspended status pharmacy claims at the time of the weekly financial cycle. Claim types M and B with claim status of ***S***.
CMS1500 - Number Of Adjusted Claims	Total count of all finalized adjustment pharmacy claims processed during the weekly financial cycle. Claim types M and B paid or denied with an ICN region of 45, 46, or 49 - 60.
Dental - Original Claims	Dollar totals of all claim net payments on paid original claims processed during the weekly cycle for claim type D.
Dental - Paid Adjustments	Dollar totals of claim net payments on paid positive result adjustments for claim type D. To be accumulated the following must be true: • The region of the ICN is 45, 46, or 49 - 60 • The daughter amount is greater or equal to the mother or original claim payment.
Dental - Paid Interest	Total dollar amount of interest payments on claims processed during the weekly cycle for claim type D. To be accumulated the following must be true: • ICN regions 10, 11, or 90 that are over 30 days from date of receipt of the claim; or regions 20 or 25 that are over 21 days from date of receipt of the claim • Claim status is P paid • Funding program is Medicaid • Claim was received on or after 4/2/96 • Claim did not hit locations 22, 30, 31, 40, 44, 50, 66, 97, CD, CO, CP, PP, PR, or TP.
Dental - A/R Adjustment	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true: • Daughter claim can be paid or denied, amount paid of daughter is less than amount paid of mother. • ICN is region 45, 46, or 49 - 60 • If the region is 51 or 54 the following equation applies - (daughter amount paid minus mother amount paid) plus cash receipt disposition amount is less than zero • For all other regions 45, 46, 49 - 50, 52 - 53, and 55 – 60, daughter amount paid minus mother amount paid is less than zero.
Dental - C/R Adjustments	Total dollar amount of negative payment result adjustments for claim type D. To be accumulated the following must be true: • Daughter claim can be paid or denied • Amount paid of daughter is less than or equal to amount paid of mother • ICN has region 51 or 54 and (daughter amount paid minus mother amount paid) plus cash receipt disposition amount equals zero.

Dental - Number Of Paid Claims	Total count of all paid status pharmacy claims processed in the weekly financial cycle. Claim type D with claim status P.
Dental - Number Of Denied Claims	Total count of all denied status pharmacy claims processed in the weekly financial cycle. Claim type D with claim status D.
Dental - Number Of Interest Claims	Total count of all paid pharmacy claims which meet the criteria for Paid Interest Claims. Claim type D.
Dental - Number Of Suspended Claims	Total count of all suspended status pharmacy claims at the time of the weekly financial cycle. Claim type D with claim status S.
Dental - Number Of Adjusted Claims	Total count of all finalized adjustment pharmacy claims processed during the weekly financial cycle. Claims (type D) paid or denied with an ICN region of 45, 46, or 49 - 60.
UB92 - Original Claims	Dollar totals of all claim net payments on paid original claims processed during the weekly cycle for claim types A, C, H, I, L, and O.
UB92 - Paid Adjustments	Dollar totals of claim net payments on paid positive result adjustments for claim types A, C, H, I, L, and O. To be accumulated the following must be true: • The region of the ICN is 45, 46, or 49 - 60 • The daughter amount is greater than or equal to the mother or original claim payment.
UB92 - Paid Interest	Total dollar amount of interest payments on claims processed during the weekly cycle for claim types A, C, H, I, L, and O. To be accumulated the following must be true: • ICN regions 10, 11, or 90 that are over 30 days from date of receipt of the claim; or regions 20 or 25 that are over 21 days from date of receipt of the claim • Claim status is P (paid) • Funding program is Medicaid • Claim was received on or after 4/2/96 • Claim did not hit locations 22, 30, 31, 40, 44, 50, 66, 97, CD, CO, CP, PP, PR, or TP.
UB92 - A/R Adjustment	Total dollar amount of negative payment result adjustments for claim type A, C, H, I, L, and O. To be accumulated the following must be true: • Daughter claim can be paid or denied • Amount paid of daughter is less than amount paid of mother • ICN region is 45, 46, or 49 - 60 • If the region is 51 or 54 the following equation applies - (daughter amount paid minus mother amount paid) plus cash receipt disposition amount is less than zero • For all other regions 45, 46, 49 - 50, 52 - 53, 55 – 60, daughter amount paid minus mother amount paid is less than zero.

UB92 - C/R Adjustments

Total dollar amount of negative payment result adjustments for claim types A, C, H, I, L, and O. To be accumulated the following must be true:

- Daughter claim can be paid or denied
- Amount paid of daughter is less than or equal to amount paid of mother
- ICN has region 51 or 54 and (daughter amount paid minus mother amount paid) plus cash receipt disposition amount is zero.

UB92 - Number Of Paid Claims

Total count of all paid status pharmacy claims processed in the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status P.

UB92 - Number Of Denied Claims

Total count of all denied status pharmacy claims processed in the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status D.

UB92 - Number Of Interest Claims

Total count of all paid pharmacy claims which meet the criteria for Paid Interest Claims. Claim types include A, C, H, I, L, and O.

UB92 - Number Of Suspended Claims

Total count of all suspended status pharmacy claims at the time of the weekly financial cycle. Claim types A, C, H, I, L, and O with claim status S.

UB92 - Number Of Adjusted Claims

Total count of all finalized adjustment pharmacy claims processed during the weekly financial cycle. Claim types A, C, H, I, L, and O paid or denied with an ICN region of 45, 46, or 49 - 60.

Total Claims Extracted

This is the sum of (Original Claims + Paid Claims + Paid Interest - A/R Adjustments - C\R Adjustments) for all claims processed in the weekly financial cycle.

System Expenditures Extracted

The amount of paid non-claim system expenditures processed during the weekly financial cycle as derived from the expenditures table where *Date* activation is within the current financial week and the *Indicator Processed* = ‘N’ (meaning that it has not been previously processed - the cycle changes processed expenditure to Indicator Processed = ‘Y’) and an Indicator Manual = ‘N’ (meaning system-generated expenditures).

Manual Expenditures Extracted

The amount of paid non-claim manual expenditures processed during the weekly financial cycle as derived from the expenditures table where *Date* activation is within the current financial week and the *Indicator Processed* = ‘N’ (meaning that it has not been previously processed - the cycle changes processed expenditure to Indicator Processed = ‘Y’) and an Indicator Manual = ‘Y’ (meaning manually-generated expenditures).

Administrative Fee Payment

The dollar amount of payments processed for administrative fees in the Managed Care program. To be accumulated the following must be true:

- the date effective should be less than the current date
- the date end should be greater than the current date
- the code admin category = ‘N’.

The dollar amounts are only brought in to the financial cycle once monthly since Managed Care jobs run monthly to produce the current month’s payments.

Capitation Payment

The dollar amount of capitation payments processed from the Managed Care program. To be accumulated the following must be true:

- the date effective must equal the maximum date effective for the MCO and code region
- the sak MCO must be valid
- the code region must be valid

The dollar amounts are only brought in to the financial cycle once monthly since Managed Care jobs run monthly to produce the current month payments.

Total Weekly Expenses

This is the sum of (Total Claims Extracted + Non-Claim Expenditures Extracted + Administrative Fee Payment + Capitation Payment).

Offsets Applied In Current Cycle

This field contains the system-generated AR dispositions. The amounts are taken from the AR Disp table where Date activation is within the financial weekly cycle dates and the Code Reason is '8441.

Total Payments Due Before Credits

This is the sum of (Total Weekly Expenses less Offsets Applied in Current Cycle).

History Credits:

System A/Rs Created

This field contains the system generated Accounts Receivable. The amounts are taken from the Accounts Receivable table where the Date added is within the financial weekly cycle dates and the Code Reason is '8400' or '8420'.

NOTE: For the report to balance, SYSTEM A/Rs CREATED must equal the sum of all A/R ADJUSTMENTS from the CLAIM EXTRACTED BY FORM section of the report.

System Cash Receipt Dispositions

This field contains the cash receipt dispositions that were system generated. The amounts are taken from the Cash Receipt Dispositions table where the Date posted is within the financial weekly cycle dates and the Code Reason is between 8000 and 8219, or the Code Reason is 8230.

NOTE: For the report to balance, SYSTEM CASH RECEIPT DISPOSITIONS must equal the sum of all C/R ADJUSTMENTS from the CLAIM EXTRACTED BY FORM section of the report.

Cash Receipt Disposition Reissue

This field contains the cash receipt dispositions setup due to a reissue. The amounts are taken from the Cash Receipt Disposition table where the Date Posted is within the financial weekly cycle dates.

Total Payments Due

This is the sum of (Total Payments Due Before Credits + System A/Rs Created + System Cash Receipt Dispositions).

Payments:

System Checks Issued

This amount is the total accumulated amount of paper checks written in the weekly financial cycle.

Manual Checks Issued/Reissued	This field contains the checks that were manually generated by clerks. The amount is derived from the Expenditures table where the Date issued is within the financial weekly cycle dates and the Code Payment Type = ***M*** (manual).
EFTs Transmitted	This is the total accumulated amount of EFT's generated for the current financial cycle.
Total Payments Issued	This is the sum of Checks Issued plus EFTs Transmitted.
Difference (Payments Due -- Payments Issued)	This is the difference between (Total Payments Due less Total Payments Issued). If the difference is zero, the cycle has balanced. Anything other than a zero is researched by the cycle monitor for the cause of the out of balance, and corrected where possible.

```
Report:     FIN-0005-W     IndianaAIM                                                    Run Date:    MM/DD/YYYY

Process:  FINJW204                                FINANCIAL BALANCING REPORT                        Run Time:   00:00:00

Location: FNIO5000                             Period: MM/DD/YYYY - MM/DD/YYYY                      Page:             1
       Claims Extracted by Form:
                 PHARMACY:
                          Original Claims      +               0.00                 Number of Paid Claims                   0
                          Paid Adjustments     +               0.00                 Number of Denied Claims                 0
                          Paid Interest        +               0.00                 Number of Interest Claims               0
                          A/R Adjustments      -               0.00                 Number of Suspended Claims              0
                          C/R Adjustments      -               0.00                 Number of Adjusted Claims               0
                 HCFA 1500:
                          Original Claims      +               0.00                 Number of Paid Claims                   0
                          Paid Adjustments     +               0.00                 Number of Denied Claims                 3
                          Paid Interest        +               0.00                 Number of Interest Claims               0
                          A/R Adjustments      -               0.00                 Number of Suspended Claims              0
                          C/R Adjustments      -               0.00                 Number of Adjusted Claims               0
                 DENTAL:
                          Original Claims      +               0.00                 Number of Paid Claims                   0
                          Paid Adjustments     +               0.00                 Number of Denied Claims                 0
                          Paid Interest        +               0.00                 Number of Interest Claims               0
                          A/R Adjustments      -               0.00                 Number of Suspended Claims              0
                          C/R Adjustments      -               0.00                 Number of Adjusted Claims               0
                 UB92:

                          Original Claims      +               0.00                 Number of Paid Claims                   0
                          Paid Adjustments     +               0.00                 Number of Denied Claims                 0
                          Paid Interest        +               0.00                 Number of Interest Claims               0
                          A/R Adjustments      -               0.00                 Number of Suspended Claims              0
                          C/R Adjustments      -               0.00                 Number of Adjusted Claims               0
                                              -----------------------
                 Total Claims Extracted       =               0.00

       System Expenditures Extracted          +               0.00
       Manual Expenditures Extracted          +               0.00
       Administrative Fee Payment             +               0.00
       Capitation Payment                     +               0.00
                                              -----------------------
       TOTAL WEEKLY EXPENSES                  =               0.00
       ---------------------------------------------------------------
       Offsets Applied in Current Cycle       -               0.00
                                              -----------------------
           Total Payments Due Before Credits  =               0.00

       History Credits:
          System A/Rs Created                +               0.00
          System Cash Receipt Dispositions    +               0.00
          Cash Receipt Disposition Reissue    +               0.00
TOTAL PAYMENTS DUE                                      0.00
       ===============================================================
```

```
Report:   FIN-0005-W                                    IndianaAIM                                  Run Date: 04/23/1997
Process:  FINJW204                                FINANCIAL BALANCING REPORT                        Run Time:   00:00:00
Location: FNIO5000                             Period: MM/DD/YYYY - MM/DD/YYYY                      Page:              2

      Payments:
         System Checks Issued                                  0.00
         Manual Checks Issued/Reissued                         0.00
         EFT's Transmitted                                     0.00
                                             -----------------------
      TOTAL PAYMENTS ISSUED                                    0.00
      ==============================================================
      Difference (Payments Due - Payments Issued)               0.00
                                                           END OF REPORT
```

Region Numbers and Descriptions

Table 13.1 – Region Numbers and Descriptions

REGION NUMBER	DESCRIPTION
10	Paper Claims With No Attachments
11	Paper Claims With Attachments
12	CCF
15	Paper Claims With No Provider Id
20	Electronic Claims With No Attachments
21	Electronic Claims With Attachments
22	Shadow Claims
25	Point Of Service Claims
26	Point Of Service Claims With Attachments
33	To Be Defined
40	Claims Converted From Old MMIS
41	590 Claims Converted From Old MMIS
45	Adjustments Converted From Old MMIS
46	590 Adjustments Converted From Old MMIS
47	Converted Credits
48	Converted Voids
50	Adjustments - Non-Check Related
51	Adjustments - Check Related
52	Shadow Claim Adjustments
53	Shadow Claim Adjustments
54	Mass Adjustments - Check Void
55	Mass Adjustments - Nursing Home
56	Mass Adjustments - Financial
57	Mass Adjustments - Reprocess By EDS SE
58	Adjustments - Processed By EDS SE
59	POS Reversal Adjustments
60	Non-Claim Specific Financial Transactions
70	HMO Capitation / HMO
80	Claims Reprocessed By EDS Systems Engineers
90	Special Projects

Location Codes and Descriptions

Table 13.2 – Location Codes and Descriptions

LOCATION CODE	DESCRIPTION
00	Validity Edits
01	Provider Related Edits
02	Member Related Edits
03	PA Related Edits
04	Procedure Code Related Edits
20	History Related Audits (Dup Audits)
21	Medical Policy Related Edits And Audits
22	Medical Review
23	Manual Pricing
30	SUR - Provider On Review
31	SUR - Member Locked In
40	CCF
41	Recycle
42	Hold
43	IFSSA
44	CSHCS
50	Adjustments
66	Claim Denied
90	Special Processing (Region Code 90)
97	Fiscal Pend
98	Claim Approved For Payment
99	Claim Adjudicated
CD	Claim Deleted(Over-activated)
CO	Claim Open(Activated, But Not Keyed)
CP	Claim Processed(Activated And Keyed)
PP	Production Adjustment Request Pending Release
PR	Production Adjustment Request Released
TP	Test Adjustment Request Pending Release

Claim Types and Descriptions

Table 13.3 – Claim Types and Descriptions

CLAIM TYPE	DESCRIPTION
A	UB92 Inst Xover Claims
B	CMS-1500 Xover Claims
C	UB92 Outp Xover Claims
D	Dental Claims
F	Financial
H	Home Health Claims
I	Inpatient Claims
L	Long Term Care Claims
M	CMS-1500 Claims
O	Outpatient Claims
P	Pharmacy Claims
Q	Compound Drug Claims
S	Shadow Claims

Account Receivable Setup Reason Codes and Descriptions

Table 13.4 – Account Receivable Setup Reason Codes and Descriptions

REASON CODE	DESCRIPTION
8400	A/R - Result Of Claim Adjustment
8401	A/R - Manual Setup (SURS)
8402	A/R - Manual Setup (Fraud)
8403	A/R - Manual Setup (OFE)
8404	A/R - Manual Setup (IFSSA)
8405	A/R - Manual Setup (TPL Other Insurance Related)
8406	A/R - Manual Setup (Unspecified)
8407	A/R - Manual Setup (Converted A/R Non-Risk)
8408	A/R - Manual Setup (TPL Special Project)
8409	A/R - Manual Setup (Drug Rebate)
8410	A/R - Manual Setup (SURS Interest)
8411	A/R - Manual Setup (Interest Drug Rebate)
8412	A/R - Manual Setup (Check Advance)
8413	A/R - Manual Setup (Check Advance - Risk Related)
8419	A/R - Manual Setup (Transfer of Account)
8420	A/R - Result Of Claim Adjustment (Risk)
8421	A/R - Manual Setup (SURS, Risk Related)
8424	A/R - Manual Setup (IFSSA, Risk Related)
8427	A/R - Manual Setup (Converted A/R Risk)
8428	A/R - Manual Setup (Admin Fee Adjustment)

Account Receivable Disposition Reason Codes and Descriptions

Table 13.5 – Account Receivable Disposition Reason Codes and Descriptions

REASON CODE	DESCRIPTION
8430	A/R Increase - State Directed
8431	A/R Increase - Interest Applied
8432	A/R Increase SURS Directed
8433	A/R Increase - Misc.
8434	A/R Decrease - State Directed
8435	A/R Decrease - SURS Directed
8436	A/R Decrease - Cash Receipt Applied
8437	A/R Decrease - Provider Over - Refund Applied
8438	A/R Decrease Liquidating A/R
8439	A/R Decrease - Misc.
8440	A/R Write-Off
8441	A/R Decrease - Claim Offset Applied
8443	A/R Increase - TPL Directed
8444	A/R Decrease - TPL Directed
8445	A/R Decrease - Established For Wrong Provider
8446	A/R Decrease - Stop Paid System Check Applied
8447	A/R Increase - Drug Rebate Directed
8448	A/R Decrease - Drug Rebate Directed
8450	A/R re-establishment -Voided System Check

FIN-0220-W Aged Accounts Receivable Letter

Functional Area	Report Number	Job Name	Report Title
Finance	FIN-0220-W	FINJW232	Aged Accounts Receivable Letter

Description of Information

The Aged Accounts Receivable Letter (FIN-0220-W) is a system-generated letter sent to providers who have accounts receivables 15 days old. This letter informs the providers that monies will be recouped through claim payments unless the provider is willing to submit a check or they have indicated a status on the survey section of the letter.

Purpose

The Aged Accounts Receivable Letter (FIN-0220-W) is sent to inform providers that have aging accounts receivables and that an action needs to be performed.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Finance Department	Paper	2	Weekly

Letter Example: Aged Accounts Receivable Letter

[current date]

Dear Provider:

This letter is a follow-up to a previous remittance advice sent regarding the outstanding account receivable(s) under provider 999999999 Z. If you bill on a regular basis, the money will be recouped from your future pays until satisfied. You are receiving this letter because there has been insufficient submission of claims at this time. The full amount of the outstanding account receivable(s) still outstanding is for $##########.

If you do not bill regularly and the repayment activity has not occurred on this accounts receivable within the required period, you need to send a check to the address below. This letter serves as an official request for the repayment of the outstanding balance of your account receivable. Please remit payment for $########## along with a copy of this letter to the following address:

Electronic Data Systems
950 North Meridian Street
Suite 1150
Indianapolis, IN 46204-4288
Attn: Finance Analyst/Finance Department

Reponses should be postmarked no later than 99999999 on which date your complete provider file and enrollment packet will be prepared for transfer to the Office of Medicaid Policy and Planning (OMPP) within 3 business days. It is the intent of OMPP to use the documentation to make a referral to the Office the Indiana Attorney General for collection. Any documentation that will conclusively refute the amount owed must be submitted prior to the date above.

A survey is included on the back of this letter for you to indicate the status of your receivable. If you are currently working with EDS staff to resolve outstanding issues, please be aware that we will complete that work before any case is referred for collection. Also, if your receivable has already been satisfied prior to your receipt of this letter, you do not need to respond to this letter.

Your assistance in resolving this matter is appreciated. Please contact a financial analyst at (317) 488-5004, should you have any questions regarding this letter.

Sincerely,

Finance Department

PLEASE INDICATE BELOW THE CURRENT STATUS OF YOUR RECEIVABLE

❑ Check enclosed, $_____.

❑ Check will be sent by _____ (please indicate date check will be mailed).

❑ Working with EDS Accounts Receivable Department, _____ (please indicate analyst name).

❑ Currently working with EDS Field Consultant, _____ (please indicate consultant name).

❑ Transfer to ACTIVE Billing Provider Number/Location: _____ (please indicate provider number and location to which the A/Rs should be transferred).

❑ Corporation dissolved as of _____ (please provide date of dissolution and a copy of the corporate dissolution documentation). Also, please provide owner's name and phone number. Owner's Name/Phone Number -

_____

❑ Corporation has been sold as of _____ (please provide date of sale) and also a copy of the Buy-Out agreement. Also, please provide the following:

- ❑ Previous owner's name/phone # _____
- ❑ Current owner's name/phone # _____

❑ Bankruptcy filed as of _____ (date), filed in _____ County. (Please provide a copy of the Bankruptcy Notice).

❑ Provider deceased as of _____ (date). Also, please supply a copy of the death certificate and additional documentation if the Estate is open.

❑ Retired as of _____ (date). Contact name/phone number _____.

❑ Experiencing billing problems. Please have Field Consultant contact the following person: Contact name/phone number _____.

❑ Other – please detail below.

Name and title of person completing form: _____

Phone number of person completing form: _____

Date completed: _____

Return form to EDS Finance Department, 950 North Meridian, 10th Floor, Indianapolis, Indiana 46204

FIN-1002-D Daily Deposit Log

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1002-D		Daily Deposit Log

Description of Information

The Daily Deposit Log summarizes the total number of checks and the total dollar amount to be deposited for each batch number. In addition, the report calculates the total daily deposit amount.

Purpose of Report

The Daily Deposit Log is an internal report used to itemize all checks deposited and their dollar amounts and is delivered to the bank along with the daily deposit. It is also used by EDS for bank reconciliation to validate that the bank deposit is equal to the internal deposit log.

Sort Sequence

- *Secondary-* Batch number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Daily

Detailed Field Definitions

Batch Number	This number identifies the batch number of the checks being deposited. The batch number specifies what type of check was received. (See batch range table)
Number of Checks Deposited	Indicates how many checks to be deposited are within a specific batch number.
Dollar Amount Deposited	Indicates the total dollar amount to be deposited for each batch range.

REPORT: FIN-1002-D
PROCESS:
LOCATION:

Indiana*AIM*
DAILY DEPOSIT LOG
PERIOD: MMDDCCYY - MMDDCCYY

RU DATE: MMDDCCYY
RUN TIME: HH:MM:SS
PAGE: 99,999

BATCH NUMBER	NUMBER OF CHECKS	AMOUNT DEPOSITED
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
999	999	999,999,999.99
TOTAL	9,999	99,999,999,999.99

* * END OF REPORT * *

* * NO DATA THIS RUN * *

FIN-1003-D Daily Cash Control Balance

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1003-D		Daily Cash Control Balance

Description of Information

The Daily Cash Control Balancing report is a daily internal report which identifies any differences between the total of all check receipt logs and the total number of deposited checks.

Purpose

This report is utilized by EDS to identify any discrepancies between the number of checks received and the number of checks deposited. If a variance is found, the checks are listed by CCN with an explanation of why they were not deposited.

Sort Sequence

- *Primary* - Check control number (CCN), ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Daily

Detailed Field Definitions

All Checks Log	Indicates the total number of checks received as stated on the department check logs
Deposits	Indicates the total number of checks deposited for the day
Variance	Indicates the difference between the number of checks logged and entered and the number of checks deposited
CCN	Unique control number given to each check received. Batch number within CCN indicates the type of check received
Explanation	This is used to give a brief explanation why the check is not being deposited

```
REPORT: FIN-1003-D                                  IndianaAIM                    RUN DATE: MMDDCCYY
PROCESS:                                  CASH CONTROL BALANCE REPORT             RUN TIME: HH:MM:SS
LOCATION:                                 PERIOD: MMDDCCYY - MMDDCCYY             PAGE: 99,999

CHECK RECEIPTS              999
DEPOSITS                    999
VARIANCE                  9,999

                    CCN                    EXPLANATION
          1.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          2.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          3.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          4.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          5.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          6.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          7.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          8.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
          9.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
         10.  99999999999          xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

          CASH CONTROL CLERK                DATE        ADJ/CASH CONTROL SPR                DATE

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

FIN-1004-D Cash Control Exception

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1004-D	FINJD219	Cash Control Exception

Description of Information

This report itemizes all provider refund cash receipts that are not fully dispositioned within 21 days of receipt. It lists the original cash receipt amount, disposition amounts applied to date, and a balance for each aged receipt. It is segregated into age categories of 00-15, 16-30, 61-90, 91-120, 121-365, and 365 + days.

Purpose

EDS uses the report to identify aging cash receipts and prioritize work flow. EDS reviews this report daily and aged cash receipts are prioritized for resolution. The IFSSA may also use it to monitor timeliness of cash receipt processing.

Sort Sequence

- *Primary*– Cash control number; descending
- *Secondary* – Provider number; ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Daily

Detailed Field Definitions

Cash Control Number	Unique number for tracking cash receipts in Indiana*AIM*
Original Amount	Check amount received by the cash control clerk
Disposition To Date	Amount from the original check amount that is directly associated with a specific adjustment or financial transaction grouping
Balance	Difference between the original check amount and the disposition amount

Note: Each aged category is subtotaled and a grand total is calculated.

.

Report: FIN-1004-D
Process: *FINJD219*
Location: *FIN1008D*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
Old account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1004-D
Process:
Location:

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
Old account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
21 - 45 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
0 - 20 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1004-D
Process: *FINJD219*
Location: *FIN1008D*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
CDA account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1004-D
Process:
Location:

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
CDA account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

```
+ 365 DAYS
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
             SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

46 - 60 DAYS
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
             SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99


21 - 45 DAYS
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
             SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

 0 - 20 DAYS
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                          YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
SUBTOTALS                                   9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

             GRAND TOTAL                            9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

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

FIN-1004-W Cash Control Exception

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1004-W		Cash Control Exception

Description of Information

This report itemizes all provider refund cash receipts which have not been fully dispositioned within 21 days of receipt. It lists the original cash receipt amount, disposition amounts applied to date, and a balance for each aged receipt. It is segregated into age categories of 00-15, 16-30, 61-90, 91-120, 121-365, and 365 + days.

Purpose

It is used by EDS to identify aging cash receipts and prioritize workflow. EDS reviews this report weekly and aged cash receipts are prioritized for resolution. It may also be used by IFSSA to monitor timeliness of cash receipt processing.

Sort Sequence

- *Primary-* Cash control number; descending
- *Secondary-* Provider number; ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Weekly
IFSSA	CRLD/Paper	2	Weekly

Detailed Field Definitions

Cash Control Number	A unique number used for tracking cash receipts in Indiana*AIM*.
Original Amount	This is the check amount received by the cash control clerk
Disposition To Date	Indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping
Balance	Indicates the difference between the original check amount and the disposition amount

Each aged category is subtotaled and a grand total is also calculated

.

Report: FIN-1004-W
Process: *FINJW104*
Location: *FIN1004W*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

```
Report:  FIN-1004-W                                    IndianaAIM                                    Date:  CCYYMMDD
Process:                                          CASH CONTROL EXCEPTION                             Time:  HH:MM:SS
Location:                                       Period:  CCYYMMDD - CCYYMMDD                          Page:  99,999
          46 - 60 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                      SUBTOTALS                           9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

          21 - 45 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                      SUBTOTALS                           9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

        GRAND TOTAL                                       9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

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

FIN-1005-W Voided Checks by External Number

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1005-W		Voided Checks by External Number

Description of Information

The report identifies system checks which have been voided during the current weekly cycle. It is used by EDS to validate that all void transactions have processed appropriately through Indiana*AIM*.

Purpose

The purpose of this report is to identify any external check numbers voided during the current weekly cycle.

Sort Sequence

- *Primary -* Provider number, ascending
- *Secondary -* External check number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	2	Weekly
IFSSA	CRLD/Paper	2	Weekly
CSHCS	CRLD/Paper	1	Weekly

Detailed Field Definitions

Provider Number / Payee ID	The unique number which identifies the provider or payee associated with the check being voided
External Check Number	The number assigned to the check during the check printing process. This number is encoded in the MICR line on the check and is used by the bank for reporting purposes.
Check Date	Indicates the issue date of the voided check
CCN	This is a unique number that is used to track checks received
Check Amount	Indicates the amount of the system check being voided
Reason	Indicates the reason the check was voided
Total Number Of Voids	Indicates the total number of voided checks
Total Voided Dollars	Indicates the total dollar amount for the total voided checks

```
REPORT: FIN-1005-W                                  INDIANAAIM                                  RUN DATE: MMDDCCYY
PROCESS:                                      VOIDED CHECKS BY EXTERNAL NO.                     RUN TIME: HH:MM:SS
LOCATION:                                      PERIOD: MMDDCCYY - MMDDCCYY                      PAGE: 99,999

                    PROVIDER OR PAYEE    EXTERNAL CHECK       CHECK DATE            CCN            CHECK AMOUNT     REASON
                           ID                NUMBER
                       999999999X          999999999           MMDDCCYY        9999999999999     $999,999,999.99   ZZZZZZZZZZZZZZ
                       999999999X          999999999           MMDDCCYY        9999999999999     $999,999,999.99   ZZZZZZZZZZZZZZ
                       999999999X          999999999           MMDDCCYY        9999999999999     $999,999,999.99   ZZZZZZZZZZZZZZ
                       999999999X          999999999           MMDDCCYY        9999999999999     $999,999,999.99   ZZZZZZZZZZZZZZ
                       999999999X          999999999           MMDDCCYY        9999999999999     $999,999,999.99   ZZZZZZZZZZZZZZ

                TOTAL # OF VOIDS:         999
                TOTAL VOIDED DOLLARS       $999,999,999.99

                                                  * * END OF REPORT * *

                                                 * * NO DATA THIS RUN * *
```

FIN-1006-W Cash Receipts - Return to Sender Log

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1006-W		Cash Receipts Return to Sender Log

Description of Information

The Cash Receipts Return to Sender Log lists all checks returned weekly. It also lists all checks that EDS has deposited but needs further documentation to process the cash receipt. Checks returned for further endorsement are also listed on this report under a special batch range.

Purpose

This report is used by EDS as a monitoring and control report for all returned checks returned to sender for which additional documentation or information has been requested. It is also used to track checks returned for further endorsement. Checks remain on this report until dispositioned.

Sort Sequence

- *Primary-* Provider number, ascending
- *Secondary-* Date returned, ascending
- *Tertiary-* CCN, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Date Received	Date of cash receipt as indicated by the Year and Julian Date of the Cash Control Number
Date Returned	Date logged for return to sender as stated on the Return to Sender audit table
Provider Number	The provider as stated on the Return to Sender table, if applicable (not required)
Sender Name	Name of sender as entered into the Return to Sender table
CCN	The Unique Cash Control Number assigned to the cash receipt. This identifies the year, date, and type of check received.

Return Reason	The 4-character reason code that identifies why the check was received Valid value range: R02 - R99 The following reason code values are used to populate the report: • R02 – DOES NOT BELONG TO MAP • R03 – NO DOCUMENTATION • R04 – CHECK NOT COMPLETED • R05 – OTHER ENDORSEMENT REQ. • R99 – OTHER
User ID	The unique USER ID that identifies who initiated the return to sender action (see audit table)
Total Returns	Indicates the total number of cash receipts received and returned to sender

Report: FIN-1006-W
Process:
Location:

Indiana*AIM*
Cash Receipts
Return to Sender Log
Period: CCYYMMDD - CCYYMMDD

Date: MMDDCCYY
Time: HH:MM:SS
Page: 99,999

DATE RECEIVED	DATE RETURNED	PROVIDER NUMBER	SENDER NAME	--CCN--	RETURN REASON	USER ID
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX
MMDDYY	MMDDYY	999999999 X	XXXXXXXXXXXXXXXXXXXXXXXXXX	YYJJBBBSSS	XXX	XXXXXXXX

TOTAL RETURNS: 999,999

FIN-1007-D Cash Control Exception

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1007-D	FINJD219	Cash Control Exception

Description of Information

This report itemizes all cash receipts not fully dispositioned within 21 days of receipt. It lists the original cash receipt amount, disposition amounts applied to date, and a balance for each aged receipt. It is separated into age categories of 0-15 days, 16-30 days, 61-90 days, 91-120 days, 121-365 days, and 365 +days.

Purpose

EDS uses the report to identify aging cash receipts and prioritize work flow. EDS reviews this report daily and aged cash receipts are prioritized for resolution. IFSSA also uses the report to monitor timeliness of cash receipt processing.

Sort Sequence

- *Primary* – CCN; descending
- *Secondary* – Provider number; ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Daily

Detailed Field Definitions

Cash Control Number	Unique number for tracking cash receipts in Indiana*AIM*
Original Amount	Check amount received by the cash control clerk
Disposition To Date	Amount from the original check amount that is directly associated with a specific adjustment or financial transaction grouping
Balance	Difference between the original check amount and the disposition amount

Note: Each aged category is subtotaled and a grand total is calculated.

Report: FIN-1007-D
Process: *FINJD219*
Location: *FIN1008D*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
Old account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

```
Report:    FIN-1007-D                                  IndianaAIM                                          Date:  CCYYMMDD
Process:   FINJD219                                CASH CONTROL EXCEPTION                                 Time:  HH:MM:SS
Location:  FIN1008D                              Period:  CCYYMMDD - CCYYMMDD                             Page:  99,999
                                                        Old account

61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                    SUBTOTALS                             9,999,999,999.99   9,999,999,999.99   9,999,999,999.99


61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                    SUBTOTALS                             9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                    SUBTOTALS                             9,999,999,999.99   9,999,999,999.99   9,999,999,999.99
```

Report: FIN-1007-D
Process: *FINJD219*
Location: *FIN1008D*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD
CDA account

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

```
Report:    FIN-1007-D                                  IndianaAIM                                          Date:  CCYYMMDD
Process:   FINJD219                                CASH CONTROL EXCEPTION                                 Time:  HH:MM:SS
Location:  FIN1008D                              Period:  CCYYMMDD - CCYYMMDD                             Page:  99,999
                                                        CDA account

61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                   SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99


61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                   SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99

61 - 90 DAYS
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                                YYJJJBBBSSS                 999,999,999.99     999,999,999.99     999,999,999.99
                   SUBTOTALS                              9,999,999,999.99   9,999,999,999.99   9,999,999,999.99


                   GRAND TOTAL                            9,999,999,999.99   9,999,999,999.99   9,999,999,999.99


                                                   * * * END OF REPORT * * *

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

FIN-1007-W Cash Control Exception

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1007-W		Cash Control Exception

Description of Information

This report itemizes all cash receipts not fully dispositioned within 21 days of receipt. It lists the original cash receipt amount, disposition amounts applied to date, and a balance for each aged receipt. It is separated into age categories of 0-15 days, 16-30 days, 61-90 days, 91-120 days, 121-365 days, and 365 +days.

Purpose

Used by EDS to identify aging cash receipts and prioritize workflow. EDS reviews this report weekly and aged cash receipts are prioritized for resolution. It may also be used by IFSSA to monitor timeliness of cash receipt processing.

Sort Sequence

- *Primary -* CCN; descending
- *Secondary -* Provider number; ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Weekly
IFSSA	CRLD/Paper	2	Weekly

Detailed Field Definitions

Cash Control Number	A unique number used for tracking cash receipts in the system
Original Amount	This is the check amount received by the cash control clerk
Disposition To Date	Indicates the amount from the original check amount that may be directly associated with a specific adjustment or financial transaction grouping
Balance	Indicates the difference between the original check amount and the disposition amount *Each aged category is subtotaled and a grand total is also calculated.*

Report: FIN-1007-W
Process: *FINJW107*
Location: *FIN1007W*

Indiana*AIM*
CASH CONTROL EXCEPTION
Period: CCYYMMDD - CCYYMMDD

Date: CCYYMMDD
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS TO DATE	BALANCE
+ 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
121 - 365 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
91 - 120 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
61 - 90 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1007-W Indiana*AIM* *Date:* CCYYMMDD

Process: CASH CONTROL EXCEPTION *Time:* HH:MM:SS

Location: Period: CCYYMMDD - CCYYMMDD *Page:* 99,999

46 - 60 DAYS

	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

21 - 45 DAYS

	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	999,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
GRAND TOTAL		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

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

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

FIN-1008-D Cash Dispositioned Not Posted

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1008-D	FINJD219	Cash Dispositioned Not Posted

Description of Information

This report itemizes all provider refund cash receipts fully dispositioned but not fully posted. It lists the original cash receipt amount, disposition amounts posted to date, and not posted to date for each receipt. It is sorted by bank accounts and for each account is separated into age categories of 0-20 days, 21-45 days, 46-60 days, 61-90 days, 91-120 days, 121-365 days, and 365 + days.

Purpose

EDS uses the report identify CCNs with dispositions not yet posted. EDS runs this report daily and cash receipts are prioritized for resolution. This report reduces the balance in the bank accounts, which gives a credit to the State.

Sort Sequence

- *Primary –* Century cash received
- *Secondary –* CCN

(Y2K compliant sorting procedure: 00056915001 follows 98125900002}

Note: On December 29, 1998, the report was changed to break by bank account.

Grouping By

- Bank account
- Age category. The age of a CCN is calculated as the number of days between the CCNs received date and the cycle paid date.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Daily

Detailed Field Definitions

Cash Control Number	Unique number for tracking cash receipts in Indiana*AIM*
Original Amount	Check amount received by the cash control clerk
Dispositions Posted to Date	Amount from the original check amount that is directly associated with a specific adjustment or financial transaction grouping and has been posted
Dispositions Non-posted to Date	Amount from the original check amount that is directly associated with a

specific adjustment or financial transaction grouping and has not been posted.

Note: Each aged category is subtotaled and totals for each bank account are provided. Grand totals are also calculated

.

Report: FIN-1008-D
Process: FINJD219
Location: FIN1008D

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
Old account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
+ 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD		
121 - 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD		
91 - 120 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD		
61 - 90 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD		

Report: FIN-1008-D
Process: FINJD219
Location: FIN1008D

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
Old account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD		
21 - 45 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD		
0 - 20 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD		
ACCOUNT TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

```
Report:    FIN-1008-D                          IndianaAIM                                    Date:  MM/DD/CCYY
Process:   FINJD219                      CASH DISPOSITIONED NOT POSTED                      Time:    HH:MM:SS
Location:  FIN1008D                       Reporting Date: MM/DD/CCYY                        Page:      99,999
                                                CDA account

                          CCN                ORIGINAL AMOUNT          DISPOSITIONS          DISPOSITIONS
                                                                    POSTED TO DATE        NONPOSTED TO DATE
+ 365 DAYS
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99          999,999,999.99          999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD
121 - 365 DAYS
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99          999,999,999.99          999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD
91 - 120 DAYS
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99          999,999,999.99          999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD
61 - 90 DAYS
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99            9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99          999,999,999.99          999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD
```

```
Report:    FIN-1008-D                          IndianaAIM                                    Date:  MM/DD/CCYY
Process:   FINJD219                     CASH DISPOSITIONED NOT POSTED                        Time:    HH:MM:SS
Location:  FIN1008D                     Reporting Date: MM/DD/CCYY                           Page:      99,999
                                              CDA account

                          CCN                ORIGINAL AMOUNT        DISPOSITIONS            DISPOSITIONS
                                                                  POSTED TO DATE         NONPOSTED TO DATE
46 - 60 DAYS
                      YYJJJBBBSSS             999,999,999.99        999,999,999.99            9,999,999.99
                      YYJJJBBBSSS             999,999,999.99        999,999,999.99            9,999,999.99
                      YYJJJBBBSSS             999,999,999.99        999,999,999.99            9,999,999.99
                      YYJJJBBBSSS             999,999,999.99        999,999,999.99            9,999,999.99
                      YYJJJBBBSSS             999,999,999.99        999,999,999.99            9,999,999.99
            SUBTOTALS                       9,999,999,999.99      9,999,999,999.99          999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD
21 - 45 DAYS
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99        999,999,999.99          999,999,999.99

                                           NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD
 0 - 20 DAYS
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
                      YYJJJBBBSSS                9,999,999.99          9,999,999.99            9,999,999.99
            SUBTOTALS                          999,999,999.99        999,999,999.99          999,999,999.99

                                           NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD

            ACCOUNT TOTALS                   9,999,999,999.99      9,999,999,999.99        9,999,999,999.99


            GRAND TOTALS FOL ALL ACCOUNTS    9,999,999,999.99      9,999,999,999.99        9,999,999,999.99

                                          * * * END OF REPORT * * *

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

FIN-1008-W Cash Dispositioned Not Posted

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1008-W	FINJW219	Cash Dispositioned Not Posted

Description of Information

This report itemizes all provider refund cash receipts fully dispositioned but not fully posted. It lists the original cash receipt amount, disposition amounts posted to date and not posted to date for each receipt. It is sorted by bank accounts and for each account is separated into age categories of 0-20 days, 21-45 days, 46-60 days, 61-90 days, 91-120 days, 121-365 days, and 365 + days.

Purpose

Used by EDS to identify cash control numbers (CCNs) with dispositions not yet posted. EDS will this report weekly and those cash receipts are prioritized for resolution. It reduces the balance in the bank account that are a credit to the State.

Sort Sequence

- *Primary -* Century cash received
- *Secondary -* CCN

(Y2K compliant sorting procedure: 00056915001 follows 98125900002}

Note: On December 29, 1998, report was changed to break by bank account.

Grouping by

- Bank account
- Age category. The age of a CCN is calculated as the number of days between the CCNs received date and the cycle paid date.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Cash Control Number — A unique number used for tracking cash receipts in the system

Original Amount — A check amount received by the cash control clerk

Dispositions Posted to Date — Indicates the amount from the original check amount that may be directly

associated with a specific adjustment or financial transaction grouping and has been posted.

Dispositions Non-posted to Date

Indicates the amount from the original check amount that can be directly associated with a specific adjustment or financial transaction grouping and has not been posted yet.

Each aged category is subtotaled and totals for each bank account are provided. Grand totals are also calculated

.

Report: FIN-1008-W
Process: FINJW219
Location: FIN1008W

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
Old Account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
+ 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD		
121 - 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD		
91 - 120 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD		
61 - 90 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD		

Report: FIN-1008-W
Process: FINJW219
Location: FIN1008W

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
Old Account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD		
21 - 45 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD		
0 - 20 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD		
ACCOUNT TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1008-W
Process: FINJW219
Location: FIN1008W

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
CDA Account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
+ 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD		
121 - 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD		
91 - 120 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD		
61 - 90 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD		

Report: FIN-1008-W
Process: FINJW219
Location: FIN1008W

Indiana*AIM*
CASH DISPOSITIONED NOT POSTED
Reporting Date: MM/DD/CCYY
CDA Account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD		
21 - 45 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD		
0 - 20 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD		
ACCOUNT TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
GRAND TOTALS FOL ALL ACCOUNTS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

* * * END OF REPORT * * *

* * * NO DATA THIS RUN * * *

FIN-1009-D Cash Over Dispositioned

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-1009-D	FINJD219	Cash Over Dispositioned

Description of Information

This report itemizes all provider refund cash receipts that are over dispositioned. It lists the original cash receipt amount, disposition amounts posted to date, and not posted to date for each receipt. It is sorted by bank accounts and each account is separated into age categories of 0-20 days, 21-45 days, 46-60 days, 61-90 days, 91-120 days, 121-365 days, and 365 + days.

Purpose

EDS uses the report to identify CCNs that are over dispositioned. EDS runs this report daily and those cash receipts are prioritized for resolution. The report reduces the balance in the bank account, which is a credit to the State.

Sort Sequence

- *Primary –* Century cash received
- *Secondary –* CCN

(Y2K compliant sorting procedure: 00056915001 follows 98125900002}

Note: On December 29, 1998, the report was changed to break by bank account.

Grouping by

- Bank account
- Age category. The age of a CCN is calculated as the number of days between the CCNs received date and the cycle paid date.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Daily

Detailed Field Definitions

Cash Control Number	Unique number for tracking cash receipts in Indiana*AIM*
Original Amount	Check amount received by the cash control clerk
Dispositions Posted to Date	Amount from the original check amount that is directly associated with a specific adjustment or financial transaction grouping and is posted.

Dispositions Non-posted to Date

Original check amount that is directly associated with a specific adjustment or financial transaction grouping and is not posted.

> *Note: Each aged category is subtotaled and totals for each bank account are provided. Grand totals are also calculated*

```
Report:    FIN-1009-D                          IndianaAIM                                  Date:  MM/DD/CCYY
Process:   FINJD219                       CASH OVER DISPOSITIONED                         Time:    HH:MM:SS
Location:  FIN1008D                     Reporting Date: MM/DD/CCYY                        Page:      99,999
                                              Old account

                          CCN                ORIGINAL AMOUNT          DISPOSITIONS          DISPOSITIONS
                                                                   POSTED TO DATE        NONPOSTED TO DATE
+ 365 DAYS
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
            SUBTOTALS                          999,999,999.99         999,999,999.99         999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD
121 - 365 DAYS
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
            SUBTOTALS                          999,999,999.99         999,999,999.99         999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD
91 - 120 DAYS
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
            SUBTOTALS                          999,999,999.99         999,999,999.99         999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD
61 - 90 DAYS
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
                      YYJJJBBBSSS                9,999,999.99           9,999,999.99           9,999,999.99
            SUBTOTALS                          999,999,999.99         999,999,999.99         999,999,999.99

                                          NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD
```

Report: FIN-1009-D
Process: FINJD219
Location: FIN1008D

Indiana*AIM*
CASH OVER DISPOSITIONED
Reporting Date: MM/DD/CCYY
Old account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD		
21 - 45 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD		
0 - 20 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD		
ACCOUNT TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

Report: FIN-1009-D
Process: FINJD219
Location: FIN1008D

Indiana*AIM*
CASH OVER DISPOSITIONED
Reporting Date: MM/DD/CCYY
CDA account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
+ 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE +365 DAYS OLD		
121 - 365 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 121 - 365 DAYS OLD		
91 - 120 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 91 - 120 DAYS OLD		
61 - 90 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 61 - 90 DAYS OLD		

Report: FIN-1009-D
Process: FINJD219
Location: FIN1008D

Indiana*AIM*
CASH OVER DISPOSITIONED
Reporting Date: MM/DD/CCYY
CDA account

Date: MM/DD/CCYY
Time: HH:MM:SS
Page: 99,999

	CCN	ORIGINAL AMOUNT	DISPOSITIONS POSTED TO DATE	DISPOSITIONS NONPOSTED TO DATE
46 - 60 DAYS				
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
	YYJJJBBBSSS	999,999,999.99	999,999,999.99	9,999,999.99
SUBTOTALS		9,999,999,999.99	9,999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 46 - 60 DAYS OLD		
21 - 45 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 21 - 45 DAYS OLD		
0 - 20 DAYS				
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
	YYJJJBBBSSS	9,999,999.99	9,999,999.99	9,999,999.99
SUBTOTALS		999,999,999.99	999,999,999.99	999,999,999.99
		NO CASH RECEIPTS FOUND THAT ARE 0 - 20 DAYS OLD		
ACCOUNT TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
GRAND TOTALS FOL ALL ACCOUNTS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

* * * END OF REPORT * * *

* * * NO DATA THIS RUN * *

FIN-2050-W Financial Transactions Input – Payouts

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-2050-W		Financial Transactions Input – Payouts

Description of Information

The Financial Transaction Input – Payouts report lists all system - generated and manual payout transactions entered in the Indiana*AIM* system for the current processing week. It will list each transaction by payee number with summary totals for the number of transactions input and the associated dollar amount.

Purpose

Used by EDS as a monitoring and control report for all financial payout transactions entered in the system during the current processing cycle. It is one of a series of reports used to ensure that all financial transactions received are entered into the system weekly.

Sort Sequence

- *Primary* - Payee number, ascending
- *Secondary* - RID number., ascending (if applicable)
- *Tertiary* - Transaction number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Transaction Number

The transaction number assigned at entry to the payout transaction

Payee Number

The account ID number of the payee. This number is extracted from the following sources:

- Provider – provider number from the provider file
- Carrier – carrier ID from the TPL carrier file
- Member – member ID from the member file

All other payee types are assigned an account ID number by the system which is carried to a payee table. This is used to maintain an audit trail of all payees who are not carried on file in the system for other purposes, such as a third party carrier, and so on.

Payee-Last Name	The last name of the payee. The payee last name is extracted from the following sources: • Provider – provider database • Carrier – TPL database • Member – member database All other payee names are manually entered into the expenditure payout file.
Payee-First Name	The first name of the payee. The payee first name is extracted from the following sources: • Provider – provider database • Carrier – TPL database • Member – member database All other payee names are manually entered into the expenditure payout file
RID No.	The member's Indiana Health Coverage Program identification number as assigned by ICES
Payout Amount	The payout amount for the specific transaction
Reason Code	The four byte reason code assigned to the transaction that identifies the type and purpose of the action taken
User ID	The identification number of the clerk who initiated the transaction
System	The payout transactions system - generated for the week
Total No. Payout Txns Input	The total number and amount of all system - generated payout transactions entered for the week
Manual	The manual payout transactions input for the week
Total Manual Payout Txns Input	The total number and amount of all manual payout transactions entered for the week
Total All Payout Txns	The total number and amount of both system and manual payout transactions input for the week

Report: FIN-2050-W
Process:
Location:

Indiana*AIM*
FINANCIAL TRANSACTIONS INPUT
PAYOUTS
Period: MMDDCCYY-MMDDCCYY

Date: *MMDDCCYY*
Time: *HH:MM:SS*
Page: *99,999*

TRANSACTION NUMBER	PAYEE NUMBER	--PAYEE-- LAST NAME	FIRST NAME	RID NO.	PAYOUT AMOUNT	REASON CODE	USER ID
SYSTEM							
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
TOTAL SYSTEM PAYOUT TRANSACTIONS INPUT: 99,999					99,999,999.99		
MANUAL							
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
9999999999999	XXXXXXXXXX	XXXXXXXXXXXXXX,	XXXXXXXXXXXX	999999999999	99,999,999.99	XXXX	XXXXXXXX
TOTAL MANUAL PAYOUT TRANSACTIONS INPUT: 99,999					99,999,999.99		
TOTAL ALL PAYOUT TRANSACTIONS INPUT: 99,999					99,999,999.99		

* * * END OF REPORT * * *

* * * NO DATA THIS REPORT * * *

FIN-2051-W Financial Transactions Input – Provider Accounts Receivable

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2051-W		Financial Transactions Input – Provider Accounts Receivable

Description of Information

The Financial Transaction Input – Provider Accounts Receivables report lists all manual accounts receivable setups and dispositions entered into the Indiana*AIM* system for the current processing week. It lists each transaction in provider number order with summary totals for the number of transactions input and the associated dollar amount.

Purpose

Used by EDS as a monitoring and control report for all financial manual accounts receivable setups and dispositions transactions entered into the system during the current processing cycle. It is one of a series of reports which used to ensure that all financial transactions received are entered into the system weekly

Sort Sequence

- *Primary -* Provider number, ascending
- *Secondary -* RID number., ascending (if applicable)
- *Tertiary -* A/R number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Provider Number	The unique identification number assigned to each provider participating in a Indiana Health Coverage Program
RID No.	The member's Indiana Health Coverage Program identification number as assigned by ICES
A/R Number	The unique control number assigned to each manual accounts receivable transaction
Amount	The amount of the accounts receivable transaction. For the section on setups, this field will contain the original setup amount of the provider accounts receivable. For the section titled manual dispositions, this field will contain the manual disposition amount (increase or decrease) entered for an existing accounts receivable

Reason Code	The four - byte reason code assigned to the transaction which identifies the type and purpose of the action taken
User ID	The identification number of the clerk who initiated the transaction
Setups	All manual accounts receivable setup during the current processing cycle
Total A/R Setups Input	The total number and amount of manual accounts receivable setups for the current week
Manual Dispositions	All manual disposition entered against existing accounts receivables during the current processing cycle
Total Manual Dispositions Input	The total number and amount (increase or decrease) of manual dispositions entered during the current processing cycle

Report: FIN-2051-W
Process:
Location:

Indiana*AIM*
FINANCIAL TRANSACTIONS INPUT
PROVIDER ACCOUNTS RECEIVABLES
Period: MMDDCCYY-MMDDCCYY

Date: *MMDDCCYY*
Time: *HH:MM:SS*
Page: *99,999*

PROVIDER NUMBER	RID NO.	A/R NUMBER	AMOUNT	REASON CODE	USER ID
SETUPS					
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
TOTAL A/R SETUPS INPUT:	99,999		99,999,999.99		
MANUAL DISPOSITIONS					
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
999999999X	999999999999	RRYYJJJBBBSSS	99,999,999.99	XXXX	XXXXXXXX
TOTAL A/R MANUAL DISPOSITIONS INPUT:	99,999		99,999,999.99		

* * * END OF REPORT * * *

* * * NO DATA THIS RUN * * *

FIN-2053-W The Financial Transactions Input - Claim Payment Hold

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2053-W		Financial Transactions Input – Claim Payment Hold

Description of Information

The Financial Transactions Input – Claim Payment Hold report lists all claim payment hold setup and update transactions entered into the Indiana*AIM* system for the current processing week. It list each transaction by control number with summary totals for the number of transactions input.

Purpose

Used by EDS and IFSSA as a monitoring and control report for all financial claim payment hold transactions entered into the system during the current processing cycle. It is one of a series of reports used to ensure that all financial transactions received are input into the system weekly.

Sort Sequence

- *Primary -* Control number, ascending within setup or update sections

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Control Number	Unique control number assigned upon receipt of claim payment hold request
Effective Dates (From/Thru)	Indicates the claim payment hold start (from) and release (thru) dates
DOS (From/Thru)	Indicates the dates of service (from and thru) which are to be included as criteria for the claim payment hold transaction
Claim Dates (From/Thru)	Indicates a claim receipt date range (from and thru) included as criteria for the claim payment hold transaction
Claim Type	Indicates the claim type(s) included or excluded as criteria for the claim payment hold. The I or E in parenthesis next to the claim type code indicates whether the claim type is included (I) or excluded (E) in the claim payment hold

Program Code	Indicates the program code(s) which are included or excluded as criteria for the claim payment hold. The I or E in parenthesis next to the program code will indicate if the program is to be included (I) or excluded (E) in the claim payment hold
Provider Number	Indicates the provider number(s) included or excluded as criteria for the claim payment hold. The I or E in parenthesis next to the provider number indicates whether the provider is included (I) or excluded (E) in the claim payment hold
Provider Type	Indicates the provider type(s) included or excluded as criteria for the claim payment hold. The I or E in parenthesis next to the provider type indicates whether the provider type is included (I) or excluded (E) in the claim payment hold
Reason Code	The four - byte reason code assigned to the transaction which identifies the type and purpose of the action taken
User ID	The identification number of the clerk who initiated the transaction
Setups	This section lists the claim payment holds set - up during the current processing cycle
Total Setup Txns Input	The total number of claim payment hold request transactions entered during the current processing cycle
Updates	This section lists the claim payment hold updates entered during the current processing cycle. *Please note that updates are only accepted to restricted fields such as the release date after a claim payment hold becomes effective. The only items will be reported are the changed fields*
Total Update Txns Input	The total number of claim payment hold update transaction entered during the current processing cycle

Report: FIN-2053-W
Process:
Location:

Indiana*AIM*
FINANCIAL TRANSACTIONS INPUT
CLAIM PAYMENT HOLD
Period: MMDDCCYY-MMDDCCYY

Date: *MMDDCCYY*
Time: *HH:MM:SS*
Page: *99,999*

	CLAIM PAYMENT HOLD CRITERIA											
CONTROL NUMBER	EFFECTIVE DATES FROM	EFFECTIVE DATES THRU	-DOS- FROM	-DOS- THRU	CLAIM DATES FROM	CLAIM DATES THRU	CLAIM TYPE	PROGRAM CODE	PROVIDER NUMBER	PROVIDER TYPE	REASON CODE	USER ID
SETUPS												
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(I)	XXX(E)	99999999X(E)	XX(E)	XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(I)	XXX(I)	99999999X(E)	XX(I)	XXXX	XXXXXXXX
							X(I)	XXX(I)				
							X(I)	XXX(I)				
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY		XXX(E)	99999999X(I)		XXXX	XXXXXXXX
									99999999X(I)			
									99999999X(I)			
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(E)				XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(I)	XXX(E)			XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(E)		99999999X(I)	XX(I)	XXXX	XXXXXXXX

TOTAL NO. SETUP TRANSACTIONS INPUT: 99,999

UPDATES												
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(I)	XXX(E)	99999999X(I)	XX(I)	XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	MMDDYY	X(E)	XXX(I)	99999999X(I)	XX(I)	XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY									XXXX	XXXXXXXX
YYJJJSSS	MMDDYY	MMDDYY					X(I)				XXXX	XXXXXXXX

TOTAL NO. UPDATE TRANSACTIONS INPUT: 99,999

* * * END OF REPORT * * *

* * * NO DATA THIS RUN * * *

FIN-2056-W Weekly Provider Tax ID Listing

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2056-W		Weekly Provider Tax ID Listing

Description of Information

The Weekly Provider Tax ID Listing report will list all Tax ID's and the provider numbers and service locations associated. If a service location has been end dated, the provider number will be flagged with an 'X'.

Purpose

This report is generated to supply EDS with Tax ID's and the providers/locations associated.

Sort Sequence

Primary: Tax ID

Secondary: Provider Number

Tertiary: Service Location

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Weekly

Detailed Field Definitions

Tax ID	The tax ID of the provider.
Provider Number	The ID of the provider associated to the tax ID.
Location	The unique code which identifies the provider's service location.
Program	The medical assistance program associated with the service location.
Date End	This is the maximum end date for a service location and program.
Terminated Location	An 'X' will be visible if the maximum end date for a service location and program is less than the first date of the report period.

```
REPORT:  FIN-2056-W                                    INDIANAAIM                                    DATE:
MMDDCCYY
PROCESS:                                        WEEKLY PROVIDER TAX ID LISTING                       TIME:
HH:MM:SS
LOCATION:                                        PERIOD:  CCYYMMDD – CCYYMMDD                        PAGE:
99,999


TAX ID:  999999999
    PROVIDER NUMBER      LOCATION      PROGRAM      DATE END      TERMINATED LOCATION
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X

TAX ID:  999999999
    PROVIDER NUMBER      LOCATION      PROGRAM      DATE END      TERMINATED LOCATION
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X

TAX ID:  999999999
    PROVIDER NUMBER      LOCATION      PROGRAM      DATE END      TERMINATED LOCATION
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X
       999999999            Z            ZZ         99999999              X

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

FIN-2057-M Monthly tax Assessment Reconciliation

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2057-M	FINJM260	Monthly Tax Assessment Reconciliation – Tax Assessment Reconciliation Expenditures

Description of Information

The Monthly Tax Assessment Reconciliation report will show the outcomes of the monthly tax assessment reconciliation process.

Purpose

This report is generated to supply EDS with the accounts receivables and expenditures created during the tax assessment reconciliation process.

Sort Sequence

Primary: A/R Number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Monthly

Detailed Field Definitions

Expenditure	The expenditure ID generated.
Provider Number	The ID of the provider associated to the tax ID.
Setup Amount	The setup amount of the expenditure.

```
REPORT:  FIN-2057-M                                    INDIANAAIM                                    DATE:
MMDDCCYY
PROCESS: FINJM260                          MONTHLY TAX ASSESSMENT RECONCILIATION                    TIME:
HH:MM:SS
LOCATION:FIN2058M                              PERIOD:  CCYYMMDD – CCYYMMDD                         PAGE:
99,999

TAX ASSESSMENT RECONCILIATION EXPENDITURES

    EXPENDITURE            PROVIDER NUMBER            SETUP AMOUNT
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99
     999999999              999999999Z               $999,999,999.99

                                                    ** END OF EXPENDITUES **

                                                     ** NO DATA THIS RUN **
```

FIN-2058-W Weekly Financial Status Report

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2058-W	FINJW229	Weekly Financial Status Report – Accounts Receivable Balance Statistics

Description of Information

The Weekly Financial Status Report will report outstanding accounts receivable statistics. This report is broken out into different sections:

Accounts Receivable Balance Statistics

Aged Accounts Receivable
A/R Greater Than 120 Days

Top 25 Providers with Outstanding Accounts Receivable

Purpose

This report is generated to supply EDS with a count and balance by region code for all outstanding accounts receivables.

Sort Sequence

Primary: Region

Secondary: N/A

Tertiary: N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Weekly

Detailed Field Definitions

Region Code	Region code of the outstanding accounts receivable.
A/R Count	The number of outstanding accounts receivable by region code.
Balance	The outstanding balance of accounts receivable by region code.
Grand Total – Count	The total count of outstanding accounts receivable.
Grand Total – Balance	The total outstanding balance of accounts receivable.

```
REPORT:  FIN-2058-W        INDIANAAIM                       DATE:  MMDDCCYY
PROCESS: FIN2058W          WEEKLY FINANCIAL STATUS REPORT   TIME:  HH:MM:SS
LOCATION: FINJW229         PERIOD:  CCYYMMDD – CCYYMMDD      PAGE:  99,999
```

ACCOUNTS RECEIVABLE BALANCE STATISTICS FOR MM/DD/CCYY

REGION CODE	A/R COUNT	BALANCE
50-ADJUSTMENTS - NON-CHECK RELATED	XXXXXXXXX	$XXX,XXX,XXX.XX
51-ADJUSTMENTS - CHECK RELATED	XXXXXXXXX	$XXX,XXX,XXX.XX
54-MASS ADJUSTMENTS - VOID TRANSACTION	XXXXXXXXX	$XXX,XXX,XXX.XX
55-MASS ADJUSTMENTS - NURSING HOME	XXXXXXXXX	$XXX,XXX,XXX.XX
56-MASS ADJUSTMENTS - FINANCIAL	XXXXXXXXX	$XXX,XXX,XXX.XX
59-POS REVERSAL ADJUSTMENT	XXXXXXXXX	$XXX,XXX,XXX.XX
60-NON-CLAIM SPECIFIC FINANCIAL TRANSACTIONS	XXXXXXXXX	$XXX,XXX,XXX.XX
61-PROVIDER INITIATED REPLACEMENTS FOR ELECTRONIC CLAIMS W/ATTACHMENTS	XXXXXXXXX	$XXX,XXX,XXX.XX
62-PROVIDER INITIATED REPLACEMENTS FOR ELECTRONIC CLAIMS	XXXXXXXXX	$XXX,XXX,XXX.XX
63-PROVIDER INITIATED VOID	XXXXXXXXX	$XXX,XXX,XXX.XX
64-PROVIDER INITIATED REPLACEMENTS FOR PAPER CLAIMS W/ATTACHMENTS	XXXXXXXXX	$XXX,XXX,XXX.XX
72-OTHER PAYER INITIATED REPLACEMENT	XXXXXXXXX	$XXX,XXX,XXX.XX
73-OTHER PAYER INITIATED VOID	XXXXXXXXX	$XXX,XXX,XXX.XX
GRAND TOTAL	XXXXXXXXX	$XXX,XXX,XXX.XX

FIN-2058-W Weekly Financial Status Report

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2058-W	FINJW229	Weekly Financial Status Report – Aged Accounts Receivable

Description of Information

The Weekly Financial Status Report will report outstanding accounts receivable statistics. This report is broken out into different sections:

Accounts Receivable Balance Statistics

Aged Accounts Receivable
A/R Greater Than 120 Days

Top 25 Providers with Outstanding Accounts Receivable

Purpose

This report is generated to supply EDS with a count of outstanding accounts receivables and provider, balance, and percent of total accounts receivables per days aged.

Sort Sequence

Primary: Days Aged

Secondary: N/A

Tertiary: N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Weekly

Detailed Field Definitions

Percent of Total A/R	The percentage of outstanding claims by days aged.
Days Aged	The number of days aged.
A/R Count	The number of accounts receivable outstanding for a specific days aged.
Number of Providers	The distinct number of providers with outstanding accounts receivable for a specific days aged.
Balance	The balance of outstanding accounts receivable for a specific days aged.
Grand Total – Count	The total count of accounts receivable outstanding.
Grand Total – Number of Providers	The total distinct number of providers with outstanding accounts receivable.
Grand Total – Balance	The total balance of outstanding accounts receivable.

```
REPORT:  FIN-2058-W        INDIANAAIM                      DATE:  MMDDCCYY
PROCESS: FIN2058W          WEEKLY FINANCIAL STATUS REPORT  TIME:  HH:MM:SS
LOCATION:FINJW229          PERIOD:  CCYYMMDD – CCYYMMDD     PAGE:  99,999
```

AGED ACCOUNTS RECEIVABLE FOR MM/DD/CCYY

PERCENT OF TOTAL A/R	DAYS AGED	A/R COUNT	NUMBER OF PROVIDERS	BALANCE
XXX.XX	000 - 015	XXXXXXXXX	XXXXXXXXX	$999,999,999.99
XXX.XX	016 - 030	XXXXXXXXX	XXXXXXXXX	$999,999,999.99
XXX.XX	031 - 060	XXXXXXXXX	XXXXXXXXX	$999,999,999.99
XXX.XX	061 - 090	XXXXXXXXX	XXXXXXXXX	$999,999,999.99
XXX.XX	091 - 120	XXXXXXXXX	XXXXXXXXX	$999,999,999.99
XXX.XX	121+	XXXXXXXXX	XXXXXXXXX	$999,999,999.99

GRAND TOTAL

XXX.XX		XXXXXXXXX	XXXXXXXXX	$999,999,999.99

FIN-2058-W Weekly Financial Status Report

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2058-W	FINJW229	Weekly Financial Status Report – A/R Greater Than 120 Days

Description of Information

The Weekly Financial Status Report will report outstanding accounts receivable statistics. This report is broken out into different sections:

Accounts Receivable Balance Statistics

Aged Accounts Receivable
A/R Greater Than 120 Days

Top 25 Providers with Outstanding Accounts Receivable

Purpose

This report is generated to supply EDS with a count and balance by region code for all outstanding accounts receivables older than 120 days.

Sort Sequence

Primary: Region

Secondary: N/A

Tertiary: N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Weekly

Detailed Field Definitions

Region Code	Region code of the outstanding accounts receivable.
A/R Count	The number of outstanding accounts receivable by region code.
Balance	The outstanding balance of accounts receivable by region code.
Grand Total – Count	The total count of outstanding accounts receivable.
Grand Total – Balance	The total outstanding balance of accounts receivable.

```
REPORT:  FIN-2058-W        INDIANAAIM                       DATE:  MMDDCCYY
PROCESS: FIN2058W          WEEKLY FINANCIAL STATUS REPORT   TIME:  HH:MM:SS
LOCATION:FINJW229          PERIOD:  CCYYMMDD – CCYYMMDD      PAGE:  99,999
```

A/R GREATER THAN 120 DAYS FOR MM/DD/CCYY

REGION CODE	A/R COUNT	BALANCE
50-ADJUSTMENTS - NON-CHECK RELATED	XXXXXXXXX	$XXX,XXX,XXX.XX
51-ADJUSTMENTS - CHECK RELATED	XXXXXXXXX	$XXX,XXX,XXX.XX
54-MASS ADJUSTMENTS - VOID TRANSACTION	XXXXXXXXX	$XXX,XXX,XXX.XX
55-MASS ADJUSTMENTS - NURSING HOME	XXXXXXXXX	$XXX,XXX,XXX.XX
56-MASS ADJUSTMENTS - FINANCIAL	XXXXXXXXX	$XXX,XXX,XXX.XX
59-POS REVERSAL ADJUSTMENT	XXXXXXXXX	$XXX,XXX,XXX.XX
60-NON-CLAIM SPECIFIC FINANCIAL TRANSACTIONS	XXXXXXXXX	$XXX,XXX,XXX.XX
61-PROVIDER INITIATED REPLACEMENTS FOR ELECTRONIC CLAIMS W/ATTACHMENTS	XXXXXXXXX	$XXX,XXX,XXX.XX
62-PROVIDER INITIATED REPLACEMENTS FOR ELECTRONIC CLAIMS	XXXXXXXXX	$XXX,XXX,XXX.XX
63-PROVIDER INITIATED VOID	XXXXXXXXX	$XXX,XXX,XXX.XX
64-PROVIDER INITIATED REPLACEMENTS FOR PAPER CLAIMS W/ATTACHMENTS	XXXXXXXXX	$XXX,XXX,XXX.XX
72-OTHER PAYER INITIATED REPLACEMENT	XXXXXXXXX	$XXX,XXX,XXX.XX
73-OTHER PAYER INITIATED VOID	XXXXXXXXX	$XXX,XXX,XXX.XX
GRAND TOTAL	XXXXXXXXX	$XXX,XXX,XXX.XX

FIN-2058-W Weekly Financial Status Report

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2058-W	FINJW229	Weekly Financial Status Report – Top 25 Providers with Outstanding Accounts Receivable

Description of Information

The Weekly Financial Status Report will report outstanding accounts receivable statistics. This report is broken out into different sections:

Accounts Receivable Balance Statistics

Aged Accounts Receivable
A/R Greater Than 120 Days

Top 25 Providers with Outstanding Accounts Receivable

Purpose

This report is generated to supply EDS with a status on the top 25 providers with outstanding accounts receivables.

Sort Sequence

Primary: Region

Secondary: N/A

Tertiary: N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Weekly

Detailed Field Definitions

Provider Number	The ID and location of the provider associated to the outstanding accounts receivable.
Provider Name	Name of the provider.
Balance	The outstanding balance is all accounts receivable for a provider.
Grand Total – Balance	The outstanding balance of the top 25 providers.

```
REPORT:  FIN-2058-W        INDIANAAIM                       DATE:  MMDDCCYY
PROCESS: FIN2058W          WEEKLY FINANCIAL STATUS REPORT   TIME:  HH:MM:SS
LOCATION:FINJW229          PERIOD:  CCYYMMDD – CCYYMMDD      PAGE:  99,999
```

TOP 25 PROVIDERS WITH OUTSTANDING ACCOUNTS RECEIVABLE FOR MM/DD/CCYY

PROVIDER NUMBER	PROVIDER NAME	BALANCE
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999X	ZXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
GRAND TOTAL		$999,999,999,999.99

FIN-2059-W Post Implementation – Financial Transactions Inventory

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-2059-W		Post Implementation – Financial Transactions Inventory

Description of Information

****This report is currently in SME review. 12/27/00**

Distribution

To	Media	Copies	Frequency
	Paper	1	
	Paper	1	
	Paper	1	

FIN-3000-W Provider Accounts Receivable Weekly Activity

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-3000-W		Provider Accounts Receivable Weekly Activity

Description of Information

This report summarizes weekly activity associated with outstanding provider Account Receivables for each financial cycle.

Purpose

Used by EDS to aid in the tracking and control of Account Receivables, and to report to IFSSA all weekly activity associated with an outstanding A/R.

Sort Sequence

- *Primary -* Provider number, ascending
- *Secondary -* Last activity date, ascending
- *Tertiary -* A/R number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly
CSHCS	CRLD	0	Weekly

Detailed Field Definitions

Provider Number	The ID of the provider for whom the activity posted
Location Code	The unique code which identifies the provider's service location
Last Activity Date	The date the last activity posted to the claims system
A/R Number	The number used to track A/Rs through the system
Reason Code	The reason code assigned at the establishment of this A/R
Recoupment %/$	The percent or dollar amount determined by IFSSA that is recouped from claims activity for each payment cycle until the A/R balance is recovered
A/R Balance at Beginning of Cycle	The last receivable balance for this A/R number and provider prior to the start of the current financial cycle. This equals the ending balance of the previous week's report
Cash Amount This Cycle	Indicates cash payments made in this processing cycle to decrease an account receivable

Offset Amount This Cycle	Amount satisfied in this cycle by offsetting amounts otherwise due to the provider
Adjustments	Changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases
Ending Balance	The current Account Receivable balance after this cycle date. Calculated by taking the A/R Balance At the Beginning of the Cycle, less the Cash Receipts This Cycle, less the Offset Amount This Cycle, and plus or minus the Adjustments
	Totals are calculated for the appropriate columns.

REPORT: FIN-3000-W
PROCESS:
LOCATION:

INDIANA*AIM*
PROVIDER ACCOUNTS RECEIVABLE
WEEKLY ACTIVITY
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
TIME: HH:MM:SS
PAGE: 99,999

PROVIDER NUMBER	LOC	LAST ACTIVITY DATE	A/R NUMBER	RSN CODE	RECOUPMENT %	RECOUPMENT $	A/R BAL BEGINNING OF CYCLE	CASH AMOUNT THIS CYCLE	OFFSET AMOUNT THIS CYCLE	ADJ	ENDING BALANCE
999999999	A	MMDDCCYY	9999999999999	9999	999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
999999999	A	MMDDCCYY	9999999999999	9999	999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
999999999	A	MMDDCCYY	9999999999999	9999	999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
999999999	A	MMDDCCYY	9999999999999	9999	999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
999999999	A	MMDDCCYY	9999999999999	9999	999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
			TOTALS				9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

* * END OF REPORT * *

FIN-3001-W Provider Accounts Receivable - Aging by Program

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-3001-W		Provider Accounts Receivable - Aging by Program

Description of Information

This reports lists all accounts receivable in aged categorical order. An X in the Flag field indicates that the accounts receivable has aged 30 days with no activity during the last 30 day period.

Purpose

Used by EDS to aid in the control of all Aged Account Receivables and to report to IFSSA all accounts which are outstanding at the end of each financial cycle. In addition, it is used by EDS staff to research and validate those accounts receivables aged more than 15 days prior to collection action being initiated.

Sort Sequence

- *Primary -* Indiana Health Coverage Program, ascending
- *Secondary -* Effective date, descending
- *Tertiary -* Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Indiana Health Coverage Program	Indicates with which program the A/R is associated (Medicaid, 590, Package C, or ARCH)
Effective Date	The date on which the Accounts Receivable became active
Provider Number	The ID of the provider for whom the A/R is established
Location Code	The unique code which identifies the provider's service location

Days Outstanding	This field indicates the number of days from the effective date to the current cycle date for this A/R number. The field reports in the following groupings: 121 + days 91-120 days 61-90 days 31-60 days 16-30 days 00-15 days
Last Activity Date	The date on which the provider last had debit activity
Flag	Indicates whether no activity occurred within the last 30 days
A/R Number	The number used to track account receivables throughout the system
Reason Code	Indicates how and why the A/R was established
Original Amount	The original amount indicates the setup amount of the receivable
Cash Receipts	Indicates a manual payment made to the Indiana Health Coverage Program to decrease an account receivable file
Offset Amount	This indicates the amount offset from the weekly claim cycle to satisfy the accounts receivable to date. In addition, other state directed offsets are also reflected in this field
Adjustments	Changes made to the A/R balance other than cash or offsets, such as state directed write-offs or increases
Applied Interest	Indicates the amount applied toward interest to date
Applied Principal	Indicates the amount applied toward the principal to date
Balance	This is the original amount less any recovered amounts
	Each aged category is subtotaled and a grand total is also calculated for all programs. The report is then summarized by program within each aged category.

```
REPORT:  FIN-3001-W                                    INDIANAAIM                                    DATE:  MM/DD/CCYY
PROCESS:                                          PROVIDER ACCOUNTS RECEIVABLE                         TIME:  HH:MM:SS
LOCATION:                                               AGING BY PROGRAM                                 PAGE:  99,999
                                                 PERIOD: MM/DD/CCYY - MM/DD/CCYY

INDIANA HEALTH COVERAGE PROGRAM  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

 PROVIDER    DAYS   LAST ACTIVITY   A/R NUMBER  RSN   ORIGINAL  CASH           OFFSET        ADJ            APPLLIED      APPLIED       BALANCE
 NUMBER      OUTST  DATE      FLAG              CODE  AMOUNT    RECEIPTS       AMOUNT                       INTEREST      PRINCIPAL

EFFECTIVE DATE:      MMDDCCYY
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
SUBTOTALS     00-15                            999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99

EFFECTIVE DATE:      MMDDCCYY
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
SUBTOTALS     16-30                            999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99

EFFECTIVE DATE:      MMDDCCYY
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
999999999A  999  MMDDCCYY  X  9999999999999 9999 99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
SUBTOTALS     31-60                            999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99

GRAND TOTALS                        9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99 9,999,999,999.99
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Page break at new Indiana Health Coverage Program

* * End of Report * *

FIN-3004-W Integrated Accounts Receivable

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-3004-W		Integrated Accounts Receivable

Description of Information

This report is used to integrate all accounts receivable information from each functional area (Provider, TPL, and Drug Rebate) into one report. The report is sorted by program and functional area and summarized by program in total.

Purpose

Used by EDS to report to IFSSA weekly activity associated with all accounts receivable.

Sort Sequence

- *Primary -* Program, ascending
- *Secondary -* Functional area, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Functional Areas	Indicates each unique individual department that directly affects the total accounts receivable (Prov-TPL, Prov-SURS, Prov-Drug Rebate, Prov-Operations, TPL-Health, Drug Rebate-MFTR). A/R activity is reported for each functional area
Prov-TPL	Indicates a TPL initiated accounts receivable for a provider
Prov-SURS	Indicates a SURS initiated accounts receivable for a provider
Prov-Drug Rebate	Indicates a Drug Rebate initiated provider accounts receivable
Prov-Operations	Indicates an accounts receivable related to a provider only, and not identified in Prov-TPL, Prov-SURS, or Prov-Drug Rebate
TPL-Health	Indicates an accounts receivable related to an insurance company
Drug Rebate-Mfr	Indicates an accounts receivable related to a manufacturer
Program Totals	Indicates the sum of all functional areas within a program
+ Previous A/Rs	Indicates the balance of all the accounts receivables as stated on the

	previous report (A/R Balance) for each functional area
+ New A/Rs This Week	This field gives the total of all new accounts receivables established during the present reporting period for each functional area
- Refunds	Indicates the total cash payments received and applied to decrease an accounts receivables for each functional area
- System Offsets	Indicates the total claim related dispositions applied systematically to decrease accounts receivables for provider related functional areas
+/- Adjustments To A/Rs	Indicates any disposition applied to decrease or increase an accounts receivable except claim and cash related refunds (state directed write-offs or interest increases)
= A/R Balance	Indicates the total accounts receivable balance remaining for all accounts receivables for each functional area Formula: Prev A/R + New A/Rs This Week- (Refunds + System Offsets + Adjustment To A/Rs) = A/R Balance
Indiana Health Coverage Programs	Indicates with which program the accounts receivable is associated (Medicaid, 590, Pkg. C, or ARCH) The data for all programs is summarized with a grand total for all programs. Some fields on this report may not be applicable to all of the functional areas; therefore, those fields will be blank

REPORT: FIN-3004-W INDIANA*AIM* DATE: MM/DD/CCYY

PROCESS: INTEGRATED ACCOUNTS RECEIVABLE TIME: HH:MM:SS

LOCATION: PERIOD: MM/DD/CCYY - MM/DD/CCYY PAGE: 99,999

MEDICAID	PREVIOUS A/R's	+ NEW A/R's THIS WK	- REFUNDS	- SYSTEM OFFSETS	+/- ADJUSTMENT TO A/R	= A/R BALANCE
PROV-TPL	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-SURS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-DRUG REBATE	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-OPERATIONS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
TPL-HEALTH	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
DRUG REBATE-MFTR	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROGRAM TOTALS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
590						
PROV-TPL	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-OPERATIONS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
TPL-HEALTH	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROGRAM TOTALS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PKG C						
PROV-TPL	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-SURS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-OPERATIONS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
TPL-HEALTH	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROGRAM TOTALS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
ARCH						
PROV-TPL	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-DRUG REBATE	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROV-OPERATIONS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
TPL-HEALTH	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
DRUG REBATE-MFTR	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PROGRAM TOTALS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
INDIANA HEALTH COVERAGE PROGRAMS						
MEDICAID	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
590	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
PKG C	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
ARCH	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
GRAND TOTAL	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

* * END OF REPORT * *

* * NO DATA THIS RUN * *

FIN-4000-W Provider Lien Activity

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-4000-W		Provider Lien Activity

Description of Information

The information on this report details provider lien activity for the current payment cycle, and previous cycles.

Purpose

The provider lien activity report is used to show the current status of a provider lien.

Sort Sequence

- *Primary -* Program code, ascending
- *Secondary -* Provider number, ascending
- *Tertiary -* Lien number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly
CSHCS	CRLD	0	Weekly

Detailed Field Definitions

Provider Number	Indicates the specific provider number's payments from which the lien amount is deducted
Location Code	The unique code which identifies the provider's service location
Status	Indicates current status (open or closed)
Lien Date	The setup date of the original lien transaction
Lien Number	The number used to track the lien through the system
Reason Code	Indicates the reason why a lien is issued and the source of the lien document
Original Lien Amount	Indicates the initial setup amount associated with this lien
Lien Payment %	Indicates the percentage of the provider's total weekly claims payment deducted each cycle
Lien Payment $	Indicates the dollar amount of the provider's total weekly claims payment deducted each cycle

Applied Amount This Week	Indicates the dollar amount from claims processing applied to the lien for the week
Applied Amount to Date	Indicates the dollar amount from claims processing applied to the lien to date
Increase/Decrease	Indicates the dollar amount that the lien amount increased or decreased by a manual adjustment during the current weekly cycle
Balance	Indicates the difference between the original amount, less any payments made to date or any increases or decreases made

Totals are calculated for the appropriate columns.

```
REPORT:  FIN-4000-W                                    INDIANAAIM                                    RUN DATE:  MM/DD/CCYY
PROCESS:                                          PROVIDER LIEN ACTIVITY                           RUN TIME:  HH:MM:SS
LOCATION:                                    PERIOD: MM/DD/CCYY - MM/DD/CCYY                          PAGE:  99,999

 PROVIDER   LOC   STATUS   LIEN    LIEN     RSN    ORIG LIEN     LIEN PAYMENT        APPLIED AMOUNT         INCREASE/              BALANCE
  NUMBER                   DATE   NUMBER   CODE     AMOUNT                                                   DECREASE
                                                                  %        $      THIS WEEK     TO DATE

999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99
999999999 A 9 MMDDCCYY 999999999 9999 999,999,999.99 999.99 999,999,999.99 999,999,999.99 999,999,999.99 999,999,999.99         999,999,999.99

                                                  * * * END OF REPORT * * *
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FIN-4050-W Claim Payment Hold Weekly Summary Report by Provider

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-4050-W		Claim Payment Hold Weekly Summary Report by Provider

Description of Information

The report will reflect both a total count and a total dollar amount associated with claims and financial transactions on hold, by provider. This report will also give a total dollar amount for all transactions.

Purpose

The Claim Payment Hold Weekly Report is designed to show by provider how many claims and financial transactions are held and the dollar amount associated with those claims. Used by EDS and IFSSA to determine the impact of Claim Payment holds on providers.

Sort Sequence

- *Primary -* Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly
CSHCS	CRLD	0	Weekly

Detailed Field Definitions

Provider Number	The unique number used to identify the specific provider whom the hold is administered against
Location Code	The unique code which identifies the provider's service location
Financial Txn Count	Indicates the number of financial transactions on hold, by provider
Financial Txn $ Amount	Indicates the dollar amount for the financial transactions on hold, by provider
Claim Processing Count	Indicates the count for the financial transactions on hold, by provider
Claim Processing Approved To Pay Amount	Indicates the approved to pay amount of all claims on hold, by provider
Total $ Amount	Indicates the total dollar amount for both claims processed and financial transactions on hold, by provider
	Each category is subtotaled and a grand total is calculated.

```
Report:  FIN-4050-W                                IndianaAIM                                    Date:  MMDDCCYY
Process:                                       CLAIM PAYMENT HOLD                                Time:  HH:MM:SS
Location:                                   WEEKLY SUMMARY BY PROVIDER                             Page:  99,999
                                           Period:  MMDDCCYY - MMDDCCYY
```

PROVIDER NUMBER	LOC	FINANCIAL TRANSACTIONS- COUNT	AMOUNT	CLAIMS PROCESSING COUNT	APPROVED TO PAY	TOTAL AMOUNT
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
999999999	X	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
TOTALS		99,999,999	999,999,999.99	99,999,999	999,999,999.99	9,999,999,999.99

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

FIN-4051-W Claim Payment Hold by Program

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-4051-W		Claim Payment Hold Weekly Summary by Indiana Health Coverage Program

Description of Information

The report will reflect both a total count and a total dollar amount associated with claims and financial transactions on hold, by Indiana Health Coverage Program. This report will also give a total dollar amount for all transactions.

Purpose

The Claim Payment Hold Weekly Report is designed to show, by Indiana Health Coverage Program, how many claims and financial transactions are being held and the dollar amount associated with the claim payment hold. It will also be used by EDS and IFSSA to determine the impact of claim payment holds on a specific Indiana Health Coverage Program each week.

Sort Sequence

- *Primary -* Indiana Health Coverage Program, ascending
- *Secondary -* Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly
CSHCS	CRLD	0	Weekly

Detailed Field Definitions

Medical Assistance Program	Indicates with which program the claim payment hold is associated (Medicaid, 590, CSHCS, MRT or ARCH)
Provider Number	This is the unique number used to identify the specific provider whom the hold is administered against
Financial Txn Count	Indicates the number of financial transactions on hold by provider
Financial Txn $ Amount	Indicates the dollar amount for the financial transactions on hold by provider
Claim Processing Count	Indicates the number claims on hold by provider

Claim Processing Approved Pay Amount	Indicates the dollar amount of all claims approved to pay on hold by provider
Total $ Amount	Indicates the total dollar amount for both claims processed and financial transactions on hold by provider

Each category is totaled by program. The report is then summarized by program.

```
Report:  FIN-4051-W                                    IndianaAIM                                    RUN Date:  MMDDCCYY
Process:                                            CLAIM PAYMENT HOLD                               RUN Time:  HH:MM:SS
Location:                                WEEKLY SUMMARY BY INDIANA HEALTH COVERAGE PROGRAM                    Page:  99,999
                                                  Period:  MMDDCCYY - MMDDCCYY

INDIANA HEALTH COVERAGE PROGRAM
      PROVIDER           -FINANCIAL TRANSACTIONS-            CLAIMS PROCESSING
       NUMBER            COUNT              AMOUNT           COUNT          APPROVED TO PAY          TOTAL AMOUNT

            999999999   X    99,999,999       99,999,999.99       99,999,999       99,999,999.99       999,999,999.99
            999999999   X    99,999,999       99,999,999.99       99,999,999       99,999,999.99       999,999,999.99
            999999999   X    99,999,999       99,999,999.99       99,999,999       99,999,999.99       999,999,999.99
            999999999   X    99,999,999       99,999,999.99       99,999,999       99,999,999.99       999,999,999.99

           SUBTOTALS       99,999,999       999,999,999.99       99,999,999       999,999,999.99     9,999,999,999.99

          PROGRAM TOTALS   99,999,999     9,999,999,999.99      99,999,999      9,999,999,999.99     9,999,999,999.99

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

FIN-4052-W Claim Payment Hold Aging

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-4052-W		Claim Payment Hold Aging

Description of Information

This report lists all claim payment hold requests which have aged more than 30 days. Included are the total number financial transactions and claims impacted by the hold and the associated dollar amount.

Purpose

The Claim Payment Hold Aging Report show, by control number, claim payment holds kept in effective status greater than 30 days. This report is used by EDS and IFSSA to monitor aged holds weekly to ensure that claim payment holds are updated with release dates, if applicable. EDS reviews this report and validates that all holds aged more than 30 days are appropriately authorized.

Sort Sequence

- *Primary -* Control number, ascending
- *Secondary -* Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly
CSHCS	CRLD	0	Weekly

Detailed Field Definitions

Control Number	This is a unique number assigned to each claim payment hold requested by IFSSA or other authorizing agent
Financial Txn Count	Indicates the number of financial transactions on hold, by provider
Financial Txn $ Amount	Indicates the dollar amount for the financial transactions on hold, by provider
Claims Count	Indicates the number claims on hold, by provider
Claims Amount	Indicates the approved to pay amount of all claims on hold, by provider
Total Amount	Indicates the total dollar amount for both claims processed and financial transactions on hold, by provider
	Totals are calculated for the appropriate columns.

Report: FIN-4052-W
Process:
Location:

Indiana*AIM*
CLAIM PAYMENT HOLD AGING (> 30 DAYS)
Period: CCYYMMDD - CCYYMMDD

Date: CCYYMMDD
TIME: hh:mm:ss
Page: 99,999

CONTROL NUMBER	-FINANCIAL TRANSACTIONS- COUNT	AMOUNT	---------CLAIMS--------- COUNT	AMOUNT	TOTAL AMOUNT
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
YYJJJSSS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	999,999,999.99
TOTALS	99,999,999	999,999,999.99	99,999,999	999,999,999.99	9,999,999,999.99

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

FIN-5000-A 1099 Payment Summary

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-5000-A	FINJA200	1099 Payment Summary

Description of Information

This report lists all entities that received money during the year. The report lists the provider, service location, check amounts, refund amounts, and voids.

Purpose

The 1099 Payment Summary shows all entities that received payment during the year.

Sort Sequence

- *Primary -* Tax ID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annual
IFSSA	CRLD	0	Annual

Detailed Field Definitions

Tax ID	The tax ID of the provider who received monies during the year.
Provider ID	The provider ID of the provider who received monies during the year.
Service Location	The service location of the provider who received monies during the year.
Check Amount	The total dollar amount of all checks received by the provider during the year.
Manual Check Amount	The total dollar amount of all manual checks received by the provider during the year.
Claim Refunds	The total dollar amount of all claim - specific refunds received and processed by EDS during the year.
Non-Claim Refunds	The total dollar amount of all non-claim specific refunds received and processed by EDS during the year.
Voids	The total dollar amount of all voids processed by EDS during the year.
Net 1099 Amount	The sum of Check Amount + Manual Check Amount – Claim Refunds – Non Claim Refunds – Voids.

Report: FIN-5000-A
Process: FINJA200
Location: FNIO9020

Indiana*AIM*
1099 Payment Summary
FOR CALENDAR YEAR: YYYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

TAX ID	PROVIDER ID	SERVICE LOCATION	CHECK AMOUNT	MANUAL CHECK AMOUNT	CLAIM REFUNDS	NON-CLAIM REFUNDS	VOIDS	NET 1099 AMOUNT
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
XXX-XX-XXXX	XXXXXXXXX	X	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
	1099 TOTALS		9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

* * * END OF REPORT * * *

FIN-5001-A 1099 Exception Report

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-5001-A	FINJA200	1099 Exception Report

Description of Information

This report lists all errors encountered during the 1099 process. The errors reported are: Total Amount Paid is Less Than $600.00, Provider Number Is Not On File, Provider Pay to Name Missing, Provider Pay to Address Missing, and Provider EIN/SSN is Missing or Invalid.

Purpose

The 1099 Exception Report shows all errors encountered during the 1099 process.

Sort Sequence

- *Primary -* Tax ID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annual
IFSSA	CRLD	0	Annual

Detailed Field Definitions

Tax ID	The tax ID of the entity for whom a 1099 processed.
Provider ID/SAK	The provider ID or payee ID of the entity for whom a 1099 processed.
Service Location	The service location of the entity for whom a 1099 processed.
Net 1099 Amount	The net dollar amount of the entity for whom a 1099 processed.
Error Message	The description of the error encountered during the 1099 process.
Total Amount Paid Is Less Than $ 600.00 Totals	The number and total dollar amount of all entities paid less than $600.00 for the year.
Provider Number Is Not On File Totals	The number and total dollar amount of all providers who do not have a provider number on file.
Provider Pay To Name Missing Totals	The number and total dollar amount of all providers who do not have a pay to name listed.

Provider Pay-To Address Missing totals	The number and total dollar amount of all providers who do not have A Pay To Address listed.
Provider EIN/SSN Is Missing Or Invalid Totals	The number and total dollar amount of all providers who do not have a valid EIN/SSN listed

Report: FIN-5001-A
Process: FINJA200
Location: FBIO9030

Indiana*AIM*
1099 EXCEPTION REPORT
FOR CALENDAR YEAR: YYYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

TAX ID	PROVIDER ID / SAK	SERVICE LOCATION	NET 1099 AMOUNT	ERROR MESSAGE
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXX-XX-XXXX	XXXXXXXXX	X	XX,XXX,XXX.XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

* * * END OF REPORT * * *

FIN-6005-W Indiana Health Coverage Programs Check Register

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-6005-W		Indiana Health Coverage Programs Check Register

Description of Information

The report indicates system check information by provider. The register gives an itemized list of each check that passes through the system.

Purpose

The report is an audit path for out going checks. Also, the register offers easy retrieval of information by any of the fields shown.

Sort Sequence

- *Primary -* Provider number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Check Number	This is the printed sequence bank number on the check. The number may be used to track a specific check in the database
Check Date	The date the check was written
Provider Number	Identifies the provider on the check. The Provider Number must match the Provider Name on the check
Provider Name	The name of the provider on the check
Check Amount	The dollar amount associated with a specific check
Manual Check Total	The total dollar amount of all manual checks
Void Check Total	The total dollar amount of all voided checks
System Check Total	The total dollar amount of all system checks

REPORT: FIN-6005-W
PROCESS: FINJW300
LOCATION:

INDIANA*AIM*
INDIANA HEALTH COVERAGE PROGRAMS CHECK REGISTER
PERIOD: MMDDCCYY - MMDDCCYY

RUN DATE: MMDDCCYY
RUN TIME: HH:MM:SS
PAGE: 99,999

CHECK NO	CHECK DATE	PROVIDER NUMBER	PROVIDER NAME	CHECK AMOUNT
999999999	MMDDCCYY	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	VOID	XXXXXXXXXXXXXXXXXXXXXXX	$(999,999,999.99)
999999999	MMDDCCYY	VOID	XXXXXXXXXXXXXXXXXXXXXXX	$(999,999,999.99)
999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	LIEN	BACKUP WITHHOLDING	$999,999,999.99
999999999	MMDDCCYY	LIEN	INTERNAL REVENUE SERVICE	$999,999,999.99
999999999	MMDDCCYY	EXPENSE	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99
999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99

MANUAL CHECK COUNT	999999999	MANUAL CHECK TOTAL:	$999,999,999.99
VOID CHECK COUNT	999999999	VOID CHECK TOTAL:	$(999,999,999.99)
SYSTEM CHECK COUNT	999999999	SYSTEM CHECK TOTAL:	$999,999,999.99

* * END OF REPORT * *

FIN-6006-W EFT Activity

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-6006-W		EFT Activity

Description of Information

This report summarizes Electronic Funds Transfer (EFT) activity for the current payment cycle. It lists each individual transaction for the providers participating in EFT for the week and the total dollar amount transferred.

Purpose

Used by EDS and IFSSA to identify EFT activity for each payment cycle. It will also allows tracking of EFT participation trends and the dollars associated.

Sort Sequence

- *Primary -* Bank account number; ascending
- *Secondary -* Account ID; ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Account ID	The Identification Number to which the EFT was issued
Account Name	The name of the provider on the check
Account Number	The bank account number to which the EFT is transferred
Bank Routing Number	The bank routing number to which the EFT is transferred
EFT Number	The unique number assigned for EFT tracking purposes
EFT Amount	The amount of the EFT
Total EFT Amount	The total dollar amount of all EFTs for the current financial cycle

REPORT: FIN-6006-W
PROCESS: FINJW200
LOCATION:

INDIANA*AIM*
ELECTRONIC FUNDS TRANSFER ACTIVITY REPORT
PERIOD: MMDDCCYY - MMDDCCYY

RUN DATE: MMDDCCYY
RUN TIME: HH:MM:SS
PAGE: 99,999

ACCT ID	ACCOUNT NAME	BANK ROUTING	ACCT NUMBER	EFT NUMBER	EFT AMOUNT
999999999 B	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$(999,999,999.99)
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$(999,999,999.99)
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99
999999999 A	XXXXXXXXXXXXXXXXXXXXXXX	999999999	99999999999999999999	999999999	$999,999,999.99

TOTAL: $999,999,999.99

* * END OF REPORT * *

FIN-6007-W Stoppay/Reissue Detail Weekly Activity

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-6007-W		Stoppay/Reissue Detail Weekly Activity

Description of Information

This report lists all stopped check numbers that reissued, dates and amounts, the reissued check number, the provider number and name, the reason code, and the stoppay and reissue dates. It is run weekly basis.

Purpose

Used by the Client Services Unit to follow up with providers as necessary, and provide detail backup for bank recons.

Sort Sequence

- *Primary* - Provider number, ascending
- *Secondary* - Original check date, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Reason	Indicates the reason the stop - pay request was issued.
Original Check Number	The check number of the original check.
Original Check Date	The date of the original check.
Reissue Check Number	The check number of the reissued (replacement) check.
Reissue Check Date	The date of the reissue (replacement) check.
Payee ID #	The ID of the payee for whom the stop - pay and reissue was requested.
Payee Name	The name of the payee for whom the stop - pay and reissue has been requested.
Check Amount	The dollar amount of the original check.
Reason	The reason code that identifies the status of the originally issued check.
Date Action Occurred	The date the stop - pay was performed.

REPORT: FIN-6007-W INDIANA*AIM* RUN DATE: MMDDCCYY

PROCESS: FINJW220 STOPPAY/VOID REISSUE DETAIL RUN TIME: HH:MM:SS

LOCATION: WEEKLY ACTIVITY PAGE: 99,999

PERIOD: MMDDCCYY - MMDDCCYY

REASON: F MUTILATED CHECK

ORIGINAL CHECK NUMBER	ORIGINAL CHECK DATE	REISSUE CHECK NUMBER	REISSUE CHECK DATE	PAYEE ID #	PAYEE NAME	CHECK AMOUNT	REASON CODE	DATE ACTION OCCURRED
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	F	MMDDCCYY
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	F	MMDDCCYY
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	F	MMDDCCYY
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	F	MMDDCCYY

REASON: O FAILED EFT

ORIGINAL CHECK NUMBER	ORIGINAL CHECK DATE	REISSUE CHECK NUMBER	REISSUE CHECK DATE	PAYEE ID #	PAYEE NAME	CHECK AMOUNT	REASON CODE	DATE ACTION OCCURRED
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	O	MMDDCCYY
999999999	MMDDCCYY	999999999	MMDDCCYY	999999999	XXXXXXXXXXXXXXXXXXXXXXX	$999,999,999.99	O	MMDDCCYY

* * END OF REPORT * *

Reissue Reason Codes

Table 13.6 – Reissue Reason Codes

Reissue Reason	Description
	Check Outstanding
C	Check Voided
D	Stop/Check Present
E	Stop/Check Not Presented
F	Mutilated Check
G	Void/Incorrect Payment
H	Void/Wrong Provider
I	Void/Duplicate Payment
J	Void/Wrong Location
K	Void/Wrong Provider Id
L	Void/Check Stale-Dated
M	Void/New Tax Id Number
N	Void/Wrong Procedure Code
O	Void/Failed EFT

FIN-6051-W Post Implementation – Provider 1099 Reporting (Tape)

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-6051-W		Post Implementation – Provider 1099 Reporting (Tape)

Description of Information

****This report is currently in SME review. 12/27/00**

FIN-7000-W Program Process Summary-Medicaid

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7000-W		Program Process Summary-Medicaid

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all paid and denied claims and financial transactions processed during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD	1	Weekly
EDS	Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are:

- Region 10/11-Paper
- Region 12-CCF
- Region 15-Paper and No Provider ID
- Region 20/21-Electronic
- Region 22-Shadow Claims
- Region 25/26-Point of Service
- Region 40-Converted Claims
- Region 41-Converted 590 Claims
- Region 80-EDS system reprocessed
- Region 90-Specially handled claims
- Region 99-Converted Claim with Duplicate ICN

Region Other-all other claims regions (includes non-valid and new regions)

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count	The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are: • *Region 45-Converted Adjustment Claims* • *Region 46-Converted 590 Adjustment Claims* • *Region 47-Converted Credits* • *Region 48-Converted Voids* • *Region 49-Member Linking Adjustments* • *Region 50-Non Check Related Adjustments* • *Region 51-Check Related Adjustments (Refund)* • *Region 52/53-Shadow Claims Adjustments* • *Region 54-Mass Adjustments-Void transaction* • *Region 55-Mass Adjustments (Retro rate)* • *Region 56-Mass Adjustments* • *Region 57-Mass Adjustments (SE initiated)* • *Region 58-Adjustments-Processed by SE* • *Region 59-POS Reversal*
Total Adjustments Processed-Amount	The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle
Total Non Claim Refunds Processed-Count	The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association
Total Non Claim Refunds Processed-Amount	The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle
Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

```
REPORT:  FIN-7000-W                          INDIANAAIM                                  DATE:  MMDDCCYY
PROCESS:                                  PROGRAM PROCESS SUMMARY                        TIME:  HH:MM:SS
LOCATION:                                       MEDICAID                                   PAGE:  99,999
                                        PERIOD:  CCYYMMDD - CCYYMMDD

                                                 COUNT              AMOUNT
                TOTAL CLAIMS PROCESSED          999,999,999        999,999,999.99
                   REGION 10/11                 999,999,999        999,999,999.99
                   REGION 12                    999,999,999        999,999,999.99
                   REGION 15                    999,999,999        999,999,999.99
                   REGION 20/21                 999,999,999        999,999,999.99
                   REGION 22                    999,999,999        999,999,999.99
                   REGION 25/26                 999,999,999        999,999,999.99
                   REGION 40                    999,999,999        999,999,999.99
                   REGION 41                    999,999,999        999,999,999.99
                   REGION 80                    999,999,999        999,999,999.99
                   REGION 90                    999,999,999        999,999,999.99
                   REGION 99                    999,999,999        999,999,999.99
                   REGION OTHER                 999,999,999        999,999,999.99

                TOTAL ADJUSTMENTS PROCESSED     999,999,999        999,999,999.99
                   REGION 45                    999,999,999        999,999,999.99
                   REGION 46                    999,999,999        999,999,999.99
                   REGION 47                    999,999,999        999,999,999.99
                   REGION 48                    999,999,999        999,999,999.99
                   REGION 49                    999,999,999        999,999,999.99
                   REGION 50                    999,999,999        999,999,999.99
                   REGION 51                    999,999,999        999,999,999.99
                   REGION 52/53                 999,999,999        999,999,999.99
                   REGION 54                    999,999,999        999,999,999.99
                   REGION 55                    999,999,999        999,999,999.99
                   REGION 56                    999,999,999        999,999,999.99
                   REGION 54                    999,999,999        999,999,999.99
                   REGION 58                    999,999,999        999,999,999.99
                   REGION 59                    999,999,999        999,999,999.99

                TOTAL NON CLAIM REFUNDS PROCESSED 999,999,999      999,999,999.99

                TOTAL ACCOUNTS RECEIVABLES PROCESSED 999,999,999   999,999,999.99
                   SYSTEM SETUPS                999,999,999        999,999,999.99
                   MANUAL SETUPS                999,999,999        999,999,999.99
                   SYSTEM DISPOSITIONS          999,999,999        999,999,999.99
                   MANUAL DISPOSITIONS          999,999,999        999,999,999.99

                TOTAL PAYOUTS PROCESSED         999,999,999        999,999,999.99
                   SYSTEM                       999,999,999        999,999,999.99

                TOTAL VOIDS PROCESSED           999,999,999        999,999,999.99

                                          * * * END OF REPORT * * *

                                        * * * NO DATA THIS RUN * * *
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FIN-7001-W Program Process Summary-CSHCS

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7001-W		Program Process Summary-CSHCS

NOTE: No longer produced as of 01/01/2000 because CSHCS is no longer a valid Medicaid Program

Description of Information

This report summarizes all CSHCS paid and denied claims, adjustments, and financial transactions processed during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS/IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are:

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count

The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are:

- *Region 45-Converted Adjustment Claims*
- *Region 46-Converted 590 Adjustment Claims*
- *Region 47-Converted Credits*
- *Region 48-Converted Voids*
- *Region 49-Member Linking Adjustments*
- *Region 50-Non Check Related Adjustments*
- *Region 51-Check Related Adjustments (Refund)*
- *Region 52/53-Shadow Claims Adjustments*
- *Region 54-Mass Adjustments-Void transaction*
- *Region 55-Mass Adjustments (Retro rate)*
- *Region 56-Mass Adjustments*
- *Region 57-Mass Adjustments (SE initiated)*
- *Region 58-Adjustments-Processed by SE*
- *Region 59-POS Reversal*

Total Adjustments Processed-Amount

The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle

Total Non Claim Refunds Processed-Count

The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association

Total Non Claim Refunds Processed-Amount	The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle
Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These number is obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

```
REPORT:  FIN-7001-W                          INDIANAAIM                                  DATE:  MMDDCCYY
PROCESS:                                  PROGRAM PROCESS SUMMARY                        TIME:  HH:MM:SS
LOCATION:                                        CSHCS                                     PAGE:  99,999
                                        PERIOD:  CCYYMMDD - CCYYMMDD
```

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

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* * * END OF REPORT * * *
* * * NO DATA THIS RUN * * *
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FIN-7002-W Program Process Summary-ARCH

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7002-W		Program Process Summary-ARCH

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all paid and denied ARCH claims, adjustments, and financial transactions processed during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD	1	Weekly
EDS	CRLD/Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count	The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are • *Region 45-Converted Adjustment Claims* • *Region 46-Converted 590 Adjustment Claims* • *Region 47-Converted Credits* • *Region 48-Converted Voids* • *Region 49-Member Linking Adjustments* • *Region 50-Non Check Related Adjustments* • *Region 51-Check Related Adjustments (Refund)* • *Region 52/53-Shadow Claims Adjustments* • *Region 54-Mass Adjustments-Void transaction* • *Region 55-Mass Adjustments (Retro rate)* • *Region 56-Mass Adjustments* • *Region 57-Mass Adjustments (SE initiated)* • *Region 58-Adjustments-Processed by SE* • *Region 59-POS Reversal*
Total Adjustments Processed-Amount	The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle
Total Non Claim Refunds Processed-Count	The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association
Total Non Claim Refunds Processed-Amount	The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle
Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

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REPORT:  FIN-7002-W                          INDIANAAIM                          DATE:  MMDDCCYY
PROCESS:                                PROGRAM PROCESS SUMMARY                  TIME:  HH:MM:SS
LOCATION:                                          ARCH                            PAGE:  99,999
                                       PERIOD:  CCYYMMDD - CCYYMMDD
```

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

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                    * * * END OF REPORT * * *
                  * * * NO DATA THIS RUN * * *
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FIN-7003-W Program Process Summary – Package C

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7003-W		Program Process Summary – Package C

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all Package C paid and denied claims, adjustments, and financial transactions processed during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD	1	Weekly
EDS	CRLD/Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count	The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are • *Region 45-Converted Adjustment Claims* • *Region 46-Converted 590 Adjustment Claims* • *Region 47-Converted Credits* • *Region 48-Converted Voids* • *Region 49-Member Linking Adjustments* • *Region 50-Non Check Related Adjustments* • *Region 51-Check Related Adjustments (Refund)* • *Region 52/53-Shadow Claims Adjustments* • *Region 54-Mass Adjustments-Void transaction* • *Region 55-Mass Adjustments (Retro rate)* • *Region 56-Mass Adjustments* • *Region 57-Mass Adjustments (SE initiated)* • *Region 58-Adjustments-Processed by SE* • *Region 59-POS Reversal*
Total Adjustments Processed-Amount	The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle
Total Non Claim Refunds Processed-Count	The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association
Total Non Claim Refunds Processed-Amount	The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle
Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

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REPORT:  FIN-7003-W                          INDIANAAIM                          DATE:  MMDDCCYY
PROCESS:                                PROGRAM PROCESS SUMMARY                  TIME:  HH:MM:SS
LOCATION:                                     Package C                            PAGE:  99,999
                                       PERIOD:  CCYYMMDD - CCYYMMDD
```

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

```
                    * * * END OF REPORT * * *
                  * * * NO DATA THIS RUN * * *
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FIN-7004-W Program Process Summary-590

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7004-W		Program Process Summary-590

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all paid and denied 590 claims, adjustments, and financial transactions processed during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD	1	Weekly
EDS	CRLD/Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count

The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 45-Converted Adjustment Claims*
- *Region 46-Converted 590 Adjustment Claims*
- *Region 47-Converted Credits*
- *Region 48-Converted Voids*
- *Region 49-Member Linking Adjustments*
- *Region 50-Non Check Related Adjustments*
- *Region 51-Check Related Adjustments (Refund)*
- *Region 52/53-Shadow Claims Adjustments*
- *Region 54-Mass Adjustments-Void transaction*
- *Region 55-Mass Adjustments (Retro rate)*
- *Region 56-Mass Adjustments*
- *Region 57-Mass Adjustments (SE initiated)*
- *Region 58-Adjustments-Processed by SE*
- *Region 59-POS Reversal*

Total Adjustments Processed-Amount

The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle

Total Non Claim Refunds Processed-Count

The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association

Total Non Claim Refunds Processed-Amount

The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle

Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

REPORT: FIN-7004-W
PROCESS:
LOCATION:

INDIANA*AIM*
PROGRAM PROCESS SUMMARY
590
PERIOD: CCYYMMDD - CCYYMMDD

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

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

FIN-7005-W Program Process Summary-All State Only Programs

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7005-W		Program Process Summary-All State Only Programs

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all paid and denied claims and financial transactions processed for all State only programs during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD/Paper	2	Weekly
CSHCS	CRLD	1	Weekly
EDS	CRLD/Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count

The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 45-Converted Adjustment Claims*
- *Region 46-Converted 590 Adjustment Claims*
- *Region 47-Converted Credits*
- *Region 48-Converted Voids*
- *Region 49-Member Linking Adjustments*
- *Region 50-Non Check Related Adjustments*
- *Region 51-Check Related Adjustments (Refund)*
- *Region 52/53-Shadow Claims Adjustments*
- *Region 54-Mass Adjustments-Void transaction*
- *Region 55-Mass Adjustments (Retro rate)*
- *Region 56-Mass Adjustments*
- *Region 57-Mass Adjustments (SE initiated)*
- *Region 58-Adjustments-Processed by SE*
- *Region 59-POS Reversal*

Total Adjustments Processed-Amount

The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle

Total Non Claim Refunds Processed-Count

The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association

Total Non Claim Refunds Processed-Amount

The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle

Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

REPORT: FIN-7005-W
PROCESS:
LOCATION:

INDIANA*AIM*
PROGRAM PROCESS SUMMARY
ALL STATE PROGRAMS
PERIOD: CCYYMMDD - CCYYMMDD

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

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

FIN-7006-W Program Process Summary-All Indiana Health Coverage Programs

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-7006-W		Program Process Summary-All Indiana Health Coverage Programs

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report summarizes all paid and denied claims and financial transactions processed for all EDS administered Indiana Health Coverage Programs during the current weekly financial cycle. It is divided into specific categories for each type of transaction processed (claim specific or financial). Claims processed categories are further divided by region and financial transactions are further divided into system and manual transactions.

Purpose

This report is generated to supply EDS and IFSSA with summary data regarding the total number of claims and financial transactions processed for a given program during the current financial cycle.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD/Paper	2	Weekly
EDS	CRLD/Paper	2	Weekly

Detailed Field Definitions

Total Claims Processed-Count

The total number of claims (excluding adjustments) processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 10/11-Paper*
- *Region 12-CCF*
- *Region 15-Paper and No Provider ID*
- *Region 20/21-Electronic*
- *Region 22-Shadow Claims*
- *Region 25/26-Point of Service*
- *Region 40-Converted Claims*
- *Region 41-Converted 590 Claims*
- *Region 80-EDS system reprocessed*
- *Region 90-Specially handled claims*
- *Region 99-Converted Claim with Duplicate ICN*
- *Region Other-all other claims regions (includes non-valid and new regions)*

Total Claims Processed-Amount

The total dollar amount associated with all claims processed to final adjudication during the current financial cycle

Total Adjustments Processed-Count

The total number of claims processed to final adjudication during the current processing cycle. Totals are listed for each region. Valid values are

- *Region 45-Converted Adjustment Claims*
- *Region 46-Converted 590 Adjustment Claims*
- *Region 47-Converted Credits*
- *Region 48-Converted Voids*
- *Region 49-Member Linking Adjustments*
- *Region 50-Non Check Related Adjustments*
- *Region 51-Check Related Adjustments (Refund)*
- *Region 52/53-Shadow Claims Adjustments*
- *Region 54-Mass Adjustments-Void transaction*
- *Region 55-Mass Adjustments (Retro rate)*
- *Region 56-Mass Adjustments*
- *Region 57-Mass Adjustments (SE initiated)*
- *Region 58-Adjustments-Processed by SE*
- *Region 59-POS Reversal*

Total Adjustments Processed-Amount

The total dollar amount associated with all adjustments processed to final adjudication during the current financial cycle

Total Non Claim Refunds Processed-Count

The total number of non-claim specific refund transactions processed during the current financial cycle. This number is obtained by extracting data from the cash disposition table with a non-claim specific reason code association

Total Non Claim Refunds Processed-Amount

The total dollar amount associated with all non-claim specific refunds processed during the current financial processing cycle

Total Accounts Receivables Processed-Count	The total number of accounts receivable transaction processed during the current financial cycle. Totals are listed for both system and manual setups and dispositions. These numbers are obtained by extracting data from the appropriate accounts receivables tables. The reason code identifies what kind a transaction is performed and where the number is reported
Total Accounts Receivables Processed-Amount	The total dollar amount associated with all accounts receivable transactions processed during the current processing cycle (system and manual setups and dispositions)
Total Payouts Processed-Count	The total number of payout transactions processed during the current financial cycle. Totals are listed for both system and manually issued payouts. These numbers are obtained by extracting data from the appropriate expenditure tables
Total Payouts Processed-Amount	The total dollar amount associated with both system and manual payouts issued or entered during the current financial cycle
Total Voids Processed-Count	The total number of void transaction processed during the current weekly financial cycle
Total Voids Processed-Amount	The total dollar amount associated with all checks voided during the current weekly financial cycle

REPORT: FIN-7006-W
PROCESS:
LOCATION:

INDIANA*AIM*
PROGRAM PROCESS SUMMARY
ALL INDIANA HEALTH COVERAGE PROGRAMS
PERIOD: CCYYMMDD - CCYYMMDD

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	COUNT	AMOUNT
TOTAL CLAIMS PROCESSED	999,999,999	999,999,999.99
REGION 10/11	999,999,999	999,999,999.99
REGION 12	999,999,999	999,999,999.99
REGION 15	999,999,999	999,999,999.99
REGION 20/21	999,999,999	999,999,999.99
REGION 22	999,999,999	999,999,999.99
REGION 25/26	999,999,999	999,999,999.99
REGION 40	999,999,999	999,999,999.99
REGION 41	999,999,999	999,999,999.99
REGION 80	999,999,999	999,999,999.99
REGION 90	999,999,999	999,999,999.99
REGION 99	999,999,999	999,999,999.99
REGION OTHER	999,999,999	999,999,999.99
TOTAL ADJUSTMENTS PROCESSED	999,999,999	999,999,999.99
REGION 45	999,999,999	999,999,999.99
REGION 46	999,999,999	999,999,999.99
REGION 47	999,999,999	999,999,999.99
REGION 48	999,999,999	999,999,999.99
REGION 49	999,999,999	999,999,999.99
REGION 50	999,999,999	999,999,999.99
REGION 51	999,999,999	999,999,999.99
REGION 52/53	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 55	999,999,999	999,999,999.99
REGION 56	999,999,999	999,999,999.99
REGION 54	999,999,999	999,999,999.99
REGION 58	999,999,999	999,999,999.99
REGION 59	999,999,999	999,999,999.99
TOTAL NON CLAIM REFUNDS PROCESSED	999,999,999	999,999,999.99
TOTAL ACCOUNTS RECEIVABLES PROCESSED	999,999,999	999,999,999.99
SYSTEM SETUPS	999,999,999	999,999,999.99
MANUAL SETUPS	999,999,999	999,999,999.99
SYSTEM DISPOSITIONS	999,999,999	999,999,999.99
MANUAL DISPOSITIONS	999,999,999	999,999,999.99
TOTAL PAYOUTS PROCESSED	999,999,999	999,999,999.99
SYSTEM	999,999,999	999,999,999.99
TOTAL VOIDS PROCESSED	999,999,999	999,999,999.99

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

FIN-8000-W Financial Control Summary - MEDICAID

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8000-W		Financial Control Summary - MEDICAID

Description of Information

This report summarizes all financial activity for the current processing cycle. The number column on this report indicates the total number of claims and financial transactions that flowed through the current financial cycle for each category. The amount column indicates the dollars associated with these claims or financial transactions.

Purpose

The Medicaid Financial Control Summary to calculate the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State a weekly. In addition, this report is also used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims that processed for Medicaid during the current weekly financial cycle.

Amount: The total dollar amount of all paid and positive adjustment* claims that processed for the Medicaid during the current financial cycle.

* A positive adjustment is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items (Provider)

Number: The number of system payout transactions processed for MEDICAID during the current weekly financial cycle. See the attached worksheet for payouts included in this line. This line is only for payments made to providers.

Amount: The dollar amount of the 'system' payouts transactions processed for Medicaid during the current weekly financial cycle.

System Payout Items (Health)

Number: The number of system payouts transactions processed for Medicaid during the current weekly financial cycle. See the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections.

Amount: The dollar amount of the system payouts transactions processed for Medicaid during the current weekly financial cycle.

Manual Payout Items

Number: The number of manual check transactions processed for Medicaid during the current weekly financial cycle.

Amount: The dollar amount of the manual check transactions processed for Medicaid during the current weekly financial cycle.

System Insurance Premium Payouts

Number: The number of Health Insurance Premium Payments generated during the current weekly financial cycle for Medicaid. This data is pulled from the Expenditure table, reason code 8321.

Amount: The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.

QI2 Buy-In Payment

Number: The number of QI2 Buy-In Payments generated yearly. This data is pulled from the Expenditure table, reason code 8319.

Amount: The dollar amount of QI2 Buy-In Payments generated yearly through the system (reason 8319).

Administration Fee Payment (PCCM)

Number: The number of members associated with Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly, fixed, flat fee payment for each member assigned to them.

Amount: The total dollar amount of all Administration Fee Payments made to providers during the current weekly financial cycle.

Capitation Payment (MCO)

Number: The number of memberss associated with MCO Capitation Payments during the current weekly financial cycle.

Amount: The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member to it.

System Offset Items (Principal)

Number: The number of IHCP provider accounts receivables that were offset due to claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table. This excludes offsets applied during the current weekly financial cycle to IHCP provider accounts receivables that were originally setup using 8415 (civil penalties).

Amount: The total dollar amount applied towards IHCP provider accounts receivables due to claims activity (disposition table reason code 8441). This excludes offsets applied during the current weekly financial cycle to IHCP

provider accounts receivables that were originally setup using 8415 (civil penalties).

Net System Payment

Number: Not applicable

Amount: The total dollar amount of Medicaid payments with adjustments for system payouts and offsets. Calculation is as follows:

(Claim Payment + System Payout Item + Manual Payout Items + System Insurance Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO) - System Offset Items = Net System Payment.

Refunds Processed

Number: The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (see specific functional area definition below). This excludes offsets applied during the current weekly financial cycle to IHCP provider accounts receivables that were originally setup using 8415 (civil penalties).

Amount: The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle. Definition of refunds for each functional area is as follows:

Provider Refunds: See attached worksheet for disposition reason codes posting to this account.

Provider Refunds (TPL): See attached worksheet for disposition reason codes posting to this account.

Provider AR Refunds: See attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is being posted. This excludes offsets applied during the current weekly financial cycle to IHCP provider accounts receivables that were originally setup using 8415 (civil penalties).

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as they are posted to the general ledger. 'Posted' indicator on the Cash Receipts Disposition table is equal to 'Y'.

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as they are posted to the general ledger. 'Posted' indicator on the Cash Receipts disposition table is equal to 'Y'.

Payouts: See attached worksheet for reason codes posting to this account. This is utilized when the refund was sent in error for processing and should be returned to the provider.

IHCP refunds processed are posted to the appropriate column based on the claims date of service where the refund is claims specific.

Civil Penalties

Number: The number of offsets applied during the current weekly financial cycle to IHCP provider accounts receivables that were originally setup using 8415 (civil penalties).

Amount: The total dollar amount applied towards IHCP provider civil penalties accounts receivables. These funds are for civil penalties the provider was assessed by the Indiana State Department of Health and must

be transferred from OMPP to the ISDH.

Voids Processed	**Number:** The total number of dispositions relating to voided checks during the current weekly financial cycle. **Amount:** The dollar amount associated with IHCP of all checks voided during the current financial cycle.
Drug Rebate Amounts Applied	**Number:** The total number of dispositions relating to Drug Rebate during the current weekly financial cycle. **Amount:** The dollar amount associated with IHCP of all Drug Rebate refunds during the current financial cycle.
Net Reimbursement	**Number:** Not applicable **Amount:** The total dollar amount reimbursed by the State for IHCP for the weekly financial cycle. Calculation of the Net Reimbursement is as follows: Net System Payment, less refunds and voids, equals the Net Reimbursement.
Administrative Fees	Indicates items which are administrative in nature and are funded from separate accounts at OMPP. They are reported here to assist OMPP in procuring the appropriate matching funds from CMS.
Claim Payment Interest Items	**Number:** The number of claim (documents) for which interest is paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims. **Amount:** The dollar amount of the interest paid to providers for untimely claims processing.
System Payout Items (Attorney Fees)	**Number:** The number of system payout transactions processed for IHCP during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses. **Amount:** The dollar amount of the system payout transactions processed for Medicaid during the current weekly financial cycle.
Interest Collections	**Number:** The number of IHCP interest account receivables were offset because of claims activity during the current weekly financial cycle. Reason codes for this disposition activity will be determined after AR redesign is complete. **Amount:** The total dollar amount applied towards IHCP interest accounts receivables because of claims activity.
Refunds Processed (Interest)	**Number:** The total number of provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes that post here. **Amount:** The total dollar amount of provider refunds for AR interest

dispositioned during the current weekly financial cycle. Refer to attached worksheet for disposition reason codes which post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by the State for IHCP for the weekly financial cycle. Calculation of the Total Reimbursement is as follows:

Net Reimbursement + - Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement.

Drug Rebate Interest Is Included In The Drug Rebate Amounts Applied Line

Number: Not applicable.

Amount: The total dollar amount of all interest posted during the current weekly financial cycle.

Report: FIN-8000-W (WC57-12R)

Process: FINJW213
Location: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY MEDICAID

Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS

PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- Refunds Processed (Civil Penalties)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99
*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line		$999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Table 13.7 – Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR – DUP Payment	Provider Refund
8041	PFR – Wrong Prov	Provider Refund
8042	PFR – W Wrong Recip No.	Provider Refund
8043	PFR – Wrong NDC/Proc/Mod	Provider Refund
8044	PFR – Wrong Units of Srv	Provider Refund
8045	PFR – TPL Related	Provider Refund (TPL)
8046	PFR – TPL Medicare Related	Provider Refund (TPL)
8047	PFR – W Wrong Srv Date(s)	Provider Refund
8048	PFR – Wrong Pat Liab Amt	Provider Refund
8049	PFR – Wrong Charge (Billed)	Provider Refund
8050	PFR – Wrong EFT Prov	Provider Refund
8059	PFR – Misc. or Unspecified Error	Provider Refund
8060	S/EFR – Dup Payment	Provider Refund
8061	S/EFR – Wrong Prov Paid	Provider Refund
8062	S/EFR – Wrong Recip No.	Provider Refund
8063	S/EFR – Wrong NDC/Proc/Mod	Provider Refund
8064	S/EFR – Wrong Units of Service	Provider Refund
8065	S/EFR – TPL related	Provider Refund (TPL)
8066	S/EFR – TPL Medicare Related	Provider Refund (TPL)
8067	S/EFR – Wrong SVC Date(s)	Provider Refund
8068	S/EFR – Wrong PAT Liab	Provider Refund
8069	S/EFR – Wrong Charge (Billed)	Provider Refund
8079	S/EFR – Misc. or Unspecified	Provider Refund
8160	PRA – Dup Payment	Provider Refund
8161	PRA – Wrong NDC/Proc/Mod	Provider Refund
8162	PRA – Wrong Units Of Srv	Provider Refund
8163	PRA – Wrong Pat Liab Amt	Provider Refund
8164	PRA – TPL Related	Provider Refund (TPL)
8165	PRA – TPL Medicare Related	Provider Refund (TPL)
8166	PRA – Wrong SRV Date(s)	Provider Refund
8167	PRA – Wrong Charge (Billed)	Provider Refund
8179	PRA – Misc. or Unspecified	Provider Refund
8180	S/ERA – Dup Payment	Provider Refund
8181	S/ERA – Wrong NDC/Proc/Mod	Provider Refund
8182	S/ERA – Wrong Units of Service	Provider Refund

(Continued)

Table 13.7 – Cash Disposition Reasons

Reason Code	Description	Category
8183	S/ERA – Wrong Pat Liab Amt	Provider Refund
8184	S/ERA – TPL Related	Provider Refund (TPL)
8185	S/ERA – TPL Medicare Related	Provider Refund (TPL)
8186	S/ERA – Wrong SVC Date(s)	Provider Refund
8187	S/ERA – Wrong Charge (Billed) Amount	Provider Refund
8199	S/ERA – Misc. or Unspecified	Provider Refund
8220	NCR – TPL Related	Provider Refund
8221	NCR – TPL Medicare Related	Provider Refund
8222	NCR – TPL (Special Projects)	Provider Refund
8223	NCR – SURS Audit	Provider Refund
8224	NCR – SURS Interest	Provider Interest
8225	NCR – Returned Meds From NH	Provider Refund
8226	Check Recd by EDS For Claim Not In History	Provider Refund
8229	NCR – Misc. Prov.	Provider Refund
8230	Claim Void	Voids
8302	Prov Payout – Over Refund (Sys)	Payout
8303	Prov Payout – Over Refund (Man)	Payout
8306	Check Recd By EDS for Claim Adj on Prev Adj	Payout
8327	TPL/H OREF Sys	TPL Health
8328	TPL/H OREF Man	TPL Health
8329	TPL/C OREF Sys	TPL Health
8330	TPL/C OREF Man	TPL Health
8331	TPL Reason	TPL Health
8350	Expenditure Void	Provider Refund
8351	Admin Fee Expenditure Void	Provider Refund
8436	A/R Dec – Cash Receipt Applied (Princ)	Provider AR Refund
8437	A/R Dec – Prov Over-Refund Applied	Provider AR Refund
8438	A/R Dec – Cash Receipt Applied (Int)	Provider Interest
8511	Dec to Original Lien Amt Rc'd	Provider Refund

Expenditure (Payout) Reasons

Table 13.8 – Expenditure Payout Reasons

Reason Code	Description	Category
8300	System Generate	System Payout (Provider)
8301	Manual Check	Manual Payout
8302	Over Refund Sys	System Payout (Provider)
8303	Over Refund Man	Manual Payout
8304	Advance Sys	System Payout (Provider)
8305	Check Advance	System Payout (Provider)
8306	Ck for Prev Adj	System Payout (Provider)
8307	Stoppay Apl A/R	System Payout (Provider)
8319	QI-2 Buy-In Pay	QI-2 Buy-In Payment
8321	HIPP Sys	Health Insurance Premium Payment
8322	HIPP Man	Health Insurance Premium Payment
8323	TPL Health Sys	System Payout (Health)
8324	TPL Health Man	System Payout (Health)
8325	TPL Casual Sys	System Payout (Attorney Fees)
8326	TPL Casual Man	System Payout (Attorney Fees)
8327	TPL/H OREF Sys	System Payout (Health)
8328	TPL/H OREF Man	System Payout (Health)
8329	TPL/C OREF Sys	System Payout (Attorney Fees)
8330	TPL/C OREF Man	System Payout (Attorney Fees)
8331	Outside *AIM* Man	Manual Payout
8332	Outside *AIM* Sys	System Payout (Provider)
8335	Conv Adm Fee M	System Payout (Provider)
8336	Int Before 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8001-W Financial Control Summary-CSHCS

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8001-W		Financial Control Summary-CSHCS

NOTE: No longer produced as of 01/01/2000 because CSHCS is no longer a valid Medicaid Program

Description of Information

This report summarizes all financial activity for the current processing cycle. The *number* column on this report indicates the total number of claims and financial transactions which flowed through the current financial cycle for each category. The *amount* column indicates the dollars associated with these claims or financial transactions.

Purpose

The CSHCS Financial Control Summary is used to calculate the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State weekly. This report is also used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment Number

The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and *positive adjustment** claims processed for CSHCS during the current weekly financial cycle **Amount:** The total dollar amount of all paid and positive adjustment* claims processed for the CSHCS during the current financial cycle* A *positive adjustment* is defined as an adjustment (regions 50 51 and 55 59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount

System Payout Items (Provider) Number

The number of *system* payouts transactions processed for CSHCS during the current weekly financial cycle. See the attached worksheet for payouts included in this line. This line is only for payments made to providers. **Amount:** The dollar amount of the *system* payouts transactions processed for CSHCS during the current weekly financial cycle.

System Payout Items (Health) Number	The number of *system* payouts transactions processed for CSHCS during the current weekly financial cycle. See the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections **Amount:** The dollar amount of the *system* payouts transactions processed for CSHCS during the current weekly financial cycle.
Manual Payout Items Number	The number of *manual* check transactions processed for CSHCS during the current weekly financial cycle. **Amount:** The dollar amount of the *manual* check transactions processed for CSHCS during the current weekly financial cycle.
System Insurance Premium Payouts Number	The number of Health Insurance Premium Payments generated during the current weekly financial cycle for CSHCS. This data is pulled from the Expenditure table reason code 8321.**Amount:**The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.
QI2 Buy In Payment Number	In Payments generated yearly. This data is pulled from the Expenditure table, reason code 8319. The number of QI2 Buy **Amount:** The dollar amount of QI2 Buy In Payments generated yearly through the system (reason 8319).
Administration Fee Payment (PCCM) Number	The number of members associated to Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly fixed flat fee payment for each member assigned to them **Amount:** The total dollar amount of all Administration Fee Payments made to providers during the current weekly financial cycle
Capitation Payment MCO) Number	The number of members associated to MCO Capitation Payments during the current weekly financial cycle **Amount:** The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member that is assigned to them
System Offset Items (Principal) Number	The number of CSHCS Provider Accounts Receivables offset due to claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table **Amount:** The total dollar amount applied towards CSHCS Provider Accounts Receivables due to claims activity (Disposition table reason code 8441).
Net System Payment Number	Not applicable **Amount:** The total dollar amount of CSHCS payments with adjustments for system payouts and offsets. This amount is calculated as follows Claim Payment + System Payout Item + Manual Payout Items + System Insurance Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO)-System
Refunds Processed	
Number	The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (see specific functional area definition below)
Amount	The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle. Definition of

during the current weekly financial cycle. Definition of refunds for each functional area follow.

- Provider Refunds: *See attached worksheet for disposition reason codes posting to this account.*
- Provider Refunds (TPL): *See attached worksheet for disposition reason codes posting to this account.*
- Provider AR Refunds: *See attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is posted.*
- TPL Health: *Reports TPL Health refund checks (CCN batch range 915-919) as they are posted to the general ledger.* Posted *indicator on the Cash Receipts Disposition table is equal to* Y
- TPL Casualty: *Reports TPL Casualty refund checks (CCN batch range 900-904) as they are posted to the general ledger.* Posted *indicator on the Cash Receipts disposition table is equal to* Y
- Payouts: *See attached worksheet for reason codes posting to this account. This is used when the refund was sent in error for processing and is returned to the provider.*
- *CSHCS refunds processed are posted to the appropriate column based on the claims date of service where the refund is claims specific.*

Voids Processed

Number: The total number of dispositions relating to voided checks during the current weekly financial cycle

Amount: The dollar amount associated to CSHCS of all checks voided during the current financial cycle

Drug Rebate Amounts Applied

AMO Number: The total number of dispositions relating to Drug Rebate during the current weekly financial cycle.

Amount: The dollar amount associated to Medicaid only of all Drug Rebate refunds during the current financial cycle.

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by the State for CSHCS for the weekly financial cycle. Calculation of the Net Reimbursement is as follows: **Amount:** The total dollar amount reimbursed by the State for CSHCS for the weekly financial cycle. Calculation of the Net Reimbursement is as follows Net System Payment less refunds and voids equals the Net Reimbursement

Administrative Fees

This section of the report indicates items which are administrative in nature and are funded from separate accounts at the OMPP. They are reported here to assist the OMPP in procuring the appropriate matching funds from CMS.

Claim Payment Interest Items Number

Number The number of claim (documents) for which interest is paid. Clean claims are subject to interest if the check is not written to the

provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing

System Payout Items (Attorney Fees)

Number: The number of *system* payouts transactions processed for CSHCS during the current weekly financial cycle. See the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses

Amount: The dollar amount of the *system* payouts transactions processed for CSHCS during the current weekly financial cycle.

System Offset Items (Interest)

Number: The number of CSHCS Interest Accounts Receivables offset due to claims activity during the current weekly financial cycle. Reason codes for this disposition activity are determined after AR redesign is complete.

Amount: The total dollar amount applied towards CSHCS Interest Accounts Receivables due to claims activity.

Refunds Processed (Interest)

Number: The total number of Provider refunds for AR interest dispositioned during the current weekly financial cycle. See the attached worksheet for disposition reason codes which post here.

Amount: The total dollar amount of Provider refunds for AR interest dispositioned during the current weekly financial cycle. See the attached worksheet for disposition reason codes which post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for CSHCS for the weekly financial cycle. This amount is calculated as follows: Net Reimbursement +Claim Payment Interest + System Payout Items-Interest Collections-Refunds=Total Reimbursement

Drug Rebate Interest Is Included In The Drug Rebate Amounts Applied Line

Number: Not applicable

Amount: The total dollar amount of all interest posted during the current weekly financial cycle

Report: FIN-8001-W (WC57-12R)
Process:
Location:

Indiana*AIM*
FINANCIAL CONTROL SUMMARY CSHCS
Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99
*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line		$999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR-DUP PAYMENT	Provider Refund
8041	PFR-WRONG PROV	Provider Refund
8042	PFR-WRONG RECIP NO.	Provider Refund
8043	PFR-WRONG NDC/PROC/MOD	Provider Refund
8044	PFR-WRONG UNITS OF SRV	Provider Refund
8045	PFR-TPL RELATED	Provider Refund (TPL)
8046	PFR-TPL MEDICARE RELATED	Provider Refund (TPL)
8047	PFR-WRONG SRV DATE(S)	Provider Refund
8048	PFR - WRONG PAT LIAB AMT	Provider Refund
8049	PFR - WRONG CHARGE (BILLED)	Provider Refund
8050	PFR - WRONG EFT PROV	Provider Refund
8059	PFR-MISC. OR UNSPECIFIED ERROR	Provider Refund
8060	S/EFR-DUP PAYMENT	Provider Refund
8061	S/EFR-WRONG PROV PAID	Provider Refund
8062	S/EFR-WRONG RECIP NO.	Provider Refund
8063	S/EFR-WRONG NDC/PROC/MOD	Provider Refund
8064	S/EFR-WRONG UNITS OF SERVICE	Provider Refund
8065	S/EFR-TPL RELATED	Provider Refund (TPL)
8066	S/EFR-TPL MEDICARE RELATED	Provider Refund (TPL)
8067	S/EFR-WRONG SVC DATE(S)	Provider Refund
8068	S/EFR-WRONG PAT LIAB	Provider Refund
8069	S/EFR - WRONG CHARGE (BILLED)	Provider Refund
8079	S/EFR-MISC. OR UNSPECIFIED	Provider Refund
8160	PRA-DUP PAYMENT	Provider Refund
8161	PRA-WRONG NDC/PROC/MOD	Provider Refund
8162	PRA-WRONG UNITS OF SRV	Provider Refund
8163	PRA-WRONG PAT LIAB AMT	Provider Refund
8164	PRA-TPL RELATED	Provider Refund (TPL)
8165	PRA-TPL MEDICARE RELATED	Provider Refund (TPL)
8166	PRA-WRONG SRV DATE(S)	Provider Refund
8167	PRA-WRONG CHARGE (BILLED)	Provider Refund
8179	PRA-MISC. OR UNSPECIFIED	Provider Refund
8180	S/ERA-DUP PAYMENT	Provider Refund
8181	S/ERA-WRONG NDC/PROC/MOD	Provider Refund
8182	S/ERA-WRONG UNITS OF SERVICE	Provider Refund
8183	S/ERA-WRONG PAT LIAB AMT	Provider Refund
8184	S/ERA-TPL RELATED	Provider Refund (TPL)
8185	S/ERA-TPL MEDICARE RELATED	Provider Refund (TPL)
8186	S/ERA-WRONG SVC DATE(S)	Provider Refund
8187	S/ERA - WRONG CHARGE (BILLED) AMOUNT	Provider Refund
8199	S/ERA-MISC. OR UNSPECIFIED	Provider Refund

Reason Code	Description	Category
8220	NCR-TPL RELATED	Provider Refund
8221	NCR-TPL MEDICARE RELATED	Provider Refund
8222	NCR-TPL (SPECIAL PROJECTS)	Provider Refund
8223	NCR-SURS AUDIT	Provider Refund
8224	NCR-SURS INTEREST	Provider Interest
8225	NCR-RETURNED MEDS FROM NH	Provider Refund
8226	CHECK RECD BY EDS FOR CLAIM NOT IN HISTORY	Provider Refund
8229	NCR-MISC. PROV.	Provider Refund
8230	CLAIM VOID	Voids
8302	PROV PAYOUT-OVER REFUND (SYS)	Payout
8303	PROV PAYOUT-OVER REFUND (MAN)	Payout
8306	CHECK RECD BY EDS FOR CLAIM ADJ ON PREV ADJ	Payout
8327	TPL/H OREF SYS	TPL Health
8328	TPL/H OREF MAN	TPL Health
8329	TPL/C OREF SYS	TPL Health
8330	TPL/C OREF MAN	TPL Health
8331	TPL REASON	TPL Health
8350	EXPENDITURE VOID	Provider Refund
8351	ADMIN FEE EXPENDITURE VOID	Provider Refund
8436	A/R DEC-CASH RECEIPT APPLIED (PRINC)	Provider AR Refund
8437	A/R DEC-PROV OVER-REFUND APPLIED	Provider AR Refund
8438	A/R DEC-CASH RECEIPT APPLIED (INT)	Provider Interest
8511	DEC TO ORIGINAL LIEN AMT RC'D	Provider Refund

Expenditure (Payout) Reasons

Reason Code	Description	Category
8300	SYSTEM GENERATE	System Payout (Provider)
8301	MANUAL CHECK	Manual Payout
8302	OVER REFND SYS	System Payout (Provider)
8303	OVER REFND MAN	Manual Payout
8304	ADVANCE SYS	System Payout (Provider)
8305	CHECK ADVANCE	System Payout (Provider)
8306	CK FOR PREV ADJ	System Payout (Provider)
8307	STOPPAY APL A/R	System Payout (Provider)
8319	QI2 BUY-IN PAYMENT	QI2 Buy-In Payment
8321	HIPP SYS	Health Insurance Premium Payment
8322	HIPP MAN	Health Insurance Premium Payment
8323	TPL HEALTH SYS	System Payout (Health)
8324	TPL HEALTH MAN	System Payout (Health)
8325	TPL CASUAL SYS	System Payout (Attorney Fees)
8326	TPL CASUAL MAN	System Payout (Attorney Fees)
8327	TPL/H OREF SYS	System Payout (Health)
8328	TPL/H OREF MAN	System Payout (Health)
8329	TPL/C OREF SYS	System Payout (Attorney Fees)
8330	TPL/C OREF MAN	System Payout (Attorney Fees)
8331	OUTSIDE AIM MAN	Manual Payout
8332	OUTSIDE AIM SYS	System Payout (Provider)
8335	CONV ADM FEE M	System Payout (Provider)
8336	INT BEFORE 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8002-W Financial Control Summary ARCH

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8002-W		Financial Control Summary ARCH

Description of Information

This report summarizes all ARCH financial activity for the current processing cycle in a combined claim total column. The number column on this report indicates the total number of claims and financial transactions that flowed through the current financial cycle for each category. The amount column indicates the dollars associated with those claims or financial transactions.

Purpose

The ARCH Financial Control Summary calculates the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State weekly. In addition, this report is also used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims that processed for the ARCH program during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims that processed for the ARCH program during the current financial cycle

* A *positive adjustment* is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items

Number: The number of system payouts transactions processed for the ARCH program during the current weekly financial cycle. Post payouts for reason codes:

8300 8306 8327

8302	8323	8329
8304	8325	8332

Amount: The dollar amount of the system payouts transactions processed for the ARCH program during the current weekly financial cycle, with the reason codes listed above

Manual Payout Items

Number: The number of manual check transactions processed for ARCH during the current weekly financial cycle.

Amount: The dollar amount of the 'manual' check transactions processed for ARCH during the current weekly financial cycle.

System Insurance Premium Payouts

This field is blank, as it is not to be used with this program at this time

Administration Fee Payment (PCCM)

This field is blank, as it is not to be used with this program at this time

Capitation Payment (MCO)

This field is blank, as it is not to be used with this program at this time

Claim Payment Interest Items

Number: The number of claim (documents) for which interest is paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing.

*NOTE: Claim Payment Interest Items is not applicable for this report.

System Offset Items

Number: The number of ARCH Provider Accounts Receivables offset due to claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table

Amount: The total dollar amount applied towards ARCH Provider Accounts Receivables because of claims activity (Disposition table reason code 8441)

Net System Payment

Number: Not applicable

Amount: The total dollar amount of ARCH payments with adjustments for system payouts and offsets. Calculation is as follows:

(Claim Payment + System Payout Item - System Offset Items = Net System Payment

Refunds Processed

Number: The total number of Provider, TPL (Health and Casualty), and Drug Rebate Manufacturer refunds posted during the current weekly financial cycle (Refer to specific functional area definition below)

Amount: The total dollar amount of all Provider, TPL and Drug Rebate Manufacturer refunds posted during the current weekly financial cycle. Definition of refunds for each functional area is as follows:

Provider Refunds: Cash dispositions posted for reason codes 8220-8229 and all refund adjustment (region 51) disposition amounts posted during the current financial cycle.

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as posted to the general ledger. 'Posted' indicator on the Cash Receipts Disposition table is Y

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as posted to the general ledger. Posted indicator on the Cash Receipts disposition table is Y

Drug Rebate: To be defined post - implementation

Payouts: Reports all refunds cash receipts returned to the sender in the form of a system - generated payout (reason codes 8302, 8306, 8327, 8329)

Civil Penalties

Number: This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.

Amount: This line not currently used on this report.

Civil Penalties are applied to only the Medicaid Program.

Voids Processed

Number: The total number of dispositions relating to the voided checks for the ARCH program during the current weekly financial cycle

Amount: The dollar amount associated to the ARCH program of all checks voided during the current financial cycle

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by the State for ARCH for the weekly financial cycle. Calculation of the Net Reimbursement is as follows:

Net System Payment, less refunds and voids, equals the Net Reimbursement

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for Medicaid for the weekly financial cycle. Calculation of the Total Reimbursement is as follows:

Net Reimbursement + - Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement

REPORT: FIN-8002-W (WC57-12R)
PROCESS:
LOCATION: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY ARCH
Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	TOTAL	
	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items	999,999,999	$999,999,999.99
+ Manual Payout Items		
+ System Insurance Premium Payouts		
+ Administration Fee Payment (PCCM)		
+ Claim Interest Payment	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed	999,999,999	$999,999,999.99
- REFUNDS PROCESSED CIVIL PENALTIES	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
= Total reimbursement		$999,999,999.9

** END OF REPORT**

FIN-8003-W Financial Control Summary – Package C

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8003-W		Financial Control Summary – Package C

Description of Information

This report summarizes all financial activity for the current processing cycle. The number column on this report indicates the total number of claims and financial transactions that flowed through the current financial cycle for each category. The amount column indicates the dollars associated with these claims or financial transactions.

Purpose

The Package C Financial Control Summary to calculate the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State weekly. In addition, this report is also used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims processed for Package C during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims that processed for the Package C during the current financial cycle
* A *positive adjustment* is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items (Provider)

Number: The number of system payout transactions processed for Package C during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to providers.

Amount: The dollar amount of the system payouts transactions processed for Package C during the current weekly financial cycle.

System Payout Items (Health)	**Number:** The number of system payouts transactions processed for Package C during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections. **Amount:** The dollar amount of the system payouts transactions processed for Package C during the current weekly financial cycle.
Manual Payout Items	**Number:** The number of manual check transactions processed for Package C during the current weekly financial cycle. **Amount:** The dollar amount of the manual check transactions processed for Package C during the current weekly financial cycle.
System Insurance Premium Payouts	**Number:** Not applicable. **Amount:** The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.
QI2 Buy-In Payment	**Number:** Not applicable. **Amount:** The dollar amount of QI2 Buy-In Payments generated yearly through the system (reason 8319) and program Medicaid.
Administration Fee Payment (PCCM)	**Number:** The number of members associated with Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly, fixed, flat fee payment for each member assigned to them **Amount:** The total dollar amount of all Administration Fee Payments made to providers during the current weekly financial cycle
Capitation Payment (MCO)	**Number:** The number of members associated with MCO Capitation Payments during the current weekly financial cycle **Amount:** The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member assigned to it
System Offset Items (Principal)	**Number:** The number of Package C Provider Accounts Receivables offset because of claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table **Amount:** The total dollar amount applied towards Package C Provider Accounts Receivables due to claims activity (Disposition table reason code 8441).
Net System Payment	**Number:** Not applicable **Amount:** The total dollar amount of Package C payments with adjustments for system payouts and offsets. Calculation is as follows: (Claim Payment + System Payout Item + Manual Payout Items + System Insurance Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO) - System Offset Items = Net System Payment

Refunds Processed	**Number:** The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (Refer to specific functional area definition below) **Amount:** The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle. Definition of refunds for each functional area are as follows: *Provider Refunds:* Refer to attached worksheet for disposition reason codes posting to this account. *Provider Refunds (TPL):* Refer to attached worksheet for disposition reason codes posting to this account. *Provider AR Refunds:* Refer to attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is being posted. *TPL Health:* Reports TPL Health refund checks (CCN batch range 915-919) as posted to the general ledger. Posted indicator on the Cash Receipts Disposition table is Y *TPL Casualty:* Reports TPL Casualty refund checks (CCN batch range 900-904) as posted to the general ledger. Posted indicator on the Cash Receipts disposition table is Y *Payouts:* Refer to attached worksheet for reason codes posting to this account. This is used when the refund was sent in error for processing and should be returned to the provider. Package C refunds processed are posted to the appropriate column based on the claims date of service where the refund is claims - specific.
Civil penalties	**Number:** This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program. **Amount:** This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.
Voids Processed	**Number:** The total number of dispositions relating to voided checks during the current weekly financial cycle **Amount:** The dollar amount associated with Package C of all checks voided during the current financial cycle
Drug Rebate Amounts Applied	**Number:** The total number of dispositions relating to Drug Rebate during the current weekly financial cycle. **Amount:** The dollar amount associated with Medicaid only of all Drug Rebate refunds during the current financial cycle.
Net Reimbursement	**Number:** Not applicable **Amount:** The total dollar amount reimbursed by the State for Package C for the weekly financial cycle. Calculation of the Net Reimbursement is as

follows:

Net System Payment less refunds and voids, equals the Net Reimbursement

Administrative Fees

This section of the report indicates items which are administrative in nature and are fund from separate accounts at OMPP. They are reported here to assist OMPP in procuring the appropriate matching funds from CMS.

Claim Payment Interest Items

Number: The number of claim (documents) for which interest paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing.

System Payout Items (Attorney Fees)

Number: The number of system payouts transactions processed for Package C during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses.

Amount: The dollar amount of the 'system' payouts transactions processed for Package C during the current weekly financial cycle.

Interest Collections

Number: The number of Package C Interest Accounts Receivables offset by claims activity during the current weekly financial cycle. Reason codes for this disposition activity will be determined after AR redesign is complete.

Amount: The total dollar amount applied towards Package C Interest Accounts Receivables because of claims activity.

Refunds Processed (Interest)

Number: The total number of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which l post here.

Amount: The total dollar amount of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes that post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for Package C for the weekly financial cycle. Calculation of the Total Reimbursement is as follows:

Net Reimbursement + - Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement

Drug Rebate Interest Is Included In The Drug Rebate Amounts Applied Line

Number: Not applicable.

Amount: The total dollar amount of all interest posted during the current weekly financial cycle.

Report: FIN-8003-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY PACKAGE C
Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- Refunds Processed (Civil Penalties)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99
*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line		$999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Table 13.9 – Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR – Dup Payment	Provider Refund
8041	PFR – Wrong Prov	Provider Refund
8042	PFR – Wrong Recip No.	Provider Refund
8043	PFR – Wrong NDC/Proc/Mod	Provider Refund
8044	PFR – Wrong Units of Srv	Provider Refund
8045	PFR – TPL Related	Provider Refund (TPL)
8046	PFR – TPL Medicare Related	Provider Refund (TPL)
8047	PFR – Wrong Srv Date(s)	Provider Refund
8048	PFR – Wrong Pat Liab Amt	Provider Refund
8049	PFR – Wrong Charge (Billed)	Provider Refund
8050	PFR – Wrong EFT Prov	Provider Refund
8059	PFR – Misc. or Unspecified Error	Provider Refund
8060	S/EFR – Dup Payment	Provider Refund
8061	S/EFR – Wrong Prov Paid	Provider Refund
8062	S/EFR – Wrong Recip No.	Provider Refund
8063	S/EFR – Wrong NDC/Proc/Mod	Provider Refund
8064	S/EFR – Wrong Units Of Service	Provider Refund
8065	S/EFR – TPL Related	Provider Refund (TPL)
8066	S/EFR – TPL Medicare Related	Provider Refund (TPL)
8067	S/EFR – Wrong SVC Date(s)	Provider Refund
8068	S/EFR – Wrong Pat Liab	Provider Refund
8069	S/EFR – Wrong Charge (Billed)	Provider Refund
8079	S/EFR – Misc. or Unspecified	Provider Refund
8160	PRA – Dup Payment	Provider Refund
8161	PRA – Wrong NDC/Proc/Mod	Provider Refund
8162	PRA – Wrong Units Of Srv	Provider Refund
8163	PRA – Wrong Pat Liab Amt	Provider Refund
8164	PRA – TPL Related	Provider Refund (TPL)
8165	PRA – TPL Medicare Related	Provider Refund (TPL)
8166	PRA – Wrong Srv Date(s)	Provider Refund
8167	PRA – Wrong Charge (Billed)	Provider Refund
8179	PRA – Misc. or Unspecified	Provider Refund
8180	S/ERA – Dup Payment	Provider Refund
8181	S/ERA – Wrong NDC/Proc/Mod	Provider Refund
8182	S/ERA – Wrong Units Of Service	Provider Refund

(Continued)

Table 13.9 – Cash Disposition Reasons

Reason Code	Description	Category
8183	S/ERA – Wrong Pat Liab Amt	Provider Refund
8184	S/ERA – TPL Related	Provider Refund (TPL)
8185	S/ERA – TPL Medicare Related	Provider Refund (TPL)
8186	S/ERA – Wrong SVC Date(s)	Provider Refund
8187	S/ERA – Wrong Charge (Billed) Amount	Provider Refund
8199	S/ERA – Misc. or Unspecified	Provider Refund
8220	NCR – TPL Related	Provider Refund
8221	NCR – TPL Medicare Related	Provider Refund
8222	NCR – TPL (Special Projects)	Provider Refund
8223	NCR – SURS Audit	Provider Refund
8224	NCR – SURS Interest	Provider Interest
8225	NCR – Returned Meds From NH	Provider Refund
8226	Check Recd by EDS For Claim Not In History	Provider Refund
8229	NCR – Misc. Prov.	Provider Refund
8230	Claim Void	Voids
8302	Prov Payout – Over Refund (Sys)	Payout
8303	Prov Payout – Over Refund (Man)	Payout
8306	Check Recd by EDS for Claim Adj on Prev Adj	Payout
8327	TPL/H OREF Sys	TPL Health
8328	TPL/H OREF Man	TPL Health
8329	TPL/C OREF Sys	TPL Health
8330	TPL/C OREF Man	TPL Health
8331	TPL Reason	TPL Health
8350	Expenditure Void	Provider Refund
8351	Admin Fee Expenditure Void	Provider Refund
8436	A/R Decr.-Cash Receipt Applied (Princ)	Provider AR Refund
8437	A/R Decr.-Prov Over-Refund Applied	Provider AR Refund
8438	A/R Decr.-Cash Receipt Applied (Int)	Provider Interest
8511	Decr. to Original Lien Amt Rc'd	Provider Refund

Expenditure (Payout) Reasons

Table 13.10 – Expenditure Payout Reasons

Reason Code	Description	Category
8300	System Generate	System Payout Provider)
8301	Manual Check	Manual Payout
8302	Over Refund Sys	System Payout (Provider)
8303	Over Refund Man	Manual Payout
8304	Advance Sys	System Payout (Provider)
8305	Check Advance	System Payout (Provider)
8306	Ck For Prev Adj	System Payout (Provider)
8307	Stoppay Apl A/R	System Payout (Provider)
8319	QI2 Buy-In Payment	QI2 Buy-In Payment
8321	HIPP Sys	Health Insurance Premium Payment
8322	HIPP Man	Health Insurance Premium Payment
8323	TPL Health Sys	System Payout (Health)
8324	TPL Health Man	System Payout (Health)
8325	TPL Casual Sys	System Payout (Attorney Fees)
8326	TPL Casual Man	System Payout (Attorney Fees)
8327	TPL/H OREF Sys	System Payout (Health)
8328	TPL/H OREF Man	System Payout (Health)
8329	TPL/C OREF Sys	System Payout (Attorney Fees)
8330	TPL/C OREF Man	System Payout (Attorney Fees)
8331	Outside *AIM* Man	Manual Payout
8332	Outside *AIM* Sys	System Payout (Provider)
8335	Conv Adm Fee M	System Payout (Provider)
8336	Int Before 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8004-W Financial Control Summary - 590

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8004-W		Financial Control Summary - 590

Description of Information

This report summarizes all financial activity for the current processing cycle. The number column on this report indicates the total number of claims and financial transactions that flowed through the current financial cycle for each category. The amount column indicates the dollars associated with these claims or financial transactions.

Purpose

The 590 Financial Control Summary to calculates the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State weekly. In addition, this report is also be used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims processed for 590 during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims processed for the 590 during the current financial cycle

* A *positive adjustment* is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items (Provider)

Number: The number of system payouts transactions processed for 590 during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to providers.

Amount: The dollar amount of the system payout transactions processed for 590 during the current weekly financial cycle.

System Payout Items (Health)	**Number:** The number of system payouts transactions processed for 590 during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections. **Amount:** The dollar amount of system payout transactions processed for 590 during the current weekly financial cycle.
Manual Payout Items	**Number:** The number of manual check transactions processed for 590 during the current weekly financial cycle. **Amount:** The dollar amount of the manual check transactions processed for 590 during the current weekly financial cycle.
System Insurance Premium Payouts	**Number:** The number of Health Insurance Premium Payments generated during the current weekly financial cycle for 590. This data is pulled from the Expenditure table, reason code 8321. **Amount:** The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.
QI2 Buy-In Payment	**Number:** The number of QI2 Buy-In Payments generated yearly, from the Expenditure table, reason code 8319. **Amount:** The dollar amount of QI2 Buy-In Payments generated yearly through the system (reason 8319).
Administration Fee Payment (PCCM)	**Number:** The number of members associated with Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly, fixed, flat fee payment for each member assigned to them **Amount:** The total dollar amount of all Administration Fee Payments to providers during the current financial cycle
Capitation Payment (MCO)	**Number:** The number of members associated with MCO Capitation Payments during the current weekly financial cycle **Amount:** The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member assigned to it
System Offset Items (Principal)	**Number:** The number of 590 Provider Accounts Receivables were offset by claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table **Amount:** The total dollar amount applied towards 590 Provider Accounts Receivables because of claims activity (Disposition table reason code 8441).
Net System Payment	**Number:** Not applicable **Amount:** The total dollar amount of 590 payments with adjustments for system payouts and offsets. Calculation is as follows: (Claim Payment +

System Payout Item + Manual Payout Items + System Insurance Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO) - System Offset Items = Net System Payment

Refunds Processed

Number: The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (Refer to specific functional area definition below)

Amount: The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle. Definition of refunds for each functional area are:

Provider Refunds: Refer to attached worksheet for disposition reason codes posting to this account.

Provider Refunds (TPL): Refer to attached worksheet for disposition reason codes posting to this account.

Provider AR Refunds: Refer to attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is posted.

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as are posted to the general ledger. Posted indicator on the Cash Receipts Disposition table is Y

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as posted to the general ledger. Posted indicator on the Cash Receipts disposition table is Y

Payouts: Refer to attached worksheet for reason codes posting to this account. This is used when the refund was sent in error for processing and should be returned to the provider.

590 refunds processed are posted to the appropriate column based on the claim date of service for claims specific refunds.

Civil Penalties

Number: This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.

Amount: This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.

Voids Processed

Number: The total number of dispositions relating to voided checks during the current weekly financial cycle

Amount: The dollar amount associated to 590 of all checks voided during the current financial cycle

Drug Rebate Amounts Applied

Number: The total number of dispositions relating to Drug Rebate during the current weekly financial cycle.

Amount: The dollar amount associated with Medicaid only of all Drug Rebate refunds during the current financial cycle.

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for 590 for the weekly financial cycle. Calculation of the Net Reimbursement is as follows:

Net System Payment less refunds and voids equals the Net Reimbursement

Claim Payment Interest Items

Number: The number of claim (documents) for which interest paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing.

System Payout Items (Attorney Fees)

Number: The number of system payouts transactions processed for 590 during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses.

Amount: The dollar amount of the 'system' payouts transactions processed for 590 during the current weekly financial cycle.

Interest Collections

Number: The number of 590 Interest Accounts Receivables that were offset due to claims activity during the current weekly financial cycle. Reason codes for this disposition activity will be determined after AR redesign is complete.

Amount: The total dollar amount applied towards 590 Interest Accounts Receivables due to claims activity.

Refunds Processed (Interest)

Number: The total number of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which will post here.

Amount: The total dollar amount of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which will post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by the State for 590 for the weekly financial cycle. Calculation of the Total Reimbursement is as follows: Net Reimbursement + Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement

Drug rebate interest is included in the drug rebate amounts applied line

Number: Not applicable.
Amount: The total dollar amount of all interest posted during the current weekly financial cycle.

Report: FIN-8004-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY 590
Period: MMDDCCYY – MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- REFUNDS PROCESSED (CIVIL PENALTIES)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99
*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line		$999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Table 13.11 – Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR – Dup Payment	Provider Refund
8041	PFR – Wrong Prov	Provider Refund
8042	PFR – Wrong Recip No.	Provider Refund
8043	PFR – Wrong NDC/Proc/Mod	Provider Refund
8044	PFR – Wrong Units Of Srv	Provider Refund
8045	PFR – TPL Related	Provider Refund (TPL)
8046	PFR – TPL Medicare Related	Provider Refund (TPL)
8047	PFR – Wrong Srv Date(s)	Provider Refund
8048	PFR – Wrong Pat Liab Amt	Provider Refund
8049	PFR – Wrong Charge (Billed)	Provider Refund
8050	PFR – Wrong EFT Prov	Provider Refund
8059	PFR – Misc. or Unspecified Error	Provider Refund
8060	S/EFR – Dup Payment	Provider Refund
8061	S/EFR – Wrong Prov Paid	Provider Refund
8062	S/EFR – Wrong Recip No.	Provider Refund
8063	S/EFR – Wrong NDC/Proc/Mod	Provider Refund
8064	S/EFR – Wrong Units of Service	Provider Refund
8065	S/EFR – TPL Related	Provider Refund (TPL)
8066	S/EFR – TPL Medicare Related	Provider Refund (TPL)
8067	S/EFR – Wrong SVC Date(s)	Provider Refund
8068	S/EFR – Wrong Pat Liab	Provider Refund
8069	S/EFR – Wrong Charge (Billed)	Provider Refund
8079	S/EFR – Misc. or Unspecified	Provider Refund
8160	PRA – Dup Payment	Provider Refund
8161	PRA – Wrong NDC/Proc/Mod	Provider Refund
8162	PRA – Wrong Units of Srv	Provider Refund
8163	PRA – Wrong Pat Liab Amt	Provider Refund
8164	PRA – TPL Related	Provider Refund (TPL)
8165	PRA – TPL Medicare Related	Provider Refund (TPL)
8166	PRA – Wrong Srv Date(s)	Provider Refund
8167	PRA – Wrong Charge (Billed)	Provider Refund
8179	PRA – Misc. or Unspecified	Provider Refund
8180	S/ERA – Dup Payment	Provider Refund
8181	S/ERA – Wrong NDC/Proc/Mod	Provider Refund
8182	S/ERA – Wrong Units of Service	Provider Refund

(Continued)

Table 13.11 – Cash Disposition Reasons

Reason Code	Description	Category
8183	S/ERA – Wrong Pat Liab Amt	Provider Refund
8184	S/ERA – TPL Related	Provider Refund (TPL)
8185	S/ERA – TPL Medicare Related	Provider Refund (TPL)
8186	S/ERA – Wrong SVC Date(s)	Provider Refund
8187	S/ERA – Wrong Charge (Billed) Amount	Provider Refund
8199	S/ERA – Misc. or Unspecified	Provider Refund
8220	NCR – TPL Related	Provider Refund
8221	NCR – TPL Medicare Related	Provider Refund
8222	NCR – TPL (Special Projects)	Provider Refund
8223	NCR – SURS Audit	Provider Refund
8224	NCR – SURS Interest	Provider Interest
8225	NCR – Returned Meds From NH	Provider Refund
8226	Check Recd by EDS For Claim Not In History	Provider Refund
8229	NCR – Misc. Prov.	Provider Refund
8230	Claim Void	Voids
8302	Prov Payout – Over Refund (Sys)	Payout
8303	Prov Payout – Over Refund (Man)	Payout
8306	Check Recd by EDS For Claim Adj On Prev Adj	Payout
8327	TPL/H OREF Sys	TPL Health
8328	TPL/H OREF Man	TPL Health
8329	TPL/C OREF Sys	TPL Health
8330	TPL/C OREF Man	TPL Health
8331	TPL Reason	TPL Health
8350	Expenditure Void	Provider Refund
8351	Admin Fee Expenditure Void	Provider Refund
8436	A/R DEC – Cash Receipt Applied (Princ)	Provider AR Refund
8437	A/R DEC – Prov Over-Refund Applied	Provider AR Refund
8438	A/R DEC – Cash Receipt Applied (Int)	Provider Interest
8511	DEC to Original Lien Amt Rc'd	Provider Refund

Expenditure (Payout) Reasons

Table 13.12 – Expenditure Payout Reasons

Reason Code	Description	Category
8300	System Generate	System Payout (Provider)
8301	Manual Check	Manual Payout
8302	Over Refund Sys	System Payout (Provider)
8303	Over Refund Man	Manual Payout
8304	Advance Sys	System Payout (Provider)
8305	Check Advance	System Payout (Provider)
8306	Ck For Prev Adj	System Payout (Provider)
8307	Stoppay APL A/R	System Payout (Provider)
8319	QI2 Buy-In Payment	QI2 Buy-In Payment
8321	HIPP Sys	Health Insurance Premium Payment
8322	HIPP Man	Health Insurance Premium Payment
8323	TPL Health Sys	System Payout (Health)
8324	TPL Health Man	System Payout (Health)
8325	TPL Casual Sys	System Payout (Attorney Fees)
8326	TPL Casual Man	System Payout (Attorney Fees)
8327	TPL/H OREF Sys	System Payout (Health)
8328	TPL/H OREF Man	System Payout (Health)
8329	TPL/C OREF Sys	System Payout (Attorney Fees)
8330	TPL/C OREF Man	System Payout (Attorney Fees)
8331	Outside *AIM* Man	Manual Payout
8332	Outside *AIM* Sys	System Payout (Provider)
8335	Conv Adm Fee M	System Payout (Provider)
8336	Int Before 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8005-W Financial Control Summary – ALL STATE ONLY PROGRAMS (ARCH, 590)

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8005-W		Financial Control Summary – ALL STATE ONLY PROGRAMS (ARCH, 590)

Description of Information

This report summarizes all financial activity for the current processing cycle. The number column on this report indicates the total number of claims and financial transactions which flowed through the current financial cycle for each category. The amount column indicates the dollars associated with these claims or financial transactions.

Purpose

The All State Only Programs Financial Control Summary calculates the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State weekly. In addition, this report is used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims that processed for All State Only Programs during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims that processed for the All State Only Programs during the current financial cycle

* A *positive adjustment* is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items (Provider)

Number: The number of system payouts transactions processed for All State Only Programs during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to providers.

Amount: The dollar amount of the system payouts transactions processed for All State Only Programs during the current weekly financial cycle.

System Payout Items (Health)	**Number:** The number of system payouts transactions processed for All State Only Programs during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections. **Amount:** The dollar amount of the system payouts transactions processed for All State Only Programs during the current weekly financial cycle.
Manual Payout Items	**Number:** The number of manual check transactions processed for All *State Only* Programs during the current weekly financial cycle. **Amount:** The dollar amount of the manual check transactions processed for All State Only Programs during the current weekly financial cycle.
System Insurance Premium Payouts	**Number:** The number of Health Insurance Premium Payments generated during the current weekly financial cycle for All State Only Programs. This data is pulled from the Expenditure table, reason code 8321. **Amount:** The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.
QI2 Buy-In Payment	**Number:** The number of QI2 Buy-In payments generated yearly. This data is pulled from the expenditure table, reason code 8319. Amount: The dollar amount of the QI2 Buy-In Payments generated yearly though the system (reason 8319)
Administration Fee Payment (PCCM)	**Number:** The number of members associated with Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly, fixed, flat fee payment for each member assigned to them **Amount:** The total dollar amount of all Administration Fee Payments made to providers during the current weekly financial cycle
Capitation Payment (MCO)	**Number:** The number of members associated with MCO Capitation Payments during the current weekly financial cycle **Amount:** The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member that is assigned to it
System Offset Items (Principal)	**Number:** The number of All State Only Programs Provider Accounts Receivables offset due to claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table. **Amount:** The total dollar amount applied towards All State Only Programs Provider Accounts Receivables due to claims activity (Disposition table reason code 8441).
Net System Payment	**Number:** Not applicable **Amount:** The total dollar amount of All State Only Programs payments with adjustments for system payouts and offsets. Calculation is: (Claim Payment + System Payout Item + Manual Payout Items + System Insurance

Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO) - System Offset Items = Net System Payment

Refunds Processed

Number: The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (Refer to specific functional definition below)

Amount: The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle, defined as:

Provider Refunds: Refer to attached worksheet for disposition reason codes posting to this account.

Provider Refunds (TPL): Refer to attached worksheet for disposition reason codes posting to this account.

Provider AR Refunds: Refer to attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is posted.

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as posted to the general ledger. Posted indicator on the Cash Receipts Disposition table is Y

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as posted to the general ledger. Posted indicator on the Cash Receipts disposition table is Y

Payouts: Refer to attached worksheet for reason codes posting to this account. This is used when the refund was sent in error for processing and should be returned to the provider.

All State Only Programs refunds processed are posted to the appropriate column based on the claims date of service where the refund is claims specific.

Civil Penalties

Number: This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.

Amount: This line not currently used on this report. Civil Penalties are applied to only the Medicaid Program.

Voids Processed

Number: The total number of dispositions relating to voided checks during the current weekly financial cycle

Amount: The dollar amount associated with All State Only Programs of all checks voided during the current financial cycle

Drug Rebate Amounts Applied

Number: The total number of dispositions relating to Drug Rebate during the current weekly financial cycle.

Amount: The dollar amount associated with Medicaid only of all Drug Rebate refunds during the current financial cycle.

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by the State for All State Only Programs for the weekly financial cycle. Calculation of the Net Reimbursement is as follows:

Net System Payment, less refunds and voids, equals, the Net Reimbursement

Claim Payment Interest Items

Number: The number of claim (documents) for which interest is paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing.

System Payout Items (Attorney Fees)

Number: The number of system payouts transactions processed for All State Only Programs during the current weekly financial cycle. e the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses.

Amount: The dollar amount of the system payouts transactions processed for All State Only Programs during the current weekly financial cycle.

Interest Collections

Number: The number of All State Only Programs Interest Accounts Receivables offset by claims activity during the current weekly financial cycle. Reason codes for this disposition activity will be determined after AR redesign is complete.

Amount: The total dollar amount applied towards All State Only Programs Interest Accounts Receivables because of claims activity.

Refunds Processed (Interest)

Number: The total number of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which will post here.

Amount: The total dollar amount of Provider refunds for AR interest dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for All State Only Programs for the weekly financial cycle. Calculation of the Total Reimbursement is as follows: Net Reimbursement + Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement

Drug Rebate Interest Is Included In The Drug Rebate Amounts Applied Line

Number: Not applicable.

Amount: The total dollar amount of all interest posted during the current weekly financial cycle.

Report: FIN-8005-W
Process: FINJW213
Location: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY
ALL STATE ONLY PROGRAMS
Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- Refunds Processed (Civil Penalties)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99

*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line $999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Table 13.13 – Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR – Dup Payment	Provider Refund
8041	PFR – Wrong Prov	Provider Refund
8042	PFR – Wrong Recip No.	Provider Refund
8043	PFR – Wrong NDC/Proc/Mod	Provider Refund
8044	PFR – Wrong Units Of Srv	Provider Refund
8045	PFR – TPL Related	Provider Refund (TPL)
8046	PFR – TPL Medicare Related	Provider Refund (TPL)
8047	PFR – Wrong Srv Date(s)	Provider Refund
8048	PFR – Wrong Pat Liab Amt	Provider Refund
8049	PFR – Wrong Charge (Billed)	Provider Refund
8050	PFR – Wrong EFT Prov	Provider Refund
8059	PFR – Misc. or Unspecified Error	Provider Refund
8060	S/EFR – Dup Payment	Provider Refund
8061	S/EFR – Wrong Prov Paid	Provider Refund
8062	S/EFR – Wrong Recip No.	Provider Refund
8063	S/EFR – Wrong NDC/Proc/Mod	Provider Refund
8064	S/EFR – Wrong Units Of Service	Provider Refund
8065	S/EFR – TPL Related	Provider Refund (TPL)
8066	S/EFR – TPL Medicare Related	Provider Refund (TPL)
8067	S/EFR – Wrong Svc Date(s)	Provider Refund
8068	S/EFR – Wrong Pat Liab	Provider Refund
8069	S/EFR – Wrong Charge (Billed)	Provider Refund
8079	S/EFR – Misc. or Unspecified	Provider Refund
8160	PRA – Dup Payment	Provider Refund
8161	PRA – Wrong NDC/Proc/Mod	Provider Refund
8162	PRA – Wrong Units of Srv	Provider Refund
8163	PRA – Wrong Pat Liab Amt	Provider Refund
8164	PRA – TPL Related	Provider Refund (TPL)
8165	PRA – TPL Medicare Related	Provider Refund (TPL)
8166	PRA – Wrong Srv Date(s)	Provider Refund
8167	PRA – Wrong Charge (Billed)	Provider Refund
8179	PRA – Misc. or Unspecified	Provider Refund
8180	S/ERA – Dup Payment	Provider Refund
8181	S/ERA – Wrong NDC/Proc/Mod	Provider Refund
8182	S/ERA – Wrong Units of Service	Provider Refund
8183	S/ERA – Wrong Pat Liab Amt	Provider Refund

(Continued)

Table 13.13 – Cash Disposition Reasons

Reason Code	Description	Category
8184	S/ERA – TPL Related	Provider Refund (TPL)
8185	S/ERA – TPL Medicare Related	Provider Refund (TPL)
8186	S/ERA – Wrong Svc Date(s)	Provider Refund
8187	S/ERA – Wrong Charge (Billed) Amount	Provider Refund
8199	S/ERA – Misc. or Unspecified	Provider Refund
8220	NCR – TPL Related	Provider Refund
8221	NCR – TPL Medicare Related	Provider Refund
8222	NCR – TPL (Special Projects)	Provider Refund
8223	NCR – SURS Audit	Provider Refund
8224	NCR – SURS Interest	Provider Interest
8225	NCR – Returned Meds From NH	Provider Refund
8226	Check recd by EDS For Claim Not In History	Provider Refund
8229	NCR – Misc. Prov.	Provider Refund
8230	Claim Void	Voids
8302	Prov Payout – Over Refund (Sys)	Payout
8303	Prov Payout – Over Refund (Man)	Payout
8306	Check Recd by EDS For Claim Adj On Prev Adj	Payout
8327	TPL/H OREF Sys	TPL Health
8328	TPL/H OREF Man	TPL Health
8329	TPL/C OREF Sys	TPL Health
8330	TPL/C OREF Man	TPL Health
8331	TPL Reason	TPL Health
8350	Expenditure Void	Provider Refund
8351	Admin Fee Expenditure Void	Provider Refund
8436	A/R Decr.-Cash Receipt Applied (Princ)	Provider AR Refund
8437	A/R Decr.-Prov Over-Refund Applied	Provider AR Refund
8438	A/R Decr.-Cash Receipt Applied (Int)	Provider Interest
8511	Decr. to Original Lien Amt Rc'd	Provider Refund

Expenditure (Payout) Reasons

Table 13.14 – Expenditure Payout Reasons

Reason Code	Description	Category
8300	System Generate	System Payout (Provider)
8301	Manual Check	Manual Payout
8302	Over Refund Sys	System Payout (Provider)
8303	Over Refund Man	Manual Payout
8304	Advance Sys	System Payout (Provider)
8305	Check Advance	System Payout (Provider)
8306	Ck For Prev Adj	System Payout (Provider)
8307	Stoppay Apl A/R	System Payout (Provider)
8319	QI-2 Buy-In Payment	QI-2 Buy-In Payment
8321	HIPP Sys	Health Insurance Premium Payment
8322	HIPP Man	Health Insurance Premium Payment
8323	TPL Health Sys	System Payout (Health)
8324	TPL Health Man	System Payout (Health)
8325	TPL Casual Sys	System Payout (Attorney Fees)
8326	TPL Casual Man	System Payout (Attorney Fees)
8327	TPL/H OREF Sys	System Payout (Health)
8328	TPL/H OREF Man	System Payout (Health)
8329	TPL/C OREF Sys	System Payout (Attorney Fees)
8330	TPL/C OREF Man	System Payout (Attorney Fees)
8331	Outside *AIM* Man	Manual Payout
8332	Outside *AIM* Sys	System Payout (Provider)
8335	Conv Adm Fee M	System Payout (Provider)
8336	Int Before 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8006-W Financial Control Summary - TOTAL (ALL PROGRAMS)

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8006-W		Financial Control Summary - TOTAL (ALL PROGRAMS)

Description of Information

This report summarizes all financial activity for the current processing cycle. The number column on this report indicates the total number of claims and financial transactions which flowed through the current financial cycle for each category. The amount column indicates the dollars associated with these claims or financial transactions.

Purpose

The Total (All Programs) Financial Control Summary to calculates the total net reimbursement for the current weekly financial cycle. The net reimbursement amount is invoiced to the State on a weekly basis. In addition, this report is used for balancing financial and MARS.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 80, 90) and positive adjustment* claims that processed for Total (All Programs) during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims that processed for the Total (All Programs) during the current financial cycle

* A *positive adjustment* is defined as an adjustment (regions 50-51 and 55-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

System Payout Items (Provider)

Number: The number of system payout transactions processed for Total (All Programs) during the current weekly financial cycle. Refer to the

attached worksheet for payouts included in this line. This line is only for payments made to providers.

Amount: The dollar amount of the 'system' payouts transactions processed for Total (All Programs) during the current weekly financial cycle.

System Payout Items (Health)

Number: The number of system payout transactions processed for Total (All Programs) during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to insurance carriers for refunds of health collections.

Amount: The dollar amount of the system payouts transactions processed for Total (All Programs) during the current weekly financial cycle.

Manual Payout Items

Number: The number of manual check transactions processed for Total (All Programs) during the current weekly financial cycle.

Amount: The dollar amount of the manual check transactions processed for Total (All Programs) during the current weekly financial cycle.

System Insurance Premium Payouts

Number: The number of Health Insurance Premium Payments generated during the current weekly financial cycle for Total (All Programs). This data is pulled from the Expenditure table, reason code 8321.

Amount: The dollar amount of the Health Insurance Premium Payments generated through the system (reason 8321) for the current financial cycle.

QI2 Buy-In Payment

Number: The number of QI2 Buy-In Payments generated yearly. This data is pulled from the Expenditure table, reason code 8319.
Amount: The dollar amount of QI2 Buy-In Payments generated yearly through the system (reason 8319).

Administration Fee Payment (PCCM)

Number: The number of members associated with Administration Fee Payments (PCCM) during the current financial cycle. Providers receive a monthly fixed flat fee payment for each member assigned to them

Amount: The total dollar amount of all Administration Fee Payments made to providers during the current weekly financial cycle

Capitation Payment (MCO)

Number: The number of members associated with MCO Capitation Payments during the current weekly financial cycle

Amount: The total dollar amount of all Capitation Payments made to MCO providers during the current weekly financial cycle. The total amount paid to an MCO provider is based on the negotiated monthly rate for each member that is assigned to it

System Offset Items (Principal)

Number: The number of TOTAL (ALL PROGRAMS) Provider Accounts Receivables that were offset due to claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table. This excludes offsets applied during the current weekly financial cycle to TOTAL (ALL PROGRAMS) Accounts Receivables that were originally setup using 8415 (Civil Penalties). Civil Penalties are applied to only the Medicaid Program.

Amount: The total dollar amount applied towards TOTAL (ALL

PROGRAMS) Provider Accounts Receivables due to claims activity (Disposition table reason code 8441). This excludes offsets applied during the current weekly financial cycle to TOTAL (ALL PROGRAMS) Accounts Receivables that were originally setup using 8415 (Civil Penalties). Civil Penalties are applied to only the Medicaid Program.

Net System Payment

Number: Not applicable

Amount: The total dollar amount of Total (All Programs) payments with adjustments for system payouts and offsets. Calculation is as follows: Claim Payment + System Payout Item + Manual Payout Items + System Insurance Premium Payouts + Administration Fee Payment (PCCM) + Capitation Payment (MCO) - System Offset Items = Net System Payment

Refunds Processed

Number: The total number of Provider and TPL (Health and Casualty) refunds posted during the current weekly financial cycle (see specific functional area definition below). This excludes offsets applied during the current weekly financial cycle to TOTAL (ALL PROGRAMS) Accounts Receivables that were originally setup using 8415 (Civil Penalties). Civil Penalties are applied to only the Medicaid Program.

Amount: The total dollar amount of all Provider and TPL refunds posted during the current weekly financial cycle. Definition of refunds for each functional area is as follows:

Provider Refunds: See attached worksheet for disposition reason codes posting to this account.

Provider Refunds (TPL): See attached worksheet for disposition reason codes posting to this account.

Provider AR Refunds: See attached worksheet for disposition reason codes posting to this account. Program code is determined by the AR to which the cash receipt is being posted. This excludes offsets applied during the current weekly financial cycle to TOTAL (ALL PROGRAMS) Accounts Receivables that were originally setup using 8415 (Civil Penalties). Civil Penalties are applied to only the Medicaid Program.

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as they are posted to the general ledger. 'Posted' indicator on the Cash Receipts Disposition table is equal to 'Y'

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as they are posted to the general ledger. 'Posted' indicator on the Cash Receipts disposition table is equal to 'Y'

Payouts: See attached worksheet for reason codes posting to this account. This is utilized when the refund was sent in error for processing and should be returned to the provider.

TOTAL (ALL PROGRAMS) refunds processed are posted to the appropriate column based on the claims date of service where the refund is claims specific.

Civil Penalties

Number: The number of offsets applied during the current weekly financial cycle to TOTAL (ALL PROGRAMS) Accounts Receivables that

were originally setup using 8415 (Civil Penalties). Civil Penalties are applied to only the Medicaid Program.

Amount: The total dollar amount applied towards TOTAL (ALL PROGRAMS) Accounts Receivables that were originally setup using 8415 (Civil Penalties). These funds are for civil penalties the Provider was assessed by the Indiana State Department of Health and must be transferred from OMPP to the ISDH. Civil Penalties are applied to only the Medicaid Program.

Voids Processed

Number: The total number of dispositions relating to voided checks during the current weekly financial cycle
Amount: The dollar amount associated with Total (All Programs) of all checks voided during the current financial cycle

Drug Rebate Amounts Applied

Number: The total number of dispositions relating to Drug Rebate during the current weekly financial cycle.
Amount: The dollar amount associated with Medicaid of all Drug Rebate refunds during the current financial cycle.

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for Total (All Programs) for the weekly financial cycle. Calculation of the Net Reimbursement is as follows: Net System Payment less refunds and voids equals the Net Reimbursement

Administrative Fees

This section of the report indicates items which are administrative in nature and are funded from separate accounts at OMPP. They are reported here to assist OMPP in procuring the appropriate matching funds from CMS.

Claim Payment Interest Items

Number: The number of claim (documents) for which interest is paid. Clean claims are subject to interest if the check is not written to the provider within 21 days of receipt for ECS claims and 30 days of receipt for paper claims.

Amount: The dollar amount of the interest paid to providers for untimely claims processing.

System Payout Items (Attorney Fees)

Number: The number of system payouts transactions processed for Total (All Programs) during the current weekly financial cycle. Refer to the attached worksheet for payouts included in this line. This line is only for payments made to attorneys for fees and pro-rata share of expenses.

Amount: The dollar amount of the system payouts transactions processed for Total (All Programs) during the current weekly financial cycle.

Interest Collections

Number: The number of Total (All Programs) Interest Accounts Receivables offset by claims activity during the current weekly financial cycle. Reason codes for this disposition activity will be determined after AR redesign is complete.

Amount: The total dollar amount applied towards Total (All Programs) Interest Accounts Receivables because of to claims activity.

Refunds Processed (Interest)

Number: The total number of Provider refunds for AR interest

dispositioned during the current weekly financial cycle. Refer to the attached worksheet for disposition reason codes which will post here.

Amount: The total dollar amount of Provider refunds for AR interest dispositioned during the current weekly financial cycle Refer to the attached worksheet for disposition reason codes which post here.

Total Reimbursement

Number: Not applicable

Amount: The total dollar amount to be reimbursed by the State for Total (All Programs) for the weekly financial cycle. Calculation of the Total Reimbursement is as follows: Net Reimbursement + Claim Payment Interest + System Payout Items - Interest Collections - Refunds = Total Reimbursement

Drug Rebate Interest Is Included In The Drug Rebate Amounts Applied Line

Number: Not applicable.

Amount: The total dollar amount of all interest posted during the current weekly financial cycle.

Report: FIN-8006-W (WC57-12R)
Process: FINJ213
Location: FINC5001

Indiana*AIM*
FINANCIAL CONTROL SUMMARY TOTAL (ALL PROGRAMS)
Period: MMDDCCYY - MMDDCCYY

DATE: MMDDCCYY
TIME: HH:MM:SS
PAGE: 99,999

	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99
+ System Payout Items (Provider)	999,999,999	$999,999,999.99
+ System Payout Items (Health)	999,999,999	$999,999,999.99
+ Manual Payout Items	999,999,999	$999,999,999.99
+ System Insurance Premium Payouts	999,999,999	$999,999,999.99
+ QI2 Buy-In Payment	999,999,999	$999,999,999.99
+ Administration Fee Payment (PCCM)	999,999,999	$999,999,999.99
+ Capitation Payment (MCO)	999,999,999	$999,999,999.99
- System Offset Items	999,999,999	$999,999,999.99
= Net System Payment		$999,999,999.99
- Refunds Processed (Provider Refund)	999,999,999	$999,999,999.99
- Refunds Processed (Provider TPL)	999,999,999	$999,999,999.99
- Refunds Processed (Provider AR)	999,999,999	$999,999,999.99
- Refunds Processed (Civil Penalties)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Health)	999,999,999	$999,999,999.99
- Refunds Processed (TPL Casualty)	999,999,999	$999,999,999.99
- Refunds Processed (Provider Payout)	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99
- Drug Rebate Amounts Applied*	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99
+ Claim Interest Payment	999,999,999	$999,999,999.99
+System Payout (Attorney Fees)	999,999,999	$999,999,999.99
- Interest Collections	999,999,999	$999,999,999.99
- Refunds Processed (Provider Interest)	999,999,999	$999,999,999.99
= Total Reimbursement		$999,999,999.99
*Drug Rebate Interest is Included in the Drug Rebate Amounts Applied Line		$999,999,999.99

* * END OF REPORT * *

Cash Disposition Reasons

Table 13.15 – Cash Disposition Reasons

Reason Code	Description	Category
8040	PFR – Dup Payment	Provider Refund
8041	PFR – Wrong Prov	Provider Refund
8042	PFR – Wrong Recip No.	Provider Refund
8043	PFR – Wrong NDC/Proc/Mod	Provider Refund
8044	PFR – Wrong Units Of Srv	Provider Refund
8045	PFR – TPL Related	Provider Refund (TPL)
8046	PFR – TPL Medicare Related	Provider Refund (TPL)
8047	PFR – Wrong Srv Date(s)	Provider Refund
8048	PFR – Wrong Pat Liab Amt	Provider Refund
8049	PFR – Wrong Charge (Billed)	Provider Refund
8050	PFR – Wrong EFT Prov	Provider Refund
8059	PFR – Misc. or Unspecified Error	Provider Refund
8060	S/EFR – Dup Payment	Provider Refund
8061	S/EFR – Wrong Prov Paid	Provider Refund
8062	S/EFR – Wrong Recip No.	Provider Refund
8063	S/EFR – Wrong NDC/Proc/Mod	Provider Refund
8064	S/EFR – Wrong Units Of Service	Provider Refund
8065	S/EFR – TPL Related	Provider Refund (TPL)
8066	S/EFR – TPL Medicare Related	Provider Refund (TPL)
8067	S/EFR – Wrong Svc Date(s)	Provider Refund
8068	S/EFR – Wrong Pat Liab	Provider Refund
8069	S/EFR – Wrong Charge (Billed)	Provider Refund
8079	S/EFR – Misc. or Unspecified	Provider Refund
8160	PRA – Dup Payment	Provider Refund
8161	PRA – Wrong NDC/Proc/Mod	Provider Refund
8162	PRA – Wrong Units of Srv	Provider Refund
8163	PRA – Wrong Pat Liab Amt	Provider Refund
8164	PRA – TPL Related	Provider Refund (TPL)
8165	PRA – TPL Medicare Related	Provider Refund (TPL)
8166	PRA – Wrong Srv Date(s)	Provider Refund
8167	PRA – Wrong Charge (Billed)	Provider Refund
8179	PRA – Misc. or Unspecified	Provider Refund
8180	S/ERA – Dup Payment	Provider Refund
8181	S/ERA – Wrong NDC/Proc/Mod	Provider Refund
8182	S/ERA – Wrong Units Of Service	Provider Refund

(Continued)

Table 13.15 – Cash Disposition Reasons

Reason Code	Description	Category
8183	S/ERA – Wrong Pat Liab Amt	Provider Refund
8184	S/ERA – TPL Related	Provider Refund (TPL)
8185	S/ERA – TPL Medicare Related	Provider Refund (TPL)
8186	S/ERA – Wrong Svc Date(s)	Provider Refund
8187	S/ERA – Wrong Charge (Billed) Amount	Provider Refund
8199	S/ERA – Misc. or Unspecified	Provider Refund
8220	NCR – TPL Related	Provider Refund
8221	NCR – TPL Medicare Related	Provider Refund
8222	NCR – TPL (Special Projects)	Provider Refund
8223	NCR – SURS Audit	Provider Refund
8224	NCR – SURS Interest	Provider Interest
8225	NCR – Returned Meds From NH	Provider Refund
8226	Check Recd by EDS For Claim Not In History	Provider Refund
8229	NCR – Misc. Prov.	Provider Refund
8230	Claim Void	Voids
8302	Prov Payout – Over Refund (Sys	Payout
8303	Prov Payout – Over Refund (Man)	Payout
8306	Check Recd by EDS For Claim Adj on Prev Adj	Payout
8327	TPL/H OREF Sys	TPL Health
8328	TPL/H OREF Man	TPL Health
8329	TPL/C OREF Sys	TPL Health
8330	TPL/C OREF Man	TPL Health
8331	TPL Reason	TPL Health
8350	Expenditure Void	Provider Refund
8351	Admin Fee Expenditure Void	Provider Refund
8436	A/R Decr. – Cash Receipt Applied (Princ)	Provider AR Refund
8437	A/R Decr. – Prov Over-Refund Applied	Provider AR Refund
8438	A/R Decr. – Cash Receipt Applied (Int)	Provider Interest
8511	Decr. to Original Lien Amt Rc'd	Provider Refund

Expenditure (Payout) Reasons

Table 13.16 – Expenditure Payout Reasons

Reason Code	Description	Category
8300	System Generate	System Payout (Provider)
8301	Manual Check	Manual Payout
8302	Over Refund Sys	System Payout (Provider)
8303	Over Refund Man	Manual Payout
8304	Advance Sys	System Payout (Provider)
8305	Check Advance	System Payout (Provider)
8306	Ck For Prev Adj	System Payout (Provider)
8307	Stoppay Apl A/R	System Payout (Provider)
8319	QI2 Buy-In Payment	QI2 Buy-In Payment
8321	HIPP Sys	Health Insurance Premium Payment
8322	HIPP Man	Health Insurance Premium Payment
8323	TPL Health Sys	System Payout (Health)
8324	TPL Health Man	System Payout (Health)
8325	TPL Casual Sys	System Payout (Attorney Fees)
8326	TPL Casual Man	System Payout (Attorney Fees)
8327	TPL/H OREF Sys	System Payout (Health)
8328	TPL/H OREF Man	System Payout (Health)
8329	TPL/C OREF Sys	System Payout (Attorney Fees)
8330	TPL/C OREF Man	System Payout (Attorney Fees)
8331	Outside *AIM* Man	Manual Payout
8332	Outside *AIM* Sys	System Payout (Provider)
8335	Conv Adm Fee M	System Payout (Provider)
8336	Int Before 2/14	System Payout (Provider)**One time issue which occurred prior to report changes which moved interest to its own line.

FIN-8007-W Financial Control Summary - Medicaid Activity With Service Dates Before 7/1/94

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8007-W		Financial Control Summary - Medicaid Activity With Service Dates Before 7/1/94

Description of Information

This report summarizes, for the current processing cycle, all Medicaid financial activity with an incurred service date prior to July 1, 1994. It is divided into risk and non-risk categories, and reports a combined total. The *number* column on this report indicates the total number of claims and financial transactions which flowed through the current financial cycle for each category. The *amount* column indicates the dollars associated with these claims or financial transactions.

Purpose

This Medicaid Financial Control Summary to calculate the total risk and non-risk net reimbursement for the current weekly financial cycle. The report is used for expenditure invoicing during the HIO runout period. The net reimbursement amount for the risk category is invoiced to NHIC, which require the transfer of funds from the Incurred Claims Liability Reserve (ICLR) to the Fiscal Agent checking account weekly. The net reimbursement amount for the non-risk category is invoiced to the State weekly. This report will not be produced after the runout period, as the total column on this report equals the *Before 7/1/94* column on the FIN-8000-W report.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

System Claim Payment

Number: The number of paid claims (regions 10, 11, 20, 21, 25, 26, 90) and positive adjustment* claims processed for the Medicaid program (with incurred dates prior to 7/1/94) during the current weekly financial cycle

Amount: The total dollar amount of all paid and positive adjustment* claims processed for the Medicaid program (with incurred dates prior to 7/1/94) during the current financial cycle

* A *positive adjustment* is defined as an adjustment (regions 50-59) claim for which the net adjusted amount results in a positive payment to the provider. Post only the positive net adjustment amount.

For the determination of Risk versus Non-Risk columns, refer to the final section of this report.

System Payout Items

The field is blank, as it is not be used

Manual Payout Items

Number: The number of manual check transactions processed for Medicaid activity with dates of service before 7/1/94 during the current weekly financial cycle.

Amount: The dollar amount of the manual check transactions processed for Medicaid activity with dates of service before 7/1/94 during the current weekly financial cycle.

System Insurance Premium Payouts

The field is blank, as it is not be used.

Note: System Insurance Premium Payments are not applicable for the Before 7/1/94 report

Administration Fee Payment (PCCM)

The field is blank, as it is not be used.

Note: Administration Fee Payment (PCCM) are not applicable for the Before 7/1/94 report

Capitation Payment (MCO)

The field is blank, as it is not used.

Note: Capitation Payment (MCO) are not applicable for the Before 7/1/94 report

System Offset Items

Number: The number of Medicaid Provider Accounts Receivables offset by claims activity during the current weekly financial cycle. Post system offsets with a reason code of 8441 from the Accounts Receivable Disposition table

Amount: The total dollar amount applied towards Medicaid Provider Accounts Receivables because of claims activity (Disposition table reason code 8441)

To apply ARs applicable to the Medicaid Program HIO Risk expenditures (prior to 7/1/94), post ARs meeting the above criteria, to columns based on an AR SET-UP reason code listed (also refer to FIN-8007-W) below:
Risk: 8413, 8420, 8421, 8424, 8427
Non-Risk: This field is blank, as it is not used. Any offsets considered non-risk for Medicaid, regardless of incurred date, are reported on the FIN-8000-W report in the After 6/30/94 column, because the Medicaid non-risk State invoice consolidates the two column "Net Reimbursements" amounts for billing purposes

Net System Payment

Number: Not applicable

Amount: The total dollar amount of Medicaid payments with adjustments for system payouts and offsets. Calculation is: Claim Payment - System Offset Items = Net System Payment

Refunds Processed

Number: The total number of Provider, TPL (Health and Casualty), and Drug Rebate Manufacturer refunds posted during the current weekly

financial cycle (Refer to specific functional area definition below) with incurred dates of service on the claim prior to 7/1/94

Amount: The total dollar amount of all Provider, TPL and Drug Rebate Manufacturer refunds posted during the current weekly financial cycle with incurred dates of service on the claim prior to 7/1/94. Definition of refunds for each functional area are as follows:

Provider Refunds: All refund adjustment disposition amounts (reason codes: 8040-8079 and 8160-8199) posted during the current financial cycle.

Provider AR Refunds: Post cash receipts applied to provider accounts receivables (reason codes 8436 and 8437). Program code is determined by the AR to which the cash receipt is posted.

NOTE: No non-claims specific refunds are reported on the Before 7/1/94 report

TPL Health: Reports TPL Health refund checks (CCN batch range 915-919) as they are posted to the general ledger. Posted indicator on the Cash Receipts Disposition table is Y.

TPL Casualty: Reports TPL Casualty refund checks (CCN batch range 900-904) as posted to the general ledger. Posted indicator on the Cash Receipts disposition table is Y

Drug Rebate: To be defined post - implementation

Payouts: Reports all refunds cash receipts returned to the sender in the form of a system - generated payout (reason codes 8302, 8306, 8327, 8329)

The Medicaid refunds processed are posted to this report only if they are claims specific and for incurred dates of service prior to 7/1/94. For the determination of Risk versus Non-Risk columns, refer to the final section of this report

Voids Processed

Number: The total number of dispositions relating to voided checks during the current weekly financial cycle

Amount: The dollar amount associated with the Medicaid program of all checks voided during the current financial cycle

The void is posted in the Non-risk column of the report when the issuance date of the check is before 7/1/94

Net Reimbursement

Number: Not applicable

Amount: The total dollar amount reimbursed by NHIC or the State for the Medicaid program activity prior to 7/1/94, processed in the weekly financial cycle. Calculation of the Net Reimbursement is as follows: Net System Payment less refunds and voids equals the Net Reimbursement

Risk vs. Non-Risk Determination

Entries in the above definitions are reported in either the risk or non-risk columns. All entries meeting the following conditions are classified in the non-risk column. Any entries not meeting the conditions are categorized as risk

- *Crossover or Inpatient Claims submitted by a Psychiatric Hospital*
- *Crossover or Inpatient Claims submitted by a Skilled Nursing Facility (SNF) or an Intermediate Care Facility (ICF) or a Skilled Nursing Facility (Pediatric).*
- *Inpatient Claims submitted by an ICF/MR or a Residential Care Facility.*
- *Medical Claims submitted by Waiver Providers.*
- *Medical Claims submitted by Mental Health Rehabilitation Providers (MHR).*
- *Medical Claims submitted with a diagnosis code of V689.*
- *Any claims submitted, not meeting the previous tests, but that have the following members populations:*

  1. SOBRA Mother and Infants with incurred service dates prior to July 1, 1992 (FY93)

  2. Qualified Medical Beneficiary (QMB)

In order to complete the Risk versus Non-Risk determination, define Risk by exception. That is, determine that something is Risk by excluding all the categories that are known to be Non-Risk. The determination is based on a combination of Provider Type and Specialty classifications and the Member ICES aid category. Follow these steps:

1. Determine whether the provider submitting the claim is considered to be a Non-risk provider. For these providers, any claims they submit are considered outside of the risk arrangement, regardless of the member's aid category, or the procedure performed.

2. Determine those unique diagnosis code(s) considered Non-Risk.

3. Determine if the aid category of the member on the claim is considered Non-risk.

If none of the Non-risk tests are met, consider the claim Risk, and report accordingly.

To classify as Non-risk in terms of the specific *AIM* definitions, refer to the following:

If Claim type = A (inpatient crossover),

B (CMS - 1500 crossover),

C (Outpatient crossover),

I (Inpatient),

And the Provider Type = 01 (Hospital),

And the Provider Specialty = 011 (Psychiatric Hospital).

If Claim type = A (inpatient crossover),

B (CMS - 1500 crossover),

C (Outpatient crossover),

L (Long Term Care),

And the Provider Type = 03 (Extended Care Facilities),

And a Provider Specialty of either:

030 (Nursing Facility), or

032 (Pediatric Nursing Facility).

If Claim type = L (Long Term Care),

And the Provider Type = 03 (Extended Care Facilities),

And a Provider Specialty of either:

031 (ICF/MR), or

033 (Residential Care Facility).

If Claim type = M (CMS - 1500),

And the Provider Type of either:

21 (Case Manager), or 32 (Waiver).

If Claim type = M (CMS-1500),

And the Provider Type = 11 (Mental Health Provider)

And Provider Specialty = 111 (Community Mental Health Center).

If Claim type = M (CMS-1500),

And one of the four diagnosis codes = V689.

If the claim is not identified by the previous tests as Non-risk, the member aid category is considered. There are aid categories (QMB and SOBRA) that are considered Non-risk. However, for the SOBRA population, Non-risk classification is also dependent on the date the medical service was provided. Refer to the following logic for Non-Risk classification, based on aid category:

QMB = ICES Aid Categories MAL or MALP.

SOBRA = ICES Aid Categories MAN, **or** MAP, **or** MANP, **or** MAPP, **or** MAZ **or** MAZP, **or** MAE,

And the claim date of service is before July 1, 1992.

REPORT: FIN-8007-W
PROCESS:
LOCATION:

Indiana*AIM*
FINANCIAL CONTROL SUMMARY
MEDICAID ACTIVITY WITH
SERVICE DATES BEFORE 7/1/94
Period: MMDDCCYY - MMDDCCYY

Date: MMDDCCYY
Time: HH:MM:SS
Page: 99,999

	RISK		NON-RISK		TOTAL	
	NUMBER	AMOUNT	NUMBER	AMOUNT	NUMBER	AMOUNT
System Claim Payment	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99
+ System Payout Items						
+ System Insurance Premium Payouts						
+ Administration Fee Payment (PCCM)						
+ Capitation Payment (MCO)						
- System Offset Items	999,999,999	$999,999,999.99			999,999,999	$999,999,999.99
= Net System Payment	999,999,999	$999,999,999.99		$999,999,999.99		$999,999,999.99
- Refunds Processed	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99
- Voids Processed	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99	999,999,999	$999,999,999.99
= Net Reimbursement		$999,999,999.99		$999,999,999.99		$999,999,999.99

* * END OF REPORT * *

FIN-8009-W Integrated Financial Summary

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8009-W		Integrated Financial Summary

Description of Information

This report to integrates all Financial information from each functional area (TPL, Provider, and Drug Rebate) into one report.

Purpose

This report is used by EDS to report to IFSSA weekly activity associated with the entire financial system and it also summarizes the information from the FIN-8000 report series.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Claim Payments

Indicates the total System Claim Payments by program, as reported by the FIN-8000 report series

Expenditures

Indicates the total expenditure payouts by program (defined as a non-claim related financial transaction). This line reports the sum of the System Payout Items, System Insurance Premium Payouts, Administration Fee Payment (PCCM),and Capitation Payment (MCO), as reported by the FIN-8000 report series

System Offsets

Indicates the total amount of satisfied accounts receivables associated with claim activity by program, as reported on the FIN-8000 report series. An accounts receivable will only be setup if the amount owed to the Indiana Health Coverage Program is not satisfied in the present weekly cycle. This excludes offsets applied during the current weekly financial cycle to MEDICAID Provider Accounts Receivables that were originally setup using 8415 (Civil Penalties).

Refunds Processed

Indicates the total dollar amount of refund checks by program that have been processed through the system, as reported on the FIN-8000 report

series. This excludes offsets applied during the current weekly financial cycle to MEDICAID Provider Accounts Receivables that were originally setup using 8415 (Civil Penalties).

Civil Penalties	Indicates the total dollar amount applied towards Accounts Receivables that were originally setup using 8415 (Civil Penalties). These funds are for civil penalties the MEDICAID Provider was assessed by the Indiana State Department of Health and must be transferred from OMPP to the ISDH.
Voids Processed	Indicates the total dollar amount of checks voided by program that have been processed through the system, as reported on the FIN-8000 report series
Total Processed	Indicates the financial totals processed by program. Formula: Claim Payments + Expenditures + Manual Payout Items - System Offsets - Refunds Processed - Civil Penalties - Voids Processed = Total Processed.
Indiana Health Coverage Program	Indicates the financial totals for Claim Payments, Expenditures, System Offsets, Refunds Processed, Civil Penalties Processed, Voids Processed, and a summarized Total Processed associated with Medicaid, 590, Package C, or ARCH The data for all programs is summarized with a grand total for all programs

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REPORT: FIN-8009-W                                  IndianaAIM                                  DATE: MMDDCCYY
PROCESS:FINJW213                          INTEGRATED FINANCIAL SUMMARY                          TIME: HH:MM:SS
LOCATION: FNIC5001                        PERIOD: MMDDCCYY - MMDDCCYY                             PAGE: 99,999
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	MEDICAID	590	PKG C	ARCH	GRAND TOTAL
CLAIM PAYMENTS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
+ EXPENDITURES	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
- SYSTEM OFFSETS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
- REFUNDS PROCESSED	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
- CIVIL PENALTIES PROCESSED	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
- VOIDS PROCESSED	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
= TOTAL PROCESSED	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

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

FIN-8025-W Administrative Fee Billing

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8025-W		Administrative Fee Billing

Description of Information

The Administrative Billing Report lists weekly claim counts of billable (Paid, Denied, and Shadow) and non-billable (Adjusted, and Non-Billable) claims, as well as month-to-date and fiscal year-to-date totals. This report lists the number of claims processed as defined by the contract. Totals for all columns are provided per claim type and per program, as well as a grand total. This report counts details for CMS-1500 and dental claims. It counts documents (ICNs) for UB92 and pharmacy claims. When the term claim is used throughout this document, it indicates details for CMS-1500 and dental, and documents for UB92 and pharmacy.

Purpose

This report measures total monthly claim counts, and details where appropriate, market trend analysis, and balancing with the Weekly Claims Adjudication Cycle Time Report. This report measures the claims processed for analyzing actual activity compared to the contractual ranges defined by the RFP bid schedules, supports any tier pricing adjustments that are deemed necessary.

Sort Sequence

- *Primary -* Program, ascending
- *Secondary -* Claim type, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Paid

This is the total number of claim details for CMS/Dental paid for a specific claim type excluding those reported in non-billable per RFP definition (5-17, 5-18). If a claim is denied at the header, all details are considered denied. If a claim is paid at the header, paid details are counted in this category and denied details in the denied category.

Denied

This is the total number of claims – details for CMS/Dental denied for a specific claim type excluding those reported in non-billable per RFP definition (5-17, 5-18). If a claim is denied at the header, all details, when appropriate, are considered denied, even if marked paid on the detail level. If a claim is paid at the header, the denied details are counted in this category and the paid details in the paid category.

Shadow	This is the total number of shadow claims submitted by the MCO, both paid and denied. Shadow claim details are counted for CMS-1500 and dental claims. Shadow claim documents (ICNs) are counted for UB92 and pharmacy claims.
Total Billable (Weekly)	This is the number of claim details for CMS/Dental, paid and denied, for a specific claim type, based on the current week's activity. Total billable (weekly) is equal to the paid, denied, and shadow claim details CMS/Dental.
Total Billable (MTD)	This is the month-to-date total number of claim details for CMS/Dental paid and denied for a specific claim type. Month-to-date equals the previous cumulative total plus the current week's activity and adds the weeks in a specific month. Total Billable (MTD) is equal to the paid, denied, and shadow claim details for CMS/Dental.
Total Billable (FYTD)	This is the fiscal year-to-date total number of claim details for CMS/Dental paid and denied for a specific claim type. Fiscal year-to-date equals the previous cumulative months' total plus the current month's activity. The fiscal year-to-date is from July to June. The FYTD resets the first Tuesday of July each year and ends the last Tuesday of June each year. Total Billable (FYTD) is equal to the paid, denied, and shadow claim details for CMS/Dental.
Adjusted	This is the total number of claims adjusted for a specific claim type. The adjustment regions include 50-59, 45, 46, and 49. Adjustments are counted according to the same logic as regular claims.
Non-Billable	This is the total number of claim details for CMS/Dental for a specific claim type not billed to the IFSSA for reimbursement. The region 80 claim details CMS/Dental are non-billable.
Total Activity (Weekly)	This is the total activity for a specific claim type, based on the week's activity. This field is equal to the Total Billable plus Adjusted plus Non-Billable claims, including details where appropriate, for CMS/Dental activity.
Total Activity (MTD)	This is the total month-to-date activity for a specific claim type. Month-to-date equals the previous cumulative balance plus the current week's activity and also sums the weeks in a specific month. Total Activity (MTD) is equal to the sum of Billable plus Adjusted plus Non-Billable claim details for CMS/Dental.
Total Activity (FYTD)	This is the total fiscal year-to-date activity for a specific claim type. Fiscal year-to-date equals the previous cumulative months' balance plus the current month's activity. The fiscal year-to-date is from July to June. The FYTD resets the first Tuesday of July each year and ends the last Tuesday of June each year. Total Activity (FYTD) is equal to the sum of Billable plus Adjusted plus Non-Billable claim details for CMS/Dental.
Total Medicaid	Reports the sum of the number of claim details for CMS/Dental processed by claim type for the Medicaid Program, as defined by each column header.
Total Pkg C	Reports the sum of the number of claim details for CMS/Dental processed by claim type for the Package C Program, as defined by each column

	header.
Total ARCH	Reports the sum of the number of claim details for CMS/Dental processed by claim type for the ARCH Program, as defined by each column header.
Total 590	Reports the sum of the number of claim details for CMS/Dental processed by claim type for the 590 Program, as defined by each column header.
Claim Type Totals (Pharmacy)	Reports the sum of the number of Pharmacy claims processed for all programs, as defined by each column header. Pharmacy claim count at the ICN level (1 ICN = 1 claim).
Claim Type Totals (CMS-1500)	Reports the sum of the number of CMS-1500 claims processed for all programs, as defined by each column header. CMS-1500 claim counts at the detail level (1 ICN with 5 details = 5 claims).
Claim Type Totals (Dental)	Reports the sum of the number of dental claims processed for all programs, as defined by each column header. Dental claims count at the detail level (1 ICN with 5 details = 5 claims).
Claim Type Totals (Inpatient)	Reports the sum of the number of Inpatient claims processed for all programs, as defined by each column header. Inpatient claims are counted at the ICN level (1 ICN – 1 claim).
Claim Type Totals (Outpatient)	Reports the sum of the number of Outpatient claims processed for all programs, as defined by each column header. Outpatient claims count at the ICN level (1 ICN = 1 claim).
Claim Type Totals (Long-Term Care)	Reports the sum of the number of long-term care claims processed for all programs, as defined by each column header. Long-term care claims count at the ICN level (1 ICN = 1 claim).
Claim Type Totals (Home Health)	Reports the sum of the number of Home Health claims processed for all programs, as defined by each column header. Home Health claims count at the ICN level (1 ICN = 1 claim).
Claim Type Totals (Crossover)	Reports the sum of the number of Crossover claims processed for all programs, as defined by each column header. Crossover claims count at the ICN level (1 ICN = 1 claim for A and C claim types). Crossover claims count at the detail level (1 ICN with 5 details = 5 claims for B claim types).
Program Totals	Reports the sum of the number of claims, including details where appropriate, processed by claim type for all programs, as defined by each column header.

REPORT: FIN-8025-W
PROCESS:
LOCATION:

Indiana*AIM*
ADMINISTRATIVE FEE BILLING
Period: MMDDCCYY - MMDDCCYY

Date: MMDDCCYY
Time: HH:MM:SS
Page: 99,999

	PAID	DENIED	SHADOW	TOTAL BILLABLE			ADJUSTED	NON BILLABLE	TOTAL ACTIVITY		
				WEEKLY	MTD	FYTD			WEEKLY	MTD	FYTD
MEDICAID											
Pharmacy	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
HCFA 1500	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Dental	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Inpatient	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Outpatient	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Long Term Care	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Home Health	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Crossover	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Totals	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
PKG C											
Pharmacy	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
HCFA 1500	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Dental	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Inpatient	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Outpatient	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Long Term Care	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Home Health	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Crossover	9,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Totals	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
ARCH											
Pharmacy	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
HCFA 1500	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Dental	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Inpatient	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Outpatient	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Long Term Care	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Home Health	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Crossover	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Totals	99,999,999	99,999,999		99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999

REPORT: FIN-8025-W
PROCESS:
LOCATION:

Indiana*AIM*
ADMINISTRATIVE FEE BILLING
Period: MMDDCCYY - MMDDCCYY

Date: MMDDCCYY
Time: HH:MM:SS
Page: 99,999

	PAID	DENIED	SHADOW	TOTAL BILLABLE			ADJUSTED	NON BILLABLE	TOTAL ACTIVITY		
				WEEKLY	MTD	FYTD			WEEKLY	MTD	FYTD
590											
Pharmacy	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
HCFA 1500	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Dental	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Inpatient	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Outpatient	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Long Term Care	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Home Health	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Crossover	9,999,999	9,999,999		9,999,999	99,999,999	99,999,999	9,999,999	9,999,999	9,999,999	99,999,999	99,999,999
Totals	99,999,999	99,999,999		99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
CLAIM TYPE TOTALS											
Pharmacy	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
HCFA 1500	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Dental	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Inpatient	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Outpatient	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Long Term Care	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Home Health	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Crossover	99,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999	99,999,999	99,999,999	99,999,999	999,999,999	999,999,999
Program Totals	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999	999,999,999

* * END OF REPORT * *

FIN-8026-M Interest Paid to Providers on Late Claims (Monthly)

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8026-M		Interest Paid to Providers on Late Claims (Monthly)

Description of Information

The FIN-8026-M report summarizes the amount of interest paid to providers for claims processed after the guidelines established under SB175. The report summarizes the non-claim expenditures made in the financial reporting month and provides a year - to - date running total of interest paid to providers. This report uses the interest paid expenditure reason codes to determine which transactions belong on the report.

A financial reporting month or year is based upon the Tuesdays in a month or year.

Purpose

The Interest Paid to Providers report provides program information to determine the amount of interest paid to providers for untimely claims processing.

Sort Sequence

- *Primary -* Expenditure code
- *Secondary -* Provider number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

Electronic Claims	The total amount of interest paid that month for electronic claims interest (reason code - xxxx)
Paper Claims	The total amount of interest paid that month for paper claims interest (reason code - xxxx)
Provider Number	The provider ID and service location to which interest was paid.
Provider Name	The name of the provider to whom interest was paid.
Interest Paid	The total amount of interest paid to the provider.
Total (By Section, Paper Or Electronic)	The total amount of interest paid for electronic or paper claims
Total Interest This Month	The total amount of interest paid this month.
Total Interest Year To Date	The total amount of interest paid this calendar year by electronic and paper.

```
Report:  FIN-8026-M                    IndianaAIM                                  Run Date:  CCYY/MM/DD
Process:                          INTEREST PAID TO PROVIDERS                       Page Number:   99,999
Location                        Period:  mm/dd/yyyy – mm/dd/yyyy

     Electronic Claims
     Paper Claims

            Provider Number                    Provider Name                    Interest Paid
              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99


              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
              999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
   Total Paid for Electronic Claims                                               $99,999,999.99
             Provider Number                    Provider Name                      Interest Paid
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
               999999999A              xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx              $9,999,999.99
     Total Paid for Paper Claims                                                   $99,999,999.99

     TOTAL INTEREST YEAR TO DATE
                                          PAPER          $9,999,999.99
                                          ELECTRONIC      9,999,999.99
                                          TOTAL          99,999,999.99
                                                        **End of Report**
```

FIN-8027-W Denied Rendering Provider Claims

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8027-W	FINJW225	Denied Rendering Provider Claims

Description of Information

The Denied Rendering Provider Claims reports all claims which have denied due to the billing provider on the claim is a rendering only provider.

Purpose

This report will be used by EDS to identify all denied claims in which the billing provider on the claim is a new rendering only provider. The Client Services Unit will use this report to contact the provider concerning billing claims with a non-billing provider number.

Sort Sequence

- *Primary* - Count of claims, descending
- *Secondary* - Billing provider number

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

Detailed Field Definitions

Billing Provider	The ID of the provider for whom the claim was billed
Provider Name	The name of the provider for whom the claim was billed
Count Of Denied Claims For This Provider	The total number of claims which denied for a new *rendering only* provider billing claims

```
REPORT:  FIN-8027-W                                INDIANAAIM                          DATE: MM/DD/CCYY
PROCESS: FINJW225                        DENIED RENDERING PROVIDER CLAIMS              TIME:   HH:MM:SS
LOCATION:FIN8027W                         PERIOD: MM/DD/CCYY - MM/DD/CCYY              PAGE:     99,999


BILLING PROVIDER:  999999999  PROVIDER NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

   DENIED ICN'S:
        9999999999999
        9999999999999
        9999999999999
        9999999999999
        9999999999999
        9999999999999

COUNT OF DENIED CLAIMS FOR THIS PROVIDER:  99999999


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

FIN-8028-W Interest Paid to Providers on Late Claims (Weekly)

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8028-W	FINJW224	Interest Paid to Providers on Late Claims (Weekly)

Description of Information

The FIN-8028-W report summarizes the amount of interest paid to providers for claims processed after the guidelines established under SB175. The report summarizes the non-claim expenditures made for the week for interest paid to providers.

Purpose

The Interest Paid to Providers report provides program information to determine the amount of interest paid to providers for untimely claims processing.

Sort Sequence

- *Primary -* Type of Claim (Electronic or Paper)
- *Secondary -* Provider number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly

Detailed Field Definitions

Electronic Claims	The total amount of interest paid that week for electronic claims interest
Paper Claims	The total amount of interest paid that week for paper claims interest
Provider Number	The provider ID and service location to which interest was paid.
Provider Name	The name of the provider to whom interest was paid.
Interest Paid	The total amount of interest paid to the provider.
Total (By Section, Paper Or Electronic)	The total amount of interest paid for electronic or paper claims
Total Interest Year To Date	The total amount of interest paid this calendar year by electronic and paper.

Report: FIN-8028-W Indiana*AIM* Run Date: CCYY/MM/DD

Process: INTEREST PAID TO PROVIDERS - WEEKLY Page Number: 99,999

Location Period: mm/dd/yyyy – mm/dd/yyyy

Provider Number	Provider Name	Interest Paid
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99

Total Electronic Claims $99,999,999.99

Provider Number	Provider Name	Interest Paid
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99
999999999A	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	$9,999,999.99

Total Paper Claims $99,999,999.99

TOTAL INTEREST YEAR TO DATE

PAPER	$9,999,999.99
ELECTRONIC	$9,999,999.99
TOTAL	99,999,999.99

*

FIN-8029-A Returned Medicines Tracking Report - Annual

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8029-A	FINJA400	Returned Medicines Tracking Report - Annual

Description of Information

This report is a listing of all accounts receivable, by provider, setup due to returned medicines from nursing facilities. This report is used to allow OMPP to better monitor the return of medicine practices happening in the nursing facility environment and to make recommendations on how to better educate providers on this practice.

Purpose

The Returned Medicines From Nursing Facilities report is used to monitor return of medicine practices within the Nursing Facility environment.

Sort Sequence

- *Primary -* Provider number
- *Secondary -* A/R

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually

Detailed Field Definitions

Provider Number	The 9-byte provider ID under which the AR is established.
A/R Number	The number used to track account receivables through IndianaAIM.
Setup Date	The date the accounts receivable was established.
Setup Amount	The established amount of the accounts receivable.
Total Number of AR's Setup	The total number of accounts receivables setup for the year for each provider.
Total Setup Amount	The total amount of accounts receivable established for each provider.

```
Report:  FIN-8029-A                          IndianaAIM                          Run Date:  CCYY/MM/DD
Process: FINJA400                Returned Medicines Tracking Report - Annual     Run Time:    HH:MM:SS
Location:FIN8029A                      Period:  mm/dd/yyyy – mm/dd/yyyy          Page Number:   99,999


PROVIDER NUMBER:  999999999 A

                  A/R NUMBER                  SETUP DATE        SETUP AMOUNT
                 9999999999999                mm/dd/yyyy       $999,999,999.99
                 9999999999999                mm/dd/yyyy       $999,999,999.99
                 9999999999999                mm/dd/yyyy       $999,999,999.99
                 9999999999999                mm/dd/yyyy       $999,999,999.99
                 9999999999999                mm/dd/yyyy       $999,999,999.99

           TOTAL NUMBER OF AR's SETUP                 999,999
               TOTAL SETUP AMOUNT            $999,999,999.99


                                            No Data This Run

                                             End of Report
```

FIN-8029-M Returned Medicines Tracking Report - Monthly

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8029-M	FINJM400	Returned Medicines Tracking Report - Monthly

Description of Information

This is a listing of all accounts receivable (A/Rs), by provider, setup due to returned medicines from nursing facilities. This report allows the OMPP to monitor the return of medicine practices happening in the nursing facility environment and to make recommendations on how to better educate providers on this practice.

Purpose

The Returned Medicines From Nursing Facilities report is used to monitor return of medicine practices within the nursing facility environment.

Sort Sequence

- *Primary -* Provider number
- *Secondary -* A/R

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

Provider Number	The 9-byte provider ID for which the A/R is established.
A/R Number	This is the number used to track A/Rs through Indiana*AIM*.
Setup Date	The date the A/R was established.
Setup Amount	The established amount of the A/R.
Total Number of ARs Setup	The total number of A/Rs setup for the month for each provider.
Total Setup Amount	The total amount of A/Rs established for each provider.

```
Report:  FIN-8029-M                                  IndianaAIM                                    Run Date:  CCYY/MM/DD
Process: FINJM230                    Returned Medicines Tracking Report - Monthly                Run Time:    HH:MM:SS
Location:FIN8029M                          Period:  mm/dd/yyyy – mm/dd/yyyy                      Page Number:   99,999

              A/R NUMBER                    SETUP DATE       SETUP AMOUNT
             9999999999999                  mm/dd/yyyy      $999,999,999.99   PROVIDER NUMBER:  999999999 A
             9999999999999                  mm/dd/yyyy      $999,999,999.99
             9999999999999                  mm/dd/yyyy      $999,999,999.99
             9999999999999                  mm/dd/yyyy      $999,999,999.99
             9999999999999                  mm/dd/yyyy      $999,999,999.99

       TOTAL NUMBER OF AR'S SETUP                  999,999
           TOTAL SETUP AMOUNT              $999,999,999.99


                                        No Data This Run

                                         End of Report
```

FIN-9001-R Return To Sender Letter – Missing Signature

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9001-R	FINJW204	Return To Sender Letter – Missing Signature

Description of Information

This letter is generated through the online windows. The user keys the provider number or payee and address. The information keyed populates onto the Return to Sender Letter and returns with the check to be signed.

Purpose

To receive a signed check from the payee to deposit.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	On request

{Today's Date}

{Sender Name}
{Address 1}
{Address 2}
{City}, {ST} {ZIP Code}

Dear {Sender Name}:

We have received your check dated {Check date} in the amount of {$check amount}. It is being returned because the check did not include an authorized signature. Please sign the enclosed check and return it along with any supporting documentation to the following address:

EDS - Adjustments/Finance Department

950 N. Meridian Street, Suite 1150

Indianapolis, IN 46204-4288

Thank you for your cooperation and prompt attention to this matter.

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

Section 14: MAR Reports

MAR-0103-M ARCH / RBA Recipient Listing For Calendar Year

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-0103-M		ARCH / RBA Recipient Listing For Calendar Year

Description of Information

This report lists all ARCH and RBA eligible members, the number of claims paid for the individual and the dollar amount total of paid claims for each month of the calendar year-to-date.

Purpose

To identify and track members of ARCH and RBA eligibility and the expenditures created by those members.

Sort Sequence

- *Primary -* ARCH listing, RBA listing
- *Secondary -* RID number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

RID	Recipient Identification Number. A unique twelve-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	Members last name as it appears on the eligibility file
First Name	Members first name as it appears on the eligibility file
MI	Middle initial of the members name as it appears on the eligibility file
Month	Indicates the data in that column is from claims finalized to payment during that month
Claims	Indicates the number of claims paid for the member during the month displayed above
Dollars	Indicates the dollars accumulated from claims paid for the member during the month displayed above

```
    REPORT: MAR-0103-M                                          IndianaAIM                                        PAGE NUM: 9999
   PROCESS: XXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
  LOCATION: XXXXXXXX                        ARCH/RBA  RECIPIENTS  LISTING  FOR  CALENDAR  YEAR                   RUN TIME: HH:MM:SS
                                                                 ARCH RECIPIENTS

RID                    LAST  NAME                    FIRST NAME                          MI

   JANUARY   FEBRUARY      JUNE      APRIL        MAY       JUNE       JULY     AUGUST  SEPTEMBER    OCTOBER   NOVEMBER   DECEMBER

99999999999            XXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX X                     X

CLAIMS
   999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999

DOLLARS
9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99 9999999.99

       CALENDAR YTD TOTALS FOR RECIPIENT            CLAIMS:  999,999              DOLLARS:  99999999.99
-------------------------------------------------------------------------------------------------------------------------------------

99999999999            XXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXXXX X                     X


CLAIMS
   999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999


DOLLARS
$999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99

       CALENDAR YTD TOTALS FOR RECIPIENT            CLAIMS:  999,999              DOLLARS:  99999999.99
-------------------------------------------------------------------------------------------------------------------------------------
```

```
    REPORT: MAR-0103-M                                          IndianaAIM                                          PAGE NUM: 9999
   PROCESS: XXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
  LOCATION: XXXXXXXX                        ARCH/RBA  RECIPIENTS  LISTING  FOR  CALENDAR  YEAR                    RUN TIME: HH:MM:SS
                                                              RBA RECIPIENTS

RID                   LAST  NAME                    FIRST NAME                          MI

   JANUARY   FEBRUARY      JUNE      APRIL        MAY       JUNE       JULY     AUGUST  SEPTEMBER    OCTOBER   NOVEMBER   DECEMBER


99999999999           XXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXX X                     X


CLAIMS

   999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999


DOLLARS

$999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99


       CALENDAR YTD TOTALS FOR RECIPIENT           CLAIMS:  999,999              DOLLARS:  99999999.99
-------------------------------------------------------------------------------------------------------------------------------------

99999999999           XXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXX X                     X

CLAIMS

   999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999    999,999


DOLLARS
$999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99 $999999.99


       CALENDAR YTD TOTALS FOR RECIPIENT           CLAIMS:  999,999              DOLLARS:  99999999.99
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MAR-0755-Q Children's Health Insurance Program (CHIPS)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-0755-Q		Childrens Health Insurance Program (CHIPS)

Description of Information

This report lists the number of CHIPS eligible members by countable income level for the specified quarter.

Purpose

To identify and track the number of members of CHIPS eligibility during the specified quarter.

Sort Sequence

- *Primary -* Age
- *Secondary -* Type of eligibility

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Type of Eligible	Two-character code that identifies the Medicaid expansion group or groups to which the data pertain.
Unduplicated Number of Children Ever Enrolled in the Quarter	A distinct count of all members enrolled in the program for any length of time during the quarter.
Unduplicated Number of New Enrollees in the Quarter	A distinct count of all new enrollees enrolled in the program at any time during the quarter who was not enrolled in the program as of the last day of the previous quarter.
Unduplicated Number of Disenrollees in the Quarter	A distinct count of all disenrollees who disenrolled from the program at any time during the quarter who was not re-enrolled as of the last day of the quarter.
Number of Member Months of Enrollment in the Quarter	The number of months that a member was enrolled in the program for at least one day.
Average Number of Months of Enrollment (Line 4 Divided by Line 1)	The average number of months a member was enrolled.
Sub Groups:	
Fee-For-Service-Plans (FFS)	Payment system in which providers submit claims to the insurer for

	reimbursement for services delivered.
Managed Care Arrangements	Arrangements which include coverage provided by health maintenance organizations (HMOs), health insuring organizations (HIOs), or prepaid health plans (PHPs).
Primary Care Case Management (PCCM)	Payment system in which enrollees are matched with primary care providers who coordinate primary and specialty care.

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    REPORT: MAR-0755-Q                                   IndianaAIM                                    PAGE NUM: 9999
   PROCESS: XXXXXXXX                                PERIOD:  MM/DD/CCYY THRU MM/DD/CCYY              RUN DATE: MM/DD/CCYY
  LOCATION: XXXXXXXX                                NUMBER OF CHILDREN SERVED RELATED TO               RUN TIME: HH:MM:SS
                                                    CHILDRENS HEALTH INSURANCE PROGRAM

                                                          AGE OF CHILDREN:
       TYPE OF ELIGIBLE:                                                                  COUNTABLE INCOME LEVEL
                                                                                        >100% <=150%       >150%  <=200%
1.  UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER
    A.  FEE-FOR-SERVICE PLANS                                                              XXX                  XXX
    B.  MANAGED CARE ARRANGEMENTS                                                          XXX                  XXX
    C.  PRIMARY CARE CASE MANAGEMENT                                                       XXX                  XXX
2.  UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER
A.  FEE-FOR-SERVICE PLANS                                                                  XXX                  XXX
    B.  MANAGED CARE ARRANGEMENTS                                                          XXX                  XXX
    C.  PRIMARY CARE CASE MANAGEMENT                                                       XXX                  XXX
3.  UNDUPLICATED NUMBER OF DISENROLLEES IN THE QUARTER
A.  FEE-FOR-SERVICE PLANS                                                                  XXX                  XXX
    B.  MANAGED CARE ARRANGEMENTS                                                          XXX                  XXX
    C.  PRIMARY CARE CASE MANAGEMENT                                                       XXX                  XXX
4.  NUMBER OF MEMBER MONTHS OF ENROLLMENT IN THE QUARTER
A.  FEE-FOR-SERVICE PLANS                                                                  XXX                  XXX
    B.  MANAGED CARE ARRANGEMENTS                                                          XXX                  XXX
    C.  PRIMARY CARE CASE MANAGEMENT                                                       XXX                  XXX
5.  AVERAGE NUMBER OF MONTHS OF ENROLLMENT (LINE 4 DIVIDED BY LINE 1)
    A.  FEE-FOR-SERVICE PLANS                                                              XXX                  XXX
    B.  MANAGED CARE ARRANGEMENTS                                                          XXX                  XXX
    C.  PRIMARY CARE CASE MANAGEMENT                                                       XXX                  XXX
FORM HCFA-XXXXX
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MAR-1914-M Medical Transportation Supplier Statewide Report

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-1914-M		Medical Transportation Supplier Statewide Report

Description of Information

This report provides a monthly breakdown of transportation services provided by transportation category and member aid category.

Purpose

To assist FSSA in monitoring expenditures and utilization for transportation services.

Sort Sequence

- *Primary -* Transportation services, predefined order

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Page Heading Definitions

Number Of Providers Enrolled	The total number of transportation providers enrolled in a Medical Assistance Program for at least some portion of the time period of that column
Number Of Providers Participating	The number of providers paid for services rendered to members in a Medical Assistance Program in the tome period of that column
Emergency Ambulance:	Base rate procedure codes A0010, A0220, and A0225 as well as any associated mileage and wait time billed on the same claim
Non Emergency Ambulance:	Base rate procedure codes A0150 and A0222 as well as any associated mileage and wait time billed on the same claim
Other Ambulance:	Only procedure codes A0030, A0040 and A0050
Wheelchair Van:	Base rate procedure codes Y9001 and Y9201 as well as any associated mileage, wait time and accompanying parent or attendant trips billed on the same claim
Taxi:	Base rate procedure codes X3031, X3032, X3033, X3035, X3037, Y9010, and Y9210 as well as any associated wait time and accompanying parent or

attendant trips billed on the same claim

Commercial Ambulatory: Base rate procedure codes X3028 and X3029 as well as any associated mileage, wait time and accompanying parent or attendant trips billed on the same claim

Family Member: Only procedure code Y9012.

All Transportation: All transportation procedure codes reported:

A0010	A0020	A0021	A0030	A0040	A0050
A0060	A0150	A0220	A0221	A0222	X3028
X3029	X3030	X3031	X3032	X3033	X3034
X3035	X3036	X3037	X3038	X3039	Y9001
Y9005	Y9008	Y9009	Y9010	Y9012	Y9201
Y9210	Y9805	Y9806			

Definitions of Columns

This Month: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid during the current month reported as indicated by the month ending date at the top of the report. Provider enrollment figure reflects all providers of transportation services (provider type 26) at status A or Active for at least portion of the current month reported as determined by evaluating provider status begin and end dates.

Same Month Last Year: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid during the same month and previous year as compared to the month ending date indicated at the top of the report. The provider enrollment figure in this column reflects all providers of transportation services (provider type 26) at status A or Active for at least a portion of the period reported as determined by evaluating provider status begin and end dates.

Last Six Mo. Avg.: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid during the most recent six monthly periods, not including the current month. Totals represent a monthly average and are derived by accumulating all services with paid dates falling within the six months reported and dividing the resultant totals by six. The provider enrollment figure in this column reflects the average number of providers of transportation services (provider type 26) at status A or Active evaluated monthly, during each month of the period reported.

1st Six Months: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid during rolling six monthly periods from twelve to six months prior to the current month. The provider enrollment figure in this column reflects all providers of transportation services (provider type 26) at status A or Active for at least a portion of the period reported, as determined by evaluating provider status begin and end dates.

2nd Six Months: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid during the six monthly periods from six months to one month prior to, but not including, the current month. The

provider enrollment figure in this column reflects all providers of transportation services (provider type 26) at status A or Active for at least a portion of the period reported, as determined by evaluating provider status begin and end dates.

Fiscal Year To Date This Year: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid from each monthly period of the current state fiscal year to date. The provider enrollment figure in this column reflects all providers of transportation services (provider type 26) at status A or Active for at least a portion of the current state fiscal year, as determined by evaluating provider status begin and end dates.

Fiscal Year To Date Last Year: Totals appearing in this column, with the exception of provider enrollment, reflect data extracted from claims paid from each monthly period of the previous state fiscal year. The provider enrollment figure in this column reflects all providers of transportation services (provider type 26) at status A or Active for at least a portion of the previous fiscal year, as determined by evaluating provider status begin and end dates.

Row Definitions

Providers Enrolled: Totals appearing in this row represent the total number of providers of transportation services for the indicated time period. Provider counts are determined by selecting all type 26 providers from the provider master file and evaluating the status codes and status dates for each provider. To count as enrolled, the provider status must have been 03 for at least a portion of the time period reported, as indicated by the status begin and end dates found on the provider master file. Providers found on transportation records that cannot be matched to a type 26 provider record on the provider master file are also included in the enrollment count.

Providers Participating: Totals appearing in this row represent the total number of unduplicated provider numbers found on transportation records for the indicated time period. Providers are unduplicated for each transportation category (page of the report) and time frame (report column). So, a provider number is counted once for each transportation category and time period in which it is referred to by one or more transportation records.

Recipients Served: Totals appearing in this row represent the total number of unduplicated original RID numbers found on transportation records for the indicated time period. Members are unduplicated for each transportation category (page of the report), time frame (report column), and member aid category (report sub-row). In other words, they count once for each transportation category, time period and member aid category in which a given original RID number is referred to by one or more transportation records. If a member has received transportation services in multiple member aid categories for the same time period and transportation category, the member only counts once in the total of all aid categories. Therefore the sum of the member counts for the individual aid categories may not equal the total reported.

Payments: Totals in this row represent the total of the allowed amounts extracted from the claim details reported, including the allowed amounts for all trips, mileage, wait time, and accompanying parent or attendant trips on the

report.

Trips: Totals appearing in this row represent the quantity billed amounts extracted from the claim details of the base rate trips reported for the indicated time frame (base rate procedure codes are indicated in the transportation category descriptions, items Emergency Ambulance through Commercial Ambulatory above). The Family Member transportation category is an exception. For this category, each occurrence of procedure code Y9012 is counted as one trip.

Miles: Totals appearing in this row represent the quantity billed amounts extracted from the claim details of mileage procedure codes A0020, A0021, A0221, Y9005, Y9008, Y9805, and Y9806. Each mileage detail is reported in the transportation category of the base rate trip found on the claims reported. The Family Member transportation category is an exception, the category is determined by the occurrence of procedure code Y9012 and mileage units are calculated by dividing the allowed amount by .25 (amount allowed per mile). Mileage is not available for Other Ambulance or Taxi categories.

Accompanying Parent/Attendant: Totals in this row represent the quantity billed amounts extracted from the claim details for accompanying parent or attendant procedure codes X3030, X3034, X3036, X3038, and X3039. Each detail is reported in the transportation category of the base rate trip found on the claim reported. This information is not available for Family Member, Emergency, Non-Emergency, or Other Ambulance categories.

Wait Time: Totals appearing in this row represent the quantity billed amounts extracted from the claim details for wait time procedure codes A0060 and Y9009. Each detail is reported in the transportation category of the base rate trip found on the claim reported. This information is not available for Family Member or Other Ambulance categories. The first unit of wait time (first half-hour) is not covered; so, one unit of wait time is subtracted each time one of the above codes is billed. Each row of the report is divided into eight subsections representing totals for each of the seven Federal Aid Categories for members, plus an **All** category.

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REPORT: MAR-1914-M                                IndianaAIM                                                    PAGE NUM:  9999
PROCESS: XXXXXXXX                    MEDICAL TRANSPORTATION SUPPLIER STATEWIDE REPORT                        RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                            FOR  MONTH ENDING: Month CCYY                                   RUN TIME: HH:MM:SS

ALL TRANSPORTATION                                SAME MONTH      LAST SIX       1ST SIX       2ND SIX        FISCAL YEAR TO DATE
                                     THIS MONTH     LAST YEAR       MO.AVG        MONTHS        MONTHS       THIS YEAR       LAST YEAR
NUMBER OF PROVIDERS ENROLLED            999,999       999,999       999,999       999,999       999,999       999,999         999,999
NUMBER OF PROVIDERS PARTICIPATING       999,999       999,999       999,999       999,999       999,999       999,999         999,999

RECIPIENTS SERVED                  ------------------------------------------------------------------------------------------------------
       AGED                             999,999       999,999       999,999       999,999       999,999       999,999         999,999
       BLIND                            999,999       999,999       999,999       999,999       999,999       999,999         999,999
       DISABLED                         999,999       999,999       999,999       999,999       999,999       999,999         999,999
       AFDC-CHILD                       999,999       999,999       999,999       999,999       999,999       999,999         999,999
       AFDC-ADULT                       999,999       999,999       999,999       999,999       999,999       999,999         999,999
       SOBRA-INFANT                     999,999       999,999       999,999       999,999       999,999       999,999         999,999
       SOBRA-MOTHER                     999,999       999,999       999,999       999,999       999,999       999,999         999,999

       TOTAL                          99,999,999    99,999,999    99,999,999    99,999,999    99,999,999    99,999,999      99,999,999
PAYMENTS                           ------------------------------------------------------------------------------------------------------
       AGED                            999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       BLIND                           999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       DISABLED                        999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       AFDC-CHILD                      999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       AFDC-ADULT                      999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       SOBRA-INFANT                    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99
       SOBRA-MOTHER                    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99    999,999.99      999,999.99

       TOTAL                         99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99  99,999,999.99
TRIPS                              ------------------------------------------------------------------------------------------------------

       AGED                             999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       BLIND                            999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       DISABLED                         999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       AFDC-CHILD                       999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       AFDC-ADULT                       999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       SOBRA-INFANT                     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9
       SOBRA-MOTHER                     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9     999,999.9       999,999.9

       TOTAL                          99,999,999.9   99,999,999.9   99,999,999.9   99,999,999.9   99,999,999.9   99,999,999.9   99,999,999.9
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REPORT: MAR-1914-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
MEDICAL TRANSPORTATION SUPPLIER STATEWIDE REPORT
FOR MONTH ENDING: Month CCYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH:MM:SS

ALL TRANSPORTATION	THIS MONTH	SAME MONTH LAST YEAR	LAST SIX MO.AVG	1ST SIX MONTHS	2ND SIX MONTHS	FISCAL YEAR TO DATE THIS YEAR	FISCAL YEAR TO DATE LAST YEAR
MILES							
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-INFANT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9
ACCOMPANYING PARENT/ATTENDANT							
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-INFANT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9
UNITS OF PAID WAIT TIME							
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-INFANT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9

MAR-1915-M Medical Transportation Supplier Report By County

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-1915-M		Medical Transportation Supplier Report By County

Description of Information

This report provides a monthly breakdown of transportation services provided by county and member aid category.

Purpose

To assist FSSA in monitoring utilization trends and expenditures by county for transportation services.

Sort Sequence

- *Primary -* County, alphabetical

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Definitions of Columns:

Total (Unduped): All transportation procedure codes reported:

A0010	A0020	A0021	A0030	A0040	A0050
A0060	A0100	A0130	A0150	A0220	A0221
A0222	X3028	X3029	X3030	X3031	X3032
X3033	X3034	X3035	X3036	X3037	X3038
X3039	Y9000	Y9001	Y9003	Y9005	Y9008
Y9009	Y9010	Y9012	Y9201	Y9210	Y9805
Y9806					

Emergency Ambulance: Base rate procedure codes A0010, A0220, and A0225 as well as any associated mileage and wait time billed on the same claim. Data for details with procedure code Y9000 is also reported in this category if the reason for service is E or 1

Non Emergency Ambulance: Base rate procedure codes A0150 and A0222 as well as any associated mileage and wait time billed on the same claim. Data for details with

	procedure code Y9000 is also reported in this category if the reason for service is not E or 1
Other Ambulance:	Only procedure codes A0030, A0040, and A0050.
Wheelchair Van:	Base rate procedure codes Y9001 and Y9201 as well as any associated mileage, wait time and accompanying parent or attendant trips billed on the same claim
Taxi:	Base rate procedure codes X3031, X3032, X3033, X3035, X3037, Y9010, and Y9210 and any associated wait time and accompanying parent or attendant trips billed on the same claim
Commercial Ambulatory:	Base rate procedure codes X3028 and X3029, as well as any associated mileage, wait time and accompanying parent or attendant trips billed on the same claim
Family Member:	Only procedure code Y9012.

Row Definitions

Providers Enrolled:	Totals appearing in this row represent the total number of providers of transportation services for the indicated time period. Provider counts are determined by selecting all type 26 providers from the provider master file and evaluating the status codes and status dates for each provider. To count as enrolled, the provider status must have been 03 for at least a portion of the time period reported, as indicated by the status begin and end dates found on the provider master file. Providers found on transportation records that cannot be matched to a type 26 provider record on the provider master file are also included in the enrollment count.
Active County Providers:	The number of providers with service locations in state who were paid in the time period reported for services rendered to members of a Medical Assistance Program
Non-County Providers:	The number of providers with service locations out of state who were paid in the time period reported for services rendered to members of a Medical Assistance Program
Recipients Served:	Totals appearing in this row represent the total number of unduplicated original RID numbers found on transportation records for the county for the indicated time period. Members are unduplicated for each transportation category and member aid category (report sub-row). In other words, they count once for each county, transportation category, and member aid category in which a given original RID number is referred to by one or more transportation records. If a member received transportation services in multiple member aid categories for the same time period and transportation category, the member only counts once in the total of all aid categories. Therefore the sum of the member counts for the individual aid categories may not equal the total reported
Payments:	Totals appearing in this row represent the total of the allowed amounts extracted from the claim details reported, including the allowed amounts for all trips, mileage, wait time, and accompanying parent or attendant trips appearing on the report.

Trips:	Totals appearing in this row represent the quantity billed amounts extracted from the claim details of the base rate trips reported for the indicated time frame (base rate procedure codes are indicated in the transportation category descriptions, items Emergency Ambulance through Commercial Ambulatory above). The Family Member transportation category is an exception, for this category, each occurrence of procedure code Y9012 is counted as one trip.
Miles:	Totals appearing in this row represent the quantity billed amounts extracted from the claim details of mileage procedure codes A0020, A0021, A0221, Y9005, Y9008, Y9805, and Y9806. Each mileage detail is reported in the transportation category of the base rate trip found on the claims reported. The Family Member transportation category is an exception. The category is determined by the occurrence of procedure code Y9012 and mileage units are calculated by dividing the allowed amount by .25 (amount allowed per mile). Mileage is not available for Other Ambulance or Taxi categories.
Accompanying Parent/Attendant:	Totals appearing in this row represent the quantity billed amounts extracted from the claim details for accompanying parent or attendant procedure codes X3030, X3034, X3036, X3038, and X3039. Each detail is reported in the transportation category of the base rate trip found on the claim reported. This information is not available for Family Member, Emergency, Non-Emergency, or Other Ambulance categories.
Paid Wait Time:	Totals appearing in this row represent the quantity billed amounts extracted from the claim details for wait time procedure codes A0060 and Y9009. Each detail is reported in the transportation category of the base rate trip found on the claim reported. This information is not available for Family Member or Other Ambulance categories. Because the first unit of wait time (first half-hour) is not covered, one unit of wait time is subtracted each time one of the above codes is billed.

Each row of the report is divided into eight subsections representing totals for each of the seven Federal Aid Categories for members, plus an All category.

REPORT: MAR-1915-M IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXX MEDICAL TRANSPORTATION SUPPLIER REPORT BY COUNTY RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX FOR MONTH ENDING: Month CCYY RUN TIME: HH:MM:SS

COUNTY: XX XXXXXXXXXXXXXXX	TOTAL (UNDUP)	EMERGENCY AMBULANCE	NON-EMERG AMBULANCE	OTHER AMBULANCE	WHEELCHAIR VAN	TAXI	COMMERCIAL AMBULATORY	FAMILY MEMBER
PROVIDERS ENROLLED	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
ACTIVE COUNTY PROVIDERS	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
NON COUNTY PROVIDERS	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
RECIPIENTS SERVED								
AGED	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
BLIND	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
DISABLED	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC-CHILD	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC-ADULT	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
SOBRA-CHILD	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
SOBRA-MOTHER	999,999	999,999	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
PAYMENTS								
AGED	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
BLIND	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
DISABLED	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
AFDC-CHILD	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
AFDC-ADULT	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
SOBRA-CHILD	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
SOBRA-MOTHER	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99	999,999.99
TOTAL	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99	99,999,999.99
TRIPS								
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9

REPORT: MAR-1915-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
MEDICAL TRANSPORTATION SUPPLIER STATEWIDE REPORT
FOR MONTH ENDING: Month CCYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH:MM:SS

COUNTY: XX XXXXXXXXXXXXXXXX	TOTAL (UNDUP)	EMERGENCY AMBULANCE	NON-EMER AMBULANCE	OTHER AMBULANCE	WHEELCHAIR VAN	TAXI	COMMERCIAL AMBULATORY	FAMILY MEMBER
MILES								
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9
ACCOMP PARENT/ATTENDANT								
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9
PAID WAIT TIME								
AGED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
BLIND	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
DISABLED	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
AFDC-ADULT	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-CHILD	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
SOBRA-MOTHER	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9	999,999.9
TOTAL	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9	99,999,999.9

MAR-2501-M Report of Expenditures Home and Community - Based Services Waiver for Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2501-M		Report of Expenditures Home and Community - Based Services Waiver for Aged and Disabled

Description of Information

This report is a summary of costs for aged and disabled services.

Purpose

The purpose of this report is to assist FSSA in tracking costs for waiver services.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Service	Description of services reported
Procedure Code	Unique five - digit alphanumeric code representing the service listed
Number Of Recipients	Unduplicated count, based on member ID for participating members who received the listed service in the month reported
Number Of Units	Number of units allowed for the reported service for the current month
Monthly Expenditures	Total dollars paid for the services reported
Monthly Allocation	Monthly allocation for the current waiver year for the reported service, as determined by FSSA.
First 6 Months	Costs for reported services for a rolling six months from twelve to seven months prior to the reported month
Second 6 Months	Costs for reported services for a rolling six months from six months to one month prior to the reported month
WYTD	Costs of the reported services for the waiver year-to-date period, which is July 1 through June 30 for the Aged and Disabled waiver program

Annual Allocation	Displays the total waiver year allocation for the reported services, as determined by FSSA
Report Totals	Totals of all above column items

REPORT: MAR-2501-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 1
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR AGED AND DISABLED - Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	WYTD	ANNUAL ALLOCATION
Case Management	Z5600	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Homemaker	Z5603	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Hmkr/N.Age	Z5652	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn. Care	X3008	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn. Care	Z5604	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn.Cr/N.Age	Z5653	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite	Z5720	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/Hmk	Z5605	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Hmk/N.A.	Z5654	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn	Z5606	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn/N.A	Z5655	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp Aide	Z5607	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/LPN	Z5608	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/RN	Z5609	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/ICF	Z5610	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/SNF	Z5611	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/ICF/Anc	Z5615	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

REPORT: MAR-2501-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 2
RUN DATE: MM/DD/CCYY

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR AGED AND DISABLED – Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Rsp/SNF/Anc	Z5616	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adapt.Aide/In	Z5699	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adapt. Aide/Mthly	Z5620	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Other Ad.Aids/Dev	X3013	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Other Ad.Aids	Z5621	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Spec. Adapt Locks	Z5629	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Home Mod/Itl	Z5635	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
H.Mod/Maint	Z5640	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adult Day Cr.	Z5645	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Home Del. Mls	Z5650	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Scanning Comm	Z5622	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Encoding Comm	Z5623	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Speech Amplifier	Z5624	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Electr Spch Device	Z5625	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Stand Board/Fram	Z5626	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adapt Switch Dev	Z5627	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Meal Prep Aid/App	Z5628	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
REPORT TOTAL		9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

MAR-2502-M Report of Expenditures Home and Community - Based Services Waiver For Persons with Autism

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2502-M		Report of Expenditures Home and Community - Based Services Waiver For Persons with Autism

Description of Information

This report is a summary of autism waiver service costs for report month and fiscal year.

Purpose

To assist FSSA in tracking costs for waiver services for autistic members.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Service	Description of services reported
Procedure Code	Unique five - digit alphanumeric code representing the service listed
Number Of Recipients	Unduplicated count, based on member ID, for participating members who received the listed service in the month reported
Number Of Units	Number of units allowed for the reported service for the current month
Monthly Expenditures	Total dollars paid for the services reported
Monthly Allocation	Monthly allocation for the current waiver year for the reported service, as determined by FSSA
First 6 Months	Costs for reported services for a rolling six months from twelve to seven months prior to the reported month
Second 6 Months	Costs for reported services for a rolling six months from six months to one month prior to the reported month

WYTD	Costs of the reported services for the waiver year-to-date period, which is January 1 through December 31 for the Autism waiver program
Annual Allocation	Displays the total waiver year allocation for the reported services as determined by FSSA
Report Totals	Totals of all above column items

REPORT: MAR-2502-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR PERSONS WITH AUTISM – Month CCYY

PAGE NUM: 1
RUN DATE: MM/DD/CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Case Mgmt.	Z5700	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
CM.Asmt	Z5701	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Psy.Asmt	Z5702	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Spch.Asmt	Z5703	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Aud.Asmt	Z5704	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/HHA	Z5607	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite Care	Z5705	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/LPN	Z5608	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/LPN	Z5706	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/RN	Z5609	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/RN	Z5707	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/ILS	Z5720	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Speech Ther	Z5708	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Spch/Hab/Age	Z5715	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Individual/Hab	Z5724	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Group Hab	Z5725	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Behavior Mgmt	Z5726	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

REPORT: MAR-2502-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR PERSONS WITH AUTISM – Month CCYY

PAGE NUM: 2
RUN DATE: MM/DD/CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Transportation	Z5728	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Pre-Vocational Svc	X3011	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Supported Employment	X3012	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Res-Based Hab ADL Tr	X3064	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Personal Asst	X5604	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Per A/ILS	X3008	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Per A/Non-Agency	Z5653	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adult Day Care	Z5645	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
PERS-Installation	Z5699	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
PERS-Monthly	Z5620	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Envir/Mod/Initial	X3019	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Envir/Mod/Maint	X3020	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Asst/Tech/initial	X3013	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Asst/Tech/maint	X3014	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Phy Ther/HHA	X3017	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Phy Ther/DDARS	X3018	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Occup Ther/DDARS	X3016	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Supported Living	Z5022	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

REPORT: MAR-2502-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR PERSONS WITH AUTISM – Month CCYY

PAGE NUM: 3
RUN DATE: MM/DD/CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Caregiver Training	Z5024	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
REPORT TOTAL		9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

MAR-2503-M Report of Expenditures Home and Community - Based Services Waiver For Developmentally Disabled in ICF/MR

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2503-M		Report of Expenditures Home and Community - Based Services Waiver For Developmentally Disabled in ICF/MR

Description of Information

Summary of costs for developmentally disabled in ICF/MR services.

Purpose

To assist FSSA in tracking costs for waiver services.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Service	Description of services reported
Procedure Code	Unique five - digit alphanumeric code representing the service listed
Number Of Recipients	Unduplicated count, based on member ID, for participating members who received the listed service in the month reported
Number Of Units	Number of units allowed for the reported service for the current month
Monthly Expenditures	Total dollars paid for the services reported
Monthly Allocation	Monthly allocation for the current waiver year for the reported service, as determined by FSSA
First 6 Months	Costs for reported services for a rolling six months from twelve to seven months prior to the reported month
Second 6 Months	Costs for reported services for a rolling six months from six months to one month prior to the reported month
WYTD	Costs of the reported services for the waiver year-to-date period, which is

	July 1 through June 30 for the Developmentally Disabled in ICF/MR waiver program
Annual Allocation	Displays the total waiver year allocation for the reported services as determined by FSSA
Report Totals	Totals of all above column items

REPORT: MAR-2503-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 1
RUN DATE: MM/DD/CCYY

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR DEVELOPMENTALLY DISABLED IN ICF/MR – Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Case Mgmt.	Z5014	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Case Mgmt.	Z5700	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
CM.Asmt	Z5701	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Psy.Asmt	Z5702	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn. Care	Z5604	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Per A/ILS	X3008	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn.Cr/N.Age	Z5653	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn	Z5606	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite Care	Z5705	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/LPN	Z5608	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/LPN	Z5706	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/RN	Z5609	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/RN	Z5707	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/ILS	Z5720	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn/N.A	Z5655	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/Group	Z5951	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adult Day Cr.	Z5645	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Res-Based Hab	X3064	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

REPORT: MAR-2503-M IndianaAIM PAGE NUM: 2
PROCESS: XXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR DEVELOPMENTALLY DISABLED IN ICF/MR – Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	WYTD	ANNUAL ALLOCATION
Behavior Mgmt	Z5726	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Res-Hab	X3009	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Home-Base	X3010	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Individual/Hab	Z5724	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Group Hab	Z5725	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Pre-Vocational	X3011	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Sup/Employment	X3012	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Env/Mod/Int	X3019	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Env/Mod/Maint	X3020	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Asst/Tech/Int	X3013	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Asst/Tech/Mnt	X3014	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Adapt.Aide/In	Z5699	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
A.Aide/Mthly	Z5620	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Phy Ther/DDRS	X3018	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Phy Ther/HHA	X3017	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Occup Th/DDARS	X3016	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Occup Th/HHA	X3015	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

Speech REPORT: MAR-2503-M IndianaAIM PAGE NUM: 3
PROCESS: XXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR DEVELOPMENTALLY DISABLED IN ICF/MR – Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Speech/Lang/HHA	X3021	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Speech/Lang/HHA	Z5708	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Supported Living	Z5022	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Caregiver Training	Z5024	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
REPORT TOTAL		9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

MAR-2505-M Report of Expenditures Home and Community-Based Services Waiver For Medically Fragile Children

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2505-M		Report of Expenditures Home and Community-Based Services Waiver For Medically Fragile Children

Description of Information

Summary of costs for Medically Fragile Children services.

Purpose

To assist FSSA in tracking costs for waiver services.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Service	Description of services reported.
Procedure Code	Unique five - digit alphanumeric code representing the service listed
Number Of Recipients	Unduplicated count, based on member ID for participating members who received the listed service in the month reported
Number Of Units	Number of units allowed for the reported service for the current month
Monthly Expenditures	Total dollars paid for the services reported
Monthly Allocation	Monthly allocation for the current waiver year for the reported service, as determined by FSSA
First 6 Months	Costs for reported services for a rolling six months from twelve to seven months prior to the reported month
Second 6 Months	Costs for reported services for a rolling six months from six months to one month prior to the reported month
WYTD	Costs of the reported services for the waiver year-to-date period, which is

	July 1 through June 30 for the Medically Fragile Children's waiver program
Annual Allocation	Displays the total waiver year allocation for the reported services as determined by FSSA
Report Totals	Totals of all above column items

REPORT: MAR-2505-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 1
RUN DATE: MM/DD/CCYY

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR MEDICALLY FRAGILE CHILDREN – Month CCYY

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL WYTD	ANNUAL ALLOCATION
Case Management	Z5015	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Case Management	Z5600	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn. Care	Z5604	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Attn.Cr/N.Age	Z5653	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn	Z5606	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp Aide	Z5607	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/LPN	Z5608	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/RN	Z5609	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/Atn/N.A	Z5655	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/SNF	Z5611	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Rsp/SNF/Anc	Z5616	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Respite/Hosp	X3022	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Env/Mod/Int	X3019	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
Env/Mod/Maint	X3020	9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999
REPORT TOTAL		9,999,999	9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	$99,999,999

MAR-3916-M Mental Health Rehabilitation-Claim Activity

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-3916-M		Mental Health Rehabilitation-Claim Activity

Description of Information

Reports current month and state fiscal year-to-date, which is from July to the report month, Mental Health Rehabilitation claims by provider number and name. The total payments on this report represent the net dollars paid to a provider after third party liability payments.

Purpose

To assist FSSA in tracking mental health rehabilitation services

Sort Sequence

- *Primary -* Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Provider Number	The unique number identifying an individual provider in the system who submitted claims or adjustments for procedure codes W9082, and X3040 through X3050
Provider Name	The name of the provider corresponding to the provider number listed who submitted claims or adjustments for procedure codes W9082 and X3040 through X3050
Current Month Total Payments	The total dollars paid to the individual provider during the current month for procedure codes W9082 and X3040 through X3050
FYTD – Total Payments	The total dollars paid to the individual provider during the state fiscal year-to-date for procedure codes W9082 and X3040 through X3050
Grand Total Payments	The total dollars paid to all providers for the current month and for the state fiscal year-to-date for procedure codes W9082 and X3040 through X3050.

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 REPORT: MAR-3916-M                                  IndianaAIM                                  PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                               RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                  MENTAL  HEALTH  REHABILITATION  -  CLAIM  ACTIVITY
                                                     Month CCYY

                                                                  CURRENT MONTH                    FYTD
                                                                  ==================          ==================

 PROVIDER            PROVIDER                                          TOTAL                        TOTAL
 NUMBER              NAME                                              PAYMENTS                     PAYMENTS

 99999999X           XXXXXXXXXX,    XXXXXXXXXXXXXXXXXXXX             $99,999,999.99               $99,999,999.99
 99999999X           XXXXXXXXXX,    XXXXXXXXXXXXXXXXXXXX             $99,999,999.99               $99,999,999.99
 99999999X           XXXXXXXXXX,    XXXXXXXXXXXXXXXXXXXX             $99,999,999.99               $99,999,999.99
 99999999X           XXXXXXXXXX,    XXXXXXXXXXXXXXXXXXXX             $99,999,999.99               $99,999,999.99
                                                                  ==================          ==================

 GRAND TOTAL PAYMENTS                                             $9,999,999,999.99            $9,999,999,999.99
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MAR-3917-M Mental Health Rehabilitation – Total Dollars

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-3917-M		Mental Health Rehabilitation – Total Dollars

Description of Information

This report details the total dollars paid, service units, and a count of the unduplicated number of members served for each type of mental health rehabilitative service for the current month and for the state fiscal year-to-date. The expenditures represent the total amount allowed by Medicaid for each procedure. Third party liability payments may be made for these claims. Therefore, this might not represent the actual amount paid by Medicaid in some cases.

Purpose

To assist FSSA in tracking Mental Health Rehabilitation services.

Sort Sequence

- *Primary -* Procedure code, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Procedure Code	The HCPCS code representing the mental health rehabilitative service provided. Valid values are: W9082 X3040 through X3050
Description	This is a description of the service corresponding to the procedure code listed
Current Month Expenditures	The total dollars paid for the service during the current month
Current Month Units	The number of units of the service allowed for claims paid during the current month
Current Month Unduplicated Recipients	The count of unique members receiving the service during the current month
FYTD Expenditures	The total dollars paid for the service during the state fiscal year-to-date

FYTD Units	The number of units of the service allowed for claims paid during the state fiscal year-to-date
FYTD Unduplicated Recipients	The count of unique members receiving the service during the state fiscal year - to - date
Total	The totals of the columns for all services listed

REPORT: MAR-3917-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
MENTAL HEALTH REHABILITATION - TOTAL DOLLARS
FOR PROVIDER: XXXXXXXXX - XXXXXXXXXXXXXXX
Month CCYY

PAGE NUM: 9999
RUN DATE:MM/DD/CCYY

		CURRENT MONTH			FYTD		
CODE	DESCRIPTION	EXPENDITURES	UNITS	UNDUPLICATED RECIPIENTS	EXPENDITURES	UNITS	UNDUPLICATED RECIPIENTS
X3040	OUTPATIENT DIAGNOSTIC ASSESSMENT	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3041	OUTPATIENT PREHOSP SCREENING	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3042	INDIV COUNSELING PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3043	CONJOINT COUNSELING/PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3044	FAMILY COUNSELING /PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3045	GROUP COUNSELING/PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3046	CRISIS INTERVENTION	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3047	MEDICATION/SOMATIC TREATMENT	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3048	TRAIN ACTIVITIES DAILY LVG IND	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3049	PARTIAL HOSPITALIZATION SVCS	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3050	CASE MANAGEMENT SVCS	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
W9082	TRAIN ACTIVITIES DAILY LVG GRP	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
TOTAL	$999,999,999.99	999,999,999	999,999,999	$999,999,999.99	999,999,999	999,999,999	

REPORT: MAR-3917-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE:MM/DD/CCYY

MENTAL HEALTH REHABILITATION - SUMMARY TOTAL DOLLARS

		CURRENT MONTH			FYTD		
CODE	DESCRIPTION	EXPENDITURES	UNITS	UNDUPLICATED RECIPIENTS	EXPENDITURES	UNITS	UNDUPLICATED RECIPIENTS
X3040	OUTPATIENT DIAGNOSTIC ASSESSMENT	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3041	OUTPATIENT PREHOSP SCREENING	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3042	INDIV COUNSELING PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3043	CONJOINT CONSELING/PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3044	FAMILY COUNSELING/PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3045	GROUP COUNSELING/PSYCHOTHERAPY	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3046	CRISIS INTERVENTION	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3047	MEDICATION/SOMATIC TREATMENT	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3048	TRAIN ACTIVITIES DAILY LVG IND	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3049	PARTIAL HOSPITALIZATION SVCS	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
X3050	CASE MANAGEMENT SVCS	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
W9082	TRAIN ACTIVITIES DAILY LVG GRP	$9,999,999.99	999,999	99,999	$9,999,999.99	999,999	999,999
GRAND TOTAL		$999,999,999.99	999,999,999	999,999,999	$999,999,999.99	999,999,999	999,999,999

MAR-5602-M Monthly Statistical Report on Medical Assistance to Wards/Recipients Of Medical Care and Expenditures By Delinquent Or CHINS Status

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-5602-M		Monthly Statistical Report on Medical Assistance to Wards/Recipients Of Medical Care and Expenditures By Delinquent Or CHINS Status

Description of Information

Reports statistics by type of medical care in each county for medical care for Children In Need of Service (CHINS) and Delinquents.

Purpose

To assist FSSA in tracking expenditures for Wards.

Sort Sequence

- *Primary -* County, alphabetically

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

County	County in which the service was performed
Type Of Medical Care Or Service	Description of the type of service rendered and follows the federal categories of service
Month: Number Of Recipients CHINS	Count of the number of unique members eligible as Children In Need of Service participating in the program who received the service listed within the county for claims paid during the current month.
Month: Number Of Recipients Delinquents	Count of the number of unique members eligible as Delinquents participating in the program who received the service listed within the county for claims paid during the current month.
Month: Expenditures CHINS	Displays the dollars paid during the current month for the services rendered to CHINS.
Month: Expenditures Delinquents	Displays the dollars paid during the current month for the services rendered

	to Delinquents.
Fiscal Year: Number Of Recipients CHINS	Count of the number of unique members eligible as Children In Need of Services participating in the program who received the service listed within the county for claims paid during the state fiscal year-to-date.
Fiscal Year: Number Of Recipients Delinquents	Count of the unique members eligible as Delinquents participating in the program who received the service listed within the county for claims paid during the state fiscal year-to-date.
Fiscal Year: Expenditures CHINS	Displays the dollars paid during the state fiscal year-to-date for the services rendered to CHINS.
Fiscal Year: Expenditures Delinquents	Displays the total dollars paid during the state fiscal year-to-date for the services rendered to Delinquents.
Total	Displays the totals of the columns for all services listed.

REPORT: MAR-5602-M
PROCESS: XXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY

MONTHLY STATISTICAL REPORT ON MEDICAL ASSISTANCE TO WARDS
RECIPIENTS OF MEDICAL CARE AND EXPENDITURES BY DELINQUENT OR CHINS STATUS

COUNTY: XXXXXXXX MONTH: XXXXXXXX FISCAL YEAR: CCYY

	TYPE OF MEDICAL CARE OR SERVICE	NUMBER OF RECIPIENTS		EXPENDITURES		NUMBER OF RECIPIENTS		EXPENDITURES	
		CHINS	DELINQUENTS	CHINS	DELINQUENTS	CHINS	DELINQUENTS	CHINS	DELINQUENTS
1	INPATIENT HOSPITAL SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
2	MENTAL HOSP SRVCS FOR THE AGED	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
3	SNF/ICF MNTL HTH FOR THE AGED	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
4	INPATIENT PSYCHIATRIC	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
5	ICF SRVCS FOR MENTALLY RETARDED	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
6	ICF SERVICES - ALL OTHER	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
7	SNF SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
8	PHYSICIANS SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
9	DENTAL SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
10	OTHER PRACTITIONER SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
11	OUTPATIENT HOSPITAL SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
12	CLINIC SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
13	HOME HEALTH SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
14	FAMILY PLANNING SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
15	LAB AND X-RAY SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
16	PRESCRIBED DRUGS	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
17	EPSDT SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
18	RURAL HEALTH CLINIC SERVICES	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
19	OTHER CARE	999,999	999,999	$9,999,999.99	$9,999,999.99	999,999	999,999	$9,999,999.99	$9,999,999.99
	TOTAL	9,999,999	9,999,999	$999,999,999.99	$999,999,999.99	9,999,999	9,999,999	$999,999,999.99	$999,999,999.99

MAR-6002-M AIDS/HIV Case Management Services - Procedure Code Z5950

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6002-M		AIDS/HIV Case Management Services - Procedure Code Z5950

Description of Information

Listing of paid AIDS/HIV services (procedure code Z5950) for each member, grouped by billing provider, and a summary accumulation of the number of members, units of service, and paid amounts for each county as determined by the current RID.

Purpose

To assist FSSA in analyzing expenditures for the AIDS/HIV Case Management Program.

Sort Sequence

- *Primary* - Member ID, ascending
- *Secondary* - Provider Number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

RID	Recipient Identification Number. A unique 12 - digit number assigned to each member enrolled in a Medical -Assistance Program
Provider	A unique nine - digit number assigned to each provider enrolled in a Medical Assistance Program
ICN	Internal Control Number. A unique 13-digit number assigned to every claim received for control and inventory purposes
From Date-Of-Service	The beginning date-of-service on the claims, in MMDDYYY format
To Date-Of-Service	The ending date-of-service on the claim, in MMDDYYY format
Units Of Service	Number of service units as reported of each detail of the claim
Case Manager	Unique number assigned to each case manager in the program as reported in the referring physician field of the claim

Medicaid Paid	Amount paid to provider as reported on each detail of the claim
Totals	Total units of service and paid amounts for each members and provider combination
FYTD Totals For Recipient	Total amount paid for member for the state fiscal year-to-date
Grand Totals	Total units of service and paid amounts for all members
County Number	Member's county of residence as it appears on the eligibility file of the system
County Name	Indicates the name of the county corresponding to the county number displayed
Number Of Recipients	Indicates the number of unique members based on the RID residing in the specified county who received services for claims paid during the current month
Total Units	Indicates the total units of service for all members in the county
Total Paid	Indicates the dollars paid for all members in the county

```
REPORT: MAR-6002-M                                  IndianaAIM                                    PAGE NUM:  9999
PROCESS:  XXXXXXXX                        AIDS/HIV  CASE  MANAGEMENT  SERVICES                  RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                                PROCEDURE  CODE  Z5950
                                                    RECIPIENT  TOTALS
                                                       Month  CCYY

                    RID:    XXXXXXXXXX                          PROVIDER:      XXXXXXXXX


                    FROM DATE            TO DATE              UNITS OF                CASE          MEDICAID
       ICN          OF SERVICE           OF SERVICE                  SERVICE          MANAGER              PAID

9999999999999       MM/DD/YYYY           MM/DD/YYYY               9,999,999.99            99999999X          $999,999,999.99
9999999999999       MM/DD/YYYY           MM/DD/YYYY               9,999,999.99            99999999X          $999,999,999.99


              TOTALS:                                            $999,999,999.99            $999,999,999,999.99

              FYTD  TOTALS  FOR  RECIPIENT:                                                 $999,999,999,999.99
```

```
  REPORT: MAR-6002-M                          IndianaAIM                                          PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                                   RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                       AIDS/HIV  CASE  MANAGEMENT  SERVICES
                                                PROCEDURE  CODE  Z5950
                                                  RECIPIENT  TOTALS
                                                  MMMMM       YYYY

          COUNTY              COUNTY                      NUMBER OF            TOTAL                TOTAL
          NUMBER              NAME                        RECIPIENTS           UNITS                PAID
     ------------------------------------------------------------------------------------------------------------
            99          XXXXXXXXXXXXXXXXXXXXXXXXX         99,999,999     99,999,999.99       $999,999,999.99
            99          XXXXXXXXXXXXXXXXXXXXXXXXX         99,999,999     99,999,999.99       $999,999,999.99
```

MAR-6003-M AIDS/HIV Case Management Services - Unduplicated Participating Recipients

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6003-M		AIDS/HIV Case Management Services - Unduplicated Participating Recipients

Description of Information

Current RID, first and last names of member receiving services in the AIDS/HIV Case Management Program.

Purpose

To assist FSSA in analyzing expenditures for the AIDS/HIV Case Management Program.

Sort Sequence

- *Primary -* Member ID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

RID — Member Identification Number. A unique 12-digit number assigned to each member enrolled in a Medical Assistance Program.

Recipient Name — The first and last name of a member enrolled in a Medical Assistance Program.

```
  REPORT: MAR-6003-M                                IndianaAIM                                    PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                               RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/HIV  CASE  MANAGEMENT  SERVICES
                                          UNDUPLICATED  PARTICIPATING  RECIPIENTS
                                                        Month CCYY


                    RID                                 RECIPIENT  NAME

                    9999999999999                       XXXXXXXXXXXXXXXXXXX,   XXXXXXXXXXXX
                    9999999999999                       XXXXXXXXXXXXXXXXXXX,   XXXXXXXXXXXX
```

MAR-6004-M AIDS/HIV Case Management Services - Recipients with Multiple Providers

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6004-M		AIDS/HIV Case Management Services - Recipients with Multiple Providers

Description of Information

Listing of current RID and name of members who received AIDS/HIV Case Management services from more than one provider, with all provider numbers and names listed.

Purpose

To assist FSSA in analyzing expenditures for the AIDS/HIV Case Management Program.

Sort Sequence

- *Primary* - Members ID, ascending
- *Secondary* - Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

RID — Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program.

Recipient Name — Members last and first name as listed on the eligibility file.

Provider — A unique nine-digit number assigned to each provider enrolled in a Medical Assistance Program.

Provider Name — The name of the billing provider as it appears on the provider master file.

```
  REPORT: MAR-6004-M                          IndianaAIM                                  PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                        RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                      AIDS/HIV  CASE  MANAGEMENT  SERVICES
                                        RECIPIENTS  WITH  MULTIPLE  PROVIDERS
                                                 Month CCYY

            RID           RECIPIENT NAME                              PROVIDER              PROVIDER NAME

            9999999999    XXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX            99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX

            9999999999    XXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX            99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX

            9999999999    XXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX            99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX
                                                                      99999999X             XXXXXXXXXX, XXXXXXXXXX
```

MAR-6005-Q AIDS/HIV Recipients by Age Range

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6005-Q		AIDS/HIV Recipients by Age Range

Description of Information

This report shows the number of AIDS members enrolled in a Medical Assistance Program as of the specified quarter by age group.

Purpose

To provide a summary of AIDS members by age group to FSSA for review.

Sort Sequence

- *Primary -* Age range, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

Range — Age range of members who have AIDS enrolled in a Medical Assistance Program

Freq — Number of unique AIDS members enrolled in a Medical Assistance Program in the specified age range. This number is based on the members age at the end of the quarter reported.

```
  REPORT: MAR-6005-Q                          IndianaAIM                          PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                     AIDS/ HIV RECIPIENTS BY AGE RANGE      RUN TIME: HH:MM:SS
                                          QUARTER ENDING: Month CCYY

                                  RANGE                 FREQ

                                  10 - 19               999,999
                                  20 - 29               999,999
                                  30 - 39               999,999
                                  40 - 49               999,999
                                  50 & OVER             999,999
                                  9  & UNDER            999,999
```

MAR-6006-Q AIDS/HIV Recipients by Sex and Race

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6006-Q		AIDS/HIV Recipients by Sex and Race

Description of Information

This report shows the number of AIDS members enrolled in a Medical Assistance Program as of the specified quarter by race and sex combinations.

Purpose

To provide race and sex patterns of members with AIDS.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

Demo — Race and sex value description as determined from the Indiana*AIM* member eligibility file.

Freq — Number of unique AIDS members enrolled in a Medical Assistance Program in the specified race and sex combinations. This number is based on the RID.

```
REPORT: MAR-6006-Q                                IndianaAIM                                PAGE NUM:  9999
PROCESS: XXXXXXXX                                                                           RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                    AIDS/ HIV RECIPIENTS BY SEX AND RACE                RUN TIME: HH:MM:SS
                                         QUARTER ENDING: Month CCYY

                                  DEMO                 FREQ
                                  ----------------     --------

                                  BLACK FEMALE         999,999
                                  BLACK MALE           999,999
                                  HISPANIC FEMALE      999,999
                                  HISPANIC MALE        999,999
                                  ORIENTAL MALE        999,999
                                  OTHER MALE           999,999
                                  WHITE FEMALE         999,999
                                  WHITE MALE           999,999
```

MAR-6007-Q AIDS/HIV - Recipients Living and Dead

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6007-Q		AIDS/HIV - Recipients Living and Dead

Description of Information

This report shows the number of dead and living AIDS members enrolled in the Indiana Medical Assistance Programs as of the end of the current quarter. Dead members are those who have a date of death in the member eligibility file.

Purpose

The purpose of this report is to report living and dead members. FSSA utilizes this report to monitor AIDS related expenditures.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

Status — Dead or living (life status) determined by reading the date of death field from the Indiana*AIM* member eligibility file.

Freq — Number of unique AIDS members enrolled in a Medical Assistance Program. This number is based on the RID.

```
  REPORT: MAR-6007-Q                          IndianaAIM                          PAGE NUM:  9999
PROCESS: XXXXXXXX                                                                 RUN DATE:MM/DD/CCYY
 LOCATION: XXXXXXXX                  AIDS/ HIV RECIPIENTS LIVING AND DEAD         RUN TIME: HH:MM:SS
                                            QUARTER ENDING: Month CCYY

                                            STATUS         FREQ

                                            LIVING         999,999
                                            DEAD           999,999
```

MAR-6008-Q AIDS/HIV Recipients Summary By District

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6008-Q		AIDS/HIV Recipients Summary By District

Description of Information

Reports the total number of members with AIDS, as well as the number of living and dead, on a district basis. Members continue to be reported after death, unless FSSA requests otherwise.

Purpose

This report shows FSSA the localities of most AIDS cases.

Sort Sequence

- *Primary -* District number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

District	District number in which the member resides, from the Indiana*AIM* eligibility file.
County Name	The name of the county in Indiana in which the member resides, as determined from the Indiana*AIM* eligibility file.
County Number	A two - digit number assigned to each county in Indiana. This number represents the county in which the member resides, as determined from the Indiana*AIM* eligibility file. Refer to Appendix F of the MAR Teleprocessing Users Guide for a listing of the county numbers and associated county names.
Total	Total number of unique AIDS members who reside in the specified county.
A	Total number of living AIDS members who reside in the specified county.
D	Total number of deceased AIDS members who resided in the specified county at the time of death.
Total # Of Cases	Total number of AIDS members who reside in the specified district.
# Alive	Total number of living AIDS members who reside in the specified district.
# Deceased	Total number of deceased AIDS members who resided in the specified district at the time of death.

```
  REPORT: MAR-6008-Q                                IndianaAIM                                PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                           RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV RECIPIENTS SUMMARY BY DISTRICT          RUN TIME: HH:MM:SS
                                                QUARTER ENDING: Month CCYY

              DISTRICT:      I

                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)

                             TOTAL # OF CASES:     999,999
                                     # ALIVE:     999,999
                                   # DECEASED:     999,999

              DISTRICT:      II

                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)

                             TOTAL # OF CASES:     999,999
                                     # ALIVE:     999,999
                                   # DECEASED:     999,999

              DISTRICT:      III

                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)
                     XXXXXXXXXXXX    (CO. XX):     999,999        (999,999 A,    999,999 D)

                             TOTAL # OF CASES:     999,999
                                     # ALIVE:     999,999
                                   # DECEASED:     999,999
```

MAR-6009-Q AIDS/HIV Home Health Visits

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6009-Q		AIDS/HIV Home Health Visits

Description of Information

This report is a summary of the number of home health visits for each AIDS mkember on a per year and total basis. Home health visits are found on outpatient claims with a provider type of 05 and a revenue code of 551, 552, 571, or 572.

Purpose

To determine the number of home health visits and dollars spent on AIDS members.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

OBS	Report detail number as generated by SAS.
ICN	Internal Control Number. A unique 13 - digit number assigned to every claim received for control and inventory purposes.
Total Visits	Total number of home health visits for a particular member. This number is taken from all outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 for the member with a paid date between 1/92 and the current quarter.
Visits Prior To 1998 (2 Yrs. Ago)	Total number of home health visits for a particular member. This number is taken from all outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 for a particular member with dates of service prior to 1998.
1998 Visits (2 Years Ago)	Total number of home health visits for a particular member. This number is taken from all outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 for a particular member with dates of service during 1998.
1999 Visits (1 Year Ago)	Total number of home health visits for a particular member. This number is taken from all outpatient claims with revenue codes 551, 552, 571, and 572

	billed by provider type 05 for a particular member with dates of service during 1999.
2000 Visits (Current Year)	Total number of home health visits for a particular member. This number is taken from all outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 for a particular member with dates of service during 2000.
Home Health $ Paid	Total dollars paid for home health visits for a particular member between 1/89 and the current quarter
Average Total Visits	Average number of home health visits for all members. This number represents the average number of days for all members whose outpatient claims were billed with revenue codes 551, 552, 571, and 572 by provider type 05 were paid between 1/89 and the current quarter.
Average Visits Prior To 1998	Average home health visits for all members. This number is the average number of days for all members who had outpatient claims for revenue codes 551, 552, 571, and 572 billed by provider type 05 paid with dates of service before 1998.
Average 1998 Visits	Average number of home health visits for all members. This number represents the average number of days for all members who had outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 paid with dates of service during 1998.
Average 1999 Visits	Average number of home health visits for all members. This number represents the average number of days for all members who had outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 paid with dates of service during 1999.
Average 2000 Visits	Average number of home health visits for all members. This number represents the average number of days for all members who had outpatient claims with revenue codes 551, 552, 571, and 572 billed by provider type 05 paid with dates of service during 2000.

```
  REPORT: MAR-6009-Q                                  IndianaAIM                                          PAGE NUM:  9999
PROCESS: XXXXXXXX                                AIDS/ HIV HOME HEALTH VISITS                           RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                               CLAIMS ADJUDICATED  Through MM/YY                      RUN TIME: HH:MM:SS

  OBS  ORIGINAL ICN           TOTALS        VISIT         1998          1999          2000         HOME HEALTH
                              VISITS       PRIOR TO       VISITS        VISITS        VISITS       $ PAID
                                           1998

   1   123456789012           999,999       999,999       999,999       999,999       999,999      $9,999,999.99
   2   123456789012           999,999       999,999       999,999       999,999       999,999      $9,999,999.99
   3   123456789012           999,999       999,999       999,999       999,999       999,999      $9,999,999.99

9999   123456789012           999,999       999,999       999,999       999,999       999,999      $9,999,999.99
                            =========     =========     ======= ===========    =========     ==============
                            9,999,999     9,999,999     9,999,999     9,999,999     9,999,999     $99,999,999.99

AVERAGE NUMBER OF VISITS FOR RECIPIENTS WITH VISITS:

       AVERAGE TOTAL VISITS:                 999,999.99
       AVERAGE VISITS PRIOR TO 1998:         999,999.99
       AVERAGE 1998 VISITS:                  999,999.99
       AVERAGE 1999 VISITS:                  999,999.99
       AVERAGE 2000 VISITS:                  999,999.99
```

MAR-6010-Q AIDS/HIV - Summary of Inpatient Hospital Days

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6010-Q		AIDS/HIV - Summary of Inpatient Hospital Days

Description of Information

This report is a summary of the number of acute care days provided for each AIDS member on a total per year basis. Acute care days are determined by accumulating units of service for revenue codes 109-180 and 199-220 on institutional claims billed by provider type 01.

Purpose

To determine the days and dollars spent by AIDS members for acute care.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
IFSSA/EDS	Paper/CRLD	0	Quarterly

Detailed Field Definitions

OBS — Report detail number as generated by SAS.

ICN — Internal Control Number. A unique 13-digit number assigned to every claim received for control and inventory purposes.

Total Days — Total number of days that the member spent as an inpatient for acute care. This number is taken from all institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 for a particular member with a paid date between 1/89 and the current quarter.

Days Prior To 1998 — Total number of days that the member spent as an inpatient for acute care. This number is taken from all institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 for a particular member with dates of service prior to 1998.

1998 Days — Total number of days that the member spent as an inpatient for acute care. This number is taken from all institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 for a particular member with dates of service during 1998.

1999 Days — Total number of days that the member spent as an inpatient for acute care. This number is taken from all institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 for a particular member with

	dates of service during 1999.
2000 Days	Total number of days that the member spent as an inpatient for acute care. This number is taken from all institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 for a particular member with dates of service during 2000.
Acute Care $ Paid	Total dollars paid for acute care days for a particular member between 1/89 and the current quarter.
Average Total Days	Average number of acute care days for all members. This number represents the average number of days for all members who had institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 paid between 1/89 and the current quarter.
Average Days Prior To 1998	Average number of acute care days for all members. This number represents the average number of days for all members who had institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 paid with dates of service prior to 1998.
Average 1998 Days	Average number of acute care days for all members. This number represents the average number of days for all members who had institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 paid with dates of service during 1998.
Average 1999 Days	Average number of acute care days for all members. This number represents the average number of days for all members who had institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 paid with dates of service during 1999.
Average 2000 Days	Average number of acute care days for all members. This number represents the average number of days for all members who had institutional claims with revenue codes 109-180 or 199-220 billed by provider type 01 paid with dates of service during 2000.

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  REPORT: MAR-6010-Q                                IndianaAIM                                PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                            RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                          AIDS/ HIV INPATIENT HOSPITAL DAYS                 RUN TIME: HH:MM:SS
                                           Claims Adjudicated Through MM/YY
```

OBS	ORIGINAL ICN	TOTALS DAYS	VISIT PRIOR TO 1998	1998 DAYS	1999 DAYS	2000 DAYS	ACUTE CARE $ PAID
1	123456789012	999,999	999,999	999,999	999,999	999,999	$9,999,999.99
2	123456789012	999,999	999,999	999,999	999,999	999,999	$9,999,999.99
3	123456789012	999,999	999,999	999,999	999,999	999,999	$9,999,999.99
9999	123456789012	999,999	999,999	999,999	999,999	999,999	$9,999,999.99
		=========	=========	=========	=========	=========	==========
		9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	$99,999,999.99

AVERAGE DAYS PER STAY FOR RECIPIENTS WITH HOSPITAL STAYS:

AVERAGE TOTAL VISITS:	999,999.99
AVERAGE VISITS PRIOR TO 1998:	999,999.99
AVERAGE 1998 VISITS:	999,999.99
AVERAGE 1999 VISITS:	999,999.99
AVERAGE 2000 VISITS:	999,999.99

MAR-6011-Q AIDS/HIV - Summary of SNF/ICF Days

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6011-Q		AIDS/HIV - Summary of SNF/ICF Days

Description of Information

This report is a summary of the number of SNF/ICF days provided for each AIDS member on a total per year basis. SNF/ICF days are determined by accumulating the units of service for revenue codes 109-180 and 199-220 on institutional claims billed by provider type 03.

Purpose

To determine the number of days and dollars spent by AIDS members for SNF and ICF care.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

OBS	Report detail number as generated by SAS.
ICN	Internal Control Number. A unique 13 - digit number assigned to every claim received for control and inventory purposes.
Total Days	Total number of days the member spent in a nursing home. This number is taken from all nursing home claims for a particular member with a paid date between 1/89 and the current quarter.
Days Prior To 1998	Total number of days that the member spent in a nursing home. This number is taken from all nursing home claims for a particular member with dates of service prior to 1998.
1998 Days	Total number of days that the member spent in a nursing home. This number is taken from all nursing home claims for a particular member with dates of service during 1998.
1999 Days	Total number of days that the member spent in a nursing home. This number is taken from all nursing home claims for a particular member with dates of service during 1999.
2000 Days	Total number of days that the member spent in a nursing home. This

	number is taken from all nursing home claims for a particular member with dates of service during 2000.
SNF/ICF $ Paid	Total dollars paid for SNF/ICF days for a particular member between 1/89 and the current quarter.
Average Total Days	Average number of days that members spent in a nursing home. This number represents the average number of days for all members who had SNF/ICF claims paid between 1/89 and the current quarter.
Average Days Prior To 1998	Average number of days that members spent in a nursing home prior to 1998. This number represents the average number of days for all members who had SNF/ICF claims with dates of service prior to 1998.
Average 1998 Days	Average number of days that members spent in a nursing home during 1998. This number represents the average number of days for all members who had SNF/ICF claims with dates of service during 1998.
Average 1999 Days	Average number of days that members spent in a nursing home during 1999. This number represents the average number of days for all members who had SNF/ICF claims with dates of service during 1999.
Average 2000 Days	Average number of days that members spent in a nursing home during 2000. This number represents the average number of days for all members who had SNF/ICF claims with dates of service during 2000.

```
  REPORT: MAR-6011-Q                                  IndianaAIM                                          PAGE NUM:  9999
 PROCESS: XXXXXXXX                              AIDS/HIV SNF/ICF DAYS                                    RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                              Claims Adjudicated Through MM/YY                         RUN TIME: HH:MM:SS

  OBS   ORIGINAL ICN            TOTALS         VISIT   1998           1999           2000          SNF/ ICF
                                VISITS        PRIOR TO        VISITS         VISITS         VISITS        $ PAID
                                              1998

   1    123456789012            999,999        999,999        999,999        999,999        999,999       $9,999,999.99
   2    123456789012            999,999        999,999        999,999        999,999        999,999       $9,999,999.99
   3    123456789012            999,999        999,999        999,999        999,999        999,999       $9,999,999.99

9999    123456789012            999,999        999,999        999,999        999,999        999,999       $9,999,999.99

                              =========      =========      ======= ===========    =========      ==============
                              9,999,999      9,999,999      9,999,999      9,999,999      9,999,999      $99,999,999.99

AVERAGE DAYS PER STAY FOR RECIPIENTS WITH SNF/ICF STAYS:

       AVERAGE TOTAL VISITS:                 999,999.99
       AVERAGE VISITS PRIOR TO 1998:         999,999.99
       AVERAGE 1998 VISITS:                  999,999.99
       AVERAGE 1999 VISITS:                  999,999.99
       AVERAGE 2000 VISITS:                  999,999.99
```

MAR-6012-Q AIDS/HIV - Summary of Expenditures - Total by Incurred Year

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6012-Q		AIDS/HIV - Summary of Expenditures - Total by Incurred Year

Description of Information

This report contains expenditures for AIDS members by incurred year, as well as the number of members with AIDS each year. All paid claims are reported.

Purpose

To examine the trends in expenditures for members with AIDS.

Sort Sequence

- *Primary -* Incurred year, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

Year	Calendar year in which expenditures for members with AIDS were incurred.
$ Paid	Total dollars paid for all AIDS members during the specified calendar year.
# Recipients With Paid Claims	Total number of AIDS members who had paid claims during the specified calendar year.
Average $ Paid	Average dollars paid per AIDS member who had paid claims in the specified calendar year.

REPORT: MAR-6012-Q
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE:MM/DD/CCYY
RUN TIME: HH:MM:SS

AIDS/ HIV EXPENDITURES FOR RECIPIENTS
TOTALS BY INCURRED YEAR
CLAIMS ADJUDICATED THROUGH MM/YY

YEAR	$ PAID	# OF RECIPIENTS W/PAID CLAIMS	AVERAGE $ PAID PER RECIPIENT
1992	$99,999,999.99	999,999	$9,999,999.99
1993	$99,999,999.99	999,999	$9,999,999.99
1994	$99,999,999.99	999,999	$9,999,999.99
TOTAL	$999,999,999.99	9,999,999	$99,999,999.99

MAR-6013-Q AIDS/HIV - Summary of Expenditures - Totals by Recipient

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6013-Q		AIDS/HIV - Summary of Expenditures - Totals by Recipient

Description of Information

This report contains a summary of all of the expenditures for each AIDS member from January 1989 through the end of the current quarter.

Purpose

To show what services are most often used and expensive for AIDS patients.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program.
Sex	Sex of the member, as found on the Indiana*AIM* eligibility file.
Race	Race of the member, as found on the Indiana*AIM* eligibility file.
Age	Age of the member, as found on the Indiana*AIM* eligibility file.
Date Of Death	Date that the member expired, as found on the Indiana*AIM* eligibility file. The date-of-death is in CCYYMMDD format.
Total $ Paid	Total dollars paid for all claims with dates-of-service from 1/89 through the current quarter for a particular member.
Acute Care $ Paid	Total dollars paid for acute care services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 01 with dates-of-service from 1/89 through the current quarter for a particular member.
Home Health $ Paid	Total dollars paid for home health services for a particular member. This

	number is determined by accumulating the total amount paid for all outpatient claims billed by provider type 05 with dates-of-service from 1/89 through the current quarter for a particular member.
SNF/ICF $ Paid	Total dollars paid for SNF/ICF services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 03 with dates-of-service from 1/89 through the current quarter for a particular member.
DME $ Paid	Total dollars paid for DME services for a particular member. This number is determined by accumulating the total amount paid for all claims billed by provider type 25 with dates-of-service from 1/89 through the current quarter for a particular member.
Pharmacy $ Paid	Total dollars paid for pharmacy services for a particular member. This number is determined by accumulating the total amount paid for all drug claims with dates-of-service from 1/89 through the current quarter for a particular member.

```
  REPORT: MAR-6013-Q                                IndianaAIM                                          PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                                      RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV EXPENDITURES FOR RECIPIENTS                       RUN TIME: HH:MM:SS
                                                   TOTALS BY RECIPIENT
                                          CLAIMS ADJUDICATED  MM/YY THRU MM/YY
```

RID	SEX	RACE	AGE	DATE OF DEATH	TOTAL $ PAID	ACUTE CARE $ PAID	HOME HEALTH $ PAID	SNF/ICF $ PAID	DME $ PAID	PHARMACY $ PAID
123456789012	M	1	999	CCYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	F	2	999	CCYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	2	999	CCYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	3	999	CCYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
123456789012	F	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99

MAR-6014-Q AIDS/HIV - Recipients in Alphabetical Order

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6014-Q		AIDS/HIV - Recipients in Alphabetical Order

Description of Information

This report is a listing of all AIDS members, as provided by FSSA, in alphabetical order by member name.

Purpose

To provide FSSA with an alphabetical listing of AIDS members.

Sort Sequence

- *Primary -* Member last name, alphabetically

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

OBS	Report detail number as generated by SAS.
RID	Recipient Identification Number. A unique 12 - digit number assigned to each member enrolled in a Medical Assistance Program.
Recipient Name	The last name, first name and middle initial of a member enrolled in a Medical Assistance Program.

```
  REPORT: MAR-6014-Q                          IndianaAIM                                    PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                          RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV RECIPIENTS                          RUN TIME: HH:MM:SS
                                           ALPHABETICAL ORDER
                                           AS OF:  Month CCYY

                                OBS           RID                  RECIPIENT NAME

                                99999         123456789012         LAST, FIRST    I
                                99999         123456789012         LAST, FIRST    I
                                ...           ...                  ...
                                ...           ...                  ...
                                99999         123456789012         LAST, FIRST    I
```

MAR-6015-Q AIDS/HIV - Recipients in RID Order

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6015-Q		AIDS/HIV - Recipients in RID Order

Description of Information

This report is a listing of all AIDS members, as provided by FSSA, in order by RID number.

Purpose

To provide FSSA with a listing of AIDS members by RID number.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

OBS	Report detail number as generated by SAS.
RID	Recipient Identification Number. A unique 12-digit number assigned to each member enrolled in a Medical Assistance Program.
Recipient Name	The last name, first name and middle initial of a member enrolled in a Medical Assistance Program.

```
  REPORT: MAR-6015-Q                          IndianaAIM                                    PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                          RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV RECIPIENTS                          RUN TIME: HH:MM:SS
                                                RID ORDER
                                          AS OF:   Month CCYY

                                OBS           RID                  RECIPIENT NAME

                                99999         123456789012         LAST, FIRST    I
                                99999         123456789012         LAST, FIRST    I
                                ...           ...                  ...
                                ...           ...                  ...
                                99999         123456789012         LAST, FIRST    I
```

MAR-6016-Q AIDS/HIV - Expenditures for Recipients During the Specified Calendar Year

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6016-Q		AIDS/HIV - Expenditures for Recipients During the Specified Calendar Year

Description of Information

This report contains expenditures for services performed for each AIDS member during the specified calendar year. These dollars are sorted by type-of-service (such as pharmacy, DME).

Purpose

To provide information to FSSA concerning the types of expenditures for AIDS members on an annual basis.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

RID	Recipient Identification Number. A unique 12-digit number assigned to each member enrolled in a Medical Assistance Program.
Sex	Sex of the member, as found on the Indiana*AIM* eligibility file.
Race	Race of the member, as found on the Indiana*AIM* eligibility file.
Age	Age of the member, as found on the Indiana*AIM* eligibility file.
Date Of Death	Date that the member expired, as found on the Indiana*AIM* Eligibility file. The date-of-death is in CCYYMMDD format.
Total $ Paid	Total dollars paid for all claims with dates-of-service during the specified calendar year for a particular member.
Acute Care $ Paid	Total dollars paid for acute care services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 01 with dates-of-service during the specified calendar year for a particular member.

Home Health $ Paid	Total dollars paid for home health service for a particular member. This number is determined by accumulating the total amount paid for all outpatient claims billed by provider type 05 with dates-of-service during the specified calendar year for a particular member.
SNF/ICF $ Paid	Total dollars paid for SNF/ICF services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 03 with dates-of-service during the specified calendar year for a particular member.
DME $ Paid	Total dollars paid for DME services for a particular member. This number is determined by accumulating the total amount paid for all claims billed by provider type 25 with dates-of-service during the specified calendar year for a particular member.
Pharmacy $ Paid	Total dollars paid for Pharmacy services for a particular member. This number is determined by accumulating the total amount paid for all drug claims with dates-of-service during the specified calendar year for a particular member.

```
  REPORT: MAR-6016-Q                                IndianaAIM                                    PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                               RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV EXPENDITURES FOR RECIPIENTS                 RUN TIME: HH:MM:SS
                                            DATES OF SERVICE 01/92 THRU 12/92
                                            CLAIMS ADJUDICATED Through MM/YY
```

RID	SEX	RACE	AGE	DATE OF DEATH	TOTAL $ PAID	ACUTE CARE $ PAID	HOME HEALTH $ PAID	SNF/ICF $ PAID	DME $ PAID	PHARMACY $ PAID
123456789012	M	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	F	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	3	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
123456789012	F	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99

MAR-6017-Q AIDS/HIV - Expenditures for Recipients During the Last Calendar Year

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6017-Q		AIDS/HIV - Expenditures for Recipients During the Last Calendar Year

Description of Information

This report contains expenditures for services performed for each AIDS member during the calendar year the last Calendar year. These dollars are sorted by type-of-service (such as pharmacy, DME).

Purpose

To provide information to FSSA concerning the types of expenditures for AIDS members on an annual basis.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

RID	Recipient Identification Number. A unique 12 - digit number assigned to each member enrolled in a Medical Assistance Program.
Sex	Sex of the member, as found on the Indiana*AIM* eligibility file.
Race	Race of the member, as found on the Indiana*AIM* eligibility file.
Age	Age of the member, as found on the Indiana*AIM* eligibility file.
Date Of Death	Date that the member expired, as found on the Indiana*AIM* Eligibility file. The date-of-death is in CCYYMMDD format.
Total $ Paid	Total dollars paid for all claims with dates-of-service during the last Calendar year for a particular member.
Acute Care $ Paid	Total dollars paid for acute care services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider types 01 with dates-of-service during the last calendar year for a particular member.
Home Health $ Paid	Total dollars paid for home health service for a particular member. This

	number is determined by accumulating the total amount paid for all outpatient claims billed by provider type 05 with dates-of-service during the last calendar year for a particular member.
SNF/ICF $ Paid	Total dollars paid for SNF/ICF services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 03 with dates-of-service during the last calendar year for a particular member.
DME $ Paid	Total dollars paid for DME services for a particular member. This number is determined by accumulating the total amount paid for all claims billed by provider type 25 with dates-of-service during the last calendar year for a particular member.
Pharmacy $ Paid	Total dollars paid for Pharmacy services for a particular member. This number is determined by accumulating the total amount paid for all drug claims with dates-of-service during the last calendar year for a particular member.

```
  REPORT: MAR-6017-Q                                IndianaAIM                                          PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                                      RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                        AIDS/ HIV EXPENDITURES FOR RECIPIENTS                        RUN TIME: HH:MM:SS
                                            DATES OF SERVICE 01/93 THRU 12/93
                                            CLAIMS ADJUDICATED Through MM/YY
```

RID	SEX	RACE	AGE	DATE OF DEATH	TOTAL $ PAID	ACUTE CARE $ PAID	HOME HEALTH $ PAID	SNF/ICF $ PAID	DME $ PAID	PHARMACY $ PAID
123456789012	M	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	F	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	3	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
123456789012	F	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99

MAR-6018-Q AIDS/HIV - Expenditures for Recipients During the Current Calendar Year

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6018-Q		AIDS/HIV - Expenditures for Recipients During the Current Calendar Year

Description of Information

This report contains expenditures for services performed for each AIDS member during the calendar year the current calendar year. These dollars are sorted by type-of-service (such as pharmacy, DME).

Purpose

To provide information to FSSA concerning the types of expenditures for AIDS members on an annual basis.

Sort Sequence

- *Primary -* RID, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	Paper/CRLD	0	Quarterly

Detailed Field Definitions

RID	Recipient Identification Number. A unique 12-digit number assigned to each member enrolled in a Medical Assistance Program.
Sex	Sex of the member, as found on the Indiana*AIM* eligibility file.
Race	Race of the member, as found on the Indiana*AIM* eligibility file.
Age	Age of the member, as found on the Indiana*AIM* eligibility file.
Date Of Death	Date that the memeber expired, as found on the Indiana*AIM* Eligibility file. The date-of-death is in CCYYMMDD format.
Total $ Paid	Total dollars paid for all claims with dates-of-service during the current calendar year for a particular member.
Acute Care $ Paid	Total dollars paid for acute care services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 01 with dates-of-service during the current calendar year for a particular member.
Home Health $ Paid	Total dollars paid for home health service for a particular member. This

	number is determined by accumulating the total amount paid for all outpatient claims billed by provider type 05 with dates-of-service during the current calendar year for a particular member.
SNF/ICF $ Paid	Total dollars paid for SNF/ICF services for a particular member. This number is determined by accumulating the total amount paid for all institutional claims billed by provider type 03 with dates-of-service during the current calendar year for a particular member.
DME $ Paid	Total dollars paid for DME services for a particular member. This number is determined by accumulating the total amount paid for all claims billed by provider type 25 with dates-of-service during the current calendar year for a particular member.
Pharmacy $ Paid	Total dollars paid for Pharmacy services for a particular member. This number is determined by accumulating the total amount paid for all drug claims with dates-of-service during the current calendar year for a particular member.

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  REPORT: MAR-6018-Q                                IndianaAIM                                    PAGE NUM:  9999
 PROCESS: XXXXXXXX                                                                               RUN DATE:MM/DD/CCYY
LOCATION: XXXXXXXX                         AIDS/ HIV EXPENDITURES FOR RECIPIENTS                RUN TIME: HH:MM:SS
                                             DATES OF SERVICE 01/00 THRU 12/004
                                             CLAIMS ADJUDICATED Through MM/YY
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RID	SEX	RACE	AGE	DATE OF DEATH	TOTAL $ PAID	ACUTE CARE $ PAID	HOME HEALTH $ PAID	SNF/ICF $ PAID	DME $ PAID	PHARMACY $ PAID
123456789012	M	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	F	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	2	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
123456789012	M	3	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
...	.	.	...	....	...	...	...	...	...	...
123456789012	F	1	999	YYYYMMDD	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99	$9,999,999.99

MAR-6019-M AIDS/HIV Case Management Services Expenditures By Federal Aid Category

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6019-M		AIDS/HIV Case Management Services Expenditures By Federal Aid Category

Description of Information

This report lists expenditures, units and member counts by Federal Aid Category for AIDS Case Management Services.

Purpose

To assist FSSA in analyzing expenditures for the AIDS/HIV Case Management Program.

Sort Sequence

- *Primary -* Federal aid category

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Federal Aid Category	Category assigned by the Federal Government to identify the eligibility status of members in a Medical Assistance Program.
Expenditures	Total dollars paid during the current month for the services rendered for memebers in each Federal Aid Category.
Units	Total number of units of service allowed for claims paid during the current month for members in each Federal Aid Category.
Unduplicated Recipient Count	Number of unique members receiving services during the current month in each Federal Aid Category.
Sex: M or F	A total count of members by gender for each Federal Aid Category.

REPORT: MAR-6019-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

AIDS/ HIV CASE MANAGEMENT EXPENDITURES
BY FEDERAL AID CATEGORY
Month CCYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

FEDERAL AID CATEGORY	EXPENDITURES	UNITS	UNDUPLICATED RECIPIENT COUNT	SEX MALE	SEX FEMALE
AGED	$9,999,999.99	999,999.9	9,999,999	X	X
BLIND	$9,999,999.99	999,999.9	9,999,999	X	X
DISABLED	$9,999,999.99	999,999.9	9,999,999	X	X
AFDC-ADULT	$9,999,999.99	999,999.9	9,999,999	X	X
AFDC-CHILD	$9,999,999.99	999,999.9	9,999,999	X	X
SOBRA-MOTHER	$9,999,999.99	999,999.9	9,999,999	X	X
SOBRA-CHILD	$9,999,999.99	999,999.9	9,999,999	X	X
TOTALS	$9,999,999.99	999,999.9	9,999,999	X	X

MAR-6020-M AIDS/HIV Case Management Services - Expenditures by Age Range

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-6020-M		AIDS/HIV Case Management Services - Expenditures by Age Range

Description of Information

This report shows the expenditures for AIDS members enrolled in a Medical Assistance Program by age group.

Purpose

To provide a summary of expenditures for AIDS members by age group to FSSA for review.

Sort Sequence

- *Primary -* Age range, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	0	Monthly

Detailed Field Definitions

Recipient Age	Age range of members who have AIDS enrolled in the Indiana Medical Assistance programs. Age ranges specified by FSSA: 0 - 5 years, 6 - 11 years, 12 - 17 years, 18 - 21 years, and 22 years and older.
Expenditures	Dollar amount paid to providers for AIDS Case Management Services rendered to members in each age group.
Unduplicated Recipient Count	A count of the unique members in each age grouping receiving services for AIDS Case Management.

REPORT: MAR-6020-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

AIDS/ HIV CASE MANAGEMENT EXPENDITURES
BY AGE RANGE
Month CCYY

RECIPIENT AGE	EXPENDITURES	UNDUPLICATED RECIPIENT COUNT
0 - 5	$9,999,999.99	9,999,999
6 - 11	$9,999,999.99	9,999,999
12 - 17	$9,999,999.99	9,999,999
18 - 21	$9,999,999.99	9,999,999
22 AND OVER	$9,999,999.99	9,999,999
TOTALS	$9,999,999.99	9,999,999

MAR-7201-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule A, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7201-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule A, Aged and Disabled

Description of Information

Schedule A displays claim data totals for members with level of care A, B, E, or F.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12 - digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Long Term Care	
Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care

Acute Care Received While In Long Term Care	
Inpatient Hospital	Dollar amount of inpatient hospital care while in long term care
Physician	Dollar amount of physician care while in long-term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long - term care
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while in long - term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long - term care
All Other	Dollar amount of all other acute care while in long - term care
Total Acute $	Dollar amount of all acute care while in long - term-care
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report.

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  REPORT:  MAR-7201-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES         RUN TIME: HH.MM.SS
                                                FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                             WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                             SCHEDULE A FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY
```

LOC				LONG TERM CARE				ACUTE CARE RECEIVED WHILE IN LONG TERM CARE				
RID	LAST NAME	FI	MI	COST OF CARE	DAYS OF CARE	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7202-A CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule B, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7202-A		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule B, Aged and Disabled

Description of Information

Schedule B displays claim data totals for members with level of care C, D, G, and H.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Long Term Care Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care.
Acute Care Received While In Long Term Care	
Inpatient Hospital	Dollar amount of inpatient hospital care while in long-term care

Physician	Dollar amount of physician care while in long-term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long-term care
Lab and X-Ray	Dollar amount of laboratory and X-ray charges while in long-term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long-term care
All Other	Dollar amount of all other acute care while in long - term care
Total Acute $	Dollar amount of all acute care while in long - term care
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7202-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/CC/YY THROUGH MM/CC/YY
SCHEDULE B FOR AGED AND DISABLED WAVIER YEAR CCYY/CCYY

LOC				LONG TERM CARE		ACUTE CARE RECEIVED WHILE IN LONG TERM CARE						
RID	LAST NAME	FI	MI	COST OF CARE	DAYS OF CARE	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7203-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule C, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7203-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule C, Aged and Disabled

Description of Information

Schedule C displays claim data totals for members with level of care A, B, E, or F.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Acute Care Received While On The Waiver	
Inpatient Hospital	Dollar amount of inpatient hospital care while waiver
Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver

Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7203-A                                          IndianaAIM                                  PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                     RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES            RUN TIME: HH.MM.SS
                                               FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                               WITH DATES OF SERVICE MM/CC/YY THROUGH MM/CC/CCYY
                                            SCHEDULE C FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

LOC                                                          ACUTE CARE RECEIVED WHILE ON THE WAIVER

           RID        LAST NAME  FI MI   INPATIENT   PHYSICIAN   OUTPATIENT    LAB AND    PRESCRIBED    ALL         TOTAL
                                            HOSP                  HOSP/CLIN    XRAY        DRUGS       OTHER        ACUTE $

       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999


       MONEY TOTALS                    $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
       TOTAL RECIPIENTS                     99,999      99,999      99,999      99,999      99,999      99,999       99,999

       GRAND TOTAL DOLLARS             $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
       GRAND TOTAL UNDUPED RECIPS           99,999      99,999      99,999      99,999      99,999      99,999       99,999
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MAR-7203-B CMS 372 Report of Expenditures for ICF Level Non-Waiver Recipients – Schedule CG, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7203-B		CMS 372 Report of Expenditures for ICF Level Non-Waiver Recipients – Schedule CG, Aged and Disabled

Description of Information

Schedule CG displays claim data totals for members who received institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members who were institutionalized.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member institutionalized in an ICFs/MR
FI	First initial of a member institutionalized in an ICFs/MR
MI	Middle initial of a member institutionalized in an ICFs/MR
ICF	Dollar amount of institutionalized care
Acute Care Received While Not On The Waiver:	
Inpatient Hospital	Dollar amount of inpatient hospital care while not on the waiver
Physician	Dollar amount of physician care while not on the waiver

Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while not on the waiver
Lab And X-Ray	Dollar amount of laboratory and X - ray charges while not on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while not on the waiver
All Other	Dollar amount of all other acute care while not on the waiver
Total Acute $	Dollar amount of all acute care while not on the waiver
Money Total	Dollar totals for the member who had services in the reported categories during the waiver year while institutionalized for the level of care
Total Recipients	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service received while institutionalized in ICFs/MR
Grand Total Dollars	The total dollar amount for the members who had serviced in the reported categories during the waiver year while institutionalized in ICFs/MR
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report.

REPORT: MAR-7203-B
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE CG FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

LOC

RID	LAST NAME	FI	MI	ICF	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
					ACUTE CARE RECEIVED WHILE NOT ON THE WAIVER						
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7204-A CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule D, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7204-A		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule D, Aged and Disabled

Description of Information

Schedule D displays claim data totals for members with level of care C, D, G, or H.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Acute Care Received While On The Waiver	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver
Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver

Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7204-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE D FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

LOC

RID	LAST NAME	FI	MI	ACUTE CARE RECEIVED WHILE ON THE WAIVER INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7204-B CMS 372 Report of Expenditures for NF Level Diverted and De-institutionalized Waiver Recipients – Schedule DH, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7204-B		CMS 372 Report of Expenditures for NF Level Diverted and De-institutionalized Waiver Recipients – Schedule DH, Aged and Disabled

Description of Information

Schedule DH displays claim data totals for members who received institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members who were institutionalized.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member institutionalized in NFs
FI	First initial of a member institutionalized in NFs
MI	Middle initial of a member institutionalized in NFs
Acute Care Received While Not On The Waiver:	
Inpatient Hospital	Dollar amount of inpatient hospital care while not on the waiver
Physician	Dollar amount of physician care while not on the waiver

Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while not on the waiver
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while not on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while not on the waiver
All Other	Dollar amount of all other acute care while not on the waiver
Total Acute $	Dollar amount of all acute care while not on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7204-B
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE DH FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

LOC					ACUTE CARE RECEIVED WHILE NOT ON THE WAIVER							
RID	LAST NAME	FI	MI	ICF	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7205-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 1), Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7205-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 1), Aged and Disabled

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided on the report for members with level of care A, B, E, or F.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program. The RID is determined at the time of enrollment
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Homemaker Services	Dollar amount of homemaker services identified by the procedure codes Z5603 and Z5652
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5605 through Z5610, Z5720, Z5654, and Z5655

Case Management	Dollar amount of case management services identified by the procedure code Z5600
Attendant Care	Dollar amount of attendant care services identified by the procedure codes X3008, Z5604, and Z5653
Personal Emergency	Dollar amount of personal emergency services identified by the procedure codes Z5699 and Z5620
Adaptive Aids	Dollar amount of adaptive aids services identified by the procedure codes X3013 and X3014
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7205-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES
FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/YY THROUGH MM/DD/YY
SCHEDULE E (PART 1) FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

LOC RID	LAST NAME FI MI	HOMEMAKER SERVICES	RESPITE CARE	CASE MANAGEMENT	ATTENDANT CARE	PERSONAL EMERGENCY	ADAPTIVE AIDS
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999

MAR-7205-B CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (PART 2), Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7205-B		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (PART 2), Aged and Disabled

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided on the report for members with level of care A, B, E, or F.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Home Modification	Dollar amount of home modification services identified by the procedure codes Z5635 and Z5640
Adult Day	Dollar amount of adult day care services identified by the procedure code Z5645
Home Delivered Meals	Dollar amount of home delivered meals services identified by the

	procedure code Z5650
Total	Dollar amount for all waiver services
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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REPORT:  MAR-7205-B                                          IndianaAIM                                          PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                             RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES                    RUN TIME: HH.MM.SS
                                               FOR ICF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )

       WITH DATES OF SERVICE MM/DD/YY THROUGH MM/DD/YY
                                     SCHEDULE E (PART 2) FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

              LOC
                  RID      LAST NAME FI MI          HOME                  ADULT                 HOME
                                                    MODIFICATION          DAY                   DEL            TOTALS

              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999
              999999999999 XXXXXXXXX ,X X           $9,999,999            $9,999,999            $9,999,999     $9,999,999


              MONEY TOTALS                         $99,999,999           $99,999,999           $99,999,999   $99,999,999
              TOTAL RECIPIENTS                          99,999                99,999                99,999    9,999 ,999

              GRAND TOTAL DOLLARS                  $99,999,999           $99,999,999           $99,999,999   $99,999,999
              GRAND TOTAL UNDUPED RECIPS                99,999                99,999                99,999        99,999
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MAR-7206-A CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule F (PART 1), Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7206-A		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule F (PART 1), Aged and Disabled

Description of Information

Schedule F displays the RID, name, and total dollars paid for the waiver services provided on the report for members with level of care C, D, G, or H.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Homemaker Services	Dollar amount of homemaker services identified by the procedure codes Z5603 and Z5652
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5605 through Z5610, Z5720, Z5654, and Z5655
Case Management	Dollar amount of case management services identified by the procedure

	code Z5600
Attendant Care	Dollar amount of attendant care services identified by the procedure codes X3008, Z5604, and Z5653
Personal Emergency	Dollar amount of personal emergency response services identified by the procedure codes Z5699 and Z5620
Adaptive Aids	Dollar amount of adaptive aids services identified by the procedure codes X3013 and X3014
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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REPORT:  MAR-7206-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF WAIVER SERVOCE EXPENDITURES                          RUN TIME: HH.MM.SS
                                               FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                               WITH DATES OF SERVICE MM/DD/YY THROUGH MM/DD/YY
                                         SCHEDULE F (PART 1) FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY
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LOC RID	LAST NAME FI MI	HOMEMAKER SERVICES	RESPITE CARE	CASE MANAGEMENT	ATTENDANT CARE	PERSONAL EMERGENCY	ADAPTIVE AIDS
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS		$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999

MAR-7206-B CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule F (PART 2), Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7206-B		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule F (PART 2), Aged and Disabled

Description of Information

Schedule F displays the RID, name, and total dollars paid for the waiver services provided on the report for members with level of care C, D, G, or H.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Aged and Disabled Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Aged and Disabled Waiver Program
FI	First initial of a member enrolled in the Aged and Disabled Waiver Program
MI	Middle initial of a member enrolled in the Aged and Disabled Waiver Program
Home Modification	Dollar amount of home modification services identified by the procedure codes Z5635 and Z5640
Adult Day	Dollar amount of adult day care services identified by the procedure code Z5645
Home Delivered Meals	Dollar amount of home delivered meals identified by the procedure code

	Z5650
Total	Dollar amount for all waiver services
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

```
REPORT:  MAR-7206-B                                    IndianaAIM                                          PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                       RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                        HCFA 372 REPORT OF WAIVER SERVOCE EXPENDITURES                RUN TIME: HH.MM.SS
                                             FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                             WITH DATES OF SERVICE MM/DD/YY THROUGH MM/DD/YY
                                       SCHEDULE F (PART 2) FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY
```

LOC RID	LAST NAME FI MI	HOMEMAKER SERVICES	RESPITE CARE	CASE MANAGEMENT	ATTENDANT CARE	PERSONAL EMERGENCY	ADAPTIVE AIDS
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
999999999999	XXXXXXXXX ,X X	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MONEY TOTALS		99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999

MAR-7207-A Schedule F – Aged and Disabled Waiver

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7207-A		Schedule F – Aged and Disabled Waiver

Description of Information

****This report is currently in SME review. 12/27/00**

MAR-7208-A CMS 372 Report of Expenditures and Unduplicated Recipients for ICF Level Non-Waiver Recipients – Schedule G, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7208-A		CMS 372 Report of Expenditures and Unduplicated Recipients for ICF Level Non-Waiver Recipients – Schedule G, Aged and Disabled

Description of Information

Schedule G displays claim information for members who received institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members receiving Intermediate Care Services.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Intermediate Care Facility (ICF)

Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in ICF/MR
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in ICFs/MR
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in ICFs/MR
Acute Care Services For Persons In An Intermediate Care Facility	
Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care

	services to non-waiver members
Physician	Unduplicated member count and dollar amount of physician care services to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X-ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

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REPORT:  MAR-7208-A                                   IndianaAIM                                                PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                  HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS                RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                        FOR ICF LEVEL NONWAIVER RECIPIENTS                                  RUN TIME: HH.MM.SS

CATEGORY OF SERVICE                          TOTAL UNDUPLICATED RECIPIENT COUNT   TOTAL EXPENDITURES          TOTAL DAYS OF CARE
A. INTERMEDIATE CARE FACILITY (ICF)                 9,999,999                        $9,999,999                   9,999,999
B. ACUTE CARE SERVICES FOR PERSONS
   IN AN INTERMEDIATE CARE FACILITY
       1. INPATIENT HOSPITAL                        9,999,999                        $9,999,999

       2. PHYSICIANS SERVICES                       9,999,999                        $9,999,999

       3. OUTPATIENT HOSPITAL/CLINIC                9,999,999                        $9,999,999

       4. LABORATORY AND XRAY                       9,999,999                        $9,999,999

       5. PRESCRIBED DRUGS                          9,999,999                        $9,999,999

       6. ALL OTHER ACUTE CARE                      9,999,999                        $9,999,999

UNDUPLICATED CARE RECIPIENT COUNT                   9,999,999            TOTAL     $9,999,9999
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MAR-7209-A CMS 372 Report of Expenditures and Unduplicated Recipients for NF Level Non-Waiver Recipients – Schedule H, Aged and Disabled

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7209-A		CMS 372 Report of Expenditures and Unduplicated Recipients for NF Level Non-Waiver Recipients – Schedule H, Aged and Disabled

Description of Information

Schedule H displays claim information for members who received NF institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members who were institutionalized.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Skilled Nursing Facility (SNF) Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in NFs
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in NFs
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in NFs
Acute Care Services For Persons In Nursing Homes	
Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care services to non-waiver members
Physician	Unduplicated member count and dollar amount of physician care services

	to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X-ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7209-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS
FOR NF LEVEL NONWAIVER RECIPIENTS
WITH DATES OF SEVICE MM/DD/YY THROUGH MM/DD/YY
SCHEDULE H FOR AGED AND DISABLED WAIVER YEAR CCYY/CCYY

CATEGORY OF SERVICE	TOTAL UNDUPLICATED RECIPIENT COUNT	TOTAL EXPENDITURES	TOTAL DAYS OF CARE
A. SKILLED NURSING FACILITY (SNF)	9,999,999	$9,999,999	9,999,999
B. ACUTE CARE SERVICES FOR PERSONS IN A SKILLED NURSING FACILITY			
1. INPATIENT HOSPITAL	9,999,999	$9,999,999	
2. PHYSICIANS SERVICES	9,999,999	$9,999,999	
3. OUTPATIENT HOSPITAL/CLINIC	9,999,999	$9,999,999	
4. LABORATORY AND XRAY	9,999,999	$9,999,999	
5. PRESCRIBED DRUGS	9,999,999	$9,999,999	
6. ALL OTHER ACUTE CARE	9,999,999	$9,999,999	
UNDUPLICATED CARE RECIPIENT COUNT	9,999,999	TOTAL $9,999,999	

MAR-7210-A CMS 372 Recipient Listing–Aged and Disabled Total Days of Care for ICF and SNF Level of Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7210-A		CMS 372 Recipient Listing–Aged and Disabled Total Days of Care for ICF and SNF Level of Care

Description of Information

Schedule T displays the total days of care for members with ICF diverted, ICF de-institutionalized, SNF diverted, and SNF de-institutionalized levels of care.

Purpose

Provides FSSA with annual information on the number of days institutionalized members were enrolled in the Aged and Disabled Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Total Days Of Care For Loc A – ICF Level Diverted	The total days of care received while institutionalized.
Total Days Of Care For Loc E – ICF Level Diverted	The total days of care received while institutionalized.
Subtotal	The total days of care for both Level of Care A and E
Total Days Of Care For Loc B – ICF Level De-institutionalized	The total days of care received while institutionalized.
Total Days Of Care For Loc F – ICF Level De-Institutionalized	The total days of care received while institutionalized.
Subtotal	The total days of care for both Level of Care B and F.
Total Days Of Care For Loc C – SNF Level Diverted	The total days of care received while institutionalized.
Total Days Of Care For Loc G – SNF Level Diverted	The total days of care received while institutionalized.

Subtotal	The total days of care for both Levels of Care C and G.
Total Days Of Care For Loc D – SNF Level De-Institutionalized	The total days of care received while institutionalized
Total Days Of Care For Loc H - SNF Level De-Institutionalized	The total days of care received while institutionalized
Subtotal	The total days of care for both Levels of Care D and H.
Total Days Of Care For Loc – Grand Total	The total days of care received for members with Levels of Care A, B, C, D, E, F, G, and H.

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  REPORT:  MAR-7210-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                      HCFA 372 RECIPIENT LISTING – AGED AND DISABLED             RUN TIME: HH.MM.SS
                                         TOTAL DAYS OF CARE FOR ICF AND SNF LEVELS OF CARE
                                          FOR THE WAIVER YEAR MM/DD/YY TO MM/DD/YY

          TOTAL DAYS OF CARE FOR LOC A – ICF LEVEL DIVERTED                        999,999

          TOTAL DAYS OF CARE FOR LOC E – ICF LEVEL DIVERTED                        999,999

                SUBTOTAL                                                           999,999

          TOTAL DAYS OF CARE FOR LOC B – ICF LEVEL DEINSTITUTIONALIZED             999,999

          TOTAL DAYS OF CARE FOR LOC F – ICF LEVEL DEINSTITUTIONALIZED             999,999

                SUBTOTAL                                                           999,999

          TOTAL DAYS OF CARE FOR LOC C – SNF LEVEL DIVERTED                        999,999

          TOTAL DAYS OF CARE FOR LOC G – SNF LEVEL DIVERTED                        999,999

                SUBTOTAL                                                           999,999

          TOTAL DAYS OF CARE FOR LOC D – SNF LEVEL DEINSTITUTIONALIZED             999,999

          TOTAL DAYS OF CARE FOR LOC H – SNF LEVEL DEINSTITUTIONALIZED             999,999

                SUBTOTAL                                                           999,999

          TOTAL DAYS OF CAR FOR LOC  -  GRAND TOTAL                                999,999
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MAR-7211-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule A

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7211-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule A

Description of Information

Schedule A displays claim data totals for members with level of care P or Q who received ICF/MR services for one or more days during the CMS 372 report year. (May be prior or subsequent to enrolled in on the waiver program.)

Purpose

Provides FSSA with annual information on the expenditures for recipients enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Long Term Care	ICF/MR Institutionalization; includes large public and private ICF/MR and group homes, CRF/DD
Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care
Acute Care Received While In Long Term Care	

Inpatient Hospital	Dollar amount of inpatient hospital care while in long term care
Physician	Dollar amount of physician care while in long term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long term care
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while in long term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long term care
All Other	Dollar amount of all other acute care while in long term care
Total Acute $	Dollar amount of all acute care while in long term care
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7211-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                 RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                     HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES             RUN TIME: HH.MM.SS
                                     FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC )
                                          WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
                                              SCHEDULE A FOR AUTISM WAIVER YEAR CCYY

   LOC                                  LONG TERM CARE                      ACUTE CARE RECEIVED WHILE IN LONG TERM CARE

       RID            LAST NAME  FI MI   COST      DAYS    INPATIENT  PHYSICIAN   OUTPATIENT   LAB AND   PRESCRIBED      ALL        TOTAL
                                OF CARE   OF CARE    HOSP                HOSP/CLIN     XRAY        DRUGS       OTHER      ACUTE $

   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
   999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999


   MONEY TOTALS                      $99,999,999 99,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
   TOTAL RECIPIENTS                99,999 99,999      99,999      99,999      99,999      99,999      99,999      99,999       99,999

   GRAND TOTAL DOLLARS               $99,999,999 99,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
   GRAND TOTAL UNDUPED RECIPS      99,999  99,999     99,999      99,999      99,999      99,999      99,999      99,999       99,999
```

MAR-7213-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule C

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7213-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule C

Description of Information

Schedule C displays claim data totals for members with level of care P or Q.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Acute Care Received While On The Waiver	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver
Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver

All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7213-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF EXPENDITURES
FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC)
WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE C FOR AUTISM WAIVER YEAR CCYY

LOC

RID	LAST NAME	FI	MI	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
				ACUTE CARE RECEIVED WHILE ON THE WAIVER						
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7215-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 1)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7215-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 1)

Description of Information

Schedule E (Part 1) displays the RID, name, and total dollars paid for the waiver services provided for members with level of care P or Q.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Individual Hab	Dollar amount of individual habilitation services identified by the procedure code Z5724
Group Hab	Dollar amount of group habilitation services identified by the procedure code Z5725
Behavior Mgmt	Dollar amount of behavior management services identified by the procedure code Z5726
Transport	Dollar amount of transportation services identified by the procedure code

	Z5728
Crisis Intervent	There are currently no crisis intervention procedure codes
Speech Therapy	Dollar amount of speech therapy services identified by the procedure codes Z5715 and Z5708
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7215-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF EXPENDITURES                   RUN TIME: HH.MM.SS
                                     FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC )
                                          WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
                                           SCHEDULE E (PART 1) FOR AUTISM WAIVER YEAR CCYY
```

LOC

RID	LAST NAME FI MI	INDIVIDUAL HAB	GROUP HAB	BEHAVIOR MGMT	TRANPOSRT	CRISIS INTERVENT	SPEECH THERAPY
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999

MAR-7216-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 2)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7216-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 2)

Description of Information

Schedule E (Part 2) displays the RID, name, and total dollars paid for the waiver services provided for members with level of care P or Q.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Audiology	Dollar amount of audiology services identified by the procedure code _____. There are currently no audiology procedure codes
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5606 through Z5609, Z5720, Z5951, and Z5655
Case Mgmt	Dollar amount of case management services identified by the procedure codes Z75001 through Z5702
Resident Based Hab	Dollar amount of resident based habilitation services identified by the

	procedure code X3064
Prevocat Services	Dollar amount of prevocational services identified by the procedure code X3011
Supported Emplymt	Dollar amount of supported employment services identified by the procedure code X3012
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7216-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF EXPENDITURES                        RUN TIME: HH.MM.SS
                                     FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC )
                                          WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
                                           SCHEDULE E (PART 2) FOR AUTISM WAIVER YEAR CCYY
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LOC

RID	LAST NAME	FI	MI	AUDIOLOGY	RESPITE CARE	CASE MGMT	RESIDENT BASED HAB	PREVOCAT SERVICES	SUPPORTED EMPLOYMENT
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999

MAR-7217-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 3)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7217-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 3)

Description of Information

Schedule E (Part 3) displays the RID, name and total dollars paid for the waiver services provided for members with level of care P or Q.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Persnl Asst/Attndnt Care	Dollar amount of personal assistant and attendant care services identified by the procedure codes X3008, Z5604, and Z5653
Adult Day Care	Dollar amount of adult day care services identified by the procedure code Z5645
Environmental Modifications	Dollar amount of environmental modifications services identified by the procedure codes X3019, and X3020
Assistive Technology	Dollar amount of assistive technology services identified by the procedure

	codes X3013 and X3014
Personal Emerg. Resp.	Dollar amount of personal emergency response services identified by the procedure codes Z5620 and Z5699
Physical Therapy	Dollar amount of supported employment services identified by the procedure codes X3017 and X3018
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7217-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF EXPENDITURES                        RUN TIME: HH.MM.SS
                                     FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC )
                                          WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
                                           SCHEDULE E (PART 3) FOR AUTISM WAIVER YEAR CCYY
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LOC RID	LAST NAME	FI	MI	PERSNL ASST/ ATTNDNT CARE	ADULT DAY CARE	ENVIRONMENTAL MODIFICATIONS	ASSISTIVE TECHNOLOGY	PERSONAL EMERG. RESP.	PHYSICAL THERAPY
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX	,X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$9,999,999	$9,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999

MAR-7217-B CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 4)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7217-B		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Autism Waiver Recipients – Schedule E (PART 4)

Description of Information

Schedule E (Part 4) displays the RID, name, and total dollars paid for the waiver services provided for members with level of care P or Q.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Autism Waiver Program
FI	First initial of a member enrolled in the Autism Waiver Program
MI	Middle initial of a member enrolled in the Autism Waiver Program
Occupational Therapy	Dollar amount of occupational therapy services identified by the procedure codes X3015 and X3016
Supported Living	Dollar amount of supported living services identified by the procedure code Z5022
Family/Care-Giver Training	Dollar amount of family or care giver training services identified by the procedure code Z5024
Totals:	Total dollar amount of all waiver services for each member

Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7217-B                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                 RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF EXPENDITURES                       RUN TIME: HH.MM.SS
                                     FOR ICF/MR LEVEL DIVERTED AUTISM WAIVER RECIPIENTS (LOC )
                                          WITH SERVICE DATES MM/DD/CCYY THROUGH MM/DD/CCYY
                                           SCHEDULE E (PART 4) FOR AUTISM WAIVER YEAR CCYY

LOC
           RID        LAST NAME  FI MI          OCCUPATIONAL          SUPPORTED             FAMILY/CARE-          TOTALS
                                                THERAPY               LIVING                GIVER TRNING

       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999
       999999999999  XXXXXXXXX ,X  X            $9,999,999            $9,999,999            $9,999,999            $9,999,999


       MONEY TOTALS                            $99,999,999           $99,999,999           $99,999,999           $99,999,999
       TOTAL RECIPIENTS                             99,999                99,999                99,999                99,999

       GRAND TOTAL DOLLARS                     $99,999,999           $99,999,999           $99,999,999           $99,999,999
       GRAND TOTAL UNDUPED RECIPS                   99,999                99,999                99,999                99,999
```

MAR-7218-A CMS 372 Report of Expenditures and Unduplicated Recipients for ICF/MR Level Non-Waiver Recipients – Schedule G, Autism Waiver Recipients

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7218-A		CMS 372 Report of Expenditures and Unduplicated Recipients for ICF/MR Level Non-Waiver Recipients – Schedule G, Autism Waiver Recipients

Description of Information

Schedule G displays claim information for members with level of care I who received ICF institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Autism Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Intermediate Care Facility (ICF):

Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in ICF/MRs
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in ICF/MRs
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in ICF/MRs
Acute Care Services For Persons In An Intermediate Care Facility:	
Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care

	services to non-waiver members
Physician	Unduplicated member count and dollar amount of physician care services to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X - ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7218-A                                   IndianaAIM                                                PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX              HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS                    RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                     FOR ICF/MR LEVEL NONWAIVER RECIPIENTS WITH AUTISM                       RUN TIME: HH.MM.SS
                                          WITH DATES OF SERVICE MM/DD/YY THROUGH MM/DD/YY
                                                SCHEDULE G FOR AUTISM WAIVER YEAR CCYY

     CATEGORY OF SERVICE                          TOTAL UNDUPLICATED RECIPIENT COUNT          TOTAL EXPENDITURES          TOTAL DAYS OF CARE
     A. INTERMEDIATE CARE FACILITY (ICF)                        9,999,999                        $9,999,999                      9,999,999
     B. ACUTE CARE SERVICES FOR PERSONS
        IN AN INTERMEDIATE CARE FACILITY
       1. INPATIENT HOSPITAL                          9,999,999                        $9,999,999

       2. PHYSICIANS SERVICES                         9,999,999                        $9,999,999

       3. OUTPATIENT HOSPITAL/CLINIC                  9,999,999                        $9,999,999

       4. LABORATORY AND XRAY                         9,999,999                        $9,999,999

       5. PRESCRIBED DRUGS                            9,999,999                        $9,999,999

       6. ALL OTHER ACUTE CARE                        9,999,999                        $9,999,999

     UNDUPLICATED CARE RECIPIENT COUNT                9,999,999            TOTAL     $9,999,999
```

MAR-7219-A CMS 372 Recipient Listing – Autism Total Days of Care for ICF and SNF Levels of Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7219-A		CMS 372 Recipient Listing – Autism Total Days of Care for ICF and SNF Levels of Care

Description of Information

Schedule T displays the total days of care for members with Autistic diverted and Autistic de-institutionalized levels of care

Purpose

Provides FSSA with annual information on the number of days institutionalized members enrolled in the Autism Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Total Days Of Care For Loc P– Autistic Diverted

Total Days Of Care For Loc Q – Autistic De-institutionalized

Total Days Of Care For Loc – Grand Total

```
  REPORT:  MAR-7219-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 RECIPIENT LISTING – AUTISM                    RUN TIME: HH.MM.SS
                                         TOTAL DAYS OF CARE FOR ICF AND SNF LEVELS OF CARE
                                            FOR THE WAIVER YEAR MM/DD/CCYY TO MM/DD/CCYY

          TOTAL DAYS OF CARE FOR LOC P – AUTISTIC DIVERTED                          999,999

          TOTAL DAYS OF CARE FOR LOC Q – AUTISTIC DEINSTITUTIONALIZED               999,999


          TOTAL DAYS OF CARE FOR LOC  -  GRAND TOTAL                                999,999
```

MAR-7221-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Waiver Recipients – Schedule A

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7221-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Waiver Recipients – Schedule A

Description of Information

Schedule A displays claim data totals for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled in ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled in ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled in ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled in ICF/MR Waiver Program
Long Term Care	
Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care

Acute Care Received While In Long Term Care	
Inpatient Hospital	Dollar amount of inpatient hospital care while in long - term care
Physician	Dollar amount of physician care while in long - term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long - term care
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while in long - term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long term care
All Other	Dollar amount of all other acute care while in long - term care
Total Acute $	Dollar amount of all acute care while in long - term care
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7221-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR ICF/MR LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE A FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER EYAR CCYY/CCYY

LOC				LONG TERM CARE		ACUTE CARE RECEIVED WHILE IN LONG TERM CARE						
RID	LAST NAME	FI	MI	COST OF CARE	DAYS OF CARE	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7223-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Waiver Recipients – Schedule C

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7223-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized Waiver Recipients – Schedule C

Description of Information

Schedule C displays claim data totals for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled in an ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled in an ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled in an ICF/MR Waiver Program
Acute Care Received While On The Waiver	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver
Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver

Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7223-A                                          IndianaAIM                                                PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                                   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                              HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES                       RUN TIME: HH.MM.SS
                                                   FOR ICF/MR LEVEL DIVERTED WAIVER RECIPIENTS
                                                   WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                         SCHEDULE C FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAVIER YEAR CCYY/CCYY

LOC                                                                ACUTE CARE RECEIVED WHILE ON THE WAIVER

            RID        LAST NAME  FI MI    INPATIENT  PHYSICIAN   OUTPATIENT    LAB AND    PRESCRIBED     ALL        TOTAL
                                             HOSP                   HOSP/CLIN    XRAY       DRUGS        OTHER      ACUTE $

        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
        999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999


        MONEY TOTALS                    $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
        TOTAL RECIPIENTS                     99,999      99,999      99,999      99,999      99,999      99,999       99,999

        GRAND TOTAL DOLLARS             $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
        GRAND TOTAL UNDUPED RECIPS           99,999      99,999      99,999      99,999      99,999      99,999       99,999
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MAR-7225-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 1)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7225-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 1)

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled in an ICF/MR Waiver program

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
Case Management	Dollar amount of case management services identified by the procedure codes Z5700, Z5702, and Z5014
Personal Assistance	Dollar amount of personal assistance services identified by the procedure codes Z5653, X3008, and Z5604
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5606 through Z5609, Z5655, Z5720, and Z5951

Adult Day Care	Dollar amount of adult day care services identified by the procedure code Z5645
Individual Habilitation	Dollar amount of individual habilitation services identified by the procedure code Z5724
Group Habilitation	Dollar amount of group habilitation services identified by the procedure code Z5725
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7225-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES         RUN TIME: HH.MM.SS
                                              FOR ICF/MR LEVEL DIVERTED WAVIER RECIPIENTS (LOC )
                                              WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                              SCHEDULE E (PART 1) FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER YEAR CCYY/CCYY
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LOC RID	LAST NAME FI MI	CASE MANAGEMENT	PERSONAL ASSISTANCE	RESPITE CARE	ADULT DAY HAB	INDIVIDUAL HAB	GROUP
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999

MAR-7226-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 2)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7226-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 2)

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled category and in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
Prevocational Services	Dollar amount of prevocational services identified by the procedure code X3011
Res-Based Habilitation	Dollar amount of residential based habilitation services identified by the procedure code X3064
Supported Employment	Dollar amount of supported employment services identified by the procedure codes X3012

Environmental Modification	Dollar amount of environmental modification services identified by the procedure codes X3019 and X3020
Assistive Technology	Dollar amount of assistive technology services identified by the procedure codes X3013 and X3014
Personal Emergency	Dollar amount of personal emergency services identified by the procedure codes Z5620 and Z5699
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7226-A                                          IndianaAIM                                                PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                                   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES                          RUN TIME: HH.MM.SS
                                             FOR ICF/MR LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                             WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                              SCHEDULE E (PART 2) FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER YEAR CCYY/CCYY

    LOC
        RID      LAST NAME FI MI             PREVOCATIONAL  RES-BASED             SUPPORTED      ENVIRONMENTAL  ASSISTIVE      PERSONAL
                                     SERVICES       HAB                    EMPLOYMENT     MODIFICATION   TECHNOLOGY     EMERGENCY

    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999
    999999999999 XXXXXXXXX ,X X              $9,999,999     $9,999,999            $9,999,999     $9,999,999     $9,999,999     $9,999,999


    MONEY TOTALS                            $99,999,999    $99,999,999           $99,999,999    $99,999,999    $99,999,999    $99,999,999
    TOTAL RECIPIENTS                      99,999         99,999                99,999         99,999         99,999         99,999

    GRAND TOTAL DOLLARS                     $99,999,999    $99,999,999           $99,999,999    $99,999,999    $99,999,999    $99,999,999
    GRAND TOTAL UNDUPED RECIPS            99,999         99,999                99,999         99,999         99,999         99,999
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MAR-7227-A CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 3)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7227-A		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 3)

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled category and in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
Speech Therapy	Dollar amount for speech therapy services identified by the procedure codes X5708 and Z5715
Occupational Therapy	Dollar amount for occupational therapy services identified by the procedure codes X3015 and X3016
Physical Therapy	Dollar amount for physical therapy services identified by the procedure codes X3017 and X3018

Behavior Management	Dollar amount of behavior management services identified by the procedure code Z5726
Family/Caregiver Training	Dollar amount of family and caregiver training services identified by the procedure code Z5024
Supported Living	Dollar amount of supported living services identified by the procedure codes Z5022 and Z5075
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7227-A                                          IndianaAIM                                                  PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                                     RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                              HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES                         RUN TIME: HH.MM.SS
                                                 FOR ICF/MR LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                                 WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                   SCHEDULE E (PART 3) FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER YEAR CCYY/CCYY
     LOC
         RID      LAST NAME FI MI           SPEECH         OCCUPATIONAL           PHYSICAL       BEHAVIOR       FAMLY/CAREGVR  SUPPORTED
                                         THERAPY        THERAPY                THERAPY        MANAGEMENT     TRAINING       LIVING
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999
     999999999999 XXXXXXXXX ,X X            $9,999,999     $9,999,999             $9,999,999     $9,999,999     $9,999,999     $9,999,999

     MONEY TOTALS                          $99,999,999    $99,999,999            $99,999,999    $99,999,999    $99,999,999    $99,999,999
     TOTAL RECIPIENTS                   99,999         99,999                 99,999         99,999         99,999         99,999
     GRAND TOTAL DOLLARS                   $99,999,999    $99,999,999            $99,999,999    $99,999,999    $99,999,999    $99,999,999
     GRAND TOTAL UNDUPED RECIPS                 99,999         99,999                 99,999         99,999         99,999         99,999
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MAR-7227-B CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 4)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7227-B		CMS 372 Report of Expenditures for ICF Level Diverted and De-institutionalized Waiver Recipients – Schedule E (Part 4)

Description of Information

Schedule E displays the RID, name and total dollars paid for the waiver services provided for members with level of care T, U, V, and W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
FI	First initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program
MI	Middle initial of a member enrolled in the Developmentally Disabled category and in an ICF/MR Waiver Program.
Total	Dollar amount for all waiver services on Parts 1, 2, 3, and 4 of Schedule E
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7227-B                                   IndianaAIM                                                  PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                                                                                              RUN TIME: HH.MM.SS
                                   HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES
                                 FOR ICF/MR LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                 WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                     SCHEDULE E (PART 4) FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER YEAR CCYY/CCYY
                             LOC
                                 RID        LAST NAME      FI      MI            TOTALS
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             999999999999    XXXXXXXXX     X       X            $9,999,999
                             MONEY TOTALS                                      $99,999,999
                             TOTAL RECIPIENTS                                       99,999
                             GRAND TOTAL DOLLARS                               $99,999,999
                             GRAND TOTAL UNDUPED RECIPS                             99,999
```

MAR-7228-A CMS 372 Report of Expenditures and Unduplicated Recipients for ICF/MR Level Non-Waiver Recipients – Schedule G

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7228-A		CMS 372 Report of Expenditures and Unduplicated Recipients for ICF/MR Level Non-Waiver Recipients – Schedule G

Description of Information

Schedule G displays claim information for members with level of care I who received ICF/MR or group home/residential care institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled category and an ICF/MR Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Intermediate Care Facility (ICF):

Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in ICFs/MR
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in ICFs/MR
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in ICFs/MR

Acute Care Services For Persons In An Intermediate Care Facility:

Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care services to non-waiver members
Physician	Unduplicated member count and dollar amount of physician care services to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X-ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waiver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7228-A IndianaAIM PAGE NUM: 9999

PROCESS: XXXXXXXXXX HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS RUN DATE: MM/DD/CCYY

LOCATION: XXXXXXXXXX FOR ICF/MR LEVEL NONWAIVER RECIPIENTS RUN TIME: HH.MM.SS

WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY

SCHEDULE G FOR THE DEVELOPMENTALLY DISABLED IN AN ICF/MR WAIVER YEAR CCYY/CCYY

CATEGORY OF SERVICE	TOTAL UNDUPLICATED RECIPIENT COUNT	TOTAL EXPENDITURES	TOTAL DAYS OF CARE
A. INTERMEDIATE CARE FACILITY (ICF)	9,999,999	$9,999,999	9,999,999
B. ACUTE CARE SERVICES FOR PERSONS IN AN INTERMEDIATE CARE FACILITY			
1. INPATIENT HOSPITAL	9,999,999	$9,999,999	
2. PHYSICIANS SERVICES	9,999,999	$9,999,999	
3. OUTPATIENT HOSPITAL/CLINIC	9,999,999	$9,999,999	
4. LABORATORY AND XRAY	9,999,999	$9,999,999	
5. PRESCRIBED DRUGS	9,999,999	$9,999,999	
6. ALL OTHER ACUTE CARE	9,999,999	$9,999,999	
UNDUPLICATED CARE RECIPIENT COUNT	9,999,999	TOTAL $9,999,999	

MAR-7229-A CMS 372 Recipient Listing – ICF/MR Total Days of Care for ICF/MR Levels of Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7229-A		CMS 372 Recipient Listing – ICF/MR Total Days of Care for ICF/MR Levels of Care

Description of Information

Schedule T displays the total days of care for members with ICF/MR diverted and ICF/MR de-institutionalized levels of care.

Purpose

Provides FSSA with annual information on the number of days institutionalized members enrolled in the ICF/MR Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Total Days Of Care For Loc T – ICF/MR Diverted

Total Days Of Care For Loc U – ICF/MR De-institutionalized

Total Days Of Care For Loc V – ICF/MR De-institutionalized

Total Days Of Care For Loc W – ICF/MR De-Institutionalized

Total Days Of Care For Loc – Grand Total

```
  REPORT:  MAR-7229-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 RECIPIENT LISTING – ICF/MR                    RUN TIME: HH.MM.SS
                                          TOTAL DAYS OF CARE FOR ICF/MR LEVELS OF CARE
                                           FOR THE WAIVER YEAR MM/DD/CCYY TO MM/DD/CCYY

TOTAL DAYS OF CARE FOR LOC T – ICF/MR DIVERTED                          999,999

TOTAL DAYS OF CARE FOR LOC U – ICF/MR DEINSTITUTIONALIZED               999,999

TOTAL DAYS OF CARE FOR LOC V – ICF/MR DEINSTITUTIONALIZED               999,999

TOTAL DAYS OF CARE FOR LOC W – ICF/MR DEINSTITUTIONALIZED               999,999

TOTAL DAYS OF CARE FOR LOC  -  GRAND TOTAL                              999,999
```

MAR-7233-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule C

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7233-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule C

Description of Information

Note: OBRA DATA ROLLED INTO ICF/MR DATA EFFECTIVE 8/22/97

Schedule C displays claim data totals for members with level of care W.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled category and in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient identification number. A 12 - digit number assigned to each member enrolled in a Medical Assistance Program. The RID is determined at the time of enrollment
Last Name	The last name of a member enrolled in the OBRA Waiver Program
FI	First initial of a member enrolled in the OBRA Waiver Program
MI	Middle initial of a member enrolled in the OBRA Waiver Program
Acute Care Received While On The Waiver	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver

Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7233-A                                          IndianaAIM                                                  PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                   HCFA 372 REPORT OF EXPENDITURES                                   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                 FOR ICF/MR LEVEL DIVERTED AND DEINSTITUTIONALIZED OBRA WAIVER RECIPIENTS             RUN TIME: HH.MM.SS
                                                        ACUTE CARE RECEIVED WHILE ON THE WAIVER

           RID        LAST NAME  FI MI   INPATIENT  PHYSICIAN    OUTPATIENT   LAB AND     PRESCRIBED    ALL        TOTAL
                                            HOSP                   HOSP/CLIN     XRAY        DRUGS       OTHER      ACUTE $
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       999999999999  XXXXXXXXX , X  X   $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
       MONEY TOTALS                     $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999
       TOTAL RECIPIENTS                      99,999      99,999      99,999      99,999      99,999      99,999      99,999
       GRAND TOTAL DOLLARS              $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999
       GRAND TOTAL UNDUPED RECIPS            99,999      99,999      99,999      99,999      99,999      99,999      99,999
```

MAR-7235-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule E (Part 1)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7235-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule E (Part 1)

Description of Information

Note: OBRA DATA ROLLED INTO ICF/MR DATA EFFECTIVE 8/22/97

Schedule E displays the RID, name, and total dollars paid for the waiver services provided for members.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Developmentally Disabled category in an ICF/MR Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program. The RID is determined at the time of enrollment
Last Name	The last name of a member enrolled in the OBRA Waiver Program
FI	First initial of a member enrolled in the OBRA Waiver Program
MI	Middle initial of a member enrolled in the OBRA Waiver Program
Case Management	Dollar amount of case management services identified by the procedure codes Z5600, Z5700, Z5701, Z5702, Z5703, and Z5704
Personal Assistance	Dollar amount of personal assistance services identified by the procedure codes Z5604, Z5653, and X3008

Respite Care	Dollar amount of respite care services identified by the procedure codes Z5606, Z5607, Z5608, Z5609, Z5610, Z5611, Z5615, Z5616, Z5654, Z5655, Z5705, Z5706, Z5707, Z5720, and X3022
Adult Day Care	Dollar amount of adult day care services identified by the procedure code Z5645
Residential Habilitation	Dollar amount for residential habilitation services which are identified by the procedure code X3009
Home Based Habilitation	Dollar amount for home based habilitation services identified by the procedure code X3010
Day Habilitation	Dollar amount for day habilitation services identified by the procedure codes Z5724 and Z5725
Residential Based Habilitation	Dollar amount for residential based habilitation identified by the procedure code X3064
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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REPORT:  MAR-7235-A                                          IndianaAIM                                                PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                   HCFA 372 REPORT OF EXPENDITURES                                 RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX         FOR ICF/MR LEVEL DIVERTED AND DEINSTITUTIONALIZED OBRA WAIVER RECIPIENTS    (PART 1)     RUN TIME: HH.MM.SS

        RID      LAST NAME FI MI    CASE       PERSONAL     RESPITE      ADULT DAY   RESIDENTIAL   HOME-BASED      DAY     RESIDENT-BASED
                              MANAGEMENT   ASSISTANCE    CARE          CARE     HABILITATION HABILITATION HABILITATION  HABILITATION
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999
    999999999999 XXXXXXXXX ,X X  $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999   $9,999,999

    MONEY TOTALS                    $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
    TOTAL RECIPIENTS              99,999       99,999       99,999       99,999       99,999       99,999       99,999       99,999
    GRAND TOTAL DOLLARS             $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999  $99,999,999
    GRAND TOTAL UNDUPED RECIPS        99,999       99,999       99,999       99,999       99,999       99,999       99,999       99,999
```

MAR-7236-A CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule E (Part 2)

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7236-A		CMS 372 Report of Expenditures for ICF/MR Level Diverted and De-institutionalized OBRA Waiver Recipients – Schedule E (Part 2)

Description of Information

Note: OBRA data rolled into ICF/MR data effective 8/22/97

Schedule E displays the RID, name, and total dollars paid for the waiver services provided for members.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the OBRA Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program. The RID is determined at the time of enrollment
Last Name	The last name of a member enrolled in the OBRA Waiver Program
FI	First initial of a member enrolled in the OBRA Waiver Program
MI	Middle initial of a member enrolled in the OBRA Waiver Program
Supported Employment	Dollar amount of supported employment services identified by the procedure codes X3012
Environment Modification	Dollar amount of environment modification services identified by the procedure codes X3019 and X3020

Assistive Technology	Dollar amount of assistive technology services identified by the procedure codes X3013 and X3014
Personal Emergency	Dollar amount of personal emergency services identified by the procedure code Z5620
Speech Therapy	Dollar amount for speech therapy services identified by the procedure codes X5708, Z5715, and X3021
Occupational Therapy	Dollar amount for occupational therapy services identified by the procedure codes X3015 and X3016
Physical Therapy	Dollar amount for physical therapy services identified by the procedure codes X3017 and X3018
Prevocational Services	Dollar amount for prevocational services identified by the procedure code X3011
Total	Dollar amount for all waiver services on both Parts 1 and 2 of Schedule E
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7236-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 372 REPORT OF EXPENDITURES RUN TIME: HH.MM.SS
FOR ICF/MR LEVEL DIVERTED AND DEINSTITUTIONALIZED OBRA WAIVER RECIPIENTS (PART 2)

RID	LAST NAME FI MI	SUPPORTED EMPLOYMENT	ENVIRONMENTAL MODIFICATION	ASSISTIVE TECHNOLOGY	PERSONAL EMERGENCY	SPEECH THERAPY	OCCUPATIONAL THERAPY	PHYSICAL THERAPY	PREVOCATIONAL SERVICES	TOTALS
999999999999	XXXXXXXXX ,X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
999999999999	XXXXXXXXX ,X X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MONEY TOTALS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS		99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS		$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS		99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7241-A CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule A, Medically Fragile Children Waiver

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7241-A		CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule A, Medically Fragile Children Waiver

Description of Information

Schedule A displays claim data totals for members with level of care J or X.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Long Term Care:	
Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care
Acute Care Received While In Long Term Care:	

Inpatient Hospital	Dollar amount of inpatient hospital care while in long-term care
Physician	Dollar amount of physician care while in long - term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long-term care
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while in long - term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long-term care
All Other	Dollar amount of all other acute care while in long - term care
Total Acute $	Dollar amount of all acute care while in long - term care
Money Total	Dollar totals for each aid category for the specified level of car
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7241-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR HOSPITAL LEVEL DIVERTED AND DEINSTITUTIONALIZED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE A FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR CCYY/CCYY

LOC		LONG TERM CARE			ACUTE CARE RECEIVED WHILE IN LONG TERM CARE						
RID	LAST NAME	FI MI OF CARE	COST OF CARE	DAYS HOSP	INPATIENT	PHYSICIAN HOSP/CLIN	OUTPATIENT XRAY	LAB AND DRUGS	PRESCRIBED OTHER	ALL ACUTE $	TOTAL
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	
999999999999	XXXXXXXXX , X X	$9,999,999	9,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999	

MONEY TOTALS	$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	
TOTAL RECIPIENTS	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	
GRAND TOTAL DOLLARS	$99,999,999	99,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	
GRAND TOTAL UNDUPED RECIPS	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	99,999	

MAR-7242-A CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule B, Medically Fragile Children Waiver

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7242-A		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule B, Medically Fragile Children Waiver

Description of Information

Schedule B displays claim data totals for members with level of care Y and Z.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Long Term Care	
Cost Of Care	Dollar amount of hospital care
Days Of Care	Number of days in hospital care
Acute Care Received While In Long Term Care	

Inpatient Hospital	Dollar amount of inpatient hospital care while in long - term care
Physician	Dollar amount of physician care while in long - term care
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while in long - term care
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while in long - term care
Prescribed Drugs	Dollar amount of prescribed drug charges while in long - term care
All Other	Dollar amount of all other acute care while in long - term care
Total Acute $	Dollar amount of all acute care while in long - term care
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7242-A                                          IndianaAIM                                                  PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                                     RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                                HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES                       RUN TIME: HH.MM.SS
                                       FOR SNF LEVEL DIVERTED AND DEINSTITUTIONALIZED WAIVER RECIPIENTS (LOC )
                                              WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                       SCHEDULE B FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR CCYY/CCYY

     LOC                                     LONG TERM CARE                        ACUTE CARE RECEIVED WHILE IN LONG TERM CARE

         RID          LAST NAME  FI MI     COST      DAYS   INPATIENT  PHYSICIAN  OUTPATIENT   LAB AND    PRESCRIBED     ALL        TOTAL
                                 OF CARE  OF CARE    HOSP                HOSP/CLIN     XRAY         DRUGS      OTHER       ACUTE $

     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999
     999999999999  XXXXXXXXX , X  X  $9,999,999  9,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $9,999,999  $99,999,999


     MONEY TOTALS                     $99,999,999 99,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
     TOTAL RECIPIENTS               99,999 99,999      99,999      99,999      99,999      99,999      99,999      99,999       99,999

     GRAND TOTAL DOLLARS              $99,999,999 99,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999 $99,999,999  $99,999,999
     GRAND TOTAL UNDUPED RECIPS             99,999 99,999      99,999      99,999      99,999      99,999      99,999      99,999       99,999
```

MAR-7243-A CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule C, Medically Fragile Children Waiver

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7243-A		CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule C, Medically Fragile Children Waiver

Description of Information

Schedule C displays claim data totals for members with level of care J and X.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Acute Care Received While On The Waiver:	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver
Physician	Dollar amount of physician care while on the waiver
Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver

Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7243-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR HOSPITAL LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE 07/01/1997 THROUGH 06/30/1998
SCHEDULE C FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR 1997/1998

LOC				ACUTE CARE RECEIVED WHILE ON THE WAIVER						
RID	LAST NAME	FI	MI	INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7244-A CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule D, Medically Fragile Children Waiver

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7244-A		CMS 372 Report of Expenditures for SNF Level Diverted and De-institutionalized Waiver Recipients – Schedule D, Medically Fragile Children Waiver

Description of Information

Schedule D displays claim data totals for members with level of care Y and Z.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient identification number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Acute Care Received While On The Waiver:	
Inpatient Hospital	Dollar amount of inpatient hospital care while on the waiver
Physician	Dollar amount of physician care while on the waiver

Outpatient Hospital/Clinic	Dollar amount of outpatient hospital and clinic care while on the waiver
Lab And X-Ray	Dollar amount of laboratory and X-ray charges while on the waiver
Prescribed Drugs	Dollar amount of prescribed drug charges while on the waiver
All Other	Dollar amount of all other acute care while on the waiver
Total Acute $	Dollar amount of all acute care while on the waiver
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7244-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF LONG TERM CARE EXPENDITURES
FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS (LOC)
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE D FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR 1997/1998

LOC

RID	LAST NAME	FI	MI	ACUTE CARE RECEIVED WHILE ON THE WAIVER: INPATIENT HOSP	PHYSICIAN	OUTPATIENT HOSP/CLIN	LAB AND XRAY	PRESCRIBED DRUGS	ALL OTHER	TOTAL ACUTE $
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
999999999999	XXXXXXXXX ,	X	X	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$99,999,999
MONEY TOTALS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
TOTAL RECIPIENTS				99,999	99,999	99,999	99,999	99,999	99,999	99,999
GRAND TOTAL DOLLARS				$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
GRAND TOTAL UNDUPED RECIPS				99,999	99,999	99,999	99,999	99,999	99,999	99,999

MAR-7245-A CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule E, Medically Fragile Children

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7245-A		CMS 372 Report of Expenditures for Hospital Level Diverted and De-institutionalized Waiver Recipients – Schedule E, Medically Fragile Children

Description of Information

Schedule E displays the RID, name, and total dollars paid for the waiver services provided on the report.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program with level of care J and X.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	Recipient Identification Number. A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Case Management	Dollar amount of case management services identified by the procedure code Z5015
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5606 through Z5610, X3022, Z5655, and Z5720
Personal Assistance	Dollar amount for personal assistance services identified by the procedure

	codes Z5604 and Z5653
Environmental Modification	Dollar amount of environmental modification services identified by the procedure codes X3019 and X3020
Occupational Therapy	Dollar amount of occupational therapy services identified by the procedure codes (There are currently no occupational therapy procedure codes)
Total	Dollar amount for all waiver services
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

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  REPORT:  MAR-7245-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                        HCFA 372 REPORT OF WAIVER SERVICE EXPENDITURES          RUN TIME: HH.MM.SS
                                           FOR HOSPITAL LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                             WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                         SCHEDULE E FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR CCYY/CCYY
LOC
            RID       LAST NAME  FI MI       CASE           RESPITE                PERSONAL       ENVIRONMENTAL          OCCUPATIONAL   TOTAL
                                             MANAGEMENT     CARE                   ASSISTANCE     MODIFICATION           THERAPY
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999     $9,999,999             $9,999,999     $9,999,999             $9,999,999     $9,999,999

        MONEY TOTALS                          $99,999,999    $99,999,999            $99,999,999    $99,999,999            $99,999,999    $99,999,999
        TOTAL RECIPIENTS                           99,999         99,999                 99,999         99,999                 99,999         99,999
        GRAND TOTAL DOLLARS                   $99,999,999    $99,999,999            $99,999,999    $99,999,999            $99,999,999    $99,999,999
        GRAND TOTAL UNDUPED RECIPS                 99,999         99,999                 99,999         99,999                 99,999         99,999
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MAR-7247-A CMS 372 Report of Expenditures for SNF Level Diverted Waiver Recipients – Schedule F

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7247-A		CMS 372 Report of Expenditures for SNF Level Diverted Waiver Recipients – Schedule F

Description of Information

Schedule F displays the RID, name, and total dollars paid for the waiver services provided on the report for members with level of care Y and Z.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

- *Primary -* RID within level of care, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

RID	A 12-digit number assigned to each member enrolled in a Medical Assistance Program
Last Name	The last name of a member enrolled in the Medically Fragile Children's Waiver Program
FI	First initial of a member enrolled in the Medically Fragile Children's Waiver Program
MI	Middle initial of a member enrolled in the Medically Fragile Children's Waiver Program
Case Management	Dollar amount of case management services identified by the procedure code Z5015
Respite Care	Dollar amount of respite care services identified by the procedure codes Z5606 through Z5610, X3022, Z5655, and Z5720
Personal Assistance	Dollar amount for personal assistance services identified by the procedure codes Z5604 and Z5653

Environmental Modification	Dollar amount of environment modification services identified by the procedure codes X3019 and X3020
Occupational Therapy	Dollar amount of occupational therapy services identified by the procedure codes (There are currently no occupational therapy procedure codes)
Total	Dollar amount for all waiver services
Money Total	Dollar totals for each aid category for the specified level of care
Total Recipients	Total number of members who had a charge for a particular category for the level of care
Grand Total Dollars	Total dollars for each category for all levels of care
Grand Total Unduplicated Recipients	Total number of members who had a charge for a particular category on the report

```
  REPORT:  MAR-7247-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 REPORT OF WAIVER EXPENDITURES                 RUN TIME: HH.MM.SS
                                            FOR SNF LEVEL DIVERTED WAIVER RECIPIENTS (LOC )
                                           WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
                                        SCHEDULE F FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR CCYY/CYY
LOC
            RID       LAST NAME  FI MI       CASE          RESPITE       PERSONAL             ENVIRONMENTAL         OCCUPATIONAL   TOTAL
                                             MANAGEMENT    CARE          ASSISTANCE           MODIFICATION          THERAPY
        999999999999  XXXXXXXXX ,X  X        $9,999,999     $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999
        999999999999  XXXXXXXXX ,X  X         $9,999,999    $9,999,999    $9,999,999           $9,999,999            $9,999,999     $9,999,999

        MONEY TOTALS                          $99,999,999   $99,999,999   $99,999,999          $99,999,999           $99,999,999    $9,999,999
        TOTAL RECIPIENTS                           99,999        99,999        99,999               99,999                99,999        99,999
        GRAND TOTAL DOLLARS                   $99,999,999   $99,999,999   $99,999,999          $99,999,999           $99,999,999    $9,999,999
        GRAND TOTAL UNDUPED RECIPS                 99,999        99,999        99,999               99,999                99,999        99,999
```

MAR-7248-A CMS 372 Report of Expenditures and Unduplicated Recipients for Hospital Level Non-Waiver Recipients – Schedule G, Medically Fragile Children

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7248-A		CMS 372 Report of Expenditures and Unduplicated Recipients for Hospital Level Non-Waiver Recipients – Schedule G, Medically Fragile Children

Description of Information

Schedule G displays claim information for members who received Riley or Lifelines Hospital institutional services and acute care services while institutionalized.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Long Term Care Hospital

Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in Riley or Lifelines Hospital
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in Riley or Lifelines Hospital
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in Riley or Lifelines Hospital

Acute Care Services For Persons In Riley Or Lifelines Hospital

Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care services to non-waiver members
Physician	Unduplicated member count and dollar amount of physician care services to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X-ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waiver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

REPORT: MAR-7248-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS
FOR HOSPITAL LEVEL NONWAIVER RECIPIENTS
WITH DATES OF SERVICE MM/DD/CCYY THROUGH MM/DD/CCYY
SCHEDULE G FOR MEDICALLY FRAGILE CHILDREN WAIVER YEAR CCYY/CCYY

CATEGORY OF SERVICE	TOTAL UNDUPLICATED RECIPIENT COUNT	TOTAL EXPENDITURES	TOTAL DAYS OF CARE
A. HOSPITAL BASED CARE - LIFELINES	9,999,999	$9,999,999	9,999,999
B. ACUTE CARE SERVICES FOR PERSONS IN LIFELINES HOSPITAL			
1. INPATIENT HOSPITAL	9,999,999	$9,999,999	
2. PHYSICIANS SERVICES	9,999,999	$9,999,999	
3. OUTPATIENT HOSPITAL/CLINIC	9,999,999	$9,999,999	
4. LABORATORY AND XRAY	9,999,999	$9,999,999	
5. PRESCRIBED DRUGS	9,999,999	$9,999,999	
6. ALL OTHER ACUTE CARE	9,999,999	$9,999,999	
UNDUPLICATED CARE RECIPIENT COUNT	9,999,999	TOTAL $9,999,999	

MAR-7249-A CMS 372 Report of Expenditures and Unduplicated Recipients for NF Level Non-Waiver Recipients – Schedule H, Medically Fragile Children

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7249-A		CMS 372 Report of Expenditures and Unduplicated Recipients for NF Level Non-Waiver Recipients – Schedule H, Medically Fragile Children

Description of Information

Schedule H displays claim information for members who resided in pediatric care facilities and are under the age of 18 years.

Purpose

Provides FSSA with annual information on the expenditures for members enrolled in the Medically Fragile Children's Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Skilled Nursing Facility (NF):

Total Unduplicated Recipient Count	The number of unduplicated members who had expenditures during the waiver year for the reported categories of service while institutionalized in NFs
Total Expenditures	The total dollar amount for the members who received services in the reported categories during the waiver year while institutionalized in NFs
Total Days Of Care	The total days of care for the members who received services in the reported categories of service during the waiver year while institutionalized in NFs
Acute Care Services For Persons In Nursing Homes:	
Inpatient Hospital	Unduplicated member count and dollar amount of inpatient hospital care services to non-waiver members

Physician	Unduplicated member count and dollar amount of physician care services to non-waiver members
Outpatient Hospital/Clinic	Unduplicated member count and dollar amount of outpatient hospital and clinic care services to non-waiver members
Lab And X-Ray	Unduplicated member count and dollar amount of laboratory and X - ray services to non-waiver members
Prescribed Drugs	Unduplicated member count and dollar amount of prescribed drug services to non-waiver members
All Other Acute Care	Unduplicated member count and dollar amount of all other acute care services to non-waver members
Unduplicated Care Recipient Count	Total number of members who had a charge for a particular category on the report

```
  REPORT:  MAR-7249-A                                IndianaAIM                                                PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                HCFA 372 REPORT OF EXPENDITURES AND UNDUPLICATED RECIPIENTS                RUN TIME: HH.MM.SS
                                                  FOR NF LEVEL NONWAIVER RECIPIENTS

CATEGORY OF SERVICE                    TOTAL UNDUPLICATED RECIPIENT COUNT                TOTAL EXPENDITURES          TOTAL DAYS OF CARE
A. SKILLED NURSING FACILITY (NF)                    9,999,999                                $9,999,999                    9,999,999
B. ACUTE CARE SERVICES FOR PERSONS
   IN A NURSING FACILITY
       1. INPATIENT HOSPITAL                        9,999,999                                $9,999,999

       2. PHYSICIANS SERVICES                       9,999,999                                $9,999,999

       3. OUTPATIENT HOSPITAL/CLINIC                9,999,999                                $9,999,999

       4. LABORATORY AND XRAY                       9,999,999                                $9,999,999

       5. PRESCRIBED DRUGS                          9,999,999                                $9,999,999

       6. ALL OTHER ACUTE CARE                      9,999,999                                $9,999,999
UNDUPLICATED CARE RECIPIENT COUNT                   9,999,999                    TOTAL     $999,999,999
```

MAR-7250-A CMS 372 Recipient Listing – Medically Fragile Children Total Days of Care for Medically Fragile Children Levels of Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-7250-A		CMS 372 Recipient Listing – Medically Fragile Children Total Days of Care for Medically Fragile Children Levels of Care

Description of Information

Schedule T displays the total days of care for members with Medically Fragile Children diverted and Medically Fragile Children de-institutionalized levels of care.

Purpose

Provides FSSA with annual information on the number of days institutionalized members enrolled in the Medically Fragile Children Waiver program.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

Total Days Of Care For Loc J – Hospital Level Diverted

Total Days Of Care For Loc X – Hospital Level De-Institutionalized

Total Days Of Care For Loc Y – SNF Level Diverted

Total Days Of Care For Loc Z – SNF Level De-institutionalized

Total Days Of Care For Loc – Grand Total

```
  REPORT:  MAR-7250-A                                    IndianaAIM                                    PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          HCFA 372 RECIPIENT LISTING – MEDICALLY FRAGILE CHILDREN
       RUN TIME: HH.MM.SS
                                          TOTAL DAYS OF CARE FOR MEDICALLY FRAGILE CHILDREN LEVELS OF CARE
                                           FOR THE WAIVER YEAR MM/DD/CCYY TO MM/DD/CCYY

TOTAL DAYS OF CARE FOR LOC J – HOSPITAL LEVEL DIVERTED                                    999,999

TOTAL DAYS OF CARE FOR LOC X – HOSPITAL LEVEL DEINSTITUTIONALIZED                         999,999

TOTAL DAYS OF CARE FOR LOC Y – SNF LEVEL DIVERTED                                         999,999

TOTAL DAYS OF CARE FOR LOC Z – SNF LEVEL DEINSTITUTIONALIZED                              999,999

TOTAL DAYS OF CARE FOR LOC  -  GRAND TOTAL                                                999,999
```

MAR-8508-M Indiana Family and Social Services Administration School Corporation Expenditures, Summary by school corporations

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-8508-M		Indiana Family and Social Services Administration School Corporation Expenditures, Summary by school corporations

Description of Information

Summary of expenditures by school corporation.

Purpose

To provide FSSA with the expenditures for school corporations.

Sort Sequence

- *Primary -* Alphabetical order by school corporation

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Provider Name	Name of the provider corresponding to the provider number listed, which is provider type 12
Provider Number	Unique number identifying an individual provider within the system, that is provider type 12
Current Month Payments	Total dollars paid to the individual provider during the current month
SFY Payments	Total dollars paid to the individual provider within the specified State Fiscal Year To Date
Grand Totals	Total dollars paid to all providers

```
    REPORT: MAR-8508-M                                  IndianaAIM                                  PAGE NUM: 9999
   PROCESS: XXXXXXXX                                                                              RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX                        Indiana Family and Social Services Administration       RUN TIME: HH:MM:SS
                                                  School Corporation Expenditures
                                                    For the Month of MM/DD/CCYY

Provider Name                Provider Number              Current Month Payments              SFY Payments:  MM/DD/CCYY TO MM/DD/CCYY

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

XXXXXXXXXXXXXXXXX               xxxxxxxxx                        $9,999,999                          $9,999,999

                                                                 ----------------------------------------------
                             Grand Totals:                       $9,999,999                          $9,999,999

                                                   End Of Report
```

MAR-9001-W Financial Weekly Balancing Report

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-9001-W		Financial Weekly Balancing Report

Description of Information

****This report is currently in SME review. 12/27/00**

MAR-9002-M MAR Financial Balance Report – All Medical Assistance Programs

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-9002-M		MAR Financial Balance Report – All Medical Assistance Programs

Description of Information

This report provides the total Claim Specific Claim Count, Claim Specific Debit and Credit Allowed Amount, Claim Specific Debit and Credit Paid Amount and Non Claim Specific Debit and Credit Paid Amounts by Claim Type for the month.

Purpose

To balance expenditures and claims counts in MAR to the Financial cycle for all medical assistance programs.

Sort Sequence

- *Primary -* Claim type

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Row Definitions:

Total	Identifies the total claims activity for all claim types
Claim Type A	Identifies all claims activity for UB - 92 Inpatient Crossover Claims
Claim Type B	Identifies all claims activity for CMS - 1500 Crossover Claims
Claim Type C	Identifies all claims activity for UB92 - Outpatient Crossover Claims
Claim Type D	Identifies all claims activity for Dental Claims
Claim Type H	Identifies all claims activity for Home Health Claims
Claim Type I	Identifies all claims activity for Inpatient Claims
Claim Type L	Identifies all claims activity for Long Term Care Claims
Claim Type M	Identifies all claims activity for CMS - 1500 Claims
Claim Type O	Identifies all claims activity for Outpatient Claims

Claim Type P	Identifies all claims activity for Pharmacy Claims
Claim Type Q	Identifies all claims activity for Compound Drug Claims
Claim Specific Claim Count	Indicates the number of claims paid for all claims associated with a particular claim in the Indiana*AIM* subsystem

Column Definitions:

Claim Specific Debit And Credit Allowed Amount	Indicates the net total allowed amount of all claims processed in the Indiana*AIM* subsystem
Claim Specific Debit And Credit Paid Amount	Indicates the net total paid amount of all claims processed in the Indiana*AIM* subsystem
Non Claim Specific Debit And Credit Paid Amount	Indicates the net total paid amount of all items not associated with a particular claim processed in the Indiana*AIM* subsystem

REPORT: MAR-9002-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM

MAR TO FINANCIAL BALANCE REPORT
ALL MEDICAL ASSISTANCE PROGRAMS
DATE: CCYYMM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH:MM:SS

	CLAIM SPECIFIC CLAIM COUNT	CLAIM SPECIFIC DEBIT AND CREDIT ALLOWED AMOUNT	CLAIM SPECIFIC DEBIT AND CREDIT PAID AMOUNT	NON CLAIM SPECIFIC DEBIT AND CREDIT PAID AMOUNT
TOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CLAIM TYPE A	9,999,999	9,999,999	9,999,999	
CLAIM TYPE B	9,999,999	9,999,999	9,999,999	
CLAIM TYPE C	9,999,999	9,999,999	9,999,999	
CLAIM TYPE D	9,999,999	9,999,999	9,999,999	
CLAIM TYPE H	9,999,999	9,999,999	9,999,999	
CLAIM TYPE I	9,999,999	9,999,999	9,999,999	
CLAIM TYPE L	9,999,999	9,999,999	9,999,999	
CLAIM TYPE M	9,999,999	9,999,999	9,999,999	
CLAIM TYPE O	9,999,999	9,999,999	9,999,999	
CLAIM TYPE P	9,999,999	9,999,999	9,999,999	
CLAIM TYPE Q	9,999,999	9,999,999	9,999,999	

Section 15: MGD Reports

MGD-0001-M Primary Medical Provider Listing

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0001-M		Primary Medical Provider Listing

Description of Information

This report provides the members with a listing of all currently enrolled Primary Medical Providers (PMP). It lists the PMP's open program, MCO, or PCCM; the MCO's name, if appropriate; address, and phone number. It indicates whether the provider offers special services, accepts families, or practices obstetrics. It also indicates any age restrictions on the provider's practice.

Purpose

The report is the primary tool a member uses to select a primary medical provider under the Hoosier Healthwise program. The members, if they choose, mail in a form with three provider choices indicated on the form(s). Members indicate their choices by placing a 1, 2, or 3 in the field next to the PMP's name.

The Member ID, Last Name, and First Name fields are header information that prints on each page of the report. Members are responsible for filling in this information on each page they send EDS for processing. The Member Signature field is a standard footer on each page of the report. Members are required to sign each page with a selection.

Sort Sequence

- *Primary* - County, followed by control break
- *Secondary* - Specialty, followed by control break after specialty within county
- *Tertiary* - Provider name

Distribution

To	Media	Copies	Frequency
EDS	Paper	0	Monthly
EDS/IFSSA	CRLD	0	Monthly

Detailed Field Definitions

County Name	The name of the county for which this list is generated.
Specialty	The name of the specialty for which this list is generated.

PMP Name	The provider's name as it appears in the Medicaid provider table. Only providers currently enrolled as Primary Medical Providers and whose patient panels are not full as of the report date, valid PMP service locations within the county listed, and the specialty listed print on the report.
PMP Provider Number	The Medicaid provider number listed for this provider in the Medicaid provider tables. This is the ten-digit number that includes the alphanumeric character designation for the service location printed.
PMP Address	The street address of the service location. This information is located in the Medicaid provider tables. The service location must be in the county listed and have the specialty listed.
City	The city of the service location. This is located in the Medicaid provider tables.
State	The state of the service location. This information is located in the Medicaid provider tables.
ZIP	The ZIP Code of the service location. This information is located in the Medicaid provider tables.
Provider Phone	The phone number of the service location. This information is located in the Medicaid provider tables.
Open Program	Indicates under which program the provider is accepting new patients, MCO or PCCM. This information is located in Medicaid provider tables. This field prints as either PCCM or RBMC
MCO Name	If the provider is currently accepting members under the RBMC program, this indicates the name of the MCO with which he or she is affiliated.
Families	Indicates whether the PMP accepts families at this service location. This indicator is located in the **PMP Practice Type Service Loc** entity and is named **Ind Family Practice**. This is **Y** or **N**.
Spec Chldn	Indicates whether the PMP offers special services for children with special health care needs at this service location. This indicator is located in the **PMP Practice Type Service Loc** entity and is named **Ind CSHCN**. This is **Y** or **N**. This does not indicate whether the provider participates in the CSHCS program.
OB	Indicates whether the PMP practices obstetrics at this service location. This indicator is located in the **PMP Practice Type Service Loc** entity and is named **Ind Obstetrics**. This is **Y** or **N**.
Spec Cond	Indicates whether the PMP accepts members with special conditions at this service location. This indicator is located in the **PMP Practice Type Service Loc** entity and is named **Ind Special Conditions**. This is **Y** or **N**.
Spec Serv	Indicates whether the PMP offers any special services at this service location. This indicator is located in the **PMP Practice Type Service Loc** entity and is named **Ind Special Services**. This is **Y** or **N**.

Ages	Indicates whether the PMP restricts the scope of practice on the basis of age at this service location. This indicator is located on the **PMP Practice Type Service Loc** entity, and is named **Cde Age Restrictions**. If there are age restrictions, the report prints the acceptable age range for the service location. If there are no age restrictions, the field prints **All**.
Clinic Name	If the provider is associated with a clinic or group, the report displays the group or clinic name. Under the group or clinic name, the report lists all PMPs in that clinic with the listed specialty.

Primary Medical Provider Listing
{County Name} {Specialty}

Member ID ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Member Last Name _____
Member First Name _____

Provider Information	Fam	Spec Chldn	OB	Spec Conds	Spec Svcs	Ages
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12

Member Signature _____
mm/yy

Primary Medical Provider Listing
{County Name} {Specialty}

Member ID ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Member Last Name _____
Member First Name _____

Provider Information	Fam	Spec Chldn	OB	Spec Conds	Spec Svcs	Ages
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
Clinic or Group Name{Group/clinic ID}						
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12
__ {PMP Name} {Provider Number} {PMP Address} {Provider Phone} {Open Program} {MCO Name} {City, State, ZIP}	X	X	X	X	X	0-12

Member Signature _____
mm/yy

```
                                        Primary Medical Provider Listing
                                       {xxxxxxxxxxxxxxx} {xxxxxxxxxxxxxxx}
Member ID              ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Member Last Name                 _____________________________________
Member First Name                _____________________________________
                                                                 Spec                    Spec      Spec
Provider Information                                      Fam    Chldn      OB           Conds     Svcs    Ages
__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X      0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

Member Signature _____________________________________________________________

mm/yy
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                                        Primary Medical Provider Listing
                                       {xxxxxxxxxxxxxxx} {xxxxxxxxxxxxxxx}
Member ID              ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___
Member Last Name             _____________________________________
Member First Name            _____________________________________
                                                                   Spec                    Spec      Spec
Provider Information                                        Fam    Chldn      OB           Conds     Svcs    Ages
__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

{xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx} {999999999A}
__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

__  {xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx}               X       X         X            X         X       0-12
    {999999999A}
    {XXXXXXXXXXXXXXXXXXXXXXXX}              {999-999-9999}  {X}  {XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX}
    {XXXXXXXXXXXXXXXXXXXXXXXXX, XX, 99999}

Member Signature ____________________________________________________________
mm/yy
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MGD-0002-M Capitation Payment Listing

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0002-M		Capitation Payment Listing

Description of Information

This report provides a detailed listing of all members for whom the Managed Care Organization receives a capitation payment. It also includes all members whose eligibility terminated after capitation was paid. The capitation payment for these members is recouped from the amount due.

Capitation payments are divided into two categories, retroactive and currently eligible. Retroactive eligibles are members for whom the MCO was responsible, but because of lags in eligibility updates, the MCO has not yet received a capitation payment.

Current eligibles are members for which capitation is paid for the current month.

Purpose

This report supports the capitation payment made to the Managed Care Organization. It provides sufficient detail to allow the MCO to reconcile the capitation payment with its enrollment files.

Sort Sequence

- *Primary -* Member last name, by section

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	CRLD	0	Monthly

Detailed Field Definitions

Effective Date	The effective date of the capitation payment listing. The 1st of the month
MCO Identification Number	The Medicaid identification number for this MCO. The ten-digit identifier that includes the region identifier
MCO Name	The name of the MCO as listed in the Indiana*AIM* tables
Address	The mailing address for this MCO's enrollment listing
City	The city to which the MCO's enrollment listing is mailed
State	The two-character state identifier to which the MCO's enrollment listing is mailed

ZIP	The nine-digit ZIP Code, including +4 if available, to which the MCO's enrollment listing is mailed
Current Enrollee Payments	Lists all members for whom the MCO receives payment for the current month
Group Number	The ten-character Medicaid identifier of the group in the MCO to which the member is assigned. If the member is not assigned to a group, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's Primary Medical Provider or PMP, as of the effective date of the report
Capitation Category	The member's capitation category based on capitation category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban.
Capitation Rate	The capitation rate paid for the category listed
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female
Amount Paid	The amount paid for this member
Retroactive Enrollee Payments	This section of the report list eligibles retroactively enrolled with the MCO. Retroactive enrollees are defined as new enrollees with a start date for the MCO earlier than the current effective date. It also includes enrollees whose eligibility with the MCO was temporarily suspended while Medicaid benefits were re-determined. These members were terminated on a previous report, but have since had Medicaid coverage reinstated with no break in benefits. Because the eligibility files were not updated in time to pay a current month's retroactive premium, the MCO is paid at this time
Group Number	The ten-character Medicaid identifier of the group within the MCO to which the member is assigned. If the member is not assigned to a group, this field does not appear
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Capitation Category	The member's capitation category based on capitation category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban

Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP code, including +4 if available
Sex	The member's gender, male or female
Retroactive Period – From	The beginning of the retroactive period for which the MCO is paid
Retroactive Period – Thru	The end of the retroactive period for which the MCO is paid
Amount Paid	The amount of retroactive capitation paid for this member
Terminated Eligibles	This section of the report indicates members who have dis-enrolled from the MCO or who have had Medicaid benefits discontinued. The MCO received capitation for these members, however, they were later determined to be ineligible for Medicaid for any portion of that month.
Group Number	The ten-character Medicaid identifier of the group within the MCO to which the member is assigned. If the member is not assigned to a group, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's Primary Medical Provider or PMP, as of the effective date of the report.
Capitation Category	The member's capitation category based on capitation category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban
Member ID	The member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine-digit ZIP Code, including +4 if available
Sex	The member's gender, male or female

Recoupment Period – From	The beginning of the recoupment period. This indicates the beginning of the period during which the MCO received capitation for a non-Medicaid eligible enrollee.
Recoupment Period – End	The end of the recoupment period
Amount Recouped	The amount recouped for this member
Capitation Worksheet	This section summarizes the MCO's capitation payment
Capitation Category	The capitation categories used for payment purpose.
Continuing Enrollees	The number of continuing or current enrollees for whom the MCO is receiving payment at this time, listed by capitation category
Retroactive Enrollees	The number of retroactive enrollees for whom the MCO is receiving payment at this time, listed by capitation category
Terminated Enrollees	The number of terminated enrollees for whom dollars are recouped from the MCO at this time, listed by capitation category
Rate	The rate in effect for this capitation category
Total Amount Paid	The total amount paid by capitation category
Total Amount Paid	The total amount paid for all categories

```
Report:        MGD-0002-M                                IndianaAIM                                Date:         mm/dd/yy

Process:       XXXXXXXX                          Capitation Payment Listing

Location:      XXXXXXXX                           Effective Date: mm/dd/yy


MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                  Current Enrollee Payments

Group Number:  999999999X
PMP Number:    99999999X
Capitation Category:  xxxx - xxxxxxxxxxxxxxxxxxxxxxxxx xxxxx
Capitation Rate:      $999.99

Member ID                                   Street Address              Sex         Amount
Member Last Name, FI, MI                   City, State, ZIP                          Paid

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X,         xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F          $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999
```

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Report:        MGD-0002-M                          IndianaAIM                          Date:         mm/dd/yy

Process:       XXXXXXXX                      Capitation Payment Listing

Location:      XXXXXXXX                       Effective Date: mm/dd/yy


MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                Retroactive Enrollee Payments

Group Number:  999999999X
PMP Number:    99999999X
Capitation Category:  xxxx - xxxxxxxxxxxxxxxxxxxxxxxxx xxxxx
Capitation Rate:      $999.99
                                                                                  Retroactive Period
Member ID                                   Street Address              Sex       From          Thru         Amount
Member Last Name, FI, MI                   City, State, ZIP                                                   Paid

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X,         xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F     mm/dd/yy      mm/dd/yy       $999.99
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999
```

Report: MGD-0002-M IndianaAIM Date: mm/dd/yy

Process: XXXXXXXX Capitation Payment Listing

Location: XXXXXXXX Effective Date: mm/dd/yy

MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Terminated Enrollees

Group Number: 999999999X
PMP Number: 99999999X
Capitation category: xxxx - xxxxxxxxxxxxxxxxxxxxxxxxx xxxxx

Member ID Member Last Name, FI, MI	Street Address City, State, ZIP	Sex	Eligibility End Date	Recoupment Period From	 Thru	Amount Recouped
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X,	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	M/F	mm/dd/yy	mm/dd/yy	mm/dd/yy	$999.99

Report: MGD-0002-M IndianaAIM Date: mm/dd/yy

Process: XXXXXXXX Capitation Payment Listing

Location: XXXXXXXX Effective Date: mm/dd/yy

MCO Identification Number (99999999X)

MCO Name (xxxxxxxxxxxxxxxxxxxxxxxxx)

Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)

City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Capitation Worksheet

Capitation Category	Continuing Enrollees	Retroactive Enrollees	Terminated Enrollees	Total Enrollees	Rate	Total Amount Paid
AFDC Adult Male Urban	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC Adult Male Rural	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC Adult Female Urban	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC Adult Female Rural	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC Child and Infant Urban	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC Child and Infant Rural	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC - related Mother Urban	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC - related Mother Rural	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC - related Child and Infant Urban	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99
AFDC - related Child and Infant Rural	999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99

TOTAL AMOUNT PAID $999,999,999.99

MGD-0003-M Administrative Payment Listing

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0003-M		Administrative Payment Listing

Description of Information

This report provides a detailed listing of all members for whom the Primary Medical Provider receives administrative payment, both current month and retroactively, for members added to the panel on the 15th of the previous month. It also includes all members whose eligibility terminated after administrative payment was made. The administrative payment for these members is recouped from the amount due.

Purpose

This report supports the administrative payment made to the Primary Medical Provider. It provides sufficient detail to allow the PMP to reconcile the administrative payment with files.

Sort Sequence

- *Primary -* Member last name, in each section

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	CRLD	0	Monthly
Providers	Paper	1	Monthly

Detailed Field Definitions

Effective Date	The effective date of the Administrative Fee payment listing, the 1st of the month
Provider Identification Number	The Medicaid identification number for this provider, the ten-digit identifier that includes the service location identifier
Provider Name	The name of the provider as listed in the Indiana*AIM* tables
Address	The provider's mailing address for the listing
City	The city to which the provider's listing is mailed
State	The two-character state identifier where the provider's listing is mailed
ZIP	The nine-digit ZIP Code, including +4 if available, where the provider's enrollment listing is mailed

Current Enrollee Payments	This section of the report lists all members for whom the provider receives payment for the current month
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Retroactive Enrollee Payments	This section of the report list eligibles retroactively enrolled with the provider as of the 15th of the previous month
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Retroactive Period – From	The beginning of the retroactive period for which the provider is paid
Retroactive Period – Thru	The end of the retroactive period for which the provider is paid

Terminated Enrollee Payments	This section of the report indicates members who have disenrolled from the provider or who have had Medicaid benefits discontinued. The provider received an administrative fee for these members, however, they were later determined not to be Medicaid eligible for any portion of that month
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Recoupment Period – From	The beginning of the recoupment period. This indicates the beginning of the period in which the Provider received administrative fee for a non-Medicaid eligible enrollee
Recoupment Period – End	The end of the recoupment period
Administrative Fee Worksheet	This section summarizes the Provider's Administrative Fee payment
Continuing Enrollees	The number of continuing or current enrollees for whom the Provider receives payment at this time
Retroactive Enrollees	The number of retroactive enrollees for whom the Provider receives payment at this time
Terminated Enrollees	The number of terminated enrollees for whom dollars are recouped from the Provider at this time
Rate	The rate in effect for this Administrative Fee category
Total Amount Paid	The total amount paid

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Report:        MGD-0003-M                                IndianaAIM                                Date:         mm/dd/yy

Process:       XXXXXXXX                        Hoosier Healthwise Administrative Fee

Location:      XXXXXXXX                                Effective Date: mm/dd/yy


Provider Identification Number (99999999X)
Provider Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                      Current Enrollee Payments

Group Number:  999999999X
PMP Number:    99999999X

Member ID                                      Street Address
Member Last Name, FI, MI                      City, State, ZIP

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X          xxxxxxxxxxx, xx, 99999

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X          xxxxxxxxxxx, xx, 99999

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X,            xxxxxxxxxxx, xx, 99999

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X          xxxxxxxxxxx, xx, 99999

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X          xxxxxxxxxxx, xx, 99999

999999999999                            xxxxxxxxxxxxxxxxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X          xxxxxxxxxxx, xx, 99999
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Report:        MGD-0003-M                                IndianaAIM                                    Date:         mm/dd/yy

Process:       XXXXXXXX                      Hoosier Healthwise Administrative Fee

Location:      XXXXXXXX                             Effective Date: mm/dd/yy


Provider Identification Number (99999999X)
Provider Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                 Retroactive Enrollee Payments

Group Number:  999999999X
PMP Number:    99999999X
                                                                                  Retroactive Period
Member ID                                      Street Address                     From          Thru
Member Last Name, FI, MI                      City, State, ZIP

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X,         xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxx, xx, 99999
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Report: MGD-0003-M IndianaAIM Date: mm/dd/yy

Process: XXXXXXXX Hoosier Healthwise Administrative Fee

Location: XXXXXXXX Effective Date: mm/dd/yy

Provider Identification Number (99999999X)
Provider Name (xxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Terminated Enrollees

Group Number: 999999999X
PMP Number: 99999999X

Member ID Member Last Name, FI, MI	Street Address City, State, ZIP	Eligibility End Date	Recoupment Period From	 Thru
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X,	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy
999999999999 XXXXXXXXXXXXXXXXXXXXXXXXX, X, X	xxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxx, xx, 99999	mm/dd/yy	mm/dd/yy	mm/dd/yy

Report: MGD-0003-M IndianaAIM Date: mm/dd/yy

Process: XXXXXXXX Hoosier Healthwise Administrative Fee

Location: XXXXXXXX Effective Date: mm/dd/yy

Provider Identification Number (99999999X)
Provider Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Administrative Fee Worksheet

Continuing Enrollees	Retroactive Enrollees	Terminated Enrollees	Total Enrollees	Rate	Total Amount Paid
999,999	999,999.99	-999,999	-999,999.99	$999.99	$99,999,999.99

MGD-0004-B MCO Enrollment Roster

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0004-B		MCO Enrollment Roster

Description of Information

This report provides a detailed listing of all members for whom the MCO is responsible.

Purpose

This report allows the MCO to update enrollment files on a regular basis for new eligibles.

Sort Sequence

- *Primary* - Group number
- *Secondary* - PMP number
- *Tertiary* - Capitation category
- *Quaternary* - Member last name.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Bi-weekly
IFSSA	CRLD	0	Bi-weekly
MCOs	Electronic File	0	Bi-weekly

Detailed Field Definitions

Effective Date	The effective date of the enrollment roster, either the 1st or 15th day of the month
MCO Name	The name of the MCO as listed in the Indiana*AIM* tables
Address 1	The mailing address for the MCO's enrollment listing
Address 2	Additional street address for this MCO, if available
City	The city to which the enrollment listing for this MCO is mailed
State	The two-character state identifier where the enrollment listing for this MCO is mailed
ZIP	The nine-digit ZIP Code, including +4 if available, where enrollment listing for this MCO is mailed

Continuing Enrollees	This section of the report lists all members who have continuing eligibility with the MCO. These members appeared on previous enrollment rosters
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Capitation Category	The member's capitation category, based on: aid category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female
Date of Birth	The member's date of birth
Start Date	The start date of the member's MCO enrollment
New Enrollees	This section of the report lists new enrollees with the MCO
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Capitation Category	The member's capitation category, based on: aid category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address

City	The member’s city
State	The member’s state
ZIP	The member’s nine digit ZIP Code, including +4 if available
Sex	The member’s gender, male or female
Date of Birth	The member's date of birth
Start Date	The start date of the member's MCO enrollment
Terminated Enrollees	This section of the report indicates members disenrolled from the MCO or who have had Medicaid benefits discontinued.
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Capitation Category	The member’s capitation category, based on aid category, county of residence, sex, and age. *Example*: AFDC Adult Male Urban
Member ID	The listed member’s Medicaid RID
Member Last Name	The member’s last name
Member FI	The member’s first name initial
Member MI	The member’s middle name initial
Street Address	The member’s street address
City	The member’s city
State	The member’s state
ZIP	The member’s nine digit ZIP Code, including +4 if available
Sex	The member’s gender, male or female
Date of Birth	The member's date of birth
Stop Date	The stop date of the member's MCO enrollment

```
Report:        MGD-0004-B                                IndianaAIM                                Date:         mm/dd/yy

Process:       XXXXXXXX                              MCO Enrollment Roster

Location:      XXXXXXXX                             Effective Date: mm/dd/yy

MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1(xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2(xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                        Continuing Enrollees

Group Number:  999999999X
PMP Number:    99999999X
Capitation category:  xxxx – xxxxxxxxxxxxxxxxxxxxxxxx xxxxx

Member ID                                   Street Address              Sex         Date of        Start
Member Last Name, FI, MI                   City, State, ZIP                          Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx             M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx             M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx             M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx             M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx             M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

```
Report:        MGD-0004-B                                IndianaAIM                                    Date:         mm/dd/yy

Process:       XXXXXXXX                               MCO Enrollment Roster

Location:      XXXXXXXX                              Effective Date: mm/dd/yy


MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxx)
Address 1(xxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2(xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                                 New Enrollees

Group Number:  999999999X
PMP Number:    99999999X
Capitation category:  xxxx – xxxxxxxxxxxxxxxxxxxxxxxx xxxxx

Member ID                                    Street Address              Sex        Date of        Start
Member Last Name, FI, MI                    City, State, ZIP                        Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxx, xx, 99999
```

```
Report:        MGD-0004-B                                IndianaAIM                                    Date:         mm/dd/yy

Process:       XXXXXXXX                              MCO Enrollment Roster

Location:      XXXXXXXX                             Effective Date: mm/dd/yy


MCO Identification Number (99999999X)
MCO Name (xxxxxxxxxxxxxxxxxxxxxxxx)
Address 1(xxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2(xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                        Terminated Enrollees

Group Number:  999999999X
PMP Number:    99999999X
Capitation category:  xxxx – xxxxxxxxxxxxxxxxxxxxxxxx xxxxx

Member ID                                    Street Address              Sex        Date of        Stop
Member Last Name, FI, MI                    City, State, ZIP                         Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

MGD-0005-B PCCM PMP Enrollment Roster

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0005-B		PCCM PMP Enrollment Roster

Description of Information

This report provides a detailed listing of all members for whom the PMP is responsible.

Purpose

This report allows the PMP to update enrollment files on a regular basis for new eligibles, terminated members, and continuing members.

Sort Sequence

- *Primary -* Group number
- *Secondary -* PMP number
- *Tertiary -* Capitation category
- *Quaternary -* Member last name.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Bi-weekly
IFSSA	CRLD	0	Bi-weekly
Providers	Paper	1	Bi-weekly

Detailed Field Definitions

Effective Date	The effective date of the enrollment roster, either the 1st or 15th day of the month
PMP Identification Number	The Medicaid identification number for this PMP. This is the ten-digit identifier, which includes the service location identifier
PMP Name	The name of the PMP as listed in the Indiana*AIM* tables
Address1	The PMP's mailing address for the enrollment listing
Address 2	Additional street address information for the PMP, if available
City	The PMP's city for mailing the enrollment listing
State	The PMP's two-character state identifier for mailing the enrollment listing

ZIP	The PMP's nine-digit ZIP Code, including +4 if available, for mailing the enrollment listing
Continuing Enrollees	This section of the report list all members who have continuing eligibility with the PMP. These members appeared on previous enrollment rosters.
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female
Date of Birth	The member's date of birth
Start Date	The start date of the member's enrollment with the PMP
New Enrollees	This section of the report lists new enrollees with the PMP
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's Primary Medical Provider or PMP, as of the effective date of the report
Member ID	The Medicaid RID of the member listed
Member Last Name	The listed member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state

ZIP	The member’s nine digit ZIP Code, including +4 if available
Sex	The member’s gender, male or female
Date of Birth	The member's date of birth
Start Date	The start date of the member's enrollment with the PMP
Terminated Enrollees	This section of the report indicates members who have disenrolled from the PMP or who have had Medicaid benefits discontinued.
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's Primary Medical Provider or PMP, as of the effective date of the report
Member ID	The listed member’s Medicaid RID
Member Last Name	The member’s last name
Member FI	The member’s first name initial
Member MI	The member’s middle name initial
Street Address	The member’s street address
City	The member’s city
State	The member’s state
ZIP	The member’s nine digit ZIP Code, including +4 if available
Sex	The member’s gender, male or female
Date of Birth	The member's date of birth
Stop Date	The stop date of the member's enrollment with the PMP

```
Report:        MGD-0005-B                          IndianaAIM                                  Date:         mm/dd/yy

Process:       XXXXXXXX                          PMP Enrollment Roster

Location:      XXXXXXXX                         Effective Date: mm/dd/yy

PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                   Continuing Enrollees

Group Number:  999999999X
PMP Number:    99999999X


Member ID                                   Street Address              Sex        Date of        Start
Member Last Name, FI, MI                   City, State, ZIP                            Birth         Date

999999999999                        xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X     xxxxxxxxxxxxxxxxxxxxxxxx
                                    xxxxxxxxxxx, xx, 99999

999999999999                        xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X     xxxxxxxxxxxxxxxxxxxxxxxx
                                    xxxxxxxxxxx, xx, 99999

999999999999                        xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X     xxxxxxxxxxxxxxxxxxxxxxxx
                                    xxxxxxxxxxx, xx, 99999

999999999999                        xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X     xxxxxxxxxxxxxxxxxxxxxxxx
                                    xxxxxxxxxxx, xx, 99999

999999999999                        xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X     xxxxxxxxxxxxxxxxxxxxxxxx
                                    xxxxxxxxxxx, xx, 99999
```

```
Report:        MGD-0005-B                          IndianaAIM                                  Date:         mm/dd/yy

Process:       XXXXXXXX                          PMP Enrollment Roster

Location:      XXXXXXXX                         Effective Date: mm/dd/yy

PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                   New Enrollees

Group Number:  999999999X
PMP Number:    99999999X

Member ID                                   Street Address              Sex        Date of        Start
Member Last Name, FI, MI                   City, State, ZIP                        Birth          Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

```
Report:        MGD-0005-B                                IndianaAIM                                Date:         mm/dd/yy

Process:       XXXXXXXX                               PMP Enrollment Roster

Location:      XXXXXXXX                              Effective Date: mm/dd/yy

PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

                                                       Terminated Enrollees

Group Number:  999999999X
PMP Number:    99999999X

Member ID                                    Street Address              Sex        Date of        Stop
Member Last Name, FI, MI                    City, State, ZIP                         Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx            M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

MGD-0008-M Hoosier Healthwise Primary Medical Providers

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0008-M	MEQJM002	Hoosier Healthwise Primary Medical Providers

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all enrolled Hoosier Healthwise Primary Medical Providers (PMP).

Purpose

This report is a reference tool for the state, the outreach contractor, and EDS. The report may be used to answer member inquiries or provide general information regarding the status of the program.

Sort Sequence

- *Primary* – Page break by county
- *Secondary* – Within each county, page break by specialty
- *Tertiary* – Provider last name

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	CRLD	0	Monthly

Detailed Field Definitions

County	The county reported
Specialty	The medical specialty of the listed providers
Provider Number	The Medicaid provider number of the PMP
Provider Name	The PMP's last and first names
Service Location Address	The PMP's street address
PMP Phone Number	The PMP's phone number as listed in the Indiana*AIM* tables.
Group Number	The Medicaid provider number of any group(s) with which the provider is associated as PMP.

MCO Number	The Medicaid identification number of the Managed Care Organization(s) with which the PMP is associated.
Max Panel Size	The maximum number of members the PMP accepts.
Act Panel Size	The actual number of members assigned to the PMP as of the last census.
Hold	Indicates whether the PMP's panel size is temporarily on hold, at the provider's request. If the PMP is on hold, no new assignments are accepted.
Total Number of Enrolled PMPs-Specialty	The total number of PMPs enrolled in this specialty in the Hoosier Healthwise program for the displayed county.
Total Number of Enrolled PMPs-County	The total number of PMPs enrolled in the Hoosier Healthwise program for the displayed county.
Total Number of Enrolled PMPs-Statewide	The total number of PMPs enrolled in the Hoosier Healthwise program for the entire state.

```
Report:        MGD-0008-M                                IndianaAIM                                          Date:        mm/dd/ccyy
Process:       XXXXXXXX                    Hoosier Healthwise Primary Medical Providers                      Run Time:      HH:MM:SS
Location:      XXXXXXXX                              County: xxxxxxxxxxxxxxx                                 Page:            99,999
                                                    Specialty: xxxxxxxxxxxxxxx

  Provider                  PMP Name                  Service Location Address/Phone    Group    MCO Number    Max     Act    Hold
   Number                                                                                Number                Panel   Panel
                                                                                                               Size    Size

 999999999X xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx    xxxxxxxxxxxxxxxxxxxxxxxxx         999999999  999999999A   9,999   9,999      x
                                                       xxxxxxxxxxxxxxxxxxxxxxxxx         999999999
                                                       xxxxxxxxxxxxxx, xx 99999-9999
                                                       999-999-9999

 999999999X xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx    xxxxxxxxxxxxxxxxxxxxxxxxx         999999999  999999999A   9,999   9,999      x
                                                       xxxxxxxxxxxxxxxxxxxxxxxxx         999999999  999999999A
                                                       xxxxxxxxxxxxxx, xx 99999-9999
                                                       999-999-9999

Total Enrolled PMPs - {Specialty}     999,999

  Provider                  PMP Name                  Service Location Address/Phone    Group    MCO Number    Max    Actual   Hold
   Number                                                                                Number                Panel   Panel
                                                                                                               Size    Size

 999999999X xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx    xxxxxxxxxxxxxxxxxxxxxxxxx         999999999  999999999A   9,999   9,999       x
                                                       xxxxxxxxxxxxxxxxxxxxxxxxx         999999999
                                                       xxxxxxxxxxxxxx, xx 99999-9999
                                                       999-999-9999

 999999999X xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx    xxxxxxxxxxxxxxxxxxxxxxxxx         999999999  999999999A   9,999   9,999       x
                                                       xxxxxxxxxxxxxxxxxxxxxxxxx         999999999
                                                       xxxxxxxxxxxxxx, xx 99999-9999
                                                       999-999-9999

Total Enrolled PMPs - {Specialty}     999,999

Total Number of Enrolled PMPs - {County Name}                  999,999

Total Number of Enrolled PMPs - Statewide                      999,999

                                                        END OF REPORT
                                                      NO DATA THIS RUN
```

MGD-0014-D Hoosier Healthwise Program Certification Code Report

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0014-D		Hoosier Healthwise Program Certification Code Report

Description of Information

This report lists the certification codes from daily entries of new Primary Care Case Management (PCCM) Primary Medical Providers (PMPs) service locations. The PMP's IHCP provider number, certification code assignment, and the code's *effective* and *end* dates are listed.

Purpose

This report lists the certification code assignments for newly entered PCCM PMP service locations. Certification codes are used by PCCM PMPs as an authorization and claim payment mechanism. The user manually assigns the first code for any new location, and the system reassigns the codes on a quarterly basis. Service location enrollments can occur any day of the week. Therefore, this daily report may or may not capture information, depending on whether enrollments for PCCM PMPs have been received and processed.

Sort Sequence

- *Primary -* Medicaid ID number (PMP provider number)

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Daily
IFSSA	CRLD	1	Daily

Detailed Field Definitions

Medicaid ID Number	The PMP's IHCP Provider number
Certification Code	The PMP's two-character, system-assigned certification code
Effective Date	The certification code's effective date
End Date	The certification code's end date

REPORT:	MGD-0014-D	IndianaAIM	DATE:	MM/DD/CCYY
PROCESS:	MGDJD300	HOOSIER HEALTHWISE PROGRAM	RUN TIME:	HH:MM:SS.0
LOCATION:	MGD0014D	CERTIFICATION CODE SUMMARY REPORT	PAGE:	999

Medicaid ID Number	Certification Code	Effective Date	End Date
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy

END OF REPORT

MGD-0014-Q Hoosier Healthwise Program Certification Code Summary Report

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0014-Q		Hoosier Healthwise Program Certification Code Summary Report

Description of Information

This report lists the certification codes of every active Primary Care Case Management (PCCM) Primary Medical Provider (PMP), generated quarterly.

Purpose

This report reviews all PMP certification codes generated quarterly.

Sort Sequence

- *Primary -* PMP provider number

Distribution

To	Media	Copies	Frequency
EDS Managed Care Unit	CRLD	0	Quarterly

Detailed Field Definitions

Medicaid ID Number	The PMP's IHCP Provider number
Certification Code	The PMP's two-character, system-assigned certification code
Effective Date	The certification code's effective date
End Date	The certification code's end date

REPORT:	MGD-0014-Q	IndianaAIM	DATE:	MM/DD/CCYY
PROCESS:	MGDJQ100	HOOSIER HEALTHWISE PROGRAM	RUN TIME:	HH:MM:SS.0
LOCATION:	MGD0014D	CERTIFICATION CODE SUMMARY REPORT	PAGE:	999

Medicaid ID Number	Certification Code	Effective Date	End Date
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy
999999999	xx	mm/dd/yy	mm/dd/yy

END OF REPORT

MGD-0015-Q Hoosier Healthwise Program Certification Code Error Report

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0015-Q		Hoosier Healthwise Program Certification Code Error Report

Description of Information

This report lists the certification codes for which an error is indicated after comparison of the effective date and end date of the codes.

Purpose

This report reviews the Primary Care Case Management (PCCM) Primary Medical Provider (PMP) certification codes for which an error is indicated.

Sort Sequence

- *Primary -* PMP provider number

Distribution

To	Media	Copies	Frequency
EDS Managed Care Unit	Paper/CRLD	1	Quarterly or On request

Detailed Field Definitions

Medicaid ID Number	The PMP's IHCP Provider number
Certification Code	The PMP's two-character system assigned certification code
Effective Date	The certification code's effective date
End Date	The certification code's end date

MGD-0016-D Hoosier Healthwise Program Recipient Linkage

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0016-D		Hoosier Healthwise Program Recipient Linkage

Description of Information

This report lists linked Member IDs.

Purpose

This report reviews linked Member ID numbers to determine if the member is a member of a Managed Care Organization (MCO) and in turn, to alert the member's Managed Care Organization.

Sort Sequence

- *Primary -* Member ID number

Distribution

To	Media	Copies	Frequency
EDS Managed Care Unit	CRLD	0	On Request

Detailed Field Definitions

Recipient ID	The member's original 12-digit IHCP identification number
Related Recipient ID	The member's new 12-digit IHCP identification number
SSN	The member's Social Security number
Link Indicator	Indicates whether the member's two ID numbers are linked

MGD-0017-M MCPD PMP Listing Report

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0017-M		MCPD PMP Listing Report

****This report is currently in SME review. 12/27/00**

MGD-0034-B RBMC PMP Enrollment Roster

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0034-B		RBMC PMP Enrollment Roster

Description of Information

This report provides a detailed listing of all RBMC members for whom the PMP is responsible.

Purpose

This report allows the PMP to update enrollment files on a regular basis for new eligibles, terminated members, and continuing members.

Sort Sequence

- *Primary* - Status – Continuing members, new members and terminated members
- *Secondary* - Member last name within each status.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Bi-weekly
IFSSA	CRLD	0	Bi-weekly
Providers	Paper	1	Bi-weekly

Detailed Field Definitions

Effective Date	The effective date of the enrollment roster, either the 1st or 15th day of the month
PMP Identification Number	The Medicaid identification number for this PMP. This is the ten-digit identifier which includes the service location identifier.
PMP Name	The PMP's name, as listed in the Indian*aAIM* tables
Address 1	The PMP's street address for mailing the enrollment listing
Address 2	Additional street address information for the PMP, if available
City	The PMP's mailing address city
State	The PMP's mailing address two-character state identifier
ZIP	The PMP's mailing address nine-digit ZIP Code, including +4 if available
Continuing Enrollees	This section of the report list all members who have continuing eligibility with the PMP. These members appeared on previous enrollment rosters.

Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female
Date of Birth	The member's date of birth
Start Date	The start date of the member's enrollment with the PMP
New Enrollees	This section of the report lists new enrollees with the PMP
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear
PMP Number	The ten-character Medicaid identifier of the member's Primary Medical Provider or PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female

Date of Birth	The member's date of birth
Start Date	The start date of the member's enrollment with the PMP
Terminated Enrollees	This section of the report indicates members who have disenrolled from the PMP or have had Medicaid benefits discontinued
Group Number	The ten-character Medicaid identifier of the group with which the provider is affiliated. If the member is not assigned to a group through a PMP assignment, this field does not appear.
PMP Number	The ten-character Medicaid identifier of the member's PMP, as of the effective date of the report
Member ID	The listed member's Medicaid RID
Member Last Name	The member's last name
Member FI	The member's first name initial
Member MI	The member's middle name initial
Street Address	The member's street address
City	The member's city
State	The member's state
ZIP	The member's nine digit ZIP Code, including +4 if available
Sex	The member's gender, male or female
Date of Birth	The member's date of birth
Stop Date	The stop date of the member's enrollment with the PMP
New Enrollees	The total number of new enrollees
Continuing Enrollees	The total number of continuing enrollees
Terminated Enrollees	The total number of terminated enrollees
Total	The total number of enrollees

```
Report:        MGD-0034-B                                IndianaAIM                                    Date:         mm/dd/yy

Process:       XXXXXXXX                             RBMC PMP Enrollment Roster

Location:      XXXXXXXX                              Effective Date: mm/dd/yy


PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Group Number:  999999999X
Group Name:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
                                                   Continuing Enrollees

Member ID                                   Street Address              Sex         Date of        Start
Member Last Name, FI, MI                   City, State, ZIP                          Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx          M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

```
Report:        MGD-00034-B                          IndianaAIM                                  Date:        mm/dd/yy

Process:       XXXXXXXX                          RBMC PMP Enrollment Roster

Location:      XXXXXXXX                           Effective Date: mm/dd/yy


PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)
                                                                New Enrollees

Group Number:  999999999X
Group Name:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Member ID                                   Street Address              Sex        Date of        Start
Member Last Name, FI, MI                   City, State, ZIP                        Birth          Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

```
Report:        MGD-00034-B                          IndianaAIM                                  Date:        mm/dd/yy

Process:       XXXXXXXX                        RBMC PMP Enrollment Roster

Location:      XXXXXXXX                         Effective Date: mm/dd/yy

PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)
                                                        Terminated Enrollees

Group Number:  999999999X
Group Name:    xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Member ID                                   Street Address              Sex        Date of        Stop
Member Last Name, FI, MI                   City, State, ZIP                        Birth         Date

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999

999999999999                          xxxxxxxxxxxxxxxxxxxxxxx           M/F        mm/dd/yy      mm/dd/yy
XXXXXXXXXXXXXXXXXXXXXXXX, X, X        xxxxxxxxxxxxxxxxxxxxxxx
                                      xxxxxxxxxxx, xx, 99999
```

Report: MGD-0034-B IndianaAIM Date: mm/dd/yy

Process: XXXXXXXX RBMC PMP Enrollment Roster

Location: XXXXXXXX Effective Date: mm/dd/yy

PMP Identification Number (99999999X)
PMP Name (xxxxxxxxxxxxxxxxxxxxxxxxx)
Address 1 (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
Address 2 (xxxxxxxxxxxxxxxxxxxxxxxxxxx)
City, State, ZIP (xxxxxxxxxxxxxx, xx, 99999)

Enrollment Worksheet

Group Number: 999999999X
Group Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

New Enrollees	Continuing Enrollees	Terminated Enrollees	Total Enrollees
9,999	9,999	9,999	9,999

MGD-9006-R PMP Confirmation Letter to Dis-enrolled Auto-Assigned Members

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9006-R		PMP Confirmation Letter to Dis-enrolled Auto-Assigned Members

Description of Information

This letter informs the member of the new PMP and when he or she must begin seeing the PMP. The letter provides the PMP's name, address, and phone number.

Purpose

This letter is generated on dis-enrollment of the member's previous PMP and subsequent auto-assignment to a new PMP or the same PMP (the letter is usually suppressed in this instance). It identifies the PMP and provides the PMP's address and phone number, as well as the Hoosier Healthwise Helpline number, if there are any questions regarding the assignment.

Sort Sequence

- *Primary -* Member last name

Distribution

To	Media	Copies	Frequency
Member	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
Member First Name	The initial of the member's first name
MI	The initial of the member's middle name
Last Name	The member's last name
Street Address	The member's street address
City	The city of the member's mailing address
State	The state of the member's mailing address
ZIP Code	The nine-digit ZIP Code, including +4 if available, of the member's mailing address
MM/DD/YYYY	The disenrollment date of the member's previous PMP
MM/DD/YYYY	The effective date of the member's assignment to this PMP

PMP Name	The name of the member's PMP
Group Name	If applicable, the group to which the provider is linked for this member
Provider Phone	The phone number of the PMP
Street Address	The street address of the service location where the member is assigned
City	The city of the service location where the member is assigned
State	The state of the service location where the member is assigned
ZIP Code	The nine-digit ZIP Code, including +4 if available, of the service location to which the member is assigned

Date

Member First Name, MI, Last Name

Street Address

Street Address

City, State, ZIP Code

Dear Hoosier Healthwise Member:
Effective MM/DD/YYYY your current Hoosier Healthwise doctor will no longer be participating in the Hoosier Healthwise program. This is to let you know that starting MM/DD/YYYY, your new Hoosier Healthwise personal doctor will be:

PMP Name

PMP's Address Line

PMP's Address Line

PMP's City, State, ZIP Code

PMP Phone

This is the doctor you will go to for your medical care. Because you are a Hoosier Healthwise member, your personal doctor is available 24 hours a day, 7 days a week.

Most important to you, your personal doctor can give you medical care for your individual health care needs. Your personal doctor will treat you, and arrange for visits to specialists and hospital care when you need it.

As a Hoosier Healthwise member, you should see your personal doctor before you go anywhere else for medical care. You do not need to go to the emergency room unless it is a true emergency; if you are unsure, call your Hoosier Healthwise doctor for advice.

If you have any questions about Hoosier Healthwise, either call your personal doctor at the phone number listed above or call 1-800-889-9949.

Sincerely,

The Hoosier Healthwise Program

MGD-9007-Q PMP Certification Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9007-Q		PMP Certification Letter

Description of Information

The Indiana*AIM* system generates the PMP Certification Letter to the provider. In addition, it provides the Certification Code listed on the Provider/Managed Care Certification Code Maintenance window. Letters generated on the first Monday of the month prior to the beginning of the quarter shall have the information printed for the future quarter, not the present quarter. These letters are printed on State letterhead.

Purpose

The letter informs the provider of his or her Certification Code for the quarter.

Sort Sequence

- *Primary -* Certification code

Distribution

To	Media	Copies	Frequency
Providers	Paper	1	Quarterly or On request upon initial enrollment

Detailed Field Definitions

Date	The date the letter is generated by the Indiana*AIM* system
Name	The provider's name as it appears in the Provider Address window under the **Mail To** listing
Address 1	The provider's address as it appears in the Provider Address window under the **Mail To** listing
Address 2	Additional provider address information as it appears in the Provider Address window under the **Mail To** listing
City	The provider's city as it appears in the Provider Address window under the **Mail To** listing
State	The provider's state as it appears in the Provider Address window under the **Mail To** listing
ZIP Code	The provider's ZIP Code as it appears in the Provider Address window under the **Mail To** listing
Beginning xxxxxxx 99, yyyy	The effective date for using the authorization code. This date is captured

	from the Provider/Managed Care Certification Code Maintenance window
Expire on xxxxxxx 99, yyyy	The date the authorization code expires. This date is captured from the Provider/Managed Care Certification Code Maintenance window
Certification Code xx	The certification code the provider assigned. This certification code is captured from the Provider/Managed Care Certification Code Maintenance window.
Until xxxxxxx 99, yyyy	The last day the old authorization code can be used. This is one day prior to the beginning date of the new authorization code

PMP Certification Code Letter

{Name} {Date}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Hoosier Healthwise Provider:

Thank you for your participation in the Hoosier Healthwise program. This letter is to inform you of the quarterly change in your certification code. Beginning xxxxxxxx 99, yyyy, please provide the following certification code, in addition to your Medicaid provider number, to any other Medicaid provider to whom you have referred one of your Hoosier Healthwise patients. This code will expire on xxxxxxxx 99, yyyy.

Certification Code: xx

If you have recently joined the program and this is the first certification code you have received, you may begin using it immediately. Providers who have received a certification code previously, however, should continue to use that code until xxxxxxxxx 99, yyyy. Also, please note that this certification code is used for members in the PCCM Program **only**.

If you have any questions about the information contained in this package, please contact the Hoosier Healthwise/EDS hotline at 1-800-577-1278.

Sincerely,

The Hoosier Healthwise Program

MGD-9007-R PCCM PMP Voluntary Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9007-R		PCCM PMP Voluntary Disenrollment Letter

Description of Information

This letter informs the Primary Medical Provider of official disenrollment from the Hoosier Healthwise program. The letter documents the PMP, the effective date of the disenrollment, and why the provider was disenrolled.

Purpose

This letter serves as notification to the PMP regarding a voluntary disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* PMP last name

Distribution

To	Media	Copies	Frequency
Providers	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
PMP Contact Name	The name of the disenrolled PMP
PMP Address Line 1	The PMP mailing street address line 1
PMP Address Line 2	The PMP mailing street address line 2
PMP City	The PMP mailing address city
PMP State	The PMP mailing address state
PMP ZIP Code	The PMP's nine-digit ZIP Code (include + 4 if available)
PMP	Name of PMP
MM/DD/YYYY	Effective date of the disenrollment
MM/DD/YYYY	Date the disenrollment finalized and all member assignments ended with this PMP

Date

PMP Contact Name

PMP Address

PMP Address

PMP Address (or blank if not needed)

Dear PMP:

Effective MM/DD/YYYY you will no longer be participating in the PrimeStep (Primary Care Case Management) network of Hoosier Healthwise. You are being disenrolled from PrimeStep per your request.

You are responsible for members assigned to you under the PrimeStep program until MM/DD/YYYY.

If you have any questions regarding your disenrollment, please contact the Hoosier Healthwise Helpline at 1-800-889-9949.

Sincerely,

The Hoosier Healthwise Program

MGD-9008-D PCCM PMP Mandatory Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9008-D		PCCM PMP Mandatory Disenrollment Letter

Description of Information

This letter informs the Primary Medical Provider of official disenrollment from the Hoosier Healthwise program. The letter documents the PMP's name, the effective date of the disenrollment, and why the provider disenrolled.

Purpose

This letter serves as notification to the PMP regarding a mandatory disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* PMP last name

Distribution

To	Media	Copies	Frequency
Providers	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
PMP Contact Name	The name of the disenrolled PMP
PMP Address Line 1	The mailing street address line 1 of the disenrolled PMP
PMP Address Line 2	The mailing street address line 2 of the Disenrolled PMP
PMP City	The mailing address city of the disenrolled PMP
PMP ZIP Code	The mailing address nine-digit ZIP Code, including +4 if available, of the disenrolled PMP
PMP	The Name of the disenrolled PMP
MM/DD/YYYY	Effective date of the PMP disenrollment
MCO Name	Name of the PMP's affiliated MCO
Disenrollment Reason:	Provider Medicaid Eligibility Terminated
	Group Medicaid Eligibility Terminated
	PMP Specialty changed to Non-Managed Care

	PMP Service Location No longer Active
	PMP Group Enrollment Terminated
	Mandatory Disenrollment
MM/DD/YYYY	Date the disenrollment finalized and all member's assignments ended with this PMP

Date

PMP Contact Name

PMP Address

PMP Address

PMP Address (or blank if not needed)

Dear PMP:

Effective MM/DD/YYYY you will no longer be participating in the PrimeStep (Primary Care Case Management) network of Hoosier Healthwise. You are being disenrolled from the program due to Disenrollment Reason.

You are responsible for members assigned to you under the PrimeStep program until MM/DD/YYYY.

If you have any questions regarding your disenrollment, please contact the Hoosier Healthwise Helpline at 1-800-889-9949.

Sincerely,

The Hoosier Healthwise Program

MGD-9009-R RBMC Member Mandatory PMP Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9009-R		RBMC Member Mandatory PMP Disenrollment Letter

Description of Information

This letter informs the member of his or her PMP's disenrollment from the Hoosier Healthwise program. The letter documents the member, the effective date of the disenrollment and the phone number the member must call to select another PMP.

Purpose

This letter serves as notification to the RBMC member regarding his or her PMP's disenrollment and how to select another PMP.

Sort Sequence

- *Primary -* Member last name

Distribution

To	Media	Copies	Frequency
Members	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
Member Name	The Name of the member affected by the PMP disenrollment
Member Address Line 1	The street address line 1 of the member affected by the PMP disenrollment
Member Address Line 2	The street address line 2 of the member affected by the PMP disenrollment
Member City	The city of the member affected by the PMP disenrollment
Member State	The state of the member affected by the PMP disenrollment
Member ZIP Code	The nine-digit ZIP Code (include + 4 if available) of the member affected by the PMP disenrollment
MM/DD/YYYY	Date the member assignment ends with the disenrolled PMP
MCO Name	The name of the MCO with which the disenrolled PMP was affiliated
Member Services Hotline	The phone number of the MCO's member services hotline

Date

Member's First and Last Name

Member Address Line 1

Member Address Line 2

Member City, State, ZIP Code

Dear Hoosier Healthwise Member:

Effective MM/DD/YYYY your current Hoosier Healthwise doctor will no longer be participating as a Primary Medical Provider (PMP) in Hoosier Healthwise. This is to let you know you must select another Hoosier Healthwise personal doctor or one will be chosen for you.

You must call the Member Services number at 1-xxx-xxx-xxxx to select your new doctor in your network MCO Name.

Sincerely,

The Hoosier Healthwise Program

MGD-9010-R MCO RBMC PMP Mandatory Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9010-R		MCO RBMC PMP Mandatory Disenrollment Letter

Description of Information

This letter informs the MCO of a PMP's mandatory disenrollment from the Hoosier Healthwise program. The letter documents the MCO, MCO contact name, PMP, the effective date of the disenrollment, and why the provider disenrolled.

Purpose

This letter serves as notification to the MCO regarding a mandatory PMP disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* MCO contact name

Distribution

To	Media	Copies	Frequency
MCO	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
MCO Contact Name	The MCO contact name
MCO Address Line 1	The MCO street address line 1 for the disenrolled PMP
MCO Address Line 2	The MCO street address line 2 for the disenrolled PMP
MCO City	The MCO city for the disenrolled PMP
MCO State	The MCO state for the disenrolled PMP
MCO ZIP Code	The MCO nine-digit ZIP Code (include + 4 if available) for the disenrolled PMP
MCO Contact Name	The MCO contact name
MM/DD/YYYY	Effective date of RBMC PMP disenrollment
Name of Disenrolled PMP	Name of the RBMC PMP disenrolled
Name of MCO	Name of the MCO which the PMP is affiliated

Disenrollment Reason

Values include:

- Provider Medicaid Eligibility Terminated
- Group Medicaid Eligibility Terminated
- PMP Specialty Changed to Non-Managed Care
- PMP Service Location No Longer Active
- PMP Group Enrollment Terminated
- Mandatory Disenrollment

Date

MCO Contact Name

MCO Name

MCO Address Line 1

MCO Address Line 2

MCO City, MCO State, MCO ZIP

Dear MCO Contact Name:

The following Primary Medical Provider will no longer be in your network in Hoosier Healthwise:

Effective Date:	mm/dd/yyyy
PMP Name:	Name of PMP being disenrolled
Disenrollment Reason:	Disenrollment reason

If you have any questions regarding the disenrollment of this PMP please contact the Managed Care unit at EDS.

Sincerely,

The Hoosier Healthwise Program

MGD-9012-R PCCM Member Mandatory or Voluntary PMP Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9012-R		PCCM Member Mandatory or Voluntary PMP Disenrollment Letter

Description of Information

This letter informs the member of his or her PMP's disenrollment from the Hoosier Healthwise program. The letter documents the member, the effective date of the disenrollment and the phone number the member must call to select another PMP.

Purpose

This letter serves as notification to the PCCM member regarding the mandatory or voluntary disenrollment of the PMP from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* Member last name

Distribution

To	Media	Copies	Frequency
Members	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
Member Name	The Name of the member affected by the PMP disenrollment
Member Address Line 1	The street address line 1 of the member affected by the PMP disenrollment
Member Address Line 2	The street address line 2 of the member affected by the PMP disenrollment
Member City	The city of the member affected by the PMP disenrollment
Member State	The state of the member affected by the PMP disenrollment
Member ZIP Code	The nine-digit ZIP Code (include + 4 if available) of the member affected by the PMP disenrollment
MM/DD/YYYY	Date the member assignment ends with the disenrolled PMP

Date

Member's First and Last Name

Member Address Line 1

Member Address Line 2

Member City, State, ZIP Code

Dear Hoosier Healthwise Member:

Effective MM/DD/YYYY your current Hoosier Healthwise doctor will no longer be participating as a Primary Medical Provider (PMP) in Hoosier Healthwise. This is to let you know that you must select another Hoosier Healthwise doctor or one will be chosen for you.

You must call the Hoosier Healthwise Helpline at 1-800-889-9949 to select your new doctor.

Sincerely,

The Hoosier Healthwise Program

MGD-9013-R RBMC PMP Voluntary Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9013-R		RBMC PMP Voluntary Disenrollment Letter

Description of Information

This letter informs the MCO of its PMP's voluntary disenrollment from the Hoosier Healthwise program. The letter documents the MCO, MCO Contact Name, PMP, the effective date of the disenrollment, and why the provider disenrolled.

Purpose

This letter serves as notification to the MCO regarding a voluntary PMP disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* MCO contact name

Distribution

To	Media	Copies	Frequency
EDS Managed Care Unit	Paper	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
MCO Contact Name	The MCO contact name
MCO Address Line 1	The MCO Street Address Line 1 of the disenrolled PMP
MCO Address Line 2	The MCO Street Address Line 2 of the disenrolled PMP
MCO City	The MCO City of the disenrolled PMP
MCO State	The MCO state of the PMP being disenrolled
MCO ZIP Code	The MCO nine digit ZIP Code (include + 4 if available) of the disenrolled PMP
MCO Contact Name	The MCO contact name
MM/DD/YYYY	Effective date of RBMC PMP disenrollment
Name of the PMP Being Disenrolled	Name of the RBMC PMP disenrolled

Date
MCO Contact Name

MCO Name

MCO Address Line 1

MCO Address Line 2

MCO City, MCO State, MCO ZIP

Dear MCO Contact Name:

The following Primary Medical Provider will no longer be in your network in Hoosier Healthwise:

Effective Date:	MM/DD/YYYY
PMP Name:	Name of PMP being disenrolled
Disenrollment Reason:	Disenrollment reason

If you have any questions regarding the disenrollment of this PMP please contact the Managed Care unit at EDS.

Sincerely,

The Hoosier Healthwise Program

MGD-9014-R RBMC PMP Voluntary Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9014-R		RBMC PMP Voluntary Disenrollment Letter

Description of Information

This letter informs the PMP of its voluntary disenrollment from the Hoosier Healthwise Program. The letter documents the PMP, MCO, effective date of disenrollment, why the provider disenrolled, and MCO's phone number.

Purpose

This letter serves as confirmation to the PMP regarding voluntary PMP disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* PMP name

Distribution

To	Media	Copies	Frequency
Providers	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
PMP Name	The Name of the disenrolled PMP
PMP Address Line 1	The Street Address Line 1 of the disenrolled PMP
PMP Address Line 2	The street Address Line 2 of the disenrolled PMP
PMP City	The city of the disenrolled PMP
PMP State	The state of the disenrolled PMP
PMP ZIP Code	The nine-digit ZIP Code, including +4 if available, of the disenrolled PMP
PMP	The name of the disenrolled PMP
MM/DD/YYYY	Effective date of the PMP disenrollment
Name of MCO	Name of the MCO with which the PMP is affiliated
MM/DD/YYYY	Date when all member assignments end with the disenrolled PMP
xxx xxx-xxxx	The MCO Member Services hotline

Date

PMP Contact Name

PMP Address

PMP Address

PMP Address (or blank if not needed)

Dear PMP:

Effective MM/DD/YYYY, you will no longer be participating in the following network of the Hoosier Healthwise Program: MCO Name.

You are being disenrolled from the program per your request. You are responsible for members assigned to you under the Risk Base Managed Care program until MM/DD/YYYY.

If you have any questions regarding your disenrollment from Hoosier Healthwise, please contact:

MCO Name

1-xxx-xxx-xxxx.

Sincerely,

The Hoosier Healthwise Program

MGD-9015-R RBMC PMP Mandatory Disenrollment Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9015-R		RBMC PMP Mandatory Disenrollment Letter

Description of Information

This letter informs the PMP of mandatory disenrollment from the Hoosier Healthwise program. The letter documents the PMP, MCO, the effective date of the disenrollment, why the provider disenrolled, and the phone number of the MCO.

Purpose

This letter serves as notification to the PMP regarding mandatory PMP disenrollment from the Hoosier Healthwise program.

Sort Sequence

- *Primary -* PMP name

Distribution

To	Media	Copies	Frequency
Providers	Paper (system-generated)	1	On request

Detailed Field Definitions

Date	The month, day, and year on which the letter was generated
PMP Contact Name	The name of the disenrolled PMP
PMP Address Line 1	The street address line 1 of the disenrolled PMP's mailing address
PMP Address Line 2	The street address line 2 of the disenrolled PMP's mailing address
PMP City	The city of the disenrolled PMP's mailing address
PMP State	The state of the disenrolled PMP's mailing address
PMP ZIP Code	The nine-digit ZIP Code, including +4 if available, of the disenrolled PMP's mailing address
PMP	The Name of the disenrolled PMP
MM/DD/YYYY	Effective date of the PMP disenrollment
MCO Name	Name of the MCO which the PMP is affiliated

Disenrollment Reason:

Valid values include:

- Provider Medicaid Eligibility Terminated
- Group Medicaid Eligibility Terminated
- PMP Specialty changed to Non-Managed Care
- PMP Service Location No longer Active
- PMP Group Enrollment Terminated
- Mandatory Disenrollment

Date

PMP Contact Name
PMP Address
PMP Address
PMP Address (or blank if not needed)

Dear PMP:

Effective MM/DD/YYYY, you will no longer be participating in the following network of the Hoosier Healthwise Program: MCO Name.

You are being disenrolled due to Disenrollment Reason.

You are responsible for members assigned to you under the Risk Based Managed Care program until MM/DD/YYYY.

If you have any questions regarding your disenrollment from Hoosier Healthwise, please contact:

MCO Name
1-xxx-xxx-xxxx.

Sincerely,

The Hoosier Healthwise Program

Section 16: PAU Reports

PAU-0002-D Prior Authorization Daily 7-10 days Old Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0002-D	PAUJD002	Prior Authorization Daily 7-10 days Old Report – Medicaid

Description of Information

The report includes all Prior Authorizations that are seven to ten working days old without a final decision for Medicaid. They have a decision status of E. The PA number, RID No., Provider Number, Assignment Code, Julian Date Received, and Days Aged, with the oldest day printing first, are included.

Purpose

The Prior Authorization Daily 7-10 Days Old Report – Medicaid is used by HCE management to track the Julian date that Prior Authorization Analysts are currently working in order to maintain contractual obligations.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Days aged
- *Tertiary -* PA number

Distribution

To	Media	Copies	Frequency
HCE	CRLD	0	Daily
IFSSA	CRLD	0	Daily

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total number of pages for this report

Assignment — Assignment code is one of the 19 categories of Code service codes. The English description is printed on the report.

Valid values:

	01 – Home Health 02 – Hospital 03 – Outpatient 04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services
PA Number	Unique ten-character alphanumeric Prior Authorization number assigned by an analyst. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian date, M = Media type, S = Sequence number
RID Number	12-digit member Medicaid number
Provider Number	Ten-character requesting provider number
Date Received	Julian date picked up from PA number (represented by the second, third, and fourth digits of the PA number)
Days Aged	All PAs that are seven to ten working days old are included in this report, with the oldest day printed first. Formula for calculation is the current date minus the Julian date
Subtotal For Assignment Code	Total for individual assignment codes. Each assignment code will print separately with a page break at the end.
Total # For Report/Days Aged Ten Days	Total number of PAs that are ten working days old
Total # For Report/Days Aged 9 Days	Total number of PAs that are nine working days old
Total # For Report/Days Aged 8 Days	Total number of PAs that are eight working days old
Total # For Report/Days Aged 7 Days	Total number of PA that are seven working days old
Grand Total Aged	Total number of PAs that are seven to ten working days old

Report: PAU-0002-D IndianaAIM DATE: 01/27/1994

Process: PRIOR AUTHORIZATION DAILY 7-10 DAYS OLD REPORT – MEDICAID PAGE: 3

Location:

ASSIGNMENT CODE	PA NUMBER	LINE ITEM	RID NUMBER	PROVIDER NUMBER	DATE RECEIVED	DAYS AGED
DME	401912000	A	400000000191	110000740A	019	00007

SUBTOTAL FOR
ASSIGNMENT CODE

TOTAL # FOR REPORT/DAYS AGED	10 DAYS	3
TOTAL # FOR REPORT/DAYS AGED	9 DAYS	4
TOTAL # FOR REPORT/DAYS AGED	8 DAYS	2
TOTAL # FOR REPORT/DAYS AGED	7 DAYS	1
GRAND TOTAL AGED		10

END OF REPORT

PAU-0003-D Prior Authorization Daily Automatic Approval Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0003-D	PAUJD003	Prior Authorization Daily Automatic Approval Report – Medicaid

Description of Information

The report includes all Prior Authorizations beyond ten working days automatically approved for Medicaid. The Assignment Code, PA number, RID No., Provider Number, and Date Received, are included with the oldest day printing first. The total number of Prior Authorizations for each assignment code for the previous month and previous year are also displayed. A total calculation of Prior Authorizations automatically approved for all assignment codes for the previous month and previous year are summarized at the end of the report.

Note: Distributed data are part of the IndianaAIM design.

Purpose

The Prior Authorization Daily Automatic Approval Report – Medicaid is used by HCE management to determine prior authorization requests not worked within the ten day limit.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* PA number
- *Tertiary -* Date received, descending

Distribution

To	Media	Copies	Frequency
HCE	CRLD	0	Daily
IFSSA	CRLD	0	Daily

Detailed Field Definitions

Date
Date of the report in MM/DD/CCYY format

Page
Sequence number of this page of the report when compared to the total number of pages for this report

Assignment Code
One of the 19 categories of service codes. The English description is printed on the form

Valid values:
01 – Home Health

02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation
07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment
12 – Occupational Therapy
13 – Physical Therapy
14 – Respiratory Therapy
15 – Dental Services
16 – Optometry Services
17 – Podiatry
18 – Chiropractic Services
19 – Pharmaceutical Services
20 – MCO

PA Number	Unique ten-character alphanumeric prior authorization number. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian date, M = Media type, S = Sequence number
Line Item	One-character alphabetic record which allows a prior authorization number to be broken down into individual parts. Each PA record may have up to ten line-items.
RID Number	12-digit member Medicaid number
Provider Number	Requesting provider's ten-character Medicaid Identification Number
Date Received	Date the PA was received by HCE (CCYYMMDD)
Total # Assignment Code	Total number of PAs automatically approved by assignment code
Previous Month	Total number of PAs automatically approved by assignment code for the previous month
Same Month/Previous Year	Total number of PAs automatically approved by assignment code for the corresponding month of the previous year
Total # For Report	Total number of PAs automatically approved for all assignment codes
Previous Month	Total number of PAs automatically approved for all assignment codes for the previous month
Same Month/Previous Year	Total number of PAs automatically approved for all assignment codes for the corresponding month of the previous year

Report: PAU-0003-D IndianaAIM PAGE: 1

Process: PRIOR AUTHORIZATION DAILY AUTOMATIC APPROVAL REPORT – MEDICAID DATE: 01/25/1994

Location: APPROVAL DATE 01/25/1994

ASSIGNMENT CODE	PA NUMBER	LINE ITEM	RID NUMBER	PROVIDER #	DATE RECEIVED
HOME HEALTH	4010120010	A	400000000189	110000720A	01/10/1994
HOME HEALTH	4010120010	B	400000000189	110000720A	01/10/1994
HOME HEALTH	4010120011	A	400000000424	110000480A	01/10/1994
HOME HEALTH	4010120011	B	400000000424	110000480A	01/10/1994

		PREVIOUS MONTH	SAME MONTH/PREVIOUS YEAR
TOTAL # ASSIGNMENT CODE	4	0	0
TOTAL # FOR REPORT	4	0	0

END OF REPORT

PAU-0005-M Prior Authorization Monthly Activity Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0005-M	PAUJM005	Prior Authorization Monthly Activity Report – Medicaid

Description of Information

This report is printed monthly and includes all activity on Prior Authorizations requested, rejected, approved, modified, or denied for Medicaid. The assignment codes and the service codes and the total for each category and total year-to-date for each category are included, as well as the total of all categories and year-to-date total of all categories. In order to include complete data for the month, the report is printed on the 15th of the following month.

Purpose

The Prior Authorization Monthly Activity Report – Medicaid is used by both IFSSA and HCE to determine the volume of PAs entered into the system each month.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total number of pages for this report

Assignment Code — One of the 19 category of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation

	07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment (changed to DME on report) 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services (changed to Chiropractic Service on report) 19 – Pharmaceutical Services (changed to Pharmacy Services on report). 20 – MCO
# Of Requests	Total number of PA requests for the month
Service Code	All service codes included in the assignment code. The service code field includes CPT, HCPC, Drug, and Revenue codes
Units Requested	Total number of requested units for an assignment code
Units Approved	Total number of approved units for an assignment code in which the PA Status is **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**
Units Modified	Total number of modified units for an assignment code in which the PA Status is **G**, **M**, **T**, **V**, or **X**
Units Denied	Total number of denied units for an assignment code in which the PA Status is **D**, **G**, **H**, **I**, **M**, **T**, **U**, **V**, **W**, or **X**
Units Rejected	Total number of rejected units for an assignment code in which the PA Status is **R** or **Q**
Units Other	Total number of other units for an assignment code in which the PA Status is **N** or **O**
Units Pending	Total number of pending units for an assignment code in which the PA Status is **P** (usually psych or DME)
Dollars Approved	Total number of approved dollars for an assignment code. If units are not approved, dollars is a required field
Undup Recipients	Number of unduplicated members requesting prior authorization for an assignment code
Total Assignment Code	Total for the month for the assignment code
Previous Month	Total for the previous month for the assignment code
Total YTD	Total for the year-to-date for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied

Previous Year	Total for the previous year for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied
Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Total for the previous month for all assignment codes
Total YTD	Total for the year-to-date for all assignment codes, which includes the total number of units requested, rejected, approved, modified, and denied
Previous Year	Total for the previous year for all assignment codes, which includes the total number of units requested, rejected, approved, modified, and denied

Report: PAU-0005-M IndianaAIM DATE: 02/15/94

Process: PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT – MEDICAID PAGE: 1

Location: MONTH OF JANUARY

ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	UNITS REQUESTED	UNITS APPROVED	UNITS MODIFIED	UNITS DENIED	UNITS REJECTED	DOLLARS APPROVED	UNDUP RECIPIENTS
HOSPITAL	30450	25	1	1	0	0	0	850,000	0
HOSPITAL	30520	30	1	1	0	0	0	600,000	0
HOSPITAL	58260	12	1	1	0	0	0	450,000	0
TOTAL ASSIGNMENT CODE		67	3	3	0	0	0	1,900,000	0
PREVIOUS MONTH		67	3	3	0	0	0	1,900,000	0
TOTAL YTD		67	3	3	0	0	0	1,900,000	0
PREVIOUS YEAR		67	3	3	0	0	0	1,900,000	0
TOTAL ALL ASSIGNMENT CODES		67	3	3	0	0	0	1,900,000	0
PREVIOUS MONTH		67	3	3	0	0	0	1,900,000	0
TOTAL YTD		67	3	3	0	0	0	1,900,000	0
PREVIOUS YEAR		67	3	3	0	0	0	1,900,000	0

END OF REPORT

PAU-0006-M Prior Authorization Monthly Administrative Review Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0006-M	PAUJM006	Prior Authorization Monthly Administrative Review Report – Medicaid

Description of Information

This report is printed monthly and includes all activity on Prior Authorizations that have gone through the Administrative Review process for Medicaid. These are PAs with a decision status of X modified through administrative review, and Y, approved through administrative review, and PAs not changed because the Administrative Review request was denied. The report gathers data from the drop-down window box PA Administrative Review. All activity with an Administrative Review decision date for the month print on the report.

Purpose

The Prior Authorization Monthly Administrative Review Report – Medicaid, reports all PAs for a month that have gone through the administrative review process.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total number of pages for this report

Assignment Code — One of the 19 categories of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient

	04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services 20 – MCO
Service Code	All service codes listed the assignment code print. The service code field includes CPT, HCPC, Drug and Revenue codes.
PA Number	Unique ten-character alphanumeric prior authorization number. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian Date, M = Media Type, S = Sequence Number
# Of Requests	Number of requests for administrative review for a particular month
Units Requested	Total number of requested units for a service code
Units Rejected	Total number of units rejected through Administrative Review for a service code
Units Approved	Total number of units approved through Administrative Review for a service code
Dollars Approved	Total number of dollars approved through Administrative Review for a service code
Units Modified	Total number of units modified through Administrative review for a service code
Units Denied	Total number of units denied through Administrative Review for a service code
Total Assignment Code	Total for the month for the individual assignment code
Previous Month	Total for the assignment code for the previous month
Total YTD	Total for the year-to-date for the individual assignment code
Previous Year	Total for the previous year for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied

Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Total for the previous month for all assignment codes
Total YTD	Total year-to-date for all assignment codes
Previous Year	Total for the previous year for all assignment codes

Report: PAU-0006-M IndianaAIM DATE: 02/15/1994

Process: PRIOR AUTHORIZATION MONTHLY ADMINISTRATIVE REVIEW REPORT – MEDICAID PAGE: 1

Location: MONTH OF JANUARY

ASSIGNMENT CODE	SERVICE CODE	PA NUMBER	# OF REQUESTS	UNITS REQUESTED	UNITS REJECTED	UNITS APPROVED	DOLLARS APPROVED	UNITS MODIFIED	UNITS DENIED
PHYSICIAN	V5060	4021120000	5	1	0	1	450.00	0	
PHYSICIAN	E0720	4021120001	2	1	0	1	1200.00	0	
TOTAL ASSIGNMENT CODE			7	2	0	2	1650.00	0	
PREVIOUS MONTH			0	0	0	0	0000.00	0	
TOTAL YTD			7	2	0	2	1650.00	0	
PREVIOUS YEAR			0	0	0	0	0000.00	0	
TOTAL ALL ASSIGNMENT CODES			7	2	0	2	1650.00	0	
PREVIOUS MONTH			0	0	0	0	0000.00	0	
TOTAL YTD			7	2	0	2	1650.00	0	
PREVIOUS YEAR			0	0	0	0	0000.00	0	

END OF REPORT

PAU-0008-M Prior Authorization Monthly Utilization Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0008-M	PAUJM008	Prior Authorization Monthly Utilization Report – Medicaid

Description of Information

This is a utilization report that includes the number of times a particular service was approved for Medicaid by assignment code, provider type, and provider.

Purpose

The Prior Authorization Monthly Utilization Report – Medicaid is used by IFSSA and HCE to determine the activity approval rate for a provider within the Prior Authorization Department.

Sort Sequence

- *Primary -* Provider type
- *Secondary -* Provider number

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type	20-character alphabetic description of the providers type. Valid values may be found in the *Tables Manual*.
Provider Number	Requesting provider's ten-character Medicaid Identification Number
Assignment Code	One of the 20 categories of service codes. The English description is printed on the form. Valid values: 01 – Home Health 02 – Hospital 03 – Outpatient

	04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services 20 – MCO
Service Code	All service codes listed in the assignment code will print. The service code field includes CPT, HCPC, Drug, and Revenue codes.
# Of Requests	Total number of times a provider requested the particular service code
# Approved By	Number of times a service code approved for the provider
# Denied	Number of times a service code denied for the provider
# Modified	Number of times a service code modified for the provider
# Rejected	Number of times a service code rejected for the provider
Total Provider Type	Total number of PA requests by provider type
# Of Requests	Total number requests for the month by provider type
# Approved By	Total number of requests approved for the month by provider type
# Denied	Total number of requests denied for the month by provider type
# Modified	Total number of requests modified for the month by provider type
# Rejected	Total number of requests rejected for the month by provider type

Report: PAU-0008-M IndianaAIM DATE: 02/15/1994

Process: PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT – MEDICAID PAGE: 1

Location: MONTH OF JANUARY

PROVIDER TYPE: DENTAL

PROVIDER #	ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	# APPROVED	# DENIED	# MODIFIED	# REJECTED
110000940A	DENTAL	D5110	17	15	2	0	0
110000850A	DENTAL	D5120	21	17	4	0	0
TOTAL PROVIDER TYPE			38	32	6	0	0

END OF REPORT

PAU-0009-M Psychiatric Admissions Analysis – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0009-M	PAUJM009	Psychiatric Admissions Analysis Report – Medicaid

Description of Information

This report is divided into Freestanding Psychiatric Facilities, Psychiatric Wing of Acute Care Hospital, Provider Unknown, and then includes a summary of all for Medicaid. The report lists psychiatric admissions by age group. The report covers a range less than twenty-two years through over sixty-five age group.

Purpose

The purpose of this report is to show number of psychiatric admissions by type of facility and age group, including number of stays authorized and number of days requested and authorized.

Sort Sequence

- *Primary -* Provider type

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type	Based on the Provider Specialty List. The report is sorted by (011) Psychiatric Hospital
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average length of stay (LOS) for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of (PA) records with a decision code of **A** or **M** for the reporting period for the age group reported.

# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
# Non-Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Total # Admission Requests	Sum of data in # of emergency approved, #of emergency denied, # of non-emergency approved, and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Approved Through Administrative Review/ Hearings & Appeals	Only include psychiatric admissions to hospitals approved through the hearings and appeals (decision code of C) or administrative review (decision code of Y) processes
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**

Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved, and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M**

Report: PAU-0009-M (WC19-08R) IndianaAIM DATE: 02/15/1994

Process: PSYCHIATRIC ADMISSIONS ANALYSIS REPORT – MEDICAID PAGE: 1

Location: MONTH ENDING JANUARY 31, 1994

PROVIDER TYPE REPORTED: PSYCHIATRIC

	# EMERGENCY APPROVED	# EMERGENCY DENIED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	# NON-EMERGENCY DENIED	AVG APPROVED LOS	TOTAL DAYS REQUESTED	TOTAL DAYS APPROVED
< 22 YEARS	2	0	4	5	0	0	10	8
22-64 YEARS	3	1	3	7	1	0	12	12
65+ YEARS	0	0	9	6	0	0	10	8

TOTAL # ADMISSION REQUESTS: 25

TOTAL # OF APPROVALS: 23

TOTAL # OF DENIALS: 2

AVERAGE APPROVED LOS: 4

APPROVED THROUGH ADMINISTRATIVE REVIEW/HEARINGS AND APPEALS

	# EMERGENCY APPROVED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	APPROVED LOS	TOTAL DAYS REQUESTED	AVG TOTAL DAYS APPROVED
< 22 YEARS	3	0	9	5	10	10
22-64 YEARS	4	1	5	7	15	15
65+ YEARS	0	0	7	6	12	12

TOTAL # ADMISSION REQUESTS: 28

TOTAL # OF APPROVALS: 28

AVERAGE APPROVED LOS: 11

END OF REPORT

PAU-0010-M Psychiatric Admissions By Diagnosis Analysis Report

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0010-M	PAUJM010	Psychiatric Admissions By Diagnosis Analysis Report

Description of Information

This report lists all admissions by psychiatric diagnosis to Freestanding Psychiatric Facilities and Psychiatric Wings of Acute Care Hospitals. These are included together under provider specialty 011. The report lists psychiatric admissions by age group and covers three options: less than 22 years, 22–64 years, and 65 years and older. Indiana Medicaid does not authorize psychiatric admissions to Freestanding Psychiatric Facilities for members between age 22 and 65.

Purpose

The purpose of this report is to list diagnosis codes used for psychiatric admissions relative to age group and provider type.

Sort Sequence

- *Primary -* Age group
- *Secondary -* Provider type

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type	Based on the Provider Specialty List the report is sorted by (011) Psychiatric Hospital
Age Group Reported	Appropriate age group 21 years and under, 22-64 years, 65 years and older
Diagnosis Group	Based on the information in the PA Table Maintenance Menu, Psychiatric Diagnosis, under the window, PA Psychiatric Diagnosis Selection. The report lists the admission in the appropriate diagnosis group. The description of the diagnoses are as follows:

	0 – Major Depression 1 – Dysthymia 2 – Post Traumatic Stress Disorder 3 – Alcohol/Substance abuse 4 – Hyperactivity Disorder 5 – Schizophrenia 6 – Bipolar Disorder 7 – Condition Disorder 8 – Adjustment Disorder 9 – Other
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of (PA) records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box and a decision code of **A** or **M**
# Non-Emergency Denied	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields

Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Approved Through Administrative Review/ Hearings & Appeals	This section only includes psychiatric admissions to hospitals approved through the hearings and appeals (decision code of C) or administrative review (decision code of Y) processes
Diagnosis Group	Based on the PA Psychiatric Diagnosis Selection window, the report lists the admission in the appropriate diagnosis group. The description of the diagnoses groups are as follows: 0 – Major Depression 1 – Dysthymi 2 – Post Traumatic Stress Disorder 3 – Alcohol/Substance abuse 4 – Hyperactivity Disorder 5 – Schizophrenia 6 – Bipolar Disorder 7 – Condition Disorder 8 – Adjustment Disorder 9 – Other
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (12621A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved, and # of non-emergency denied fields.

Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M**
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (12621A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved, and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M**
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (12621A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved, and # of non-emergency denied fields.

Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M**

Report: PAU-0010-M (WC19-09R) IndianaAIM DATE: 02/15/1994

Process: PSYCHIATRIC ADMISSIONS BY DIAGNOSIS ANALYSIS REPORT PAGE: 1

Location: MONTH ENDING JANUARY 31, 1994

PROVIDER TYPE REPORTED: PSYCH
AGE GROUP REPORTED: OVER 65

	# EMERGENCY APPROVED	# EMERGENCY DENIED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	# NON-EMERGENCY DENIED	AVG APPROVED LOS	TOTAL DAYS REQUESTED	TOTAL DAYS APPROVED
0 – MAJOR DEP	3	0	10	5	1	10	10	10
1 – DYSTHYMIA	1	0	3	2	0	3	3	3
2 – PST STRSS	2	1	11	4	1	11	11	11
3 – ALCOH/SUB	11	0	10	12	0	10	10	10
4 – HYPER DIS	11	0	10	12	0	10	10	10
5 – SCHIZOPHR	4	0	15	11	5	14	14	14
6 – BIPOL DIS	1	0	15	0	0	0	0	0
7 – CONDT DIS	4	0	15	11	5	14	12	12
8 – ADJST DIS	1	0	15	5	0	15	15	15
9 – OTHER	0	0	0	0	0	0	0	0
SUBTOTAL	38	1	104	62	12	87	85	85

TOTAL # OF DENIALS: 14
AVERAGE APPROVED LOS: 10.4

APPROVED THROUGH ADMINISTRATIVE REVIEW/HEARINGS AND APPEALS

	# EMERGENCY APPROVED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	AVG APPROVED LOS	TOTAL DAYS REQUESTED	TOTAL DAYS APPROVED
0 – MAJOR DEP	3	0	10	5	1	10
1 – DYSTHYMIA	1	0	3	2	0	3
2 – PST STRSS	2	1	11	4	1	11
3 – ALCOH/SUB	11	0	10	12	0	10
4 – HYPER DIS	11	0	10	12	0	10
5 – SCHIZOPHR	4	0	15	11	5	14
6 – BIPOL DIS	1	0	15	0	0	0
7 – CONDT DIS	4	0	15	11	5	14
8 – ADJST DIS	1	0	15	5	0	15
9 – OTHER	0	0	0	0	0	0
SUBTOTAL	38	1	104	62	12	87

TOTAL # ADMISSION REQUESTS: 142
TOTAL # OF APPROVALS: 142
AVERAGE APPROVED LOS: 6.3

END OF REPORT

PAU-0011-Q Psychiatric Admissions By Facility Analysis Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0011-Q	PAUJM011	Psychiatric Admissions By Facility Analysis Report – Medicaid

Description of Information

This report lists Freestanding Psychiatric Facilities, Psychiatric Wing of Acute Care Hospital, Provider Unknown, and Summary Totals by Provider for Medicaid.

Purpose

To show the cumulative psychiatric admissions for the quarter for each provider by type of facility and age group. The report also includes the number of stays authorized and number of days requested and authorized.

Sort Sequence

- *Primary* - Age group
- *Secondary* - Provider type
- *Tertiary* - Provider
- *Quaternary* - Decision

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type Reported	Based on the Provider Specialty List, the report is sorted by (011) Psychiatric Hospital
Provider Number	Unique nine-digit alphanumeric code assigned to each provider enrolled in the Medicaid program
Provider Name	Name of the Billing Provider as it appears on the provider master file
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the

	PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**.
# Non-Emergency Denied	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Age Group Reported	Report the admission in the appropriate age group, of which there are three options: 21 years and under, 22-64 years, 65 years and older
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Approved Through Administrative Review/Hearings And Appeals:	
Provider Number	Unique nine-digit alphanumeric code assigned to each provider enrolled in the Medicaid program

Provider Name	The name of the Billing Provider as it appears on the provider master file.
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**.
# Non-Emergency Denied	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Age Group	Report the admission in the appropriate age group, 21 years and under, 22-64 years, 65 years and older
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported

Report: PAU-0011-Q (WC19-10R) IndianaAIM DATE: 01/15/1994

Process: PSYCHIATRIC ADMISSIONS BY FACILITY ANALYSIS REPORT – MEDICAID PAGE: 1

Location: QUARTER ENDING DECEMBER 31, 1993

PROVIDER TYPE REPORTED: PSYCHIATRIC WING OF ACUTE CARE HOSPITAL
AGE GROUP REPORTED: < 22

PROVIDER NUMBER	# EMER NAME	# EMER APPROVED	APPROVED DENIED	AVG # NON-EMER LOS	# NON-EMER APPROVED	APPROVED DENIED	AVG TOTAL DAYS LOS	TOTAL DAYS REQUESTED	APPROVED
110000420A	GENERAL PRACTITIONER	25	3	3	17	6	3	5	5
SUBTOTAL		25	3	3	17	6	3	5	5

TOTAL # ADMISSION REQUESTS: 51

TOTAL # OF APPROVALS: 42

TOTAL # OF DENIALS: 9

AVERAGE APPROVED LOS: 3

APPROVED THROUGH ADMINISTRATIVE REVIEW/HEARINGS AND APPEALS

PROVIDER NUMBER	# EMER NAME	# EMER APPROVED	APPROVED DENIED	AVG # NON-EMER LOS	# NON-EMER APPROVED	APPROVED DENIED	AVG TOTAL DAYS LOS	TOTAL DAYS REQUESTED	APPROVED
110000740A	WHITE COUNTY	15	4	5	6	1	3	5	3
SUBTOTAL		15	4	5	6	1	3	5	3

TOTAL # ADMISSION REQUESTS: 27

TOTAL # OF APPROVALS: 21

TOTAL # OF DENIALS: 5

AVERAGE APPROVED LOS: 2

END OF REPORT

PAU-0012-M Prior Authorization for Transportation Services Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0012-M	PAUJM025	Prior Authorization for Transportation Services Report – Medicaid

Description of Information

This report provides a summary by transportation category of prior authorization for transportation services for Medicaid. The report is produced monthly and exhibits data from the prior month. For example, the report for January is created during the February month-end cycle.

Data on the report is taken from the claims data and prior authorization master file. Claim details are selected for reporting based on the following criteria:

1. The status of the claim must be either a paid claim or paid adjustment.
2. The claim type must be a medical claim.
3. The detail ID code, action code combination must be a paid Medicaid detail. Also, the detail Allowed Amount must be greater than 0.
4. The procedure code from the Medicaid claim detail must have a procedure code of one of the following: A0010, A0020, A0021, A0030, A0040, A0050, A0100, A0130, A0150, A0220, A00221, A0222, A0225, A0300, A0302, A0304, A0306, A0308, A0310, A0320, A0322, A0324, A0326, A0328, A0330, A0340, A0342, A0344, A0346, A0348, A0350, A0360, A0364, A0366, A0368, A0380, A0390, X3028, X3029, X3030, X3031, X3032, X3033, X3034, X3035, X3036, X3037, X3038, X3039, Y9001, Y9005, Y9008, Y9010, Y9012, Y9103, Y9104, Y9805, Y9806, Y9210.
5. The procedure codes listed above match one of the procedure codes fall under one of the following procedure types:

   24 Taxi
   109 Ambulance
   110 Commercial Ambulance
   111 Non-Ambulatory
   112 Mileage

6. HCE prior authorized effective date must fall in the month reported.

> *Note: Month reported is indicated by the month ending date on the report.*

When all these conditions are met, the prior authorization is updated to indicate that it is reported.

Section A of the report documents trips in excess of 20 trips per 12 months, excluding trips in excess of 49 miles. Section B separately reports emergent and non-emergent trips in excess of 49 miles. See mileage codes on category under detailed field definitions.

Values of the individual report columns are arrived at either by accumulating the individual units from prior authorization records associated by procedure code to one of the four report categories, or by performing some type of calculation on the accumulated totals. In accumulating the total number of trips each unit of service is considered to be one trip. For mileage procedure codes, one unit of service is considered to be one mile.

An approved prior authorization is indicated by a decision code of **A**, **F**, **M**, **C**, or **Y** in the decision field. I n order to be counted as approved a PA must have one of these decision codes. Both the count of approved members and the count of members requesting transportation services are only incremented once per original RID No. for a given transportation category. If a member has services in more than one category, the section total is adjusted so that the PCN is only counted once in the section summary.

Decision Codes:

A = Approved
C = Decision overturned by ALJ
F = Approved continuation of service
M = Modified
Y = Approved through administrative review

Purpose

The purpose of this report is to summarize the number of trips requested, approved, and denied for transportation services.

Sort Sequence

Not applicable

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report. There are always three pages in this report.
Section A	Trips in excess of 20 trips per 12 months when a prior authorization meets all of the criteria for reporting. This section excludes any trip in excess of 49 miles.
Section B	Trips in excess of 49 miles when a prior authorization meets all of the criteria for reporting. This section is divided into two sections, emergent and non-emergent. This is designated by emergency indicator on CMS-1500.

Category

Data is reported by category. Four categories appear on the report: ambulance, commercial ambulatory, non-ambulatory, and taxi.

Category	Procedure Type	Procedure Code
Ambulance	109	A0010
	109	A0030
	109	A0040
	109	A0050
	109	A0140
	109	A0150
	109	A0220
	109	A0222
	109	A0225
	109	A0300
	109	A0302
	109	A0304
	109	A0306
	109	A0308
	109	A0310
	109	A0320
	109	A0322
	109	A0324
	109	A0326
	109	A0328
	109	A0330
	109	A0340
	109	A0342
	109	A0344
	109	A0346
	109	A0348
	109	A0350
	109	A0360
	109	A0364
	109	A0366
	109	A0368
	109	A0370
Commercial Ambulatory	110	X3028
	110	X3029
	110	X3030
Non-Ambulatory	111	A0130
	111	X3039
	111	Y9001
	111	Y9201

Taxi	24	A0100
	24	X3031
	24	X3032
	24	X3033
	24	X3034
	24	X3035
	24	X3036
	24	X3037
	24	X3038
	24	Y9010
	24	Y9210
Mileage	112	A0020
	112	A0021
	112	A0221
	112	Y9005
	112	Y9008
	112	Y9012
	112	Y9103
	112	Y9104
	112	Y9805
	112	Y9806
	112	A0380
	112	A0390

 # Trips Requested

Cumulative number of base trips in the quantity units of service request field. This information is the quantity billed from paid claims with PA.

 # Trips Approved

Cumulative number of base rate trips in the quantity units of service authorized field. This information is the quantity allowed from paid claims with PA.

 # Trips Denied

Difference between the cumulative number of quantity units of service request and quantity units of service authorized.

 # Recip PA Req

Count of the number of unduplicated members for whom a PA request (for the reported transportation category) was processed in the reporting month. This includes all decision codes. This information is from the PA window.

 # Recip PA Approved

Count of the number of unduplicated members for whom a request (for the reported transportation category) was approved in the reporting month. Only PA records with a decision of **A**, **F**, **M**, **C**, or **Y** are included. This information is from the PA window.

Avg Trips APVD/ Recip

Results of dividing and rounding the total # Trips Approved by the total Recip PA Approved.

# Miles Approved	Accumulated total of units approved for mileage segments associated with a base rate PA record that meets all of the criteria for reporting, and which has a mileage segment (an authorization matching one of the procedure codes listed above under mileage). This information is from paid claims.
Avg. Approved	Result of dividing and rounding the total # Miles Approved by the total #
Miles/Recip	Recip PA Approved.

Report: PAU-0012-M IndianaAIM Run Date: 09/12/1997

Process: PAUJM025 Prior Authorization for Transportation Report – Medicaid Run Time: 16:39:21

Location: PAU0012M Month Ending: 8/30/1997 Page: 1

SECTION A

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip PA Approved	Avg Trips Apvd/Recip	# Miles Approved	Avg Miles/Recip
AMBULANCE	2	2	0	16	1	2	99	99
COMMERCIAL AMBULATORY	32	32	0	217	10	3	2,264	226
NON-AMBULATORY	4	4	0	74	2	2	249	124
TAXI	0	0	0	9	0	0	0	0
SUMMARY TOTALS:	38	38	0	316	13	2	2,612	200

Report: PAU-0012-M IndianaAIM Run Date: 09/12/1997

Process: PAUJM025 Prior Authorization for Transportation Report – Medicaid Run Time: 16:39:21

Location: PAU0012M Month Ending: 8/30/1997 Page: 2

SECTION B – EMERGENCY

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip PA Approved	Avg Trips Apvd/Recip	# Miles Approved	Avg Miles/Recip
AMBULANCE	0	0	0	16	0	0	0	0
COMMERCIAL AMBULATORY	0	0	0	217	0	0	0	0
NON-AMBULATORY	0	0	0	74	0	0	0	0
TAXI	0	0	0	9	0	0	0	0
SUMMARY TOTALS:	0	0	0	316	0	0	0	0

Report: PAU-0012-M IndianaAIM Run Date: 09/12/1997

Process: PAUJM025 Prior Authorization for Transportation Report – Medicaid Run Time: 16:39:21

Location: PAU0012M Month Ending: 8/30/1997 Page: 3

SECTION B – NON-EMERGENCY

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip PA Approved	Avg Trips Apvd/Recip	# Miles Approved	Avg Miles/Recip
AMBULANCE	2	2	0	16	1	2	99	99
COMMERCIAL AMBULATORY	72	72	0	217	12	6	4,386	365
NON-AMBULATORY	5	5	0	74	3	1	413	137
TAXI	0	0	0	9	0	0	0	0
SUMMARY TOTALS:	79	79	0	316	16	4	4,898	306

* * END OF REPORT * * *

PAU-0013-M Prior Authorization Transportation Exemptions Analysis Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0013-M	PAUJM026	Prior Authorization Transportation Exemptions Analysis Report – Medicaid

Description of Information

This report provides a summary by provider of the number of trips paid on a monthly basis for Medicaid. The report is created as part of the month end cycle.

With the exception of provider name, which is read from the provider table, all data on the report is derived from details extracted from the month-to-date paid claims file.

Claim details are selected for reporting based on the following criteria:

1. The status of the claim must be either a paid claim or paid adjustment.
2. The claim type must be a medical claim.
3. The detail ID code, action code combination must be a paid Medicaid detail. Also, the detail Allowed Amount must be greater than 0.
4. The procedure code from the claim detail must be one of the following: A0010, A0030, A0040, A0050, A0100, A0130, A0140, A0150, A0220, , A0225, X3028, X3029, X3030, X3031, X3032, X3033, X3034, X3035, X3036, X3037, X3038, X3039, Y9001, Y9010, Y9011, Y9013, Y9201, Y9210

Trips are reported as exempt based on the following criteria:

- If the reason for service on the extract contains an emergency indicator (designated by **Yes** or **No** on CMS-1500) and the procedure code is: A0010, A0030, A0040, A0050, A0220, or A0225, the quantity billed (one unit is equal to one trip) is added to the # Emerg Ambulance total for the provider.
- If the place of service field contains indicators for Inpatient Hospital, Psychiatric, or Rehabilitation hospital and the procedure code is: A0100, A0130, A0140, A0150, X3028, X3029, X3030, X3031, X3032, X3033, X3034, X3035, X3036, X3037, X3038, X3039, Y9001, Y9010, Y9011, Y9013, Y9201, or Y9210, the quantity billed one unit is equal to one trip) is added to the # Inter-Facility Transfers total for the provider. The place of service code for inpatient hospital is 21, for psychiatric 52, and rehabilitation is 61.

Purpose

The purpose of this report is to summarize the number of trips paid by Medicaid that are not counted toward the 20 trip limit.

Sort Sequence

- *Primary -* % exempts of total trips descending

- *Secondary -* # total trips paid descending

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date

Date of the report in MM/DD/CCYY format

Page

Sequence number of this page of the report when compared to the total number of pages for this report

Provider No.

Ten-character Medicaid provider number paid for transportation services

Name

Name of the provider paid for transportation services. If a name is not found for a provider ID, **Name Information Not Found** is written in the field.

 # Emerg Ambulance

Number of trips (units divided by two) paid to a provider for any one of the following procedure codes where the emergency indicator is set to **Yes** on the claim.

Procedure Type	Procedure Code
113	A0010
113	A0030
113	A0040
113	A0050
113	A0220
113	A0225

 # Interfacility Ambulance

Number of trips (units divided by two) paid to a provider for any of the following procedure codes where the place of service equal Inpatient Hospital (21), Psychiatric (52), or Rehabilitation (61)

Procedure Type	Procedure Code
114	A0100
114	A0130
114	A0140
114	A0150
114	X3028
114	X3029
114	X3030
114	X3031
114	X3032
114	X3033
114	X3034
114	X3035

114	X3036
114	X3037
114	X3038
114	X3039
114	Y9001
114	Y9010
114	Y9011
114	Y9013
114	Y9201
114	Y9210

 # Total Trips Pd

Number of trips (units divided by two) paid to a provider for any of the following base rate procedure codes. Number of trips (units divided by two) paid to a provider for any one of the following procedure codes where the emergency indicator is set to **Yes** or **No**.

Procedure Type	Procedure Code
113	A0010
113	A0030
113	A0040
113	A0050
113	A0220
113	A0225

Number of trips (units divided by two) paid to a provider for any of the following procedure codes where the place of service is equal to any place of service

Procedure Type	Procedure Code
114	A0100
114	A0130
114	A0140
114	A0150
114	X3028
114	X3029
114	X3030
114	X3031
114	X3032
114	X3033
114	X3034
114	X3035
114	X3036
114	X3037
114	X3038
114	X3039
114	Y9001

114	Y9010
114	Y9011
114	Y9013
114	Y9201
114	Y9210

% Exempts Of Trips

Sum of the total number of exemptions (# Emerg Ambulance and # Interfacility Transfers) divided by the # total trips PD. This ratio is multiplied by 100 to obtain a percentage of exempt trips

No. Of providers

Count of providers with trips appearing on this report

No. Of Emerg. Ambulance

Sum of all trips in the # Emerg Ambulance column

No. Of Inter- Facility

Sum of all trips in the # Inter-Facility Transfers column

No. Total Trips Paid

Sum of all trips in the # Total Trips Paid column

% Exemptions Of Total Trips Pd

Sum of summary totals for all exemptions (No. of Providers, No. of Emerg. Ambulance, No. of Inter-facility,) divided by the sum of total trips paid (No. Total Trips Paid). This ratio is multiplied by 100 to obtain a percentage

Report: PAU-0013-M (WC19-12R) IndianaAIM Run Date: 09/19/1997

Process: PAUJM026 Prior Authorization Transportation Exemptions Analysis Report – Medicaid Run Time: 14:05:59

Location: PAU0013M Month Ending: 8/30/1997 Page: 1

Provider No.	Name	# Emerg Ambulance	# Inter-facility Transfers	# Total Trips Pd	% Exempts Of Total Trips
100200330A	CITY CARE A VAN ANGOLA	0	1	1	100.00
200063570A	W & G AMBULANCE SERV. INC	1	0	1	100.00
100281270A	PARR LANCE AMBULANCE	0	1	3	33.30
100280200A	CHAIR LANCE INC	0	1	47	2.10
200035070A	COMED TRANSPORT – DALTON IL	0	1	64	1.50
100087600A	MEDI-CAB	0	0	88	0.00
100204100A	C & H MED TRANS INC	0	0	68	0.00
100086090A	ROAD RUNNER INC	0	0	56	0.00
100138600A	AMBULATORY RENAL SER IN	0	0	56	0.00
100426130A	ROYAL LIMO	0	0	52	0.00
100150550A	CAB-LANCE INC	0	0	42	0.00
200025540A	TRIPLE A EXPRESS	0	0	36	0.00
100289960A	OPERATION LIFE AMBULANCE	0	0	28	0.00
100099770A	CLASSIC CARRIAGE INC	0	0	27	0.00
100096370A	RTC TRANSPORTATION SERVICES	0	0	26	0.00
100289410A	PROMPT MEDICAL TRANSFER INC	0	0	25	0.00
100261960A	YMCA SENIOR SERVICES PROJECT	0	0	18	0.00
200086450A	BASSEMIERS TRANSPORTATION	0	0	18	0.00
100101860A	MAINSTREAM TRANSPORTATION	0	0	15	0.00
100112460A	ACE CAB OF ELKHART INC	0	0	15	0.00
100139500A	S & R TRANSPORTATION SERVICE, INC	0	0	15	0.00
100166990A	TRAVIS THERESA A	0	0	15	0.00
100207100A	JJR CORPORATION	0	0	15	0.00
100289080B	EMAS INC ANDERSON	0	0	15	0.00

100199940A	TRANS-CARE INC	0	0	14	0.00
100281330A	TRANS MED INC	0	0	12	0.00
100288240A	WEST CENTRAL IND AMBULANCE SERVICE, INC	0	0	12	0.00
100475000A	ZONED TRANSPORTATION	0	0	12	0.00
100226970A	IN NEPHROLOGY AND INTERNAL MEDICINE PC	0	0	10	0.00
100362710A	FAMILY MATTERS INC	0	0	8	0.00
200060560A	OAKLAWN PSYCHIATRIC CENTER INC-TRANSPO	0	0	8	0.00
200079390A	GARY COMM MENTAL HEALTH- TRANSPORTATION	0	0	8	0.00
100199270A	CHILDPLACE-TRANSPORTATION	0	0	6	0.00
100152530A	INDIANAPOLIS YELLOW CAB	0	0	4	0.00
100206960A	HEALTH CARE TRANSFER INC	0	0	4	0.00
100097270A	HELPING HAND CHAUFFEUR SERVICE INC	0	0	2	0.00
100188030A	OLDER AMERICANS SERVICE	0	0	2	0.00
100290030A	SAINT ANTHONY E M S	0	0	2	0.00
100047500A	DASKALOS FRANKLIN J	0	0	1	0.00
100095770A	SULLIVAN COUNTY MEDICAL TRANSPORT INC	0	0	1	0.00
100100340A	P & I MEDICAL TRANSPORT	0	0	1	0.00
100117300A	SENIOR & FAMILY SERVICES INC	0	0	1	0.00
100178200A	HETZLER OCULAR PROSTHETICS INC	0	0	1	0.00
100192000A	RIVER CITY TAXI	0	0	1	0.00
100200020A	SOUTHLAKE CENTER FOR MENTAL HEALTH	0	0	1	0.00
100281580A	PUTNAM CO OPERATION LIFE, INC.	0	0	1	0.00
100288870A	AM-BU-LANCE	0	0	1	0.00
100288950A	HALTER SMITH AMB SERV	0	0	1	0.00
100290480A	STEINKE AMBULANCE SERVICE	0	0	1	0.00
200140870A	STOW TRANSPORTATION INC	0	0	1	0.00
TOTALS:	50	1	4	862	0.50

* * * END OF REPORT * * *

PAU-0014-Q Prior Authorization Transportation Limits Analysis Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0014-Q	PAUJQ012	Prior Authorization Transportation Limits Analysis Report – Medicaid

Description of Information

This report provides a summary of Medicaid members receiving transportation services for both the previous quarter and previous 12 months, including the number of trips paid for members exceeding the 20 trip per 12 month limit, and the number of providers used by members who exceeded the 20 trip limit. For example, if the report was run on 10/15/97, the previous quarter would be dates 7/1/97 through 9/30/97 and the previous year would be 10/1/96 through 9/30/97.

In order to be reported, the claim must be a paid medical claim or adjustment and the claim detail must meet all of the following conditions:

1. The Allowed Amount must be greater than 0.
2. Units of Service (Quantity Billed) must be greater than 0.
3. The From Date-of-Service must fall within the 12-month period included in the report.
4. The procedure code of the claim must be found on the table of transportation procedure codes specified for this program. Valid procedure codes include:

Category	Procedure Type	Procedure Code
Ambulance	109	A0010
	109	A0030
	109	A0040
	109	A0050
	109	A0140
	109	A0150
	109	A0220
	109	A0222
	109	A0225
	109	A0300
	109	A0302
	109	A0304
	109	A0306
	109	A0308
	109	A0310
	109	A0320
	109	A0322
	109	A0324

	109	A0326
	109	A0328
	109	A0330
	109	A0340
	109	A0342
	109	A0344
	109	A0346
	109	A0348
	109	A0350
	109	A0360
	109	A0364
	109	A0366
	109	A0368
	109	A0370
Commercial Ambulatory	110	X3028
	110	X3029
	110	X3030
Non-Ambulatory	111	A0130
	111	X3039
	111	Y9001
	111	Y9201
Taxi	24	A0100
	24	X3031
	24	X3032
	24	X3033
	24	X3034
	24	X3035
	24	X3036
	24	X3037
	24	X3038
	24	Y9010
	24	Y9210

When a claim detail meets all the above criteria the units of service are counted towards the members total. When all of the trips for a given recipient have been accumulated, the following is done:

- For each member with any trips YTD, the Totals # Recip YTD is incremented.
- For each member with any trips in the current quarter, the Total # Recip This Qtr is incremented.

- Each member with more than 20 trips YTD, # Recip YTD More Than 20 Trips is incremented, all trips for the recipient are added to # Trips PD YTD/Recip More Than 20 Trips, and all providers for the recipient are included in a provider file.
- For each member with more than 20 trips YTD and trips in the current quarter, # Recip This Qtr More Than 20 Trips is incremented, and all trips in the current quarter are added to # Trips PD This Qtr/Recip More Than 20.

When all of the claims have been processed, the provider numbers are processed to eliminate duplicates, giving the number of Providers who provided services to members who exceeded the 20 trip limit. Average trips per member are calculated both for the quarter and YTD (# Trips PD/Recip – Qtr Recip More Than 20 Trips, # Trips PD YTD/Recip More Than 20 Trips) by dividing the number of trips for all members over the 20 trip limit by the number of members over the 20 trip limit.

Purpose

The purpose of this report is to summarize the number members transported more than 20 times in a rolling 12-month period, and the total and average number of trips provided.

Sort Sequence

Not applicable

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report. This report only has one page.
# Recips This Qtr	Count of the number of unduplicated members with more than 20 trips in the previous year. The member must also have at least one trip in the previous quarter. All the trips in the previous quarter are added to the # Trips Pd This Qtr/Recip More Than 20 Trips.
Tot # Recip This Qtr	Count of the number of unduplicated members who received any number of transportation services for the previous quarter
% Recip This Qtr	(# Recip This Qtr More Than 20 Trips / More Than 20 Trips # Recip This Qtr) * 100
# Recip YTD > 20 Trips	Count of the number of unduplicated members for who exceeded 20 trips for the previous year. All the trips for that member are then added to the # Trips Pd YTD/Recip More Than 20 Trips. Every unique provider for the member is that included into the # Providers .

Total # Recip YTD	Count of the number of unduplicated members who received any number of transportation services for the previous year.
% Recip YTD > 20 Trips	(# Recip YTD More Than 20 Trips/Total #
Recip YTD * 100	
# Trips Pd This Qtr/ Recip > 20 Trips	Total number of trips in the previous quarter reported for members with more than 20 trips in the previous year.
# Trips Pd YTD/ Recip > 20 Trips	Total number of trips paid for members who exceeded the 20 trip limit in the previous year.
Avg Trips/Recip – 20 Trips	(# Trips PD This Qtr/Recip More Than 20 Trips / QTR Recip More Than # Recip This Qtr More Than 20 Trips).
Avg Trips/Recip-YTD	(# Trips PD YTD/Recip More Than 20 Trips / Recip More Than 20 Trips # Recip YTD More Than 20 Trips).
# Providers	Number of unique Provider IDs (not including service code location) with at least one member who received more than 20 trips in the prior 12 months.

Report: PAU-0014-Q (WC19-13R) IndianaAIM Run Date: 10/15/1997

Process: PAUJQ012 Prior Authorization Transportation Limits Analysis Report – Medicaid Run Time: 14:02:11

Location: PAU0014Q Quarter Ending: 9/30/1997 Page: 1

# Recips This Qtr > 20 Trips	Tot # Recip This Qtr	% Recip This Qtr > 20 Trips	# Recip YTD > 20 Trips	Total # Recip YTD	% Recip YTD > 20 Trips
17	130	13.00	49	144	34.00

# Trips Pd This Qtr/Recip > 20 Trips	# Trips Pd YTD/ Recip > 20 Trips	Avg Trips/Recip – Qtr Recip > 20 Trips	Avg Trips/Recip – YTD Recip > 20 Trips	# Providers
92	263	5.41	5.37	16

* * * END OF REPORT * * *

PAU-0016-M PCCM Prior Authorization Monthly Utilization Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0016-M	PAUJM016	PCCM Prior Authorization Monthly Utilization Report – Medicaid

Description of Information

This is a utilization report that includes the number of times a particular service was approved by provider type, provider number, assignment code, and service code for PCCM members for Medicaid.

Purpose

The PCCM Prior Authorization Monthly Utilization Report – Medicaid is used by IFSSA and HCE to determine the activity approval rate on a procedure code for PCCM.

Sort Sequence

- *Primary -* Provider type
- *Secondary -* Provider number
- *Tertiary -* Assignment code
- *Quaternary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Provider Type

20-character description of the providers type. Valid values may be found in the *Tables Manual*.

Provider Number

Requesting provider's nine-character Medicaid Identification Number

Assignment Code

One of the 19 categories of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation

	07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services
Service Code	All service codes listed in the assignment code print. The service code field includes CPT, HCPC, Drug, and Revenue codes
# Of Requests	Total number of requests for a particular service code
Units Requested	Total number of units for a service code requested by this provider
Units Rejected	Number of units for a service code rejected for this provider (status codes **Q** and **R**)
Units Approved	Number of times a service code approved for this provider (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Units Modified	Number of times a service code modified for this provider (status codes **G**, **M**, **T**, **V**, or **X**)
Units Denied	Number of times a service code denied for this provider (status codes **D**, **H**, **I**, **U**, or **W**)
Totals Provider Type	Description of the provider type
Units Requested	Total number of requests for the month for this provider type
Units Rejected	Total number of requests rejected for the month for this provider type
Units Approved	Total number of requests approved for the month for this provider type
Units Modified	Total number of requests modified for the month for this provider type
Units Denied	Total number of requests denied for the month for this provider type

```
Report: PAU-0016-M                                          IndianaAIM                                          DATE: MMDDCCYY
Process:                          PCCM PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT –MEDICAID                 PAGE: 99,999
Location:                                          MONTH OF XXXXXXXX, CCYY

       PROVIDER TYPE: XXXXXXXXXXXXXXXXXXXX

      PROVIDER        ASSIGNMENT     SERVICE        # of           UNITS         UNITS         UNITS         UNITS         UNITS
      NUMBER          CODE           CODE           REQUESTS       REQUESTED     REJECTED      APPROVED      MODIFIED      DENIED

      999999999       XXXXXXXXXXXXXXXXXXXXXXXXX     999999         999999        999999        999999        999999        999999
                                     XXXXXXXXXXX

      TOTALS PROVIDER TYPE

      XXXXXXXXXXXXXXXXXXXX                          9999999        9999999       9999999       9999999       9999999       9999999
```

PAU-0017-M PCCM Prior Authorization Monthly Activity Report – Medicaid

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0017-M	PAUJM017	PCCM Prior Authorization Monthly Activity Report – Medicaid

Description of Information

This report is printed monthly and includes all activity on PCCM Prior Authorizations requested, rejected, approved, modified, or denied based on the initial PA data entry date for Medicaid. The assignment codes and the service codes along with the total for each category and total year-to-date for each category are included, as well as the total of all categories and total year-to-date of all categories. In order to include complete data, the report is printed on the 15th of the following month.

Purpose

The PCCM Prior Authorization Monthly Activity Report-Medicaid is used by both IFSSA and HCE to determine the volume of PA requests that are entered into the system each month for PCCM members.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Assignment Code

One of the 20 categories of service codes. The English description is printed on the form.

Valid values:

01 – Home Health
02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation
07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment
12 – Occupational Therapy

	13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services 20 – MCO
Service Code	All service codes included within the assignment code. The service code field includes CPT, HCPC, Drug, and Revenue codes.
# Of Requests	Total number of PA requests for the month for a specific assignment code and service code combination
Units Requested	Total number of requested units for a service code
Units Rejected	Total number units rejected, for an administrative reason, for a service code (status codes **Q** and **R**)
Units Approved	Total number of approved units for a service code (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Units Modified	Total number of units modified for a service code (status codes **G**, **M**, **T**, **V**, or **X**)
Units Denied	Total number of denied units for a service code (status codes **D**, **H**, **I**, **U**, or **W**)
Dollars Approved	Total number of approved dollars for a service code (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Undup Recipients	Number of unduplicated and unique members requesting prior authorization for an assignment code, service code combination
Total Assignment Code	Column totals for the month for the current assignment code
Previous Month	Totals from the previous month for the current assignment code
Total YTD	Year-to-date totals for the current assignment code, which includes the column total numbers
Previous Year	The previous year-to-date totals for the current assignment code, which includes the column totals
Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Totals from the previous month for all assignment codes
Total YTD	Year-to-date totals for the current assignment code, which includes the column total numbers
Previous Year	Previous year-to-date totals for the current assignment code, which includes the column totals

Report: PAU-0017-M Indiana*AIM*   DATE: MMDDCCYY
Process*:* PCCM PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT – MEDICAID   PAGE: 99,999
Location*:* MONTH OF XXXXXXXX, CCYY

ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	UNITS REQUESTED	UNITS REJECTED	UNITS APPROVED	UNITS MODIFIED	UNITS DENIED	DOLLARS APPROVED	UNDUP RECIPIENTS
XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX		999999	999999	999999	999999	999999	999999	$99,999.99	999999
TOTAL ASSIGNMENT CODE	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999	
PREVIOUS MONTH	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999	
TOTAL YTD	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999	
PREVIOUS YEAR	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999	

LAST PAGE

TOTAL ALL

ASSIGNMENT CODES	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
PREVIOUS MONTH	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
TOTAL YTD	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
PREVIOUS YEAR	9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999

END OF REPORT

PAU-0102-D Prior Authorization Daily 7-10 Days Old Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0102-D	PAUJD102	Prior Authorization Daily 7-10 Days Old Report – Package C

Description of Information

The report includes all Prior Authorizations that are seven to ten working days old without a final decision made on them for Package C. They have a decision status of R. The PA number, RID No., Provider Number, Assignment Code, Julian Date Received, and Days Aged, with the oldest day printing first, are included.

Purpose

The Prior Authorization Daily Seven-Ten Days Old Report – Package C is used by HCE management to track the Julian date that Prior Authorization analysts are currently working in order to maintain contractual obligations.

Sort Sequence

- *Primary* - Assignment code
- *Secondary* - Days aged
- *Tertiary* - PA number

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Daily
IFSSA	Paper/CRLD	1	Daily

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total number of pages for this report

Assignment — One of the 19 categories of service codes. The English description is printed on the report.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient

	04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services
PA Number	Unique ten-character alphanumeric Prior Authorization number assigned by an analyst. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian date, M = Media type, S = Sequence number
RID Number	12-digit member Medicaid number
Provider Number	Ten-character requesting provider number
Date Received	Julian date picked up from PA number (represented by the second, third, and fourth digits of the PA number)
Days Aged	All PAs that are seven to ten working days old are included in this report, with the oldest day printed first. Formula for calculation is the current date minus the Julian date
Subtotal For Assignment Code	Total for individual assignment codes. Each assignment code will print separately with a page break at the end
Total # For Report/Days Aged 10 Days	Total number of all PAs that are ten working days old
Total # For Report/Days Aged 9 Days	Total number of all PAs that are nine working days old
Total # For Report/Days Aged 8 Days	Total number of all PAs that are eight working days old
Total # For Report/Days Aged 7 Days	Total number of all PAs that are seven working days old
Grand Total Aged	Total number of PAs that are seven to ten working days old

Report: PAU-0102-D IndianaAIM DATE: 01/27/1994

Process: PRIOR AUTHORIZATION DAILY 7-10 DAYS OLD REPORT – PACKAGE C PAGE: 3

Location:

ASSIGNMENT CODE	PA NUMBER	LINE ITEM	RID NUMBER	PROVIDER NUMBER	DATE RECEIVED	DAYS AGED
DME	401912000	A	400000000191	110000740A	019	00007

SUBTOTAL FOR
ASSIGNMENT CODE

TOTAL # FOR REPORT/DAYS AGED	10 DAYS	3
TOTAL # FOR REPORT/DAYS AGED	9 DAYS	4
TOTAL # FOR REPORT/DAYS AGED	8 DAYS	2
TOTAL # FOR REPORT/DAYS AGED	7 DAYS	1
GRAND TOTAL AGED		10

END OF REPORT

PAU-0103-D Prior Authorization Daily Automatic Approval Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0103-D	PAUJD103	Prior Authorization Daily Automatic Approval Report – Package C

Description of Information

The report includes all Prior Authorizations beyond ten working days automatically approved for Package C. The Assignment Code, PA number, RID No., Provider Number, and Date Received are included with the oldest day printing first. The total number of Prior Authorizations for each assignment code for the previous month and previous year are also displayed. A total calculation of Prior Authorizations which have been automatically approved for all assignment codes for the previous month and previous year are summarized at the end of the report.

Note: The yearly total is not available for the first year.

Purpose

The Prior Authorization Daily Automatic Approval Report – Package C is used by HCE management to determine prior authorization requests that are not worked within the ten day limit.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* PA number
- *Tertiary -* Date received, descending

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Daily
IFSSA	Paper/CRLD	1	Daily

Detailed Field Definitions

Date
Date of the report in MM/DD/CCYY format

Page
Sequence number of this page of the report when compared to the total number of pages for this report

Assignment Code
One of the 20 categories of service codes. The English description is printed on the form. Sorted by the two digit number.

Valid values:
01 – Home Health

02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation
07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment
12 – Occupational Therapy
13 – Physical Therapy
14 – Respiratory Therapy
15 – Dental Services
16 – Optometry Services
17 – Podiatry
18 – Chiropractic Services
19 – Pharmaceutical Services
20 – MCO

PA Number	Unique ten-character alphanumeric prior authorization number. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian date, M = Media type, S = Sequence number
Line Item	One-character alphabetic record which allows a prior authorization number to be broken down into individual parts. Each PA record may have up to ten line-items.
RID Number	12-digit member Medicaid number
Provider Number	Requesting provider's ten-character Medicaid Identification Number
Date Received	Date the PA was received by HCE (CCYYMMDD)
Total # Assignment Code	Total number of PAs automatically approved by assignment code
Previous Month	Total number of PAs automatically approved by assignment code for the previous month
Same Month/ Previous Year	Total number of PAs automatically approved by assignment code for the corresponding month of the previous year
Total # For Report	Total number of PAs automatically approved for all assignment codes
Previous Month	Total number of PAs automatically approved for all assignment codes for the previous month
Same Month/Previous Year	Total number of PAs automatically approved for all assignment codes for the corresponding month of the previous year

```
Report: PAU-0103-D                                  IndianaAIM                                          PAGE:  1
Process:                          PRIOR AUTHORIZATION DAILY AUTOMATIC APPROVAL REPORT – PACKAGE C       DATE: 01/25/1994
Location:                                   APPROVAL DATE   01/25/1994

   ASSIGNMENT CODE        PA NUMBER      LINE ITEM      RID NUMBER         PROVIDER #           DATE RECEIVED

     HOME HEALTH          4010120010        A           400000000189       110000720A            01/10/1994

     HOME HEALTH          4010120010        B           400000000189       110000720A            01/10/1994

     HOME HEALTH          4010120011        A           400000000424       110000480A            01/10/1994

     HOME HEALTH          4010120011        B           400000000424       110000480A            01/10/1994

                                              PREVIOUS MONTH         SAME MONTH/PREVIOUS YEAR

TOTAL # ASSIGNMENT CODE       4                     0                        0

TOTAL # FOR REPORT            4                     0                        0

                                                  END OF REPORT
```

PAU-0105-M Prior Authorization Monthly Activity Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0105-M	PAUJM105	Prior Authorization Monthly Activity Report – Package C

Description of Information

This report is printed monthly and includes all activity on Prior Authorizations requested, rejected, approved, modified, or denied for Package C. The assignment codes and the service codes along with the total for each category and total year-to-date for each category are included, as well as the total of all categories and total year-to-date of all categories. In order to include complete data for the month, the report is printed on the 15th of the following month.

Purpose

The Prior Authorization Monthly Activity Report – Package C is used by both IFSSA and HCE to determine the volume of PAs entered into the system each month.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total number of pages for this report

Assignment Code — One of the 19 categories of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation

07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment (changed to DME on report)
12 – Occupational Therapy
13 – Physical Therapy
14 – Respiratory Therapy
15 – Dental Services
16 – Optometry Services
17 – Podiatry
18 – Chiropractic Services (changed to Chiropractic Service on report)
19 – Pharmaceutical Services (changed to Pharmacy Services on report).
20 – MCO

# Of Requests	Total number of PA requests for the month
Service Code	List of all service codes included within the assignment code. The service code field includes CPT, HCPC, Drug, and Revenue codes
Units Requested	Total number of requested units for an assignment code
Units Approved	Total number of approved units for an assignment code in which the PA Status is **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**
Units Modified	Total number of modified units for an assignment code with the PA Status is **G**, **M**, **T**, **V**, or **X**
Units Denied	Total number of denied units for an assignment code with the PA Status is **D**, **G**, **H**, **I**, **M**, **T**, **U**, **V**, **W**, or **X**
Units Rejected	Total number of rejected units for an assignment code with the PA Status is **R** or **Q**
Units Other	Total number of other units for an assignment code in which the PA Status is **N** or **O**
Units Pending	Total number of pending units for an assignment code with the PA Status is P (usually psych or DME)
Dollars Approved	Total number of approved dollars for an assignment code. If units are not approved, dollars is a required field
Undup Recipients	Number of unduplicated members requesting prior authorization for an assignment code
Total Assignment Code	Total for the month for the assignment code
Previous Month	Total for the previous month for the assignment code
Total YTD	Total for the year-to-date for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied

Previous Year	Total for the previous year for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied
Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Total for the previous month for all assignment codes
Total YTD	Total for the year-to-date for all assignment codes, which includes the total number of units requested, rejected, approved, modified, and denied
Previous Year	Total for the previous year for all assignment codes, which includes the total number of units requested, rejected, approved, modified, and denied

Report: PAU-0105-M IndianaAIM DATE: 02/15/94

Process: PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT – PACKAGE C PAGE: 1

Location: MONTH OF JANUARY

ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	UNITS REQUESTED	UNITS APPROVED	UNITS MODIFIED	UNITS DENIED	UNITS REJECTED	DOLLARS APPROVED	UNDUP RECIPIENTS
HOSPITAL	30450	25	1	1	0	0	0	850,000	0
HOSPITAL	30520	30	1	1	0	0	0	600,000	0
HOSPITAL	58260	12	1	1	0	0	0	450,000	0
TOTAL ASSIGNMENT CODE		67	3	3	0	0	0	1,900,000	0
PREVIOUS MONTH		67	3	3	0	0	0	1,900,000	0
TOTAL YTD		67	3	3	0	0	0	1,900,000	0
PREVIOUS YEAR		67	3	3	0	0	0	1,900,000	0
TOTAL ALL ASSIGNMENT CODES		67	3	3	0	0	0	1,900,000	0
PREVIOUS MONTH		67	3	3	0	0	0	1,900,000	0
TOTAL YTD		67	3	3	0	0	0	1,900,000	0
PREVIOUS YEAR		67	3	3	0	0	0	1,900,000	0

END OF REPORT

PAU-0106-M Prior Authorization Monthly Administrative Review Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0106-M	PAUJM106	Prior Authorization Monthly Administrative Review Report – Package C

Description of Information

This report is printed monthly and includes all activity on Prior Authorizations that have gone through the Administrative Review process for Package C. These are PAs with a decision status of X, modified through administrative review, and Y, approved through administrative review, and PAs that have not been changed because the Administrative Review request was denied. The report gathers data from the drop-down window box PA Administrative Review. All activity with an Administrative Review decision date for the month print on the report.

Purpose

The Prior Authorization Monthly Administrative Review Report – Package C, reports all PAs for a month that have gone through the administrative review process.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Assignment Code	One of the 20 categories of service codes. The English description is printed on the form. Valid values: 01 – Home Health 02 – Hospital

03 – Outpatient
04 – Physician
05 – Rehabilitation
07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment
12 – Occupational Therapy
13 – Physical Therapy
14 – Respiratory Therapy
15 – Dental Services
16 – Optometry Services
17 – Podiatry
18 – Chiropractic Services
19 – Pharmaceutical Services
20 – MCO

Service Code	All service codes listed in the assignment code will print. The service code field includes CPT, HCPC, Drug, and Revenue codes.
PA Number	Unique ten-character alphanumeric prior authorization number. The PA number is in the following format: YJJJMSSSSS, where Y = Year, J= Julian date, M = Media type, S = Sequence number
# Of Requests	Number of requests for administrative review for a particular month
Units Requested	Total number of requested units for a service code
Units Rejected	Total number of units rejected through Administrative Review for a service code
Units Approved	Total number of units approved through Administrative Review for a service code
Dollars Approved	Total number of dollars approved through Administrative Review for a service code
Units Modified	Total number of units modified through Administrative review for a service code
Units Denied	Total number of units denied through Administrative Review for a service code
Total Assignment Code	Total for the month for the individual assignment code
Previous Month	Total for the assignment code for the previous month
Total YTD	Total for the year-to-date for the individual assignment code

Previous Year	Total for the previous year for the individual assignment code, which includes the total number of units requested, rejected, approved, modified, and denied
Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Total for the previous month for all assignment codes
Total YTD	Total year-to-date for all assignment codes
Previous Year	Total for the previous year for all assignment codes

Report: PAU-0106-M
Process:
Location:

IndianaAIM
PRIOR AUTHORIZATION MONTHLY ADMINISTRATIVE REVIEW REPORT – PACKAGE C
MONTH OF JANUARY

DATE: 02/15/1994
PAGE: 1

ASSIGNMENT CODE	SERVICE CODE	PA NUMBER	# OF REQUESTS	UNITS REQUESTED	UNITS REJECTED	UNITS APPROVED	DOLLARS APPROVED	UNITS MODIFIED	UNITS DENIED
PHYSICIAN	V5060	4021120000	5	1	0	1	450.00	0	0
PHYSICIAN	E0720	4021120001	2	1	0	1	1200.00	0	0
TOTAL ASSIGNMENT CODE			7	2	0	2	1650.00	0	0
PREVIOUS MONTH			0	0	0	0	0000.00	0	0
TOTAL YTD			7	2	0	2	1650.00	0	0
PREVIOUS YEAR			0	0	0	0	0000.00	0	0
TOTAL ALL ASSIGNMENT CODES			7	2	0	2	1650.00	0	0
PREVIOUS MONTH			0	0	0	0	0000.00	0	0
TOTAL YTD			7	2	0	2	1650.00	0	0
PREVIOUS YEAR			0	0	0	0	0000.00	0	0

END OF REPORT

PAU-0108-M Prior Authorization Monthly Utilization Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0108-M	PAUJM108	Prior Authorization Monthly Utilization Report – Package C

Description of Information

This is a utilization report that includes the number of times a particular service was approved, by assignment code, provider type, and provider for Package C.

Purpose

The Prior Authorization Monthly Utilization Report – Package C is used by IFSSA and HCE to determine the activity approval rate for a provider within the Prior Authorization Department.

Sort Sequence

- *Primary -* Provider type
- *Secondary -* Provider number

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date
Date of the report in MM/DD/CCYY format

Page
Sequence number of this page of the report when compared to the total number of pages for this report

Provider Type
20-character alphabetic description of the providers type. Valid values may be found in the *Tables Manual*.

Provider Number
Requesting provider's ten-character Package C Identification Number

Assignment Code
One of the 20 categories of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital

	03 – Outpatient 04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services 20 – MCO
Service Code	All service codes listed within the assignment code will print. The service code field includes CPT, HCPC, Drug, and Revenue codes.
# Of Requests	Total number of times a provider has requested the particular service code
# Approved	Number of times a service code approved for the provider
# Denied	Number of times a service code denied for the provider
# Modified	Number of times a service code modified for the provider
# Rejected	Number of times a service code rejected for the provider
Total Provider Type	Total number of PA requests by provider type
# Of Requests	Total number requests for the month by provider type
# Approved By Provider	Total number of requests approved for the month by provider type
# Denied	Total number of requests denied for the month by provider type
# Modified	Total number of requests modified for the month by provider type
# Rejected	Total number of requests rejected for the month by provider type

Report: PAU-0108-M IndianaAIM DATE: 02/15/1994

Process: PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT – PACKAGE C PAGE: 1

Location: MONTH OF JANUARY

PROVIDER TYPE: DENTAL

PROVIDER #	ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	# APPROVED	# DENIED	# MODIFIED	# REJECTED
110000940A	DENTAL	D5110	17	15	2	0	0
110000850A	DENTAL	D5120	21	17	4	0	0
TOTAL PROVIDER TYPE			38	32	6	0	0

END OF REPORT

PAU-0109-M Psychiatric Admissions Analysis – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0109-M	PAUJM109	Psychiatric Admissions Analysis Report – Package C

Description of Information

This report is divided into Freestanding Psychiatric Facilities, Psychiatric Wing of Acute Care Hospital, Provider Unknown, and then includes a summary of all for Package C. The report lists psychiatric admissions by age group. The report covers a range from *less than twenty-two* years through the *over sixty-five* age group.

Purpose

To show number of psychiatric admissions by type of facility and age group, including number of stays authorized and number of days requested and authorized.

- *Primary -* Sort sequence
- *Secondary -* Provider type

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type	Based on the Provider Specialty List. The report is sorted by (011) Psychiatric Hospital
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported.
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A**

	or **M**
# Non-Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Approved Administrative Review/Through Hearings & Appeals	Only include psychiatric admissions to hospitals approved through the hearings and appeals (decision code of C) or administrative review (decision code of **Y**) processes
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported

Total Days Requested	Sum of days in REQUESTED field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M**

Report: PAU-0109-M (WC19-08R) IndianaAIM DATE: 02/15/1994

Process: PSYCHIATRIC ADMISSIONS ANALYSIS REPORT – PACKAGE C PAGE: 1

Location: MONTH ENDING JANUARY 31, 1994

PROVIDER TYPE REPORTED: PSYCHIATRIC

	# EMERGENCY APPROVED	# EMERGENCY DENIED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	# NON-EMERGENCY DENIED	AVG APPROVED LOS	TOTAL DAYS REQUESTED	TOTAL DAYS APPROVED
< 22 YEARS	2	0	4 5	0 0	10	8		
22-64 YEARS	3	1	3 7	1 0	12	12		
65+ YEARS	0	0	9 6	0 0	10	8		

TOTAL # ADMISSION REQUESTS: 25
TOTAL # OF APPROVALS: 23
TOTAL # OF DENIALS: 2
AVERAGE APPROVED LOS: 4

APPROVED THROUGH ADMINISTRATIVE REVIEW/HEARINGS AND APPEALS

	AVG # EMERGENCY APPROVED	AVG APPROVED LOS	# NON-EMERGENCY APPROVED	APPROVED LOS	TOTAL DAYS REQUESTED	TOTAL DAYS APPROVED
< 22 YEARS	3	0	9	5	10	10
22-64 YEARS	4	1	5	7	15	15
65+ YEARS	0	0	7	6	12	12

TOTAL # ADMISSION REQUESTS: 28
TOTAL # OF APPROVALS: 28
AVERAGE APPROVED LOS: 11

END OF REPORT

PAU-0111-Q Psychiatric Admissions By Facility Analysis Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0111-Q	PAUJQ111	Psychiatric Admissions By Facility Analysis Report – Package C

Description of Information

This report lists Freestanding Psychiatric Facilities, Psychiatric Wing of Acute Care Hospital, Provider Unknown, and Summary Totals by Provider for Package C.

Purpose

To show the cumulative psychiatric Admissions for the Quarter for each provider by type of Facility and age group. The report also includes the number of stays authorized and number of days requested and authorized.

Sort Sequence

- *Primary -* Age group
- *Secondary -* Provider type
- *Tertiary -* Provider
- *Quaternary -* Decision

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report
Provider Type Reported	Based on the Provider Specialty List, the report is sorted by (011) Psychiatric Hospital
Provider Number	Unique nine-digit alphanumeric code assigned to each provider enrolled in the Package C program
Provider Name	Name of the Billing Provider as it appears on the provider master file.
# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**

# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**.
# Non-Emergency Denied	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Age Group Reported	Report the admission in the appropriate age group, 21 years and under, 22-64 years, 65 years and older
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields.
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported

Approved Through Administrative Review/Hearings And Appeals:

Provider Number	Unique nine-digit alphanumeric code assigned to each provider enrolled in the Package C program
Provider Name	Name of the Billing Provider as it appears on the provider master file.

# Emergency Approved	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window, and a decision code of **A** or **M**
# Emergency Denied	Number of admissions with an indicator of **E** in the Emergency field in the PA Psychiatric (1261A) drop-down window, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
# Non-Emergency Approved	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **A** or **M**.
# Non-Emergency Denied	Number of admissions with an indicator of **N** in the Emergency field in the PA Psychiatric (1261A) drop-down window box, and a decision code of **D**
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported
Total Days Requested	Sum of days in Requested field for all emergency and non-emergency PA requests
Total Days Approved	Sum of days in Authorized Units field for all emergency and non-emergency PA requests
Age Group	Admission in the appropriate age group, 21 years and under, 22-64 years, 65 years and older
Subtotal	Data in each of the above columns is subtotaled
Total # Admission Requests	Sum of data in # of emergency approved, # of emergency denied, # of non-emergency approved and # of non-emergency denied fields
Total # Of Approvals	Sum of data in the # of emergency approved and # of non-emergency approved fields
Total # Of Denials	Sum of data in # of emergency denied and # of non-emergency denied fields
Avg Approved LOS	Average LOS for all emergency psychiatric admissions to hospitals with a decision code of **A** or **M**, calculated by taking the total number of days approved (Authorized Units fields) divided by the number of PA records with a decision code of **A** or **M** for the reporting period for the age group reported

Report: PAU-0111-Q (WC19-10R) IndianaAIM DATE: 01/15/1994
Process: PSYCHIATRIC ADMISSIONS BY FACILITY ANALYSIS REPORT – PACKAGE C PAGE: 1
Location: QUARTER ENDING DECEMBER 31, 1993

PROVIDER TYPE REPORTED: PSYCHIATRIC WING OF ACUTE CARE HOSPITAL
AGE GROUP REPORTED: < 22

PROVIDER NUMBER	# EMER NAME	# EMER APPROVED	APPROVED DENIED	AVG # NON-EMER LOS	# NON-EMER APPROVED	APPROVED DENIED	AVG TOTAL DAYS LOS	TOTAL DAYS REQUESTED
110000420A	GENERAL PRACTITIONER	25	3	3	17	6	3	5
SUBTOTAL		25	3	3	17	6	3	5

TOTAL # ADMISSION REQUESTS: 51
TOTAL # OF APPROVALS: 42
TOTAL # OF DENIALS: 9
AVERAGE APPROVED LOS: 3

APPROVED THROUGH ADMINISTRATIVE REVIEW/HEARINGS AND APPEALS

PROVIDER NUMBER	# EMER NAME	# EMER APPROVED	APPROVED DENIED	AVG # NON-EMER LOS	# NON-EMER APPROVED	APPROVED DENIED	AVG TOTAL DAYS LOS	TOTAL DAYS REQUESTED
110000740A	WHITE COUNTY	15	4	5	6	1	3	5
SUBTOTAL		15	4	5	6	1	3	5

TOTAL # ADMISSION REQUESTS: 27
TOTAL # OF APPROVALS: 21
TOTAL # OF DENIALS: 5
AVERAGE APPROVED LOS: 2

END OF REPORT

PAU-0112-M Prior Authorization for Transportation Services Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0112-M	PAUJM025	Prior Authorization for Transportation Services Report – Package C

Description of Information

This report provides a summary by transportation category of prior authorization for transportation services for Package C. The report is produced monthly and exhibits data from the prior month. For example, the report for January is created during the February month-end cycle.

All data on the report is taken from the prior authorization master file.

Data on the report is taken from the claims data and prior authorization master file. Claim details are selected for reporting based on the following criteria:

1. The status of the claim must be either a paid claim or paid adjustment.
2. The claim type must be a medical claim.
3. The detail ID code, action code combination must be a paid Medicaid detail. Also, the detail Allowed Amount must be greater than zero.
4. The procedure code from the Package C claim detail must have a procedure code of one of the following: A0010, A0020, A0021, A0030, A0040, A0050, A0150, A0220, A0222, A0225, A0300, A0302, A0304, A0306, A0308, A0310, A0320, A0322, A0324, A0326, A0328, A0330, A0340, A0342, A0344, A0346, A0348, A0350, A0360, A0364, A0366, A0368, A0380, A0390 Y9005, Y9008, Y9012, Y9103, Y9104, Y9805, Y9806.
5. The procedure codes listed above match one of the procedure codes fall under one of the following procedure types:

24	Taxi
109	Ambulance
110	Commercial Ambulance
111	Non-Ambulatory
112	Mileage

6. HCE prior authorized effective date must fall within the month reported.

Note: Month reported is indicated by the month ending date on the report.

When all these conditions are met, the prior authorization is updated to indicate that it is reported.

Section A of the report documents trips in excess of 20 trips per 12 months, excluding trips in excess of 49 miles. Section B separately reports emergent and non-emergent trips in excess of 49 miles. See mileage codes on category under detailed field definitions.

Values of the individual report columns are arrived at either by accumulating the individual units from prior authorization records associated by procedure code to one of the four report categories, or by performing some type of calculation on the accumulated totals. In accumulating the total number of trips each unit of service is considered one trip. For mileage procedure codes, one unit of service is considered one mile.

An approved prior authorization is indicated by a decision code of **A**, **F**, **M**, **C**, or **Y** in the decision field. In order to be counted as approved, a PA must have one of these decision codes. Both the count of approved members and the count of members requesting transportation services are only incremented once per original RID No. for a given transportation category. If a member receives services in more than one category, the section total is adjusted so that the PCN is only counted once in the section summary.

Decision Codes:
A = Approved
C = Decision overturned by ALJ
F = Approved continuation of service
M = Modified
Y = Approved through administrative review

Purpose

The purpose of this report is to summarize the number of trips requested, approved, and denied for transportation services.

Sort Sequence

Not applicable

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report. There are always three pages for this report.
Section A	Trips in excess of 20 trips per 12 months when a prior authorization meets all of the criteria for reporting. This section excludes any trip in excess of 49 miles.
Section B	Trips in excess of 49 miles when a prior authorization meets all of the criteria for reporting. This section is divided into two sections, emergent and non-emergent. This is designated by emergency indicator on CMS-

1500.

Category

Data is reported by category. Four categories appear on the report: ambulance, commercial ambulatory, non-ambulatory, and taxi.

Category	Procedure Type	Procedure Code
Ambulance	109	A0010
	109	A0030
	109	A0040
	109	A0050
	109	A0150
	109	A0220
	109	A0221
	109	A0222
	109	A0225
	109	A0300
	109	A0302
	109	A0304
	109	A0306
	109	A0308
	109	A0310
	109	A0320
	109	A0322
	109	A0324
	109	A0326
	109	A0328
	109	A0330
	109	A0340
	109	A0342
	109	A0344
	109	A0346
	109	A0348
	109	A0350
	109	A0360
	109	A0362
	109	A0364
	109	A0368
	109	A0370
Commercial Ambulatory	None	
Non-Ambulatory	None	
Taxi	None	

Mileage	112	A0020
	112	A0021
	112	A0221
	112	Y9005
	112	Y9008
	112	Y9012
	112	Y9103
	112	Y9104
	112	Y9805
	112	Y9806
	112	A0380
	112	A0390

 # Trips Requested This column is always zero for Commercial Ambulatory, Non-Ambulatory and Taxi transportation services. There are no approved Package C procedure codes for these categories

 # Trips Approved This column is always zero for Commercial Ambulatory, Non-Ambulatory and Taxi transportation services. There are not any approved Package C procedure codes for these categories

 # Trips Denied This column is always zero for Commercial Ambulatory, Non-Ambulatory and Taxi transportation services. There are not any approved Package C procedure codes for these categories

 # Recip PA Req Count of the number of unduplicated members for whom a PA request (for the reported transportation category) was processed in the reporting month. This includes all decision codes. This information is from the PA window

 # Recip PA Approved Count of the number of unduplicated members for whom a request (for the reported transportation category) was approved in the reporting month. Only PA records with a decision of **A**, **F**, **M**, **C**, or **Y** are included. This information is from the PA window

Avg Trips APVD/ Recip Result of dividing and rounding the total # Trips Approved by the total Recip PA Approved

 # Miles Approved The accumulated total of units approved for mileage segments associated with a base rate PA record meets all of the criteria for reporting, and which has a mileage segment (an authorization matching one of the procedure codes listed above under mileage). This information is from paid claims

Avg. Approved Miles/Recip Result of dividing and rounding the total # Miles Approved by the total # Recip PA Approved

Report: PAU-0112-M IndianaAIM Run Date: 03/09/2000

Process: PAUJM025 Prior Authorization for Transportation Report – Package C Run Time: 16:39:21

Location: PAU0112M Month Ending: 2/29/2000 Page: 1
SECTION A

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip PA Approved	Avg Trips Apvd/Recip	# Miles Approved	Avg Approved Miles/Recip
AMBULANCE	2	2	0	16	1	2	99	99
COMMERCIAL AMBULATORY	0	0	0	217	0	0	2,264	226
NON-AMBULATORY	0	0	0	74	0	0	249	124
TAXI	0	0	0	9	0	0	0	0
SUMMARY TOTALS:	2	2	0	316	1	2	2,612	200

Report: PAU-0112-M IndianaAIM Run Date: 03/09/2000

Process: PAUJM025 Prior Authorization for Transportation Report – Package C Run Time: 16:39:21

Location: PAU0112M Month Ending: 2/29/2000 Page: 2

SECTION B – EMERGENCY

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip PA Approved	Avg Trips Apvd/Recip	# Miles Approved	Avg Approved Miles/Recip
AMBULANCE	0	0	0	16	0	0	0	0
COMMERCIAL AMBULATORY	0	0	0	217	0	0	0	0
NON-AMBULATORY	0	0	0	74	0	0	0	0
TAXI	0	0	0	9	0	0	0	0
SUMMARY TOTALS:	0	0	0	316	0	0	0	0

Report: PAU-0112-M IndianaAIM Run Date: 03/09/2000

Process: PAUJM025 Prior Authorization for Transportation Report – Package C Run Time: 16:39:21

Location: PAU0112M Month Ending: 2/29/2000 Page: 3

SECTION B – NON-EMERGENCY

	# Trips Requested	# Trips Approved	# Trips Denied	# Recip PA Req	# Recip Approved	# Recip PA Apvd/Recip	Avg Trips Approved	# Miles Miles/Recip	Avg Approved
AMBULANCE	2	2	0	16	1	2	99	99	
COMMERCIAL AMBULATORY	0	0	0	217	0	0	4,386	365	
NON-AMBULATORY	0	0	0	74	0	0	413	137	
TAXI	0	0	0	9	0	0	0	0	
SUMMARY TOTALS:	2	2	0	316	1	2	4,898	306	

- * * END OF REPORT * * *

PAU-0113-M Prior Authorization Transportation Exemptions Analysis Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0113-M	PAUJM026	Prior Authorization Transportation Exemptions Analysis Report – Package C

Description of Information

This report provides a summary by provider of the number of trips paid on a monthly basis for Package C. The report is created as part of the month end cycle.

With the exception of provider name, which is read from the provider table, all data on the report is derived from details extracted from the month-to-date paid claims file.

Claim details are selected for reporting based on the following criteria:

1. The status of the claim must be either a paid claim or paid adjustment.
2. The claim type must be a medical claim.
3. The detail ID code, action code combination must be a paid Package C detail. Also, the detail Allowed Amount must be greater than zero.
4. The procedure code from the claim detail must be one of the following: A0010, A0030, A0040, A0050, A0220, A0225

Trips are reported as exempt based on the following criteria:

If the reason for service on the extract contains an emergency indicator (designated by **Yes** or **No** on CMS-1500) and the procedure code is any of the following: A0010, A0030, A0040, A0050, A0220, or A0225, the quantity billed (one unit is equal to one trip) is added to the # Emerg Ambulance total for the provider.

Purpose

The purpose of this report is to summarize the number of trips paid for Package C that are not counted toward the 20 trip limit.

Sort Sequence

- *Primary -* % exempts of total trips, descending
- *Secondary -* # total trips paid, descending

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Date — Date of the report in MM/DD/CCYY format

Page — Sequence number of this page of the report when compared to the total

number of pages for this report

Provider No. — Ten-character Package C provider number paid for transportation services

Name — Name of the provider paid for transportation services. If a name is not found for a provider ID, Name Information Not Found is written in the field.

 # Emerg Ambulance — Number of trips (units divided by two) paid to a provider for any one of the following procedure codes where the emergency indicator is set to **Yes** on the claim.

Procedure Type	Procedure Code
113	A0010
113	A0030
113	A0040
113	A0050
113	A0220
113	A0225

 # Interfacility Ambulance — No procedure codes are currently covered

 # Total Trips Pd — Number of trips (units divided by two) paid to a provider for any of the following base rate procedure codes. Number of trips (units divided by two) paid to a provider for any one of the following procedure codes where the emergency indicator is set to **Yes** or **No**.

Procedure Type	Procedure Code
113	A0010
113	A0030
113	A0040
113	A0050
113	A0220
113	A0225

% Exempts Of Trips — Sum of the total number of exemptions (# emerg ambulance and # interfacility transfers) divided by the # total trips PD. This ration is multiplied by 100 to obtain a percentage of exempt trips

No. Of Providers — Count of providers with trips appearing on this report

No. Of Emerg. Ambulance — Sum of all trips in the # Emerg Ambulance column

No. Total Trips Paid — Sum of all trips in the # Total Trips Paid column

% Exemptions Of Total Trips Pd — Sum of summary totals for all exemptions (No. of providers, No. of Emerg. Ambulance, No. of Inter-facility) divided by the sum of total trips paid (No. Total Trips Paid). This ratio is multiplied by 100 to obtain a percentage

Report: PAU-0113-M (WC19-12R) IndianaAIM Run Date: 09/19/1997

Process: PAUJM026 Prior Authorization Transportation Exemptions Analysis Report – Package C Run Time: 14:05:59

Location: PAU0113M Month Ending: 8/30/1997 Page: 1

Provider No.	Name	# Emerg Ambulance	# Inter-facility Transfers	# Total Trips Pd	% Exempts Of Total Trips
999999999A	XXXXXXXXXXXXXXXXXXXXXXXX	X	X	X	ZZZ.ZZ
TOTALS:	XX	X	X	X	ZZZ.ZZ

- * * END OF REPORT * * *

PAU-0114-Q Prior Authorization Transportation Limits Analysis Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0114-Q	PAUJQ012	Prior Authorization Transportation Limits Analysis Report – Package C

Description of Information

This report provides a summary of Package C members receiving transportation services for both the previous quarter and previous 12 months, including the number of trips paid for members exceeding the 20 trip per 12 month limit, and the number of providers used by members who exceeded the 20 trip limit. For example, if the report was run on 10/15/97, the previous quarter would be dates 7/1/97 through 9/30/97 and the previous year would be 10/1/96 through 9/30/97.

In order to be reported, the claim must be a paid medical claim or adjustment and the claim detail must meet all of the following conditions:

1. The allowed amount must be greater than 0.
2. Units of service (quantity billed) must be greater than zero.
3. The *From Date-of-Service* must fall within the 12 month period included in the report.
4. The procedure code of the claim must be found on the table of transportation procedure codes specified for this program. Valid procedure codes include:

Category	Procedure Type	Procedure Code
Ambulance	109	A0010
	109	A0030
	109	A0040
	109	A0050
	109	A0150
	109	A0220
	109	A0222
	109	A0225
	109	A0300
	109	A0302
	109	A0304
	109	A0306
	109	A0308
	109	A0310
	109	A0320
	109	A0322
	109	A0324
	109	A0326
	109	A0328

	109	A0330
	109	A0340
	109	A0342
	109	A0344
	109	A0346
	109	A0348
	109	A0350
	109	A0360
	109	A0364
	109	A0366
	109	A0368
	109	A0370

When a claim detail meets all the above criteria the units of service are counted towards the members total. When all of the trips for a given member have been accumulated, the following is done:

- For each member with any trips YTD, the Totals # Recip YTD is incremented.
- For each member with any trips in the current quarter, the Total # Recip This Qtr is incremented.
- Each member with more than 20 trips YTD, # Recip YTD more than 20 Trips is incremented, all trips for the member are added to # trips PD YTD/Recip more than 20 Trips, and all providers for the member are included in a provider file.
- For each member with more than 20 trips YTD and trips in the current quarter, # Recip This Qtr more than 20 Trips is incremented, and all trips in the current quarter are added to # Trips PD This Qtr/Recip more than 20.
- When all of the claims have been processed, the provider numbers are processed to eliminate duplicates, giving the number of providers who provided services to members who exceeded the 20 trip limit. Average trips per member are calculated both for the quarter and YTD (# Trips PD/Recip – Qtr Recip more than 20 Trips, # Trips PD YTD/Recip more than 20 Trips) by dividing the number of trips for all members over the 20 trip limit by the number of members over the 20 trip limit.

Purpose

The purpose of this report is to summarize the number members who have been transported more than 20 times in a rolling 12-month period, and the total and average number of trips provided.

Sort Sequence

Not applicable

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

Detailed Field Definitions

Date	Date of the report in MM/DD/CCYY format
Page	Sequence number of this page of the report when compared to the total number of pages for this report. This report only has one page
# Recips This Qtr	Count of the number of unduplicated members with more than 20 trips in the previous year. The member must also have at least 1 trip in the previous quarter. All the trips in the previous quarter are then added to the # Trips Pd This Qtr/Recip More Than 20 Trips
Tot # Recip This Qtr	Count of the number of unduplicated members who received any number of transportation services for the previous quarter
% Recip This Qtr	(# Recip This Qtr More Than 20 Trips/More Than 20 TRIPS # Recip This Qtr) * 100
# Recip YTD > 20 Trips	Count of the number of unduplicated members who exceeded 20 trips for the previous year. All the trips for that member are then added to the # trips Pd YTD/Recip More Than 20 Trips. Every unique provider for the member is that included into the # Providers
Total # Recip YTD	Count of the number of unduplicated members who received any number of transportation services for the previous year
% Recip YTD > 20 Trips	(# Recip YTD More Than 20 Trips/Total # Recip YTD) * 100
# Trips Pd This Qtr/ Recip > 20 Trips	Members with more than 20 trips in the previous year
# Trips Pd YTD/ Recip > 20 Trips	Total number of trips paid for members who exceeded the 20 trip limit in the previous year
Avg Trips/Recip – 20 Trips	(# Trips PD This Qtr/Recip More Than 20 Trips/QTR RECIP More Than # Recip This Qtr More Than 20 Trips)
Avg Trips/Recip – YTD	(# Trips PD YTD/Recip More Than 20 Trips/Recip Recip More Than 20 Trips # Recip YTD More Than 20 Trips)
# Providers	Number of unique Provider IDs (not including service code location) with at least one member who received more than 20 trips in the prior 12 months

Report: PAU-0114-Q (WC19-13R) IndianaAIM Run Date: 10/15/1997

Process: PAUJQ012 Prior Authorization Transportation Limits Analysis Report – Package C Run Time: 14:02:11

Location: PAU0114Q Quarter Ending: 9/30/1997 Page: 1

# Recips This Qtr > 20 Trips	Tot # Recip This Qtr	% Recip This Qtr > 20 Trips	# Recip YTD > 20 Trips	Total # Recip YTD	% Recip YTD > 20 Trips
17	130	13.00	49	144	34.00

# Trips Pd This Qtr/Recip > 20 Trips	# Trips Pd YTD/ Recip > 20 Trips	Avg Trips/Recip – Qtr Recip > 20 Trips	Avg Trips/Recip – YTD Recip > 20 Trips	# Providers
92	263	5.41	5.37	16

* * * END OF REPORT * * *

PAU-0116-M PCCM Prior Authorization Monthly Utilization Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0116-M	PAUJM116	PCCM Prior Authorization Monthly Utilization Report – Package C

Description of Information

This is a utilization report that includes the number of times a particular service was approved, sorted by provider type, provider number, assignment code, and service code for PCCM members for Package C.

Purpose

The PCCM Prior Authorization Monthly Utilization Report – Package C is used by IFSSA and HCE to determine the activity approval rate on a procedure code for PCCM.

Sort Sequence

- *Primary -* Provider type
- *Secondary -* Provider number
- *Tertiary -* Assignment code
- *Quaternary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Provider Type

20-character description of the providers type. Valid values may be found in the *Tables Manual*.

Provider Number

Requesting provider's nine-character Package C Identification Number

Assignment Code

One of the 19 categories of service codes. The English description is printed on the form.

Valid values:

01 – Home Health

02 – Hospital

03 – Outpatient

	04 – Physician 05 – Rehabilitation 07 – Transportation 08 – Audiology 09 – Speech 10 – Mental HS 11 – Durable Medical Equipment 12 – Occupational Therapy 13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services
Service Code	All service codes listed in the assignment code print. The service code field includes CPT, HCPC, Drug, and Revenue codes.
# Of Requests	Total number of requests for a particular service code
Units Requested	Total number of units for a service code requested by this provider
Units Rejected	Number of units for a service code rejected for this provider (status codes **Q** and **R**)
Units Approved	Number of times a service code approved for this provider (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Units Modified	Number of times a service code modified for this provider (status codes **G**, **M**, **T**, **V**, or **X**)
Units Denied	Number of times a service code denied for this provider (status codes **D**, **H**, **I**, **U**, or **W**)
Totals Provider Type	Description of the provider type
Units Requested	Total number of requests for the month for this provider type
Units Rejected	Total number of requests rejected for the month for this provider type
Units Approved	Total number of requests approved for the month for this provider type
Units Modified	Total number of requests modified for the month for this provider type
Units Denied	Total number of requests denied for the month for this provider type

```
Report: PAU-0116-M                                    IndianaAIM                                    DATE: MMDDCCYY
Process:                    PCCM PRIOR AUTHORIZATION MONTHLY UTILIZATION REPORT –PACKAGE C          PAGE: 99,999
Location:                                    MONTH OF XXXXXXXX, CCYY

       PROVIDER TYPE: XXXXXXXXXXXXXXXXXXXX

      PROVIDER        ASSIGNMENT     SERVICE        # of           UNITS         UNITS         UNITS         UNITS         UNITS
      NUMBER          CODE           CODE           REQUESTS       REQUESTED     REJECTED      APPROVED      MODIFIED      DENIED

      999999999       XXXXXXXXXXXXXXXXXXXXXXXXX     999999         999999        999999        999999        999999        999999
                                     XXXXXXXXXXX

      TOTALS PROVIDER TYPE

      XXXXXXXXXXXXXXXXXXXX                          9999999        9999999       9999999       9999999       9999999       9999999
```

PAU-0117-M PCCM Prior Authorization Monthly Activity Report – Package C

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-0117-M	PAUJM117	PCCM Prior Authorization Monthly Activity Report – Package C

Description of Information

This report is printed monthly and includes all activity on PCCM Prior Authorizations requested, rejected, approved, modified, or denied based on the initial PA data entry date for Package C. The assignment codes and the service codes along with the total for each category and total year-to-date for each category are included, as well as the total of all categories and total year-to-date of all categories. In order to include complete data, the report is printed on the 15th of the following month.

Purpose

The PCCM Prior Authorization Monthly Activity Report – Package C is used by both IFSSA and HCE to determine the volume of PA requests that are entered into the system each month for PCCM members.

Sort Sequence

- *Primary -* Assignment code
- *Secondary -* Service code

Distribution

To	Media	Copies	Frequency
HCE	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Assignment Code

One of the 20 categories of service codes. The English description is printed on the form.

Valid values:
01 – Home Health
02 – Hospital
03 – Outpatient
04 – Physician
05 – Rehabilitation
07 – Transportation
08 – Audiology
09 – Speech
10 – Mental HS
11 – Durable Medical Equipment
12 – Occupational Therapy

	13 – Physical Therapy 14 – Respiratory Therapy 15 – Dental Services 16 – Optometry Services 17 – Podiatry 18 – Chiropractic Services 19 – Pharmaceutical Services 20 – MCO
Service Code	All service codes included within the assignment code. The service code field includes CPT, HCPC, Drug, and Revenue codes
# Of Requests	Total number of PA requests for the month for a specific assignment code and service code combination
Units Requested	Total number of requested units for a service code
Units Rejected	Total number units rejected, for an administrative reason, for a service code (status codes **Q** and **R**)
Units Approved	Total number of approved units for a service code (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Units Modified	Total number of units modified for a service code (status codes **G**, **M**, **T**, **V**, or **X**)
Units Denied	Total number of denied units for a service code (status codes **D**, **H**, **I**, **U**, or **W**)
Dollars Approved	Total number of approved dollars for a service code (status codes **A**, **B**, **C**, **F**, **L**, **S**, **Y**, or **Z**)
Undup Recipients	Number of unduplicated and unique members requesting prior authorization for an assignment code, service code combination
Total Assignment Code	Column totals for the month for the current assignment code
Previous Month	Totals from the previous month for the current assignment code
Total YTD	Year-to-date totals for the current assignment code, which includes the column total numbers
Previous Year	Previous year-to-date totals for the current assignment code, which includes the column totals
Total All Assignment Codes	Total for the month for all assignment codes
Previous Month	Totals from the previous month for all assignment codes
Total YTD	Year-to-date totals for the current assignment code, including column total numbers
Previous Year	Previous year-to-date totals for the current assignment code, which includes the column totals

Report: PAU-0117-M Indiana*AIM* DATE: MMDDCCYY

Process: PCCM PRIOR AUTHORIZATION MONTHLY ACTIVITY REPORT – PACKAGE C PAGE: 99,999

Location: MONTH OF XXXXXXXX, CCYY

ASSIGNMENT CODE	SERVICE CODE	# OF REQUESTS	UNITS REQUESTED	UNITS REJECTED	UNITS APPROVED	UNITS MODIFIED	UNITS DENIED	DOLLARS APPROVED	UNDUP RECIPIENTS
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXX	999999	999999	999999	999999	999999	999999	$99,999.99	999999
TOTAL ASSIGNMENT CODE		9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
PREVIOUS MONTH		9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
TOTAL YTD		9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999
PREVIOUS YEAR		9999999	9999999	9999999	9999999	9999999	9999999	$999,999.99	9999999

```
LAST PAGE

TOTAL ALL
ASSIGNMENT CODES          9999999    9999999      9999999      9999999      9999999      9999999    $999,999.99   9999999

PREVIOUS MONTH            9999999    9999999      9999999      9999999      9999999      9999999    $999,999.99   9999999

TOTAL YTD                 9999999    9999999      9999999      9999999      9999999      9999999    $999,999.99   9999999

PREVIOUS YEAR             9999999    9999999      9999999      9999999      9999999      9999999    $999,999.99   9999999

                                                 END OF REPORT
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PAU-9001-D Indiana Prior Authorization for Medical Review

Functional Area	Report Number	Job Name	Report Title
Prior Authorization	PAU-9001-D		Indiana Prior Authorization for Medical Review

Description of Information

****This report is currently in SME review. 12/27/00**