INDIANA HEALTH COVERAGE PROGRAMS

AIM Master Report Definitions 4 of 4

REFERENCE NUMBER: SYAP10005 REVISION DATE: MARCH 2003 VERSION 3.0

EDS

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4 of 4

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Section 24: Reports Not Used

ADJ-2011-W Adjustments Deleted for Return to Sender

Functional Area	Report Number	Job Name	Report Title
Adjustments	ADJ-2011-W		Adjustments Deleted for Return to Sender

**This report is not used and no definition exists.

ADJ-2020-R Adjustment Inventory

Functional Area	Report Number	Job Name	Report Title
Adjustments	ADJ-2020-R		Adjustment Inventory

**This report is not used and no definition exists.

ADJ-2070-W Retroactive LTC Rate Process Summary

Functional Area	Report Number	Job Name	Report Title
Adjustments	ADJ-2070-W		Retroactive LTC Rate Process Summary

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Retroactive LTC Rate Process Summary Listing lists all Long Term Care retroactive rate adjustment transactions initiated and processed during the current weekly financial cycle.

Purpose

EDS uses this report to validate the adjustment transactions processed against the original retro rate adjustment notification sent by the rate setting contractor (currently Myers and Stauffer). It is used by EDS and IFSSA to maintain a record of the LTC retroactive rate transactions processed during the weekly cycle.

Sort Sequence

- *Primary* - Provider number, ascending
- *Secondary* - Effective date, ascending

Distribution

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

Detailed Field Definitions

Provider Number
The provider's assigned unique number

Level Of Care
The level of care at which the provider is performing services and for which the retro rate adjustment is initiated

Effective Date
The effective or *from* date of the Long Term Care retroactive rate adjustment

End Date
The end date of *thru* date of the Long Term Care retroactive rate adjustment. All claims within the effective and end date parameters are processed for adjustment, except those claims previously paid at the newly adjusted rate

1 Bed Rate
The new 1 bed rate as entered in the Provider Level of Care Maintenance table. This field only display data when the single bed rate is updated. For most Long Term Care facilities', this rate represents a private room rate. For ICF/MR and Group Homes, this rate indicates that the facility has recipients who participate in a Day Service program

2 Bed Rate	The new 2 bed rate as entered on the Provider Level of Care Maintenance table. This field only displays data when the double bed rate is updated. This rate represents the facilities' double or triple occupancy rate
Add-On Rate	The new add-on rate as entered in the Provider Level of Care Maintenance table. This field displays data when the provider's 1 bed rate or add-on rate is updated. The add-on rate represents the additional payment that a provider in an ICF/MR or Group Home setting receives for recipients participating in a day services program. This field is added to the 1 bed rate on file to arrive at the provider's combined base plus day service rate and is used when the provider bills a 110 revenue code
Combined Rate	The Combined Rate is calculated by adding the 1 bed rate and the add-on rate. Perform and display data in this field only when a change is made to the 1 bed rate or add-on rate
Error Code	The letter code which indicates that an error occurred during processing to the retroactive rate transaction. Valid values: ***A***=No matching claims found for adjustment criteria
Transactions Processed	The total number of Long Term Care Retroactive Rate transactions processed
Level Of Care Code And Description	The code and accompanying description for the provider's level of care that is retro adjusted

Report: ADJ-2070-W
Process:
Location:

IndianaAIM
Retroactive LTC Rate Process Summary
Period: MMDDCCYY-MMDDCCYY

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

PROVIDER NUMBER	LEVEL OF CARE	EFFECTIVE DATE	END DATE	1 BED RATE	2 BED RATE	ADD ON RATE	COMBINED RATE	ERROR CODE
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X
999999999	99	CCYYMMDD	CCYYMMDD	9999999.99	9999999.99	9999999.99	9999999.99	X

99,999 TRANSACTIONS PROCESSED

LEVEL OF CARE CODE	DESCRIPTION
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

* * END OF REPORT * *

- * NO DATA THIS RUN * *

ADJ-2071-W Mass Adjustment Process-LTC Retro Rate Claim Listing

Functional Area	Report Number	Job Name	Report Title
Adjustments	ADJ-2071-W		Mass Adjustment Process-LTC Retro Rate Claim Listing

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Mass Adjustment Process-LTC Retro Rate Claim Listing is produced as both an online and CRLD report which lists all claims adjusted during the current weekly cycle for Long Term Care retroactive rate adjustments. It is sorted by provider number and lists each claim adjusted for a provider, the number of claims adjusted, and the number of recipients associated with the claim adjustments.

Purpose

This report is used by EDS and IFSSA to validate all claims processed for a given provider during the weekly cycle. Provider relations and other areas also access this report online to aid in retroactive rate adjustment-related questions which may arise.

Sort Sequence

CRLD
- *Primary*: - Provider number, ascending
- *Secondary*: - Adjustment ICN, ascending

Online
- *Primary* - Provider number, ascending
- *Secondary* -
  - Adjustment ICN;
  - Original ICN;
  - Recipient

Distribution

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

Detailed Field Definitions

Provider Number The provider's unique assigned number

Level Of Care

Effective Date The effective or *from* date of the Long Term Care retroactive rate adjustment

End Date	The end date or *thru* date of the Long Term Care retroactive rate adjustment. All claims within the effective and end date parameters are processed for adjustment except those claims previously paid at the newly adjusted rate
Number Of Adjustments	The number of adjustments processed for this provider during the current weekly cycle
Number Of Recipients	The number of recipients associated with the adjustments processed during the current weekly cycle
Adjustment ICN	The Internal Control Number (ICN) of the adjusted claim (daughter)
Original ICN	The ICN of the original claim (mother)
RID No	The RID number associated with the adjusted claim
Claim DOS-From	The *from* date of service on the adjusted claim
Claim DOS-Thru	The *thru* date of service on the adjusted claim
Total Number Of Adjustments	The total number of Long Term Care Retroactive Adjustments processed for all providers during the current weekly cycle
Total Number Of Recipients	The total number of recipients associated with all Long Term Care retroactive rate adjustments for all providers for the current weekly cycle

```
REPORT:  ADJ-2071-W                                    INDIANAAIM                                          DATE:  MMDDCCYY
PROCESS:                          MASS ADJUSTMENT PROCESS - LTC RETRO RATE CLAIM LISTING                  TIME:  HH:MM:SS
LOCATION:                                       PERIOD: MMDDCCYY-MMDDCCYY                                PAGE:  99,999

   PROVIDER NUMBER  999999999        LEVEL OF CARE  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    NUMBER OF ADJUSTMENTS  99999
                  EFFECTIVE DATE - END DATE   CCYYMMDD - CCYYMMDD                    NUMBER OF RECIPIENTS   99999

                                                                                  -- CLAIM DOS --
                                 ADJUSTMENT ICN  ORIGINAL ICN     RID NO.    FROM         THRU

                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD
                                 RRYYJJJBBBSSS  RRYYJJJBBBSSS  999999999999  CCYYMMDD CCYYMMDD

                                          * * PAGE BREAK AT NEW PROVIDER NUMBER * *
```

```
REPORT:  ADJ-2071-W                          INDIANAAIM                                    DATE:  MMDDCCYY
PROCESS:                        MASS ADJUSTMENT PROCESS - LTC RETRO RATE CLAIM LISTING     TIME:  HH:MM:SS
LOCATION:                                  PERIOD: MMDDCCYY-MMDDCCYY                      PAGE:  99,999

                              EFFECTIVE DATE - END DATE   CCYYMMDD - CCYYMMDD
                                    TOTAL NUMBER OF ADJUSTMENTS  99999
                                    TOTAL NUMBER OF RECIPIENTS   99999

                                      * * END OF REPORT * *

                                    •   * NODATA THIS RUN * *
```

CLM-0170-M Estimated Savings by EOB/Audit Number

Functional Area	Report Number	Job Name	Report Title
Claims	CLM-0170-M		Estimated Savings by EOB/Audit Number

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The CLM-0170-M Estimated Savings by EOB/Audit Number report lists the total billed amount for all claims for each of the EOBs and Audits, along with the estimated savings for the EOB or Audit. EOBs reported here are indicated by "partial refund" type on the EOB table, while audits are identified by an *X* in the cost containment box of the Audit tables. The estimated savings are calculated by taking the total billed minus the paid amount for the claims. For claims denied due to a limitation, the estimated savings is the billed amount since no payment was made. Each EOB that is related to a cutback and each limitation audit selected to be reported is listed in numerical order on the report, in its respective section.

Subtotals for the cutback EOBs and the limitation audits are accumulated and displayed on the report. A grand total at the bottom of the report combines both subtotals and shows the grand totals of the billed amounts and estimated savings amounts.

Purpose

The CLM-0170-M Estimated Savings by EOB/Audit Number report is used by FSSA to track the estimated savings for claims with cutbacks or claims denied due to limitations.

Sort Sequence

- *Primary -* EOB
- *Secondary -* Audit

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

Detailed Field Definitions

EOB

EOB is an explanation of benefits code identified by FSSA as causing a claim to deny or be reduced in payment due to a cutback. These EOBs can be identified by having *partial refund* indicated as the *type* on the EOB table.

Billed Amt

The total billed amount of all claims during the past month that failed for this EOB and subsequently not paid or cut back because of this failure.

Est Savings	The estimated savings this EOB created by eliminating payment due to the failure of this ESC. It is calculated by subtracting the paid amount from the billed amount.
EOB Subtotal Billed Amt	The total of all billed amounts for all EOBs listed.
EOB Subtotal Est Savings	The total of all estimated savings amounts for all EOBs listed.
Audits	Audit is an error status code identified by FSSA that may cause a claim to deny or cut back due to a limitation. These Audits are identified by an *X* indicator in the cost containment box of the audit table.
Billed Amt	The total billed amount of all claims that failed during the past month for this audit and subsequently not paid or cut back because of this failure.
Est Savings	The estimated savings this audit created by eliminating payment due to the failure of this ESC. It is calculated by subtracting the paid amount from the billed amount.
Audits Subtotal Billed Amt	The total billed amount of all claims during the past month denied or cutback in payment due to this audit.
Audits Subtotal Est Savings	The estimated savings this audit created by reducing payment or by denying the detail or claim. It is calculated by subtracting the paid amount from the billed amount.
Total Billed Amount	The total of all billed amounts for all audits and EOBs listed.
Total Estimated Savings	The total of all estimated savings for all audits and EOBs listed.

Report: CLM-0170-M Indiana*AIM* Run Date: CCYY/MM/DD
Process: Page No.: 99,999
Location

ESTIMATED SAVINGS
BY EOB/AUDIT NUMBER

CLAIM TYPE: X

EOB	BILLED AMT	EST SAVINGS
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
EOB SUBTOTAL	$,$$$,$$9.99	$,$$$,$$9.99
AUDIT		
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
9999	$,$$$,$$9.99	$,$$$,$$9.99
AUDIT SUBTOTAL	$,$$$,$$9.99	$,$$$,$$9.99
CLAIM TYPE TOTAL	$,$$$,$$9.99	$,$$$,$$9.99
GRAND TOTAL	$,$$$,$$9.99	$,$$$,$$9.99

End of Report

CLM-0190-W Recipient Estate Recovery

Functional Area	Report Number	Job Name	Report Title
Claims	CLM-0190W		Recipient Estate Recovery

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Recipient Estate Recovery report is a weekly report showing deceased recipients. The deceased recipients must be 55 years of age or older at the time of death and the first Medicaid eligibility date of 10/01/93. The eligibility date restriction only applies to deceased recipients between 55 and 65 years of age.

Purpose

This report indicates all deceased recipients who resided in a nursing facility at the time of the death.

Sort Sequence

- *Primary -* County, ascending
- *Secondary -* Recipient name, ascending
- *Tertiary -* RID number, ascending

Distribution

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

Detailed Field Definitions

County Name Indicates the county name where the recipient died

Recipient Name Recipient last name, first name, and middle initial

Social Security Number Recipient's Social Security number

RID Number Recipient's Medicaid identification number

Date Of Death The date the recipient died

Place Of Birth The city where the recipient was born

Eligibility "From" All the *From* dates of service segments related to the deceased recipient's

	eligibility
Eligibility "Thru"	All the *Thru* dates of service segments related to the deceased recipient's eligibility
Total Medicaid Expenditures	The total dollar amount allowed by Medicaid for the listed dates of service
Total	Total expenditures allowed for a specific deceased recipient
Grand Total	Grand total expenditure allowed for all deceased recipients within a specific week

```
REPORT:  FIN-0190-W                          INDIANAAIM                                  DATE:  MM/DD/CCYY
PROCESS:                                  RECIPIENT ESTATE RECOVERY                        TIME:  HH:MM:SS
LOCATION:                               PERIOD: MM/DD/CCYY - MM/DD/CCYY                     PAGE:  99,999
```

COUNTY NAME xxxxxxxxxxxxxxx

NAME	SSN	RID NUMBER	DATE OF DEATH	PLACE OF BIRTH	DATE OF BIRTH	ELIGIBILITY DATES OF SERVICE FROM	THRU	TOTAL MEDICAID EXPENDITURES
xxxxxxxxxxxxxxxxxxxxxxxxxxxxx x x	999999999	999999999999	CCYYMMDD	xxxxxxxxxxxxxx	CCYYMMDD	CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
TOTAL								9,999,999,999.99
xxxxxxxxxxxxxxxxxxxxxxxxxxxxx x x	999999999	999999999999	CCYYMMDD	xxxxxxxxxxxxxx	CCYYMMDD	CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
						CCYYMMDD	CCYYMMDD	999,999,999.99
TOTAL								9,999,999,999.99
GRAND TOTAL								99,999,999,999.99

* * END OF REPORT * *

* * NO DATA THIS RUN * *

CMI-0500-M MEQC Claims Collection Report

Functional Area	Report Number	Job Name	Report Title
MEQC	CMI-0500-M		MEQC Claims Collection Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The MEQC Claims Collection Report provides basic information on the claims selected for review based on the ICES recipient sample.

Purpose

IFSSA and EDS use the MEQC Claims Collection Report to review the claims for the specified recipients.

Sort Sequence

- *Primary -* Review number
- *Secondary -* Recipient case number
- *Tertiary -* Recipient identification number (RID)
- *Quartentary -* Page break on a change in RID, with a subtotal for each case number and RID, with an overall grand total.

Distribution

To	Media	Copies	Frequency
IFSSA	Paper	1	Monthly
EDS	Paper	1	Monthly

Detailed Field Definitions

Review Number — Displays the unique number assigned to the review by ICES.

Review Month — The Review Month field displays the month of eligibility ICES used to select the recipients. The report is generated six months after the review month to allow a reasonable amount of time for claims for the selected recipients to finalize.

Recipient Information:

Recipient Case Number — Displays the medical assistance eligibility case number assigned to the recipient.

Recipient ID — Displays the unique medical assistance eligibility number assigned to the recipient.

Name — Displays the name on file for the Recipient ID number.

Buy-in Premium	Displays the amount of buy-in premiums paid on recipients eligible under the *Money Grant* and *QMB* categories.
HIPP	Displays the Health Insurance Premium amount paid by Medicaid for the recipient.
MCO	Displays the amount paid toward the recipient's managed care program.
Total	Displays the total amount paid by the Medicaid program toward the health care of the recipient, excluding claim payments.
Claim Information:	
Claim Type	Displays the code identifying the type of claim reported on the detail line.
ICN	Displays the internal control number (ICN) assigned to the claim by the IMMIS.
Provider Number	Displays the provider identification number and service location of the billing provider.
Paid Date	Displays the date the claim reached final adjudication in MM/DD/CCYY format.
To Date of Service	The To Date of Service field displays the ending date of service on the claim in MM/DD/CCYY format.
Medicaid Allowed Amount	The Medicaid Allowed Amount field displays the total Medicaid allowed amount for the claim before deducting patient liability, spenddown, TPL, or co-payments.
TPL Amount	Displays the amount other insurance paid on the claim.
Patient Liability Amount	Displays the amount paid by the recipient for the service.
Co-Pay Amount	Displays the amount of the co-payment made by the recipient for the service.
Paid Amount	Displays the total amount reimbursed to the provider for the service billed on the sample claim.
RID Summary Information:	
Claims Processed	Displays the total number of claims adjudicated for the recipient during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims before deducting patient liability, spenddown, TPL, or co-payments.
TPL Amount	Displays the amount other insurance paid on claims for the recipient during the review period.

Patient Liability Amount	Displays the amount paid by the recipient on claims adjudicated during the review period.
Co-Pay Amount	Displays the amount of the co-payment made by the recipient on claims adjudicated within the review period.
Paid Amount	Displays the total amount reimbursed to providers for claims adjudicated within the review period.
Case Summary Information:	
Case Count	Displays the total number of recipients contained within the case number.
Claims Processed	Displays the total number of claims adjudicated for all the recipients contained in the case during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims before deducting patient liability, spenddown, TPL, or co-payments.
TPL Amount	Displays the amount other insurance paid on claims for all the recipients contained in the case during the review period.
Patient Liability Amount	Displays the amount paid by all the recipients contained in the case on claims adjudicated during the review period.
Co-Pay Amount	Displays the amount of the co-payment made by all the recipients contained in the case on claims adjudicated within the review period.
Paid Amount	Displays the total amount reimbursed to providers for claims adjudicated within the review period.
Grand Total Information:	
RIDs Processed	Displays the total number of recipients in the review. This number can be used to balance to the number of review records sent by ICES.
Claims Processed	Displays the total number of claims adjudicated for the selected recipients during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims in the review before deducting patient liability, spenddown, TPL, or co-payments.
TPL Amount	Displays the amount paid by other insurance on claims for the recipients selected for review during the review period.
Patient Liability Amount	Displays the amount paid by the selected recipients on claims adjudicated during the review period.
Co-Pay Amount	Displays the amount of the co-payment made by the selected recipients on claims adjudicated within the review period.
Paid Amount	Displays the total amount reimbursed to providers for the selected claims adjudicated within the review period.

Total Amount

Displays the total amount reimbursed to providers for the selected claims adjudicated within the review period plus any additional payments made toward the recipient's health care, such as buy-in.

Report Footer

The report footer displays *End of Report*, after the grand total information has been listed, and *No Data this Report* if no claims are selected based on the selected RIDs requested by ICES.

Report:	CMI-0500-M	Indiana*AIM*	Page Num:	9,999
Process:	XXXXXX		Run Date:	MM/DD/CCYY
Location:	XXXXXX	MEQC Claims Collection Report		
Review #:	9999999999999	Review Month XXXXXXXXX		

Recipient Information:

Recipient Case Number	Recipient ID	Name	Buy-in Premium	HIPP Amount	MCO Amount	Total Amount
999999999999	999999999999	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX, X	$999,999.99	$999,999.99	$999,999.99	$999,999.99

Claim Information:

Claim Type	ICN	Provider Number	Paid Date	To Date of Service	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
X	XXXX XXX XXXXXX	999999999 X	MM/DD/CCYY	MM/DD/CCYY	$999,999.99	$999,999.99	$999,999.99	$999,999.99	$999,999.99

RID Summary Information:

Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

Case Summary Information:

Case Count	Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
99999	999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

Grand Total Information:

RIDS Processed	Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount	Total Amount
999,999,999	999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

End Of Report

No Data This Report

CTL-0153-D Aged Claims Listing

Functional Area	Report Number	Job Name	Report Title
Claims	CTL-0153-D		Aged Claims Listing

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The CTL-153-D Aged Claims report lists paper (Region 10/11) aged claims not been resolved within 25 days. The report is sorted by Julian date order. The report displays the current system location of the claim and how long it has been in that location. The report is reviewed daily and all claims listed on the report are given priority status during claim resolution. Each claim is researched to determine the cause of the suspense age and appropriate measures are taken to ensure timely adjudication of the suspended claim. Claims which have spent any time in locations 20 (Medical Review), 30 (SUR), or 40 (CCF) are not considered "clean" claims under SB175. Therefore, claims which have spent any time in these locations are not included on this report The age of the ICN is the Julian date, less time in excluded locations, less report date. Adjustments are excluded from this report.

Purpose

The Aged Claim Listing report displays all claims 25 days old or older currently suspended in the system. This report automatically prints if claims are 25 days old or older.

Sort Sequence

- *Primary -* ICN Julian date
- *Secondary -* Location

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	2	Daily

Detailed Field Definitions

CT	One byte field representing claim type. Valid values are as follows D=Dental S=Shadow H=Home Health L=Long Term Care M=Medical I=Inpatient O=Outpatient P=Pharmacy X=Crossover A, B and C Q=Compound Drug
ICN	A unique number assigned to a claim processed in the system for internal control purposes. The ICN is in RRCCYYJJJBBBSSS format where: R=Region C=Century Y=Year J=Julian date B=Batch S=Sequence
RID	The system-assigned unique number used to identify a recipient
Bill Prov	The system-assigned unique number used to identify a provider
Elsp Days	The number of days that the claim has been in the Indiana*AIM* system without adjudicated. Claims which spend any time in locations 22, 30, or 40 are not considered “clean” claims and are not reported on this report. For example, a claim is currently in location 00 and is 25 days old. However, it spent one day in location 22. This claim is not “clean” and is not reported. The number of days is calculated by subtracting the ICN Julian date from the Report Date.
LOC CD	The location code where the claim is currently held in suspense.
LOC DT	The date the claim entered this location.
Days Loc	The number of days the claim has been in this location (current date minus location date).
Aged Claims	The total number of claims not adjudicated and more than 25 days old.

Indiana*AIM*

Run Date: CCYY/MM/DD
Page Number: 99,999

Process:
Location

AGED CLAIMS LISTING

CT	ICN	RID	BILL PROV	ELSP DAYS	LOC CD	LOC DT	DAYS LOC
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999
X	9999999999999	999999999999	999999999	999	xx	MMDDYY	999

AGED CLAIMS: 999999999

End of Report

DUR-0001-M High Dose Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0001-M		High Dose Update Report

Description of Information

The High Dose Update report lists the updates to the Pro-DUR High Dose Criteria table from the National Pro-DUR Criteria Update File.

Purpose

For each Generic Code in the Pro-DUR High Dose criteria table, there is a maximum average recommended daily number of units that the recipient must take, expressed both in dosage units and in units form, such as number of capsules. If the dosage prescribed is more than the maximum dosage, the system generates a High Dose alert. This report lists those Generic Code Sequence Numbers added, updated, or deleted from this table. The State DUR Board uses this report to review updates to the high dose criteria and make the determination as to whether they wish to activate new criteria.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
EDS	CRLD		Monthly

Detailed Field Definitions

Transaction
Shows whether the data is an add, update, or delete transaction

GCN
The First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The GCN is the same across manufacturers and package sizes, hence the name *generic code*.

Description
The First DataBank description of the GCN

Dose Unit
The maximum daily dose for the drug Generic Code. The maximum daily dose units are usually expressed as metric strength units. These units may be gm. (gram), mg. (milligram), mcg. (microgram), or meq. (milliequivalent).

Unit Qty
This is the maximum daily units. The maximum daily units value provides the quantitative amount of the maximum adult daily dose, expressed in units of use.

Unit Form

The maximum daily units form defines the unit of use form which must be used in conjunction with the maximum daily units quantity. The maximum daily units forms currently in use are:

- **EA** For tablets, capsules, suppositories, etc.
- **ML** For liquids
- **IN** For metered dose aerosols for inhalation
- **SC** For powders that are prescribed by the scoop
- **AP** For vaginal creams prescribed by the applicator

S

A severity code is not supplied by First DataBank. Therefore, the severity code area on the report is blank

A

The status of the criteria update, **Y for active or N for inactive**

Report: DUR-0001-M
Process: DURJM181
Location: MRHDR001

Indiana*AIM*
HIGH DOSE UPDATE REPORT
Period: XXXXXXXXXX – XXXXXXXXXX

Run Date: XX/XX/XX
Time: XX:XX
Page: XXXX

TRANSACTION	GCN	DESCRIPTION	DOSE UNIT	UNIT QTY	UNIT FORM	S	A
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X

NO DATA THIS REPORT

END OF REPORT

DUR-0002-M Low Dose Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0002-M		Low Dose Update Report

Description of Information

The Low Dose Update report lists the updates to the Pro-DUR Low Dose Criteria table from the National Pro-DUR Criteria Update File.

Purpose

For each Generic Code in the Pro-DUR Low Dose criteria table, there is a minimum average recommended daily number of units that the recipient must take, expressed both in dosage units and in units form such as number of capsules. If the dosage prescribed is less than the minimum dosage, the system generates a Low Dose alert. This report lists the Generic Code Sequence Numbers added, updated, or deleted from this table. The State DUR Board may use this report to review updates to the high dose criteria and make the determination as to whether they wish to activate the new criteria.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
EDS	CRLD		Monthly

Detailed Field Definitions

Transaction
Shows whether the data is an add, update, or delete transaction

GCN
The First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The GCN is the same across manufacturers and package sizes, hence the name *generic code*.

Description
The First DataBank description of the GCN

Dose Unit
This is the minimum daily dose for the drug generic code. The minimum daily dose units are usually expressed as metric strength units. These units can be gm. (gram), mg. (milligram), mcg. (microgram), or meq. (milliequivalent).

Unit Qty
This is the minimum daily units. The minimum daily units value provides the quantitative amount for the minimum adult daily dose, expressed in units of use.

Unit Form

The minimum daily units form defines the unit of use form which must be used in conjunction with the minimum daily units quantity. The minimum daily units forms currently in use are:

- EA used for tablets, capsules, suppositories, etc.
- ML used for liquids
- IN used for metered dose aerosols for inhalation
- SC used for powders that are prescribed by the “scoop”
- AP used for vaginal creams prescribed by the “applicator”

S

A severity code is not supplied by First DataBank. Therefore, the severity code area on the report is blank

A

The status of the criteria update, **Y** for active or **N** for inactive

Report: DUR-0002-M
Process: DURJM171
Location: MRLDR001

Indiana*AIM*
LOW DOSE UPDATE REPORT
Period: XXXXXXXXXX - XXXXXXXXXX

Run Date: XX/XX/XX
Time: XX:XX
Page: XXXX

TRANSACTION	GCN	DESCRIPTION	DOSE UNIT	UNIT QTY	UNIT FORM	S	A
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX	9,999.999	XX	X	X

NO DATA THIS REPORT

END OF REPORT

DUR-0003-M Drug Pregnancy Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0003-M		Drug Pregnancy Update Report

Description of Information

This report lists Drug Generic Code Sequence Numbers and their descriptions updated, added, or deleted from the Pro-DUR Drug Pregnancy Alert criteria. These updates are received from the National Pro-DUR Criteria Update File.

Purpose

Specific drugs, identified by their Generic Code Sequence Number, should not be used by pregnant women. All updates received in the National Pro-DUR Criteria Update File are reported. Using this report, the State DUR Board may review the updates and make the determination as to whether they wish to activate the changes.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution:

To	Media	Copies	Frequency
IFSSA	CRLD/Paper	1	Monthly

Detailed Field Definitions

Transaction	Shows whether the data is an add, update, or delete transaction
GCN	The First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The GCN is the same across manufacturers and package sizes, hence the name *generic code*.
Description	The First DataBank description of the GCN
S	A severity code of A, B, C, D, X, 1, 2, or 3 may be supplied by First DataBank. All values may be displayed on the Drug Pregnancy Report.
A	The status of the criteria update, **Y** for active or **N** for inactive

```
Report:   DUR-0003-M                                   IndianaAIM                                   Run Date: XX/XX/XX
Process:  DURJM161                                DRUG PREGNANCY UPDATE REPORT                         Time:     XX:XX
Location: MRPGR001                              Period: XXXXXXXXXX - XXXXXXXXXX                         Page:     XXXX


    TRANSACTION       GCN      DESCRIPTION                                                          S    A
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
    XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X


                                          NO DATA THIS REPORT


                                            END OF REPORT
```

DUR-0004-M Inverse Code Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0004-M		Inverse Code Report

Description of Information

The Inverse Code Update report lists the updates to the Pro-DUR ADI Drug – Drug Interactions Criteria table from the National Pro-DUR Criteria Update File.

Purpose

This report lists the adds, updates, and deletes to the Pro-DUR Inverse Code criteria table. The Inverse code defines a pair of drug groups. Any member of one group interacts negatively with any member of the other group. An example of two such groups are tetracycline and calcium supplements. The State DUR Board may use this report to review updates to the drug to drug interaction criteria and make the determination as to whether they wish to activate the new criteria.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* ADI code

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

Transaction	Shows whether the data was added, changed, or deleted from the tables
ADI	Defines a pair of drug groups. Any member of one group interacts negatively with any member of the other group.
Description	This field describes the ADI code that identifies two groups of drugs defined as negatively-interacting.
S	A severity code of (1) major, (2) moderate or (3) minor is supplied by First DataBank. All severity codes may appear on the report
A	The status of the criteria update, **Y** for active or **N** for inactive

```
Report:   DUR-0004-M                                                                                  XX/XX/XX
Process:  DURJM121                                          INVERSE CODE REPORT                   Run Time: XX:XX
Location: MNVSR001                                   Period: XXXXXXXXXX - XXXXXXXXXX                     XXXX


TRANSACTION      ADI CODE  DESCRIPTION                                                                S   A
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X
XXXXXXXX            XXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X   X


                                          NO DATA THIS REPORT

                                             END OF REPORT
```

DUR-0005-M Drug Age Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0005-M		Drug Age Update Report

Description of Information

This report lists updates to the Pro-DUR Drug Geriatric and Pediatric criteria tables. These updates are received from the National Pro-DUR Criteria Update File.

Purpose

A drug identified by the generic drug code sequence number may have upper and lower age limits on the person taking the drug. This report identifies the generic codes and respective upper and lower age limits added, changed, or deleted. Using this report, the State DUR Board may review updates to the age criteria and determine if they wish to activate the updates.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

Transaction
Shows whether the data was added, changed, or deleted from the tables

GCN
The generic code sequence number is the First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The generic code is the same across manufacturers and package sizes, hence the name *generic code*.

Description
The First DataBank description of the GCN

Minimum Age (Days)
The minimum age a recipient must be to receive a prescription for a particular drug. This age is expressed in days so that very young recipients, such as babies, may be effectively protected from an inappropriate prescription.

Maximum Age (Days)
The maximum age that a recipient may be to receive a prescription for a particular drug. This age is expressed in days so that elderly recipients may be effectively protected from an inappropriate prescription.

S
A severity code of (1) major, (2) moderate, or (3) minor is supplied by First DataBank. All severity codes may appear on the report.

A
The status of the criteria update, **Y** for active or **N** for inactive

```
Report:   DUR-0005-M                                   IndianaAIM                          Run Date: XX/XX/XX
Process:  DURJM141                                 DRUG AGE UPDATE REPORT                     Run Time: XX:XX
Location: MRPDR001                             Period: XXXXXXXXXX - XXXXXXXXXX                     Page: XXXX
```

TRANSACTION	GCN	DESCRIPTION	MINIMUM AGE (DAYS)	MAXIMUM AGE (DAYS)	S	A
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999	999999	X	X

NO DATA THIS REPORT

END OF REPORT

DUR-0006-M Under Utilization Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0006-M		Under Utilization Update Report

Description of Information

The Under Utilization Update report lists the updates to the Pro-DUR Drug Under-use Criteria table from the National Pro-DUR Criteria Update file.

Purpose

This report shows the drug generic code sequence numbers added, changed, or deleted from the table that contains the generic codes to which the under-use percentage applies. The State DUR Board may use this report to review updates to the under-use criteria and make the determination as to whether they wish to institute the new criteria.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

Transaction
Shows whether the data was added, changed, or deleted from the tables

GCN
The generic code sequence number is the First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The generic code is the same across manufacturers and package sizes, hence the name *generic code*.

Description
The First DataBank description of the GCN

S
A severity code is not supplied by First DataBank. Therefore, the severity code area on the report is blank

A
The status of the criteria update, **Y** for active or **N** for inactive

```
Report: DUR-0006-M                                    IndianaAIM                    Run Date: XX/XX/XX
Process: DURJM191                          UNDER UTILIZATION UPDATE REPORT             Time Run: XX:XX
Location: MRLRR001                         Period: XXXXXXXXXX - XXXXXXXXXX                Page: XXXX


TRANSACTION       GCN      DESCRIPTION                                                          S    A
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X
XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               X    X


                                   NO DATA THIS REPORT

                                     END OF REPORT
```

DUR-0007-M Over Utilization Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0007-M		Over Utilization Update Report

Description of Information

The Over Utilization Update report lists updates to the Pro-DUR Drug Overuse Criteria table from the National Pro-DUR Criteria Update file.

Purpose

This report shows the Drug Generic Code Sequence Numbers added, changed, or deleted from the table that contains the Generic codes to which the Overuse percentage applies. The State DUR Board may use this report to review updates to the overuse criteria and make the determination as to whether they wish to activate the new criteria.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD/Paper	1	Monthly

Detailed Field Definitions

Transaction Shows whether the data was added, changed, or deleted from the tables

GCN The generic code sequence number is the First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The generic code is the same across manufacturers and package sizes, hence the name *generic code*.

Description The First DataBank description of the GCN

S A severity code is not supplied by First DataBank. Therefore, the severity code area on the report is blank

A The status of the criteria update, **Y** for active or **N** for inactive

```
Report:   DUR-0007-M                          IndianaAIM                          Run Date: XX/XX/XX
Process:  DURJM111                  OVER UTILIZATION UPDATE REPORT                   Time:     XX:XX
Location: MRERR001                 Period: XXXXXXXXXX - XXXXXXXXXX                    Page:     XXXX


 TRANSACTION       GCN      DESCRIPTION                                                          S  A
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X
 XXXXXXXX          XXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  X  X


                                   NO DATA THIS REPORT

                                    END OF REPORT
```

DUR-0008-M Therapeutic Duplication Update Report

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0008-M		Therapeutic Duplication Update Report

Description of Information

The Therapeutic Duplication Update report lists adds, updates, and deletes to the therapeutic duplication criteria table from the National Pro-DUR Criteria Update file.

Purpose

This report shows the therapeutic class codes, with a corresponding description, added, changed, or deleted from the therapeutic duplication criteria. The therapeutic class code is necessary for identifying cases of therapeutic duplication in which one drug performs essentially the same function as another drug. The therapeutic class code is also necessary for identifying overuse situations that the same drug is prescribed more than once in a period of time shorter than recommended. It is in the best interest of Indiana Health Coverage Programs and the recipient to prevent duplication.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* Therapeutic class

Distribution

To	Media	Copies	Frequency
EDS	CRLD		Monthly

Detailed Field Definitions

Transaction
Shows whether the data was added, updated, or deleted from the files

Therapeutic Class
A therapeutic class is a group of drugs that function in a similar manner. One drug in the class causes the same results as any other drug in the class when administered. Indiana Health Coverage Programs wants to avoid a situation in which a recipient is taking two or more drugs with duplicate effects.

Description
This field is a narrative description of the therapeutic class

S
A severity code is not supplied by First DataBank. Therefore, the severity code area on the report is blank

A
The status of the criteria update, **Y** for active or **N** for inactive

```
Report:   DUR-0008-M                                   IndianaAIM                        Run Date: XX/XX/XX
Process:  DURJM101                          THERAPEUTIC DUPLICATION UPDATE REPORT          Run Time: XX:XX
Location: MRTDR001                             Period: XXXXXXXXXX - XXXXXXXXXX                 Page: XXXX


 TRANSACTION       THERAPEUTIC CLASS    DESCRIPTION                                                          S    A
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X
 XXXXXXXX                 XXX          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   X    X


                                                   NO DATA THIS REPORT


                                                   END OF REPORT
```

DUR-0009-M Disease Criteria Updates

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0009-M		Disease Criteria Updates

Description of Information

The Disease Criteria Updates report displays the updates to the Drug/Disease alert criteria. The updates include adds, updates, and deletes to the current criteria. The updates are received through the National Pro-DUR Criteria Update file from First DataBank.

Purpose

The report is used to inform the State, EDS, and the DUR Board of changes made to the drug/disease criteria via the monthly update process. In the case of adds, the report serves as notification to the DUR Board of new criteria that they must review and determine whether to activate in Indiana*AIM*.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* GCN sequence number

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly
IFSSA	CRLD/Paper	1	Monthly

Detailed Field Definitions

Transaction
Shows whether the data was added, changed, or deleted from the tables

GCN
The generic code sequence number is the First DataBank code that identifies a particular drug. The generic code sequence number (GCN) is specific to generic ingredient(s), route of administration, dosage form, and drug strength. The generic code is the same across manufacturers and package sizes, hence the name *generic code*.

Disease Code
The 9-digit disease code is comprised of an organ system or condition indicator and the ICD-9 diagnosis code.

S
A severity code of (1) major, (2) moderate, or (3) minor is supplied by First DataBank. All severity codes may appear on the report.

A
The status of the criteria update, **Y** for active or **N** for inactive

```
Report: DUR-0009-M                                   IndianaAIM                        Run Date: XX/XX/XX
Process: DURJM161                              DISEASE CRITERIA UPDATES                   Time Run: XX:XX
Location: MRDIR001                       Period: XXXXXXXXXX - XXXXXXXXXX                     Page: XXXX
```

TRANSACTION	GCN	DESCRIPTION	CONTRAINDICATED ICD-9 DIAGNOSIS CODE	S	A
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X
XXXXXXXX	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	X	X

NO DATA THIS REPORT

END OF REPORT

DUR-0010-M ICD-9 Diagnosis Cross Reference Updates

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0010-M		ICD-9 Diagnosis Cross Reference Updates

Description of Information

This report displays all of the updates to the ICD-9/Disease Code cross-reference table received from the monthly National Pro-DUR Update file from First DataBank. The report lists all additions, deletions and changes to the cross-reference table.

Purpose

The report informs the State, EDS, and the DUR Board of updates made to this cross-reference table.

Sort Sequence

- *Primary -* Transaction
- *Secondary -* ICD-9 diagnosis code

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

Detailed Field Definitions

Transaction Shows whether the data was added, changed, or deleted from the table

ICD-9 Diag Code The ICD-9 diagnosis code that was added, updated, or deleted from the cross-reference table

Disease Code The corresponding disease code that was added, updated, or deleted from the cross-reference table

```
Report:   DUR-0010-M                                    IndianaAIM                        Run Date: XX/XX/XX
Process:  DURJM171                       ICD-9 DIAGNOSIS CROSS REFERENCE UPDATES           Time Run: XX:XX
Location: MRIDR001                           Period: XXXXXXXXXX - XXXXXXXXXX                Page:     XXXX


                    ICD9
TRANSACTION         DIAG CODE    DISEASE CODE     DESCRIPTION
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX             XXXXX       XXXXXXXXX        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX


                                                NO DATA THIS REPORT


                                                   END OF REPORT
```

DUR-0011-M, DUR-0011-A High Level Summary by DUR Screen

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0011-M DUR-0011-A		High Level Summary by DUR Screen

Description of Information

This report lists the number of alerts, overrides, non-responses, and cancellations for each DUR screen. It also reports the percentage of all alerts each screen generates.

Purpose

The purpose of this report is to provide the State, EDS, and the DUR Coordinator with an overview of the alert activity each month. It may also guide the DUR Coordinator and DUR Board in making changes regarding the alerts and the criteria within them. The DUR-0011-A summarizes the alert activity on an annual basis.

Sort Sequence

- *Primary -* DUR screen

Distribution:

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly & Yearly

Detailed Field Definitions

DUR Screen	The two-byte NCPDP conflict code associated with each screen.
#Alerts	The number of claims that created alerts for each DUR screen during the month.
#Overrides	The number of claims overridden based on outcome codes submitted with the response claim.
#Cancellations	The number of claims canceled based on outcome codes submitted with the response claim.
#Non-Responses	The number of claims not responded to and auto-denied after three days.
% Of All DUR Alerts	The percentage of all alerts each screen generates.

```
Report:   DUR-0011-M                                   IndianaAIM                        Run Date: XX/XX/XX
Process:  DURJM205                          High Level Summary by DUR Screen              Time Run: XX:XX
Location: DUR0011M                           Period: XXXXXXXXXX - XXXXXXXXXX               Page:     XXXX
```

DUR Screen	# Alerts	# Overrides	# Cancellations	# Non-Responses	% of All DUR Alerts
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

NO DATA THIS REPORT

END OF REPORT

DUR-0012-M, DUR-0012-A Summary Data by Drugs Involved in DUR Screening

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0012-M DUR-0012-A		Summary Data by Drugs Involved in DUR Screening

Description of Information

This report displays the most frequently involved therapeutic category and hierarchical ingredient in each DUR screen.

Purpose

This report provides information necessary to complete the Annual DUR Report for HCFA. HCFA requires information on at least the top 20 occurring drugs in each DUR screen. The DUR-0012-A is an annual report.

Sort Sequence

- *Primary* - DUR screen
- *Secondary* - Therapeutic category
- *Tertiary* - Number of alerts set for hierarchical ingredient
- *Quaternary* - Hierarchical ingredient description

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly & Yearly

Detailed Field Definitions

DUR Screen — The two-byte NCPDP conflict code assigned to each DUR screen.

Therapeutic Category/Drug(s) — The therapeutic category of drugs, such as Penicillin, and the individual drugs within the category, such as Ampicillin. Totals are provided for the therapeutic category as a whole, with a breakdown of the totals for each individual drug in the therapeutic category.

#Alerts — The number of alerts generated for the therapeutic category, with a breakdown of the number of alerts generated for each individual drug in the therapeutic category.

#Overrides — The number of alerts overridden for the therapeutic category, with a breakdown of the number of alerts overridden for each individual drug in the therapeutic category.

#Cancellations/#Non-Responses	The number of claims canceled or not responded to because of the alert for the therapeutic category, with a breakdown of the number of claims canceled or not responded to for each individual drug in the therapeutic category.
#Claims Screened	The number of POS claims processed that contained drugs in the therapeutic category, with a breakdown of the number of claims processed for each individual drug in the therapeutic category.
% Alerts/Total Rx	The percentage of claims that set alerts for the therapeutic category and individual drugs in the therapeutic category.
%Cancellations/Total Rx	The percentage of claims cancelled because of the therapeutic category and individual drugs in the therapeutic.

Report: DUR-0012-M IndianaAIM Run Date: XX/XX/XX
Process: DURJM235 Summary Data by Involved in DUR Screening Time Run: XX:XX
Location: DUR0012M Period: XXXXXXXXXX - XXXXXXXXXX Page: XXXX

DUR Screen	Therapeutic Category/ Drug(s) (Hierarchial Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total RX	% Cancels /Total RX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0

NO DATA THIS REPORT

END OF REPORT

DUR-0013-M, DUR-0013-A Prospective DUR Intervention/Outcome Summary

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0013-M DUR-0013-A		Prospective DUR Intervention/Outcome Summary

Description of Information

This report identifies pharmacists' interventions (M0, P0, or R0) for each DUR screen, and the outcome of the prescription; whether it was filled (1A-G) or canceled (2A-B).

Purpose

This report provides the State, EDS, and the DUR Board with insight into how pharmacists resolve alerts. This report may be used to help determine areas where education may be needed, or where screening criteria may require review. The DUR-0013-A is produced on an annual basis.

Sort Sequence

- *Primary -* DUR screen
- *Secondary -* N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly & Yearly

Detailed Field Definitions

DUR Screen — The two-byte NCPDP conflict code assigned to each DUR screen.

Prescriber Consulted (M0):

% Overrides — The number of claims that set the DUR screen, returned with an M0 intervention code, and overridden.

% Cancellations — The number of claims that set the DUR screen, returned with an M0 intervention code, and canceled.

Patient Consulted (P0):

% Overrides — The number of claims that set the DUR screen, returned with a P0 intervention code, and overridden.

% Cancellations — The number of claims that set the DUR screen, returned with a P0 intervention code, and canceled.

Other Source Consulted (R0):

% Overrides	The number of claims that set the DUR screen, returned with a R0 intervention code, and overridden.
% Cancellations	The number of claims that set the DUR screen, returned with a R0 intervention code, and canceled.

Report: DUR-0013-M
Process: DURJM210
Location: DUR0013M

IndianaAIM
Prospective DUR Intervention/Outcome Summary
Period: XXXXXXXXXX - XXXXXXXXXX

Run Date: XX/XX/XX
Time Run: XX:XX
Page: XXXX

DUR Screen	Prescriber % Overrides	Consulted (MO) % Cancellations	Patient % Overrides	Consulted (PO) % Cancellations	Other Source % Overrides	Consulted (RO) % Cancellations
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0
XX	999.0	999.0	999.0	9,999,999	999.0	999.0

NO DATA THIS REPORT

END OF REPORT

DUR-0014-M, DUR-0014-A Summary Report of Intervention and Outcome Overrides by DUR Screen

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0014-M DUR-0014-A		Summary Report of Intervention and Outcome Overrides by DUR Screen

Description of Information

This report identifies the pharmacist's reason for overriding the alert for each DUR screen.

Purpose

This report provides the State, EDS, and the DUR Board with insight into the types of actions that pharmacists and physicians take when alerts are generated and overridden. This report may also be used to help determine areas where education may be needed, or where screening criteria may require review.

Sort Sequence

- *Primary -* DUR screen
- *Secondary -* Intervention

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly & Annually

Detailed Field Definitions

DUR Screen	The two-byte NCPDP conflict code assigned to each DUR screen.
Prescriber Consulted/1A False Positive	The number of claims that set the DUR screen returned with an intervention code of prescriber consulted, and an outcome code of *Filled – False Positive*.
Prescriber Consulted/1B Filled As Is	The number of claims that set the DUR screen, returned with an intervention code of prescriber consulted, and an outcome code of *Filled As Is*.
Prescriber Consulted/1C Diff Dose	The number of claims that set the DUR screen, returned with an intervention code of prescriber consulted, and an outcome code of *Filled – Different Dose*.
Prescriber Consulted/1D Diff Direct	The number of claims that set the DUR screen, returned with an intervention code of prescriber consulted, and an outcome code of *Filled – Different Directions*.
Prescriber Consulted/1E Diff Drug	The number of claims that set the DUR screen, returned with an intervention code of prescriber consulted, and an outcome code of *Filled – Different Drug*.
Prescriber Consulted/1F Diff	The number of claims that set the DUR screen, returned with an intervention

Qty	code of prescriber consulted, and an outcome code of *Filled – Different Quantity*.
Prescriber Consulted/1G Prescriber Approval	The number of claims that set the DUR screen, returned with an intervention code of prescriber consulted, and an outcome code of *Filled – Prescriber Approval*.
Patient Consulted/1A False Positive	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled – False Positive*.
Patient Consulted/1B Filled As Is	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled As Is*.
Patient Consulted/1C Diff Dose	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled – Different Dose.*
Patient Consulted/1D Diff Direct	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled – Different Directions*.
Patient Consulted/1E Diff Drug	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled – Different Drug*.
Patient Consulted/1F Diff Qty	The number of claims that set the DUR screen, returned with an intervention code of patient consulted, and an outcome code of *Filled – Different Quantity*.
Patient Consulted/1G Prescriber Approval	The number of claims that set the DUR screen returned with an intervention code of patient consulted, and an outcome code of *Filled – Prescriber Approval*.
Other Source Consulted/1A False Positive	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled – False Positive*.
Other Source Consulted/1B Filled As Is	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled As Is.*
Other Source Consulted/1C Diff Dose	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled Different Dose*.
Other Source Consulted/1D Diff Direct	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled – Different Directions*.
Other Source Consulted/1E Diff Drug	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled – Different Drug*.
Other Source Consulted/1F Diff Qty	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled – Different Quantity*.
Other Source Consulted/1G Prescriber Approval	The number of claims that set the DUR screen, returned with an intervention code of other source consulted, and an outcome code of *Filled – Prescriber Approval*.

Report: DUR-0014-M
Process: DURJM215
Location: DUR0014M

IndianaAIM
Summary Data of Intervention and Outcome Overrides by DUR Screening
Period: XXXXXXXXXX - XXXXXXXXXX

Run Date: XX/XX/XX
Time Run: XX:XX
Page: XXXX

DUR Screen	1A False Positive	1B Filled As IS	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Approved
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Prescriber Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Patient Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Other Source Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Prescriber Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Patient Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Other Source Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Prescriber Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Patient Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Other Source Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Prescriber Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Patient Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Other Source Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
XX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Prescriber Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Patient Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
Other Source Consulted	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

NO DATA THIS REPORT

END OF REPORT

DUR-0015-M, DUR-0015-A Summary Data by Drug (Hierarchical Ingredient) Combinations in DUR Screening.

Functional Area	Report Number	Job Name	Report Title
Pro-DUR	DUR-0015-M DUR-0015-A		Summary Data by Drug (Hierarchical Ingredient) Combinations in DUR Screening.

Description of Information

This report provides information necessary to complete the Annual DUR Report for HCFA. HCFA requires information on at least the top 20 occurring drugs in each DUR screen. It lists the drug (hierarchical ingredient) combination.

Sort Sequence

- Primary - DUR screen
- Secondary - Therapeutic category description, alphabetical order
- Tertiary - Hierarchical ingredient by number of alerts, descending
- Quaternary - Hierarchical ingredient description
- Quintenary - Hierarchical ingredient combination drug by number of alerts, descending
- Sextenary - Hierarchical ingredient combination description

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly & Annually

Detailed Field Definitions

DUR Screen
The two-byte NCPDP conflict code assigned to each DUR screen.

Therapeutic Category/Drug/Drug Combinations
The therapeutic category of drugs and the individual drugs (hierarchical ingredient) in the therapeutic category. It is sorted into the drug (hierarchical ingredient) combination.

# of Alert
The number of alerts generated for the therapeutic category; the alerts generated for the individual drug (hierarchical ingredient) in the therapeutic category, and the number of alerts generated for the drug (hierarchical ingredient) combination.

# of Overrides
The number of alerts overridden for the therapeutic category first, the number of alerts overridden for each individual drug (hierarchical ingredient) in the therapeutic category second, and the number of alerts overridden for each drug (hierarchical ingredient) in the drug and therapeutic category third.

# of Cancellations/# of Overrides
The number of claims canceled or not responded to because of the alert for the therapeutic category, the number of claims canceled or not responded to because of

Overrides	the alert for each individual drug (hierarchical ingredient) in the therapeutic category and the number of claims canceled or not responded to because of the alert for each drug (hierarchical ingredient) combination in the drug and therapeutic category.
# of Claims Screened	The number of POS claims processed through Pro-DUR for each therapeutic category (not by conflict code), and the number of POS claims processed that contained the individual drug (hierarchical ingredient) in the therapeutic category. It does not screen the number of claims for the drug (hierarchical ingredient) combination because it only screens the claims going through Pro-DUR, and not for alerts actually set.
% of Alerts/Total Rx	The percentage of claims for the therapeutic category that set alerts and the percentage of claims for the individual drugs (hierarchical ingredient) in the therapeutic category that set alerts. For the drug (hierarchical ingredient) combination, the result is the number of alerts set for the drug combination, divided by the number of claims screened for the individual drug, multiplied by 100.
% of Cancel and Non-Responses/Total Rx	The percentage of claims for the therapeutic category canceled or not responded to because of the alert, the percentage of claims for the individual drugs (hierarchical ingredient) within the therapeutic category canceled or not responded to because of the alert. For the drug (hierarchical ingredient) combination, it is the number of cancellations and non-responses for the drug combination, divided by the number of claims screened for the individual drug, multiplied by 100.

Report: DUR-0015-M
Process: DURJM240
Location: DUR0015M

IndianaAIM
Summary Data by Drug Combination Involved in DUR Screening
Period: XXXXXXXXXX – XXXXXXXXXX

Run Date: XX/XX/XX
Time Run: XX:XX
Page: XXXX

DUR Screen	Therapeutic Category/ Drug(s) (Hierarchial Ingredient)	# Alerts	# Overrides	# Cancellations & Non-Responses	# Claims Screened	% Alerts /Total RX	% Cancels /Total RX
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9,999,999	9,999,999	9,999,999	9,999,999	999.0	999.0

NO DATA THIS REPORT

END OF REPORT

ECC-0002-D ECC Daily DASS Response Time Report

Functional Area	Report Number	Job Name	Report Title
Electronic Claim Capture	ECC-0002-D		ECC Daily DASS Response Time Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The ECC Daily DASS Response Time (ECC-0002-D) report lists the total number of ECC claim transactions in response time groupings. This report will help determine the total number of ECC claim transactions per day and the total DASS response time for the transactions. The data for this report is created and distributed from DASS (Delivery and Support System) in Clifton, New Jersey, where all POS and NECS transactions are routed via the X.25 data link protocol.

Purpose

The purpose of the ECC Daily Response Time Report is to provide EDS assistance in monitoring the performance of the DASS system from the time the transaction is accepted by DASS, interpreted, and routed to Indiana XIX. EDS expects transactions to be processed through DASS in less than 5 seconds.

Sort Sequence

- *Primary -* Hour

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Daily

Detailed Field Definitions

Hour
Hour for the given day.

Response Time In Seconds
Total DASS transaction response time in seconds. This field is the transaction responses in 0 2, 2 4, 4 6, 6 8, 8 10, 10 20, and over 20 seconds.

Totals
Total number of claim transactions completed for each of the response time columns.

%
Percentage of ECC POS claim transactions processed in that time frame. The percentage is the column total divided by the grand total of ECC POS calls.

Report: ECC-0002-D
Process:
Location:

Indiana*AIM*
Daily Response Time Report
for Indiana POS Pharmacy (DASS)
for MM/DD/CCYY
(Response Time in Seconds)

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

HOUR	0-2	2-4	4-6	6-8	8-10	10-20	20+	Total
00	999999	999999	999999	999999	999999	999999	999999	999999
01	999999	999999	999999	999999	999999	999999	999999	999999
02	999999	999999	999999	999999	999999	999999	999999	999999
03	999999	999999	999999	999999	999999	999999	999999	999999
04	999999	999999	999999	999999	999999	999999	999999	999999
05	999999	999999	999999	999999	999999	999999	999999	999999
06	999999	999999	999999	999999	999999	999999	999999	999999
07	999999	999999	999999	999999	999999	999999	999999	999999
08	999999	999999	999999	999999	999999	999999	999999	999999
09	999999	999999	999999	999999	999999	999999	999999	999999
10	999999	999999	999999	999999	999999	999999	999999	999999
11	999999	999999	999999	999999	999999	999999	999999	999999
12	999999	999999	999999	999999	999999	999999	999999	999999
13	999999	999999	999999	999999	999999	999999	999999	999999
14	999999	999999	999999	999999	999999	999999	999999	999999
15	999999	999999	999999	999999	999999	999999	999999	999999
16	999999	999999	999999	999999	999999	999999	999999	999999
17	999999	999999	999999	999999	999999	999999	999999	999999
18	999999	999999	999999	999999	999999	999999	999999	999999
19	999999	999999	999999	999999	999999	999999	999999	999999
20	999999	999999	999999	999999	999999	999999	999999	999999
21	999999	999999	999999	999999	999999	999999	999999	999999
22	999999	999999	999999	999999	999999	999999	999999	999999
23	999999	999999	999999	999999	999999	999999	999999	999999
Totals	999999	999999	999999	999999	999999	999999	999999	999999
%	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9

ECC-0003-D ECC Daily Host Response Time Report

Functional Area	Report Number	Job Name	Report Title
Electronic Claims Capture	ECC-0003-D		ECC Daily Host Response Time Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The ECC Daily Host Response Time Report (ECC-0003-D) lists the total number of ECC claim transactions in response time groupings. This report helps determine the average number of ECC claim transactions per day and the average response time for the transactions. Total response time is from the time the transaction is accepted by the SUN server and the claim is processed, through the time a response is produced and transmitted to the provider.

Purpose

The purpose of the ECC Daily Host Response Time Report is to provide EDS assistance in monitoring the performance of the ECC POS system on the SUN server in Indianapolis.

Sort Sequence

- *Primary -* Hour

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Daily

Detailed Field Definitions

Hour	Hour for the given day.
Response Time In Seconds	Total Host inquiry response time. The transaction responses are broken down in 0-2, 2-4, 4-6, 6-8, 8-10, 10-20, and over 20 second intervals.
Totals	Total number of transactions completed for each of the response time columns.
%	Percentage of claim transactions that were processed in that time frame. The percentage is the column total divided by the grand total of ECC POS calls.

Report: ECC-0003-D
Process:
Location:

Indiana*AIM*
Daily Response Time Report
for Indiana POS Pharmacy (HOST)
For MM/DD/CCYY
(Response Time in Seconds)

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

HOUR	0-2	2-4	4-6	6-8	8-10	10-20	20 +	Total
00	999999	999999	999999	999999	999999	999999	999999	999999
01	999999	999999	999999	999999	999999	999999	999999	999999
02	999999	999999	999999	999999	999999	999999	999999	999999
03	999999	999999	999999	999999	999999	999999	999999	999999
04	999999	999999	999999	999999	999999	999999	999999	999999
05	999999	999999	999999	999999	999999	999999	999999	999999
06	999999	999999	999999	999999	999999	999999	999999	999999
07	999999	999999	999999	999999	999999	999999	999999	999999
08	999999	999999	999999	999999	999999	999999	999999	999999
09	999999	999999	999999	999999	999999	999999	999999	999999
10	999999	999999	999999	999999	999999	999999	999999	999999
11	999999	999999	999999	999999	999999	999999	999999	999999
12	999999	999999	999999	999999	999999	999999	999999	999999
13	999999	999999	999999	999999	999999	999999	999999	999999
14	999999	999999	999999	999999	999999	999999	999999	999999
15	999999	999999	999999	999999	999999	999999	999999	999999
16	999999	999999	999999	999999	999999	999999	999999	999999
17	999999	999999	999999	999999	999999	999999	999999	999999
18	999999	999999	999999	999999	999999	999999	999999	999999
19	999999	999999	999999	999999	999999	999999	999999	999999
20	999999	999999	999999	999999	999999	999999	999999	999999
21	999999	999999	999999	999999	999999	999999	999999	999999
22	999999	999999	999999	999999	999999	999999	999999	999999
23	999999	999999	999999	999999	999999	999999	999999	999999
Totals	999999	999999	999999	999999	999999	999999	999999	999999
%	999.9	999.9	999.9	999.9	999.9	999.9	999.9	999.9

EPS-0001-Q EPSDT Recipients With Treatments Pending

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0001-Q		EPSDT Recipients With Treatments Pending

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Recipients With Treatments Pending Report (EPS-0001-Q) provides a listing of all EPSDT recipients for whom treatment is pending for an abnormal condition identified during a Healthwatch screening. Four abnormal conditions are tracked at this time. These include lead poisoning, sickle cell anemia, iron deficiency anemia, and tuberculosis. The report details the recipient's name, RID, date of birth, address, screen date, aid category, abnormal condition, and missed appointments. The report also provides information about the screening provider and the recipient's PMP, if applicable. The total number of recipients with treatments pending is located at the end of each PMP, MCO, open recipient section, and county. The total number of recipients with treatments pending for the State is calculated at the end of the report. Each recipient reports in the county of eligibility for the last month of the report quarter. Each recipient reports with the PMP assignment as of the last month of the report quarter. The report design for PCCM counties includes a listing of recipients by PMP, PMP within an MCO, and open recipients. The report design for non-PCCM counties includes a listing of recipients by PMP within an MCO and open recipients. PCCM counties include Clark, Fountain, LaPorte, Marion, St. Joseph, Tippecanoe, Vigo, and Warren.

NOTE: *An open recipient is defined as a recipient not linked to a PMP.*

Control breaks and page breaks occur after each PMP, PMP within an MCO, MCO, and a control break and page break occur prior to open recipients and prior to duplicated recipients. As of January 1, 2000, this report includes Package C data.

The report is generated quarterly and produced on a date of payment basis. All dates of service, for both screenings and missed appointments, are included for claims paid during the time periods listed below. The same time frames are effective each year.

REPORT DATE	PAID CLAIMS HISTORY DATES
1/95	7/94 - 12/94
4/95	7/94 - 3/95
7/95	7/94 - 6/95
10/95	10/94 - 9/95

January 1995 is the first scheduled delivery of the EPSDT Recipients with Treatments Pending Report (EPS-0001-Q).

Purpose

The EPSDT Recipients With Treatments Pending Report (EPS-0001-Q) is used by the State to identify and follow up on recipients who have screening segments showing an abnormality identified during a Healthwatch screening and not closed.

Sort Sequence

- PCCM Counties: County, PCCM recipients, MCO recipients, open recipients
- PCCM Recipients: PMP, earliest screen date, recipient last name, first name, middle initial
- MCO Recipients MCO, PMP, earliest screen date, recipient last name, first name, middle initial
- Open Recipients: Earliest screen date, recipient last name, first name, middle initial
- Non-PCCM Counties: MCO recipients, open recipients
- MCO Recipients: MCO, PMP, earliest screen date, recipient last name, first name, middle initial
- Open Recipients: Earliest screen date, recipient last name, first name, middle initial

Distribution

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

Detailed Field Definitions

County
This field displays the county name where the recipient resides at the time the report is generated.

PMP
This field displays the name of the recipient's PMP. In the PCCM counties, the PMP name prints in the PMP section of the report and the PMPs affiliated with an MCO print in the MCO section of the report. In the non-PCCM counties, only the PMPs affiliated with an MCO print in the MCO section of the report. There are no PMPs outside the MCO in a non-PCCM county. The PMP name is obtained from the recipient file and is the PMP in effect for the screening date of service. If the PMP is a member of a group, the PMP name appears on the report. However, the report generates the group service location address and phone number.

PMP Medicaid Number
This field displays the Medicaid number of the recipient's PMP.

PMP Phone #
This field displays the phone number of the recipient's PMP.

PMP Address
This field displays the address of the recipient's PMP.

MCO
This field displays the name of the MCO with which the recipient's PMP is affiliated.

Recipient	This field displays the recipient's last name, first name, and middle initial.
RID Number	This field displays the recipient's identification number.
Date Of Birth	This field displays the recipient's date of birth.
Recipient Address	This field displays the recipient's address at the time the report is generated.
Screen Date	This field displays the date the Healthwatch screening was performed. If more than one screening date per recipient occurs, the dates are sorted by screen date. All screen dates with treatments pending are reported for each recipient.
Aid Category	This field displays the recipient's aid category code in effect at the screening date of service. The aid category prints for each screen date listed whether the aid category is the same or different screen date.
Abnormal Condition	This field displays the abnormal condition diagnosed during the Healthwatch screening. If more than one abnormal condition is diagnosed during the screening, all abnormal conditions are reported. The diagnosis codes are translated to print *lead* for lead poisoning (984.0, 984.1, 984.8, and 984.9), *TB* for tuberculosis (010.0, 010.1, 010.8, and 010.9), *sickle* for sickle cell anemia (282.60, 282.61, 282.62, 282.63, and 282.69), and *iron* for iron deficiency anemia (280.0, 280.1, 280.8, and 280.9).
Missed Appt	This field displays the date a missed appointment occurred. The missed appointment date is later than the earliest pending screen date and earlier than the current end of the quarter report date. All missed appointment dates in this time period are reported. If more than one missed appointment date per recipient occurs, the dates are sorted by earliest missed appointment date. Only the missed appointments with local code X3067 in conjunction with diagnosis codes V20.2, 984.0, 984.1, 984.8, 984.9, 010.0, 010.1, 010.8, 010.9, 282.60, 282.61, 282.62, 282.63, 282.69, 280.0, 280.1, 280.8, and 280.9 are reported. This field is blank if no missed appointments occur.
Missed Condition	This field displays the detail of the missed appointment filed by the provider when a recipient misses a scheduled follow-up appointment for a pending abnormality. The diagnosis codes are translated to print *lead* for lead poisoning (984.0, 984.1, 984.8, and 984.9), *TB* for tuberculosis (010.0, 010.1, 010.8, and 010.9), *sickle* for sickle cell anemia (282.60, 282.61, 282.62, 282.63, and 282.69), and *iron* for iron deficiency anemia (280.0, 280.1, 280.8, and 280.9). This field is blank if no missed appointments occur.
Screening Provider	This field displays the name of the screening provider for the screening date of service. The screening provider name only prints if it is different from the PMP.
Medicaid Number	This field displays the screening provider's Medicaid number.
Phone Number	This field displays the screening provider's phone number.

PMP Total Recipients With Treatments Pending	The total number of recipients with treatments pending for the PMP. This is printed at the end of each PMP section and is a count of unduplicated recipients.
MCO Total Recipients With Treatments Pending	The total number of recipients with treatments pending for the MCO. This is printed at the end of each MCO section and is a count of unduplicated recipients.
Total Open Recipient With Treatments Pending	The total number of open recipients with treatments pending. This is printed at the end of the open recipient section and is a count of unduplicated recipients.
County Total Recipients With Treatments Pending	The total number of recipients in the county with treatments pending. This is printed at the end of each county section and is a count of unduplicated recipients.
State Total Recipients With Treatments Pending	The total number of recipients in the state with treatments pending. This is printed at the end of the report and is a count of unduplicated recipients.

```
REPORT:  EPS-0001-Q                                   IndianaAIM                                   RUN DATE:  MM/DD/CCYY
PROCESS:                                                                                           RUN TIME:  HH:MM
LOCATION:                                   EPSDT RECIPIENTS WITH TREATMENTS PENDING               PAGE NUMBER:  99,999
                                               PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

PMP:  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.        PMP MEDICAID NUMBER:  999999999X        PMP ADDRESS:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                               PMP PHONE NUMBER:  999 999 9999                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                     XXXXXXXXXXXXXXX, XX 99999 9999

      RECIPIENT NAME                     RECIPIENT            SCREEN    AID    ABNORMAL  MISSED   MISSED            SCREENING PROVIDER
 RID NUMBER / DATE OF BIRTH               ADDRESS              DATE   CATEGORY CONDITION  APPT   CONDITION    MEDICAID NUMBER    /    PHONE NUMBER

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX MM/DD/YY    99     XXXXXX  MM/DD/YY  XXXXXX  999999999X                999 999 9999
                                  XXXXXXXXXXXXXXX, XX 99999 9999

PMP TOTAL RECIPIENTS WITH TREATMENTS PENDING:  99,999
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REPORT:  EPS-0001-Q                                   IndianaAIM                                   RUN DATE:  MM/DD/CCYY
PROCESS:                                   EPSDT RECIPIENTS WITH TREATMENTS PENDING               RUN TIME:  HH:MM
LOCATION:                                     PERIOD:  MM/DD/YY THROUGH MM/DD/YY                  PAGE NUMBER:  99,999

COUNTY:  XXXXXXXXXXX

MCO:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP:  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.          PMP MEDICAID NUMBER:  999999999X          PMP ADDRESS:   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                 PMP PHONE NUMBER:  999 999 9999                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                          XXXXXXXXXXXXXXX, XX 99999 9999

        RECIPIENT NAME                      RECIPIENT              SCREEN    AID    ABNORMAL   MISSED    MISSED            SCREENING PROVIDER
   RID NUMBER / DATE OF BIRTH                ADDRESS                DATE   CATEGORY CONDITION   APPT    CONDITION    MEDICAID NUMBER    /    PHONE NUMBER

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/YY    99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                   XXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/Y     99      XXXXXX   MM/DD/YY   XXXXXX  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
                                                                       Y
999999999999        MM/DD/YY       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  MM/DD/Y     99      XXXXXX   MM/DD/YY   XXXXXX  999999999X                999 999 9999
                                                                       Y
                                   XXXXXXXXXXXXXXX, XX 99999 9999

PMP TOTAL RECIPIENTS WITH TREATMENTS PENDING:  99,999

MCO TOTAL RECIPIENTS WITH TREATMENTS PENDING: 999,999
```

REPORT: EPS-0001-Q
PROCESS:
LOCATION:

IndianaAIM

EPSDT RECIPIENTS WITH TREATMENTS PENDING
PERIOD: MM/DD/YY THROUGH MM/DD/YY

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

COUNTY: XXXXXXXXXXX

OPEN RECIPIENTS:

RECIPIENT NAME RID NUMBER / DATE OF BIRTH	RECIPIENT ADDRESS	SCREEN DATE	AID CATEGORY	ABNORMAL CONDITION	MISSED APPT	MISSED CONDITION	SCREENING PROVIDER MEDICAID NUMBER / PHONE NUMBER
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX, XX 99999 9999	MM/DD/YY MM/DD/YY	99 99	XXXXXX XXXXXX	MM/DD/YY MM/DD/YY	XXXXXX XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X 999 999 9999

TOTAL OPEN RECIPIENTS WITH TREATMENTS PENDING: 99,999

COUNTY TOTAL RECIPIENTS WITH TREATMENTS PENDING: 999,999

STATE TOTAL RECIPIENTS WITH TREATMENTS PENDING: 999,999

EPS-0002-M EPSDT Screening and Immunization Compliance

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0002-M		EPSDT Screening and Immunization Compliance

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Screening and Immunization Compliance Report (EPS-0002-M) provides a listing of all screenings and immunizations administered to each EPSDT recipient from ages 0 through 20. The report details the vaccine quantity, type, and date administered and measures them against the published periodicity schedule to determine if the recipient is compliant or non-compliant for the age category. To be compliant, a recipient must receive the proper quantity of every vaccine and screening within the required time frame. If claims history for the recipient indicates the recipient has not met the periodicity schedule requirements, the recipient is considered non-compliant. Up through age six the report prints all recipients whether they are compliant or non-compliant. Beginning at age eight, the report only prints recipients who are non-compliant. The report provides details by county, each recipient, RID number, aid category, months on Medicaid, and PMP information when applicable. The report is divided into 13 age categories which include nine months and 21 months, and years three, four, five, six, eight, 10, 12, 14, 16, 18, and 20. Each age category identifies the name of each screening and vaccine required for compliance. Recipients who missed appointments relating to EPSDT Healthwatch visits are tracked and reported with the recipient screening information. Recipients ages two through 20 may be placed on the Accelerated Periodicity Schedule to catch up on required immunizations. Those placed on the Accelerated Periodicity Schedule are identified on the report by a Yes/No indicator. The report design for PCCM counties includes a listing of recipients by PMP, PMP within an MCO, and open recipients. The report design for non-PCCM counties includes a listing of recipients by PMP within an MCO and open recipients. PCCM counties include Clark, Fountain, LaPorte, Marion, St. Joseph, Tippecanoe, Vigo, and Warren. Recipients linked to a PMP print under that PMP section. Recipients linked to a PMP in an MCO print under that PMP section in the MCO. Recipients not linked to a PMP are identified as open recipients and print under the open recipient section. Recipients with no screening or immunization claim history, print at the end of each age category and county under the section titled Children With No Screening or Immunizations. However, those recipients linked to a PMP with no screening or immunization claim history print under the PMP section with the heading, "Children With no Screening and Immunization." Control breaks and page breaks occur after each county, age category, PMP, PMP within an MCO, each MCO, the Open Recipient section, and the Children With No Screenings and Immunization section. The EPSDT Screening and Immunization Compliance Report (EPS-0002-M) is generated monthly with the first delivery scheduled after February 1995 month end for ages 9 and 21 months. All other age categories generates at a later date to be announced.

Purpose

The EPSDT Screening and Immunization Compliance Report (EPS-0002-M) is used by the State to monitor the EPSDT recipients by the periodicity schedule to ensure

they are receiving accurate and timely screenings and immunizations. The State follows up on recipients not compliant with the periodicity schedule.

Sort Sequence

- PCCM Counties: County, PCCM Recipients, MCO Recipients, Open Recipients
- PCCM Recipients: Recipient age, PMP, Recipient last name, First name, Middle initial
- MCO Recipients: Recipient age, MCO, PMP, Recipient last name, First name, Middle initial
- Open Recipients: Recipients with screening and immunization claim history, Recipients without screening and immunization claim history
- History: Recipient age, Recipient last name, First name, Middle initial
- No History: Recipient age, Recipient last name, First name, Middle initial
- Non-PCCM Counties: MCO recipients, Open recipients
- MCO Recipients: Recipient age, MCO, PMP, Recipient last name, First name, Middle initial
- Open Recipients: Recipients with screening and immunization claim history, Recipients without screening and immunization claim history
- History: Recipient age, Recipient last name, First name, Middle initial
- No History: Recipient age, Recipient last name, First name, Middle initial

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly
FSSA	CRLD/Paper	1	Monthly

Detailed Field Definition

AGE

This field displays the specified age category reported to show compliance. Age categories include nine months, 21 month; years three, four, five, six, eight,10, 12, 14 16, 18, and 20. The recipient's age is determined on the last day of the report period.

County

This field displays the name of the county where the recipient resides on the last day of the report period.

MCO Name

This field displays the name of the MCO with which the PMP is affiliated.

PMP Name

This field displays the recipient's PMP. In the PCCM counties, the PMP name prints in the PMP section of the report and the PMPs affiliated with an MCO print in the MCO section of the report. In the non-PCCM counties, only the PMPs affiliated with an MCO prints in the MCO section of the report. There are no PMPs outside the MCO in a non-PCCM county. The PMP name is obtained from the recipient file and is the PMP in effect the last day of the report period.

Medicaid Number	This field displays the Medicaid number of the recipient's PMP.
Phone Number	This field displays the phone number for the recipient's PMP. If the PMP is a group, the group service location phone number reports.
Recipient Name	This field displays the recipient's last name, first name, and middle initial.
RID Number	This field displays the recipient's Medicaid identification number.
Aid Category	This field displays the recipient's aid category in effect the last day of the report period. If the child is no longer eligible during the reporting period, the most recent aid category is used for that recipient.
HIB Dates	This field lists the dates of HIB immunizations rendered to the recipient during the compliant period and paid to the provider during the reporting period.
Hepat B Dates	This field lists the dates of Hepatitis B immunizations rendered to the recipient during the compliant period and paid to the provider during the reporting period.
Polio Dates	This field lists the dates of polio immunizations rendered to the recipient during the compliant period and paid to the provider during the reporting period.
Screen dates	This field lists the dates of screenings rendered to the recipient during the compliant period and paid to the provider during the reporting period. If more than one screening date per recipient occurs, the dates are sorted by earliest screen date.
Lead	This field lists the dates of lead screenings rendered to the recipient during the compliant period and paid to the provider during the reporting period.
Missed Appt	This field lists dates of appointments the recipient has missed during the compliant period. If more than one missed appointment date per recipient occurs, the dates are sorted by earliest missed appointment date. These are determined when the provider bills the local procedure code X3067 in conjunction with one or more of the following diagnosis codes: V20.2, 984.0, 984.1, 984.8, 984.9, 282.60, 282.61, 282.62, 282.63, 282.69, 280.0, 280.1, 280.8, 280.9, 010.0, 010.1, 010.8, 010.9, or V20.2.
Acc Schd	This field indicates the recipient has been placed on the Accelerated Periodicity Schedule. Field values are *Y*=Yes and *N*=No This flag is determined when the provider bills the Z9 modifier in conjunction with one of the following screening procedures: 99381 through 99385 or 99391 through 99395.
Mo Med	This field displays the number of months the recipient has been Medicaid eligible. Any breaks in eligibility must be calculated. Eligibility information is received from ICES to calculate this number.

UTD Imm	This field indicates whether the recipient is up to date or compliant in the number of immunizations received. Field values are *Y*=Yes and *N*=No. The quantity of immunizations a field value of *Y* for each age category are presented following the field value definitions. If the V64.3 diagnosis code is billed, this field displays an asterisk (*) next to the *Y*, like *Y**.
UTD SCR	This field indicates whether the recipient is up to date and compliant in the number of screenings received. The quantity of screenings required to have a field value of *Y* for each age category are presented following the field value definitions.
UTD LD	This field indicates whether the recipient is up to date or compliant in the number of blood lead screenings received. The quantity of blood lead screenings requiring a field value of *Y* for each age category are presented following the field value definitions.
Children	This field displays the total number of recipients appearing on the report for the applicable PMP, MCO, County, or State.
UTD Immunization	This field displays the total number of recipients, appearing on the report, with a *Y* flag in the UTD IMM field.
UTD Screen	This field displays the total number of recipients, appearing on the report, with a *Y* flag in the UTD SCR field.
UTD Lead	This field displays the total number of recipients, appearing on the report, with a *Y* flag in the UTD LD field.
PMP Totals	This line displays the totals calculated for each PMP, for the children, UTD immunization, UTD screen, and UTD lead fields, for each age category within each county.
MCO Totals	This line displays the totals calculated for each MCO, for the children, UTD immunization, UTD screen, and UTD lead fields, for each age category within each county.
Open Recipient Totals	This line displays the totals calculated in the open recipient section, for the children, UTD immunization, UTD screen, and UTD lead fields, for each age category within each county.
County Totals	This line displays the totals calculated for the children, UTD immunization, UTD screen, and UTD lead fields, for each age category within the county.
State Totals	This line displays the totals calculated statewide for the children, UTD immunization, UTD screen, and UTD lead fields, for each age category.
Total Children With No Screenings Or Immunizations	This line displays the total number of children not linked to a PMP, with no screenings or immunizations in claims history within the age category and county, during the reporting period.

Compliance Requirements For Immunizations And Screenings By Age Category

The charts provided below display the quantity and types of screenings and immunizations required according to the published periodicity schedule. The compliance reports for each age group developed to search for and display the screening and immunization claims required as shown in these charts.

Age: 9 Months; Compliance To Screens: 2 mo, 4 mo, 6 mo

QTY	SCREENING OR IMMUNIZATION TITLE	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
3	DTP	90701, 90719, or 90720*	IMM	2, 4, 6 MO	9 MONTHS
3	HIB	90737 or 90720*	IMM	2, 4, 6 MO	9 MONTHS
2	HEPATITIS B	90731**	IMM	1, 2 MO	9 MONTHS
2	POLIO	90712 OR 90713	IMM	2, 4 MO	9 MONTHS
1	LEAD SCREEN	36415 Z4	LD	6-8 MO	9 MONTHS
4	SCREENINGS - Includes newborn screening series	99381 OR 99391; 99381 Z7 or 36415 Z7 for newborn series	SCR	1 , 2, 4, 6 MO	9 MONTHS

* 90720 is a combined DTP/HIB. If 90720 is in claim history, it counts as quantity 1 for HIB and quantity 1 for DTP.
** If 90731 and V64.3 diagnosis code are filed on the same claim, then the quantity equals 2 for Hepatitis B.

Age: 21 months; Compliance To Screens: 2 mo, 4 mo. 6 mo, 9 mo, 12 mo, 15 mo, 18 mo

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENINGS	CLAIMS HISTORY SEARCH
4	DTP OR DTAP	90700, 90701, 90719, OR 90720*	IMM	2, 4, 6 MO; 15-18 MO	21 MONTHS
4	HIB	90737 OR 90720*	IMM	2, 4, 6 MO; 12-15 MO	21 MONTHS
3	HEPATITIS B	90731**	IMM	1, 2 MO; 6 - 18 MO	21 MONTHS
3	POLIO	90712 OR 90713	IMM	2, 4, 6-18 MO	21 MONTHS
1	MMR	90704, 90705, 90706, 90707, 90708, OR 90709	IMM	12-15 MO	21 MONTHS
1	HEMATOCRIT	36415 Z6	SCR	BY 12 MO	21 MONTHS
1	TB	86585 OR 86580	SCR	BY 15 MO	21 MONTHS
8	SCREENINGS	99381, 99391, 99382, OR 99392	SCR	1, 2, 4, 6, 9, 12, 15, 18 MO	21 MONTHS

* 90720 is a combined DTP/HIB. If 90720 is in claim history, it counts quantity 1 for HIB and quantity 1 for DTP.

Age: 3.5 years or 42 months; Compliance To Screen: 3 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	SCREENING	99382 OR 99392	SCR	3 YR	12 MONTHS

Age: 4.5 years or 54 months; Compliance To Screen: 4 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	HEMATOCRIT	36415 Z6	SCR	15 MO - 4 YR	39 MONTHS
1	SCREENING	99382 OR 99392	SCR	4 YR	12 MONTHS

Age: 5.5 years or 66 months; Compliance To Screen: 5 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE DIAGNOSIS CODE MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	URINALYSIS	81000	SCR	5 YR	12 MONTHS
1	SCREENING	99383 OR 99393	SCR	5 YR	12 MONTHS

Age: 7.5 years or 90 months; Compliance To Screen: 6 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	DTP OR DTAP	90701 OR 90700	IMM	4 YR - 6 YR	48 MONTHS
1	SCREENING	99383 OR 99393	SCR	6 YR	24 MONTHS

Age: 9.5 years or 114 months; Compliance To Screen: 8 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	SCREENING	99383 OR 99393	SCR	8 YR	24 MONTHS

Age: 11.5 years or 138 months; Compliance To Screen: 10 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	SCREENING	99383 OR 99393	SCR	10 YR	24 MONTHS

Age: 13.5 years or 162 months; Compliance To Screen: 12 years

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	HEMATOCRIT	36415 Z6	SCR	5 YR - 12 YR	108 MONTHS
1	MMR	90704, 90705, 90706, 90707, 90708, OR 90709	IMM	11-12 YR	36 MONTHS
1	SCREENING	99384 OR 99394	SCR	12 YR	24 MONTHS

Age: 15.5 years or 186 months; Compliance To Screen: 14 years

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	SCREENING	99384 OR 99394	SCR	14 YR	24 MONTHS

Age: 17.5 years or 210 months; Compliance To Screen: 16 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	Td	90702 OR 90718	IMM	14-16 YR	48 MONTHS
1	SCREENING	99384 OR 99394	SCR	16 YR	24 MONTHS

Age: 19.5 years or 234 months; Compliance To Screen: 18 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	SCREENING	99385 OR 99395	SCR	18 YR	24 MONTHS

Age: 20.5 years or 246 months; Compliance To Screen: 20 year

QTY	SCREENING OR IMMUNIZATION	PROCEDURE CODE/ MODIFIER	IMM SCR LD	REQUIRED SCREENING	CLAIMS HISTORY SEARCH
1	HEMATOCRIT	36415 Z6	SCR	14 - 20 YR	84 MONTHS
1	URINALYSIS	81000	SCR	14 - 20 YR	84 MONTHS
1	SCREENING	99385 OR 99395	SCR	20 YR	12 MONTHS

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REPORT:  EPS-0002-M                                   IndianaAIM                                  RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT        RUN TIME: HH:MM
LOCATION:                                              AGE:  9 MONTHS                           PAGE NUMBER:  99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY

COUNTY:  XXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

         RECIPIENT NAME              DTP       HIB      HEPAT B     POLIO     SCREEN                MISSED    MO   UTD  UTD
    RID NUMBER / AID CATEGORY        DATES     DATES     DATES      DATES     DATES      LEAD       APPT     MED  IMM  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

PMP TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999
```

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REPORT:  EPS-0002-M                                   IndianaAIM                                   RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT          RUN TIME: HH:MM
LOCATION:                                                AGE:  9 MONTHS                           PAGE NUMBER:  99,999
                                                  PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

         RECIPIENT NAME              DTP       HIB      HEPAT B     POLIO     SCREEN                MISSED    MO   UTD  UTD
    RID NUMBER / AID CATEGORY       DATES     DATES      DATES     DATES     DATES      LEAD       APPT     MED  IMM  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY   MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                        MM/DD/YY
                                                                            MM/DD/YY

PMP TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999

MCO TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999
```

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REPORT:  EPS-0002-M                                   IndianaAIM                                    RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT          RUN TIME: HH:MM
LOCATION:                                              AGE:  9 MONTHS                             PAGE NUMBER: 99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

OPEN RECIPIENTS:

         RECIPIENT NAME              DTP       HIB      HEPAT B     POLIO     SCREEN                MISSED    MO   UTD  UTD
    RID NUMBER / AID CATEGORY       DATES     DATES      DATES     DATES     DATES      LEAD       APPT     MED  IMM  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/HH   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                      MM/DD/YY
                                                                           MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/HH   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                      MM/DD/YY
                                                                           MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/HH   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                      MM/DD/YY
                                                                           MM/DD/YY

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/HH   9    Y    Y
XXXXXXXXXXXX            XX         MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY
                                   MM/DD/YY  MM/DD/YY                      MM/DD/YY
                                                                           MM/DD/YY

OPEN RECIPIENT TOTALS:    CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999

COUNTY TOTALS:            CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999

STATE TOTALS:             CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999          UTD LEAD:  999,999
```

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REPORT:  EPS-0002-M                                   IndianaAIM                                  RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT        RUN TIME: HH:MM
LOCATION:                                              AGE:  9 MONTHS                           PAGE NUMBER:  99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXXXXXX

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                   IndianaAIM                                    RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT            RUN TIME: HH:MM
LOCATION:                                          AGE:  21 MONTHS                                  PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX  PHONE NUMBER:  999 999-9999

          RECIPIENT NAME              DTP       HIB     HEPAT B    POLIO      MMR      SCREEN    MISSED    MO   UTD   UTD   UTD
     RID NUMBER / AID CATEGORY       DATES     DATES     DATES     DATES     HEMAT     DATES     APPT     MED  IMM   SCR   LD
                                                                              TB
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  99    Y     Y     Y
XXXXXXXXXXXX             XX        MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY

PMP TOTALS:               CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MEDICAID NUMBER:  XXXXXXXXXX PHONE NUMBER:  999 999-9999

          RECIPIENT NAME              DTP       HIB     HEPAT B    POLIO      MMR      SCREEN    MISSED    MO   UTD   UTD   UTD
     RID NUMBER / AID CATEGORY       DATES     DATES     DATES     DATES     HEMAT     DATES     APPT     MED  IMM   SCR   LD
                                                                              TB
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  99    Y     Y     Y
XXXXXXXXXXXX             XX        MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY

PMP TOTALS:               CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,99

MCO TOTALS:               CHILDREN   999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

OPEN RECIPIENTS:

          RECIPIENT NAME              DTP       HIB     HEPAT B    POLIO      MMR      SCREEN    MISSED    MO   UTD   UTD   UTD
     RID NUMBER / AID CATEGORY       DATES     DATES     DATES     DATES     HEMAT     DATES     APPT     MED  IMM   SCR   LD
                                                                              TB
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  99    Y     Y     Y
XXXXXXXXXXXX             XX        MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY  MM/DD/YY

OPEN RECIPIENT TOTALS:    CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

COUNTY TOTALS:            CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

STATE TOTALS:             CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    9
XXXXXXXXXXXX             XX                  XXXXXXXXXXXX             XX                  XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                   IndianaAIM                                    RUN DATE: MM/DD/CCYY
PROCESS:                          EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME: HH:MM
LOCATION:                                              AGE:  3 YEARS                              PAGE NUMBER:  99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

              RECIPIENT NAME                  SCREEN         MISSED        ACC        MO        UTD
         RID NUMBER / AID CATEGORY            DATES          APPT         SCHD       MED       SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.            MM/DD/YY       MM/DD/YY        Y         99         Y
XXXXXXXXXXXX             XX

PMP TOTALS:               CHILDREN:  999,999        UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

              RECIPIENT NAME                  SCREEN         MISSED        ACC        MO        UTD
         RID NUMBER / AID CATEGORY            DATES          APPT         SCHD       MED       SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.            MM/DD/YY       MM/DD/YY        Y         99         Y
XXXXXXXXXXXX             XX

PMP TOTALS:               CHILDREN:  999,999        UTD SCREEN:  999,999

MCO TOTALS:               CHILDREN:  999,999        UTD SCREEN:  999,999

OPEN RECIPIENTS:

              RECIPIENT NAME                  SCREEN         MISSED        ACC        MO        UTD
         RID NUMBER / AID CATEGORY            DATES          APPT         SCHD       MED       SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.            MM/DD/YY       MM/DD/YY        Y         99         Y
XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:    CHILDREN:  999,999        UTD SCREEN:  999,999

COUNTY TOTALS:            CHILDREN:  999,999        UTD SCREEN:  999,999

STATE TOTALS:             CHILDREN:  999,999        UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:
          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX             XX                    XXXXXXXXXXXX             XX                    XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                    IndianaAIM                                    RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT            RUN TIME: HH:MM
LOCATION:                                              AGE:  4 YEARS                                PAGE NUMBER:  99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME                HEMAT      SCREEN      MISSED    ACC   MO   UTD
     RID NUMBER / AID CATEGORY          DATES      DATES       APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY   MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX             XX

PMP TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME                HEMAT      SCREEN      MISSED    ACC   MO   UTD
     RID NUMBER / AID CATEGORY          DATES      DATES       APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY   MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX             XX

PMP TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

MCO TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

OPEN RECIPIENTS:

          RECIPIENT NAME                HEMAT      SCREEN      MISSED    ACC   MO   UTD
     RID NUMBER / AID CATEGORY          DATES      DATES       APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY   MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:   CHILDREN:  999,999        UTD SCREEN:  999,999

COUNTY TOTALS:           CHILDREN:  999,999        UTD SCREEN:  999,999

STATE TOTALS:            CHILDREN:  999,999        UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:
          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
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```
REPORT:  EPS-0002-M                                   IndianaAIM                                    RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT           RUN TIME: HH:MM
LOCATION:                                             AGE:  5 YEARS                                PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME                URINE         SCREEN         MISSED      ACC    MO    UTD
     RID NUMBER / AID CATEGORY         ANALYSIS        DATES          APPT       SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY       MM/DD/YY       MM/DD/YY      Y     99     Y
XXXXXXXXXXXX             XX

PMP TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME                URINE         SCREEN         MISSED      ACC    MO    UTD
     RID NUMBER / AID CATEGORY         ANALYSIS        DATES          APPT       SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY       MM/DD/YY       MM/DD/YY      Y     99     Y
XXXXXXXXXXXX             XX

PMP TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

MCO TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

OPEN RECIPIENTS:

          RECIPIENT NAME                URINE         SCREEN         MISSED      ACC    MO    UTD
     RID NUMBER / AID CATEGORY         ANALYSIS        DATES          APPT       SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY       MM/DD/YY       MM/DD/YY      Y     99     Y
XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:   CHILDREN:  999,999        UTD SCREEN:  999,999

COUNTY TOTALS:           CHILDREN:  999,999        UTD SCREEN:  999,999

STATE TOTALS:            CHILDREN:  999,999        UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:
          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9
XXXXXXXXXXXX             XX                    XXXXXXXXXXXX             XX                    XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                   IndianaAIM                                        RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME: HH:MM
LOCATION:                                              AGE:  6 YEARS                                  PAGE NUMBER:  99,999
                                                 PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

            RECIPIENT NAME                 DTP        SCREEN       MISSED     ACC   MO   UTD   UTD
       RID NUMBER / AID CATEGORY           DATES       DATES        APPT      SCHD  MED  IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         MM/DD/YY    MM/DD/YY     MM/DD/YY    Y    99    Y     Y
XXXXXXXXXXXX             XX

PMP TOTALS:                CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

            RECIPIENT NAME                 DTP        SCREEN       MISSED     ACC   MO   UTD   UTD
       RID NUMBER / AID CATEGORY           DATES       DATES        APPT      SCHD  MED  IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         MM/DD/YY    MM/DD/YY     MM/DD/YY    Y    99    Y     Y
XXXXXXXXXXXX             XX

PMP TOTALS:                CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

MCO TOTALS:                CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

OPEN RECIPIENTS:

            RECIPIENT NAME                 DTP        SCREEN       MISSED     ACC   MO   UTD   UTD
       RID NUMBER / AID CATEGORY           DATES       DATES        APPT      SCHD  MED  IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         MM/DD/YY    MM/DD/YY     MM/DD/YY    Y    99    Y     Y
XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:     CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

COUNTY TOTALS:             CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

STATE TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:
          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED          RID NUMBER / AID CATEGORY        MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                   IndianaAIM                                          RUN DATE: MM/DD/CCYY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT                RUN TIME: HH:MM
LOCATION:                                                AGE:  8 YEARS                                  PAGE NUMBER:  99,999
                                                   PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

PMP TOTALS:                CHILDREN:  999,999        UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

PMP TOTALS:                CHILDREN:  999,999        UTD SCREEN:  999,999

MCO TOTALS:                CHILDREN:  999,999        UTD SCREEN:  999,999

OPEN RECIPIENTS:
          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:     CHILDREN:  999,999        UTD SCREEN:  999,999

COUNTY TOTALS:             CHILDREN:  999,999        UTD SCREEN:  999,999

STATE TOTALS:              CHILDREN:  999,999        UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

          RECIPIENT NAME             MO                RECIPIENT NAME             MO                RECIPIENT NAME             MO
     RID NUMBER / AID CATEGORY       MED          RID NUMBER / AID CATEGORY       MED          RID NUMBER / AID CATEGORY       MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99
XXXXXXXXXXXX             XX                  XXXXXXXXXXXX             XX                  XXXXXXXXXXXX             XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
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```
REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE: MM/DD/YY
PROCESS:                          EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME: HH:MM
LOCATION:                                          AGE:  10 YEARS                                 PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

PMP TOTALS:               CHILDREN:  999,999        UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

PMP TOTALS:               CHILDREN:  999,999        UTD SCREEN:  999,999

MCO TOTALS:        CHILDREN:  999,999      UTD SCREEN:  999,999

OPEN RECIPIENTS:

          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD          RECIPIENT NAME            SCREEN   MISSED   ACC   MO   UTD
     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR     RID NUMBER / AID CATEGORY       DATES    APPT    SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY   Y    99    Y
XXXXXXXXXXXX             XX                                        XXXXXXXXXXXX             XX

OPEN RECIPIENT TOTALS:    CHILDREN:  999,999        UTD SCREEN:  999,999

COUNTY TOTALS:            CHILDREN:  999,999        UTD SCREEN:  999,999

STATE TOTALS:             CHILDREN:  999,999        UTD SCREEN:  999,999
CHILDREN WITH NO SCREENINGS OR IMMUNIATIONS:
          RECIPIENT NAME             MO                RECIPIENT NAME             MO                RECIPIENT NAME             MO
     RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     99       XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     99
XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX                   XXXXXXXXXXXX             XX
TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE:  MM/DD/YY
PROCESS:                          EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME:  HH:MM
LOCATION:                                          AGE:  12 YEARS                                 PAGE NUMBER:  99,999
                                              PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

            RECIPIENT NAME                  MMR        HEMATOCRIT       SCREEN         MISSED       ACC     MO     UTD     UTD
       RID NUMBER . AID CATEGORY           DATES         SCREEN         DATES          APPT       SCHD    MED    IMM     SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.          MM/DD/YY      MM/DD/YY       MM/DD/YY       MM/DD/YY      Y      99      Y       Y
XXXXXXXXXXXX            XX

PMP TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

            RECIPIENT NAME                  MMR        HEMATOCRIT       SCREEN         MISSED       ACC     MO     UTD     UTD
       RID NUMBER / AID CATEGORY           DATES         SCREEN         DATES          APPT       SCHD    MED    IMM     SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.          MM/DD/YY      MM/DD/YY       MM/DD/YY       MM/DD/YY      Y      99      Y       Y
XXXXXXXXXXXX            XX

PMP TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

MCO TOTALS:              CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

OPEN RECIPIENTS:

            RECIPIENT NAME                  MMR        HEMATOCRIT       SCREEN         MISSED       ACC     MO     UTD     UTD
       RID NUMBER / AID CATEGORY           DATES         SCREEN         DATES          APPT       SCHD    MED    IMM     SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.          MM/DD/YY      MM/DD/YY       MM/DD/YY       MM/DD/YY      Y      99      Y       Y
XXXXXXXXXXXX            XX

OPEN RECIPIENT TOTALS:   CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

COUNTY TOTALS:           CHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

STATE TOTLALS:           DHILDREN:  999,999        UTD IMMUNIZATION:  999,999      UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIATIONS:
          RECIPIENT NAME              MO                RECIPIENT NAME              MO                RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED            RID NUMBER / AID CATEGORY       MED
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9
XXXXXXXXXXXX            XX                     XXXXXXXXXXXX            XX                     XXXXXXXXXXXX            XX
TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE:  MM/DD/YY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT          RUN TIME:  HH:MM
LOCATION:                                            AGE:  14 YEARS                              PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME              SCREEN      MISSED     ACC    MO   UTD          RECIPIENT NAME              SCREEN      MISSED     ACC    MO    UTD
     RID NUMBER / AID CATEGORY        DATES       APPT      SCHD   MED  SCR       RID NUMBER / AID CATEGORY       DATES       APPT      SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY    MM/DD/YY     Y     99    Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MM/DD/YY    MM/DD/YY     Y     99     Y
XXXXXXXXXXXX            XX                                                      XXXXXXXXXXXX            XX

PMP TOTALS:                  CHILDREN:  999,999           UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME              SCREEN      MISSED     ACC    MO   UTD          RECIPIENT NAME              SCREEN      MISSED     ACC    MO    UTD
     RID NUMBER / AID CATEGORY        DATES       APPT      SCHD   MED  SCR       RID NUMBER / AID CATEGORY       DATES       APPT      SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY    MM/DD/YY     Y     99    Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MM/DD/YY    MM/DD/YY     Y     99     Y
XXXXXXXXXXXX            XX                                                      XXXXXXXXXXXX            XX

PMP TOTALS:                  CHILDREN:  999,999           UTD SCREEN:  999,999

MCO TOTALS:                  CHILDREN:  999,999           UTD SCREEN:  999,999

OPEN RECIPIENTS:
          RECIPIENT NAME              SCREEN      MISSED     ACC    MO   UTD          RECIPIENT NAME              SCREEN      MISSED     ACC    MO    UTD
     RID NUMBER / AID CATEGORY        DATES       APPT      SCHD   MED  SCR       RID NUMBER / AID CATEGORY       DATES       APPT      SCHD   MED   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     MM/DD/YY    MM/DD/YY     Y     99    Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MM/DD/YY    MM/DD/YY     Y     99     Y
XXXXXXXXXXXX            XX                                                      XXXXXXXXXXXX            XX

OPEN RECIPIENT TOTALS:       CHILDREN:  999,999           UTD SCREEN:  999,999

COUNTY TOTALS:               CHILDREN:  999,999           UTD SCREEN:  999,999

STATE TOTALS:                CHILDREN:  999,999           UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

          RECIPIENT NAME              MO                  RECIPIENT NAME              MO                  RECIPIENT NAME              MO
     RID NUMBER / AID CATEGORY        MED                RID NUMBER / AID CATEGORY        MED               RID NUMBER / AID CATEGORY        MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9          XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9          XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.      9
XXXXXXXXXXXX            SS                        XXXXXXXXXXXX            XX                        XXXXXXXXXXXX            XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE:  MM/DD/YY
PROCESS:                          EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME:  HH:MM
LOCATION:                                          AGE:  16 YEARS                                 PAGE NUMBER:  99,999
                                              PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

        RECIPIENT NAME                      SCREEN   MISSED  ACC  MO  UTD  UTD        RECIPIENT NAME                      SCREEN   MISSED  ACC   MO    UTD   UTD
    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD MED IMM  SCR    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD  MED   IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y   99   Y    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y     99     Y     Y
XXXXXXXXXXXX            XX        MM/DD/YY                                     XXXXXXXXXXXX            XX        MM/DD/YY

PMP TOTALS:                       CHILDREN:  999,999              UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

        RECIPIENT NAME                      SCREEN   MISSED  ACC  MO  UTD  UTD        RECIPIENT NAME                      SCREEN   MISSED  ACC   MO    UTD   UTD
    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD MED IMM  SCR    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD  MED   IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y   99   Y    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y     99     Y     Y
XXXXXXXXXXXX            XX        MM/DD/YY                                     XXXXXXXXXXXX            XX        MM/DD/YY

PMP TOTALS:                       CHILDREN:  999,999                 UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

MCO TOTALS:                       CHILDREN:  999,999                 UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

OPEN RECIPIENTS:
        RECIPIENT NAME                      SCREEN   MISSED  ACC  MO  UTD  UTD        RECIPIENT NAME                      SCREEN   MISSED  ACC   MO    UTD   UTD
    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD MED IMM  SCR    RID NUMBER / AID CATEGORY        TD     DATES    APPT   SCHD  MED   IMM   SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y   99   Y    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY MM/DD/YY MM/DD/YY  Y     99     Y     Y
XXXXXXXXXXXX            XX        MM/DD/YY                                     XXXXXXXXXXXX            XX        MM/DD/YY

OPEN RECIPIENT TOTALS:            CHILDREN:  999,999              UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

COUNTY TOTALS:                    CHILDREN:  999,999              UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

STATE TOTALS:                     CHILDREN:  999,999              UTD IMMUNIZATION:  999,999              UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

            RECIPIENT NAME                MO                  RECIPIENT NAME                MO                  RECIPIENT NAME                MO
        RID NUMBER / AID CATEGORY        MED                RID NUMBER / AID CATEGORY        MED                RID NUMBER / AID CATEGORY        MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         9          XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         9          XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.         9
XXXXXXXXXXXX            XX                          XXXXXXXXXXXX            XX                          XXXXXXXXXXXX            XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

```
REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE:  MM/DD/YY
PROCESS:                              EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT           RUN TIME:  HH:MM
LOCATION:                                            AGE:  18 YEARS                                PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD
      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX            XX                                                  XXXXXXXXXXXX            XX

PMP TOTALS:                  CHILDREN:  999,999          UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999
          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD
      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX            XX                                                  XXXXXXXXXXXX            XX

PMP TOTALS:                  CHILDREN:  999,999          UTD SCREEN:  999,999

MCO TOTALS:                  CHILDREN:  999,999          UTD SCREEN:  999,999

OPEN RECIPIENTS:
          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD          RECIPIENT NAME                SCREEN     MISSED    ACC   MO   UTD
      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR      RID NUMBER / AID CATEGORY          DATES      APPT     SCHD  MED  SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.       MM/DD/YY   MM/DD/YY    Y    99    Y
XXXXXXXXXXXX            XX                                                  XXXXXXXXXXXX            XX

OPEN RECIPIENT TOTALS:       CHILDREN:  999,999          UTD SCREEN:  999,999

COUNTY TOTALS:               CHILDREN:  999,999          UTD SCREEN:  999,999

STATE TOTALS:                CHILDREN:  999,999          UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIATIONS:

          RECIPIENT NAME                MO                RECIPIENT NAME                MO                RECIPIENT NAME                MO
      RID NUMBER / AID CATEGORY         MED            RID NUMBER / AID CATEGORY         MED            RID NUMBER / AID CATEGORY         MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.        9         XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.        9         XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.        9
XXXXXXXXXXXX            XX                         XXXXXXXXXXXX            XX                         XXXXXXXXXXXX            XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

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REPORT:  EPS-0002-M                                  IndianaAIM                                    RUN DATE:  MM/DD/YY
PROCESS:                          EPSDT SCREENING AND IMMUNIZATION COMPLIANCE REPORT              RUN TIME:  HH:MM
LOCATION:                                          AGE:  20 YEARS                                 PAGE NUMBER:  99,999
                                                PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX
PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

        RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD          RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD
    RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR       RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y
XXXXXXXXXXXX            XX        MM/DD/YY                                    XXXXXXXXXXXX            XX        MM/DD/YY

PMP TOTALS:                   CHILDREN:  999,999          UTD SCREEN:  999,999

MCO NAME:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP NAME:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   MEDICAID NUMBER:  XXXXXXXXXX   PHONE NUMBER:  999 999-9999

        RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD          RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD
    RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR       RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y
XXXXXXXXXXXX            XX        MM/DD/YY                                    XXXXXXXXXXXX            XX        MM/DD/YY

PMP TOTALS:                   CHILDREN:  999,999          UTD SCREEN:  999,999

MCO TOTALS:                   CHILDREN:  999,999          UTD SCREEN:  999,999

OPEN RECIPIENTS:
        RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD          RECIPIENT NAME           HEMATOCRIT  SCREEN   MISSED  ACC  MO  UTD
    RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR       RID NUMBER / AID CATEGORY       URINE     DATES    APPT   SCHD MED SCR

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y     XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  MM/DD/YY  MM/DD/YY MM/DD/YY  Y   99   Y
XXXXXXXXXXXX            XX        MM/DD/YY                                    XXXXXXXXXXXX            XX        MM/DD/YY

OPEN RECIPIENTS TOTALS:       CHILDREN:  999,999          UTD SCREEN:  999,999

COUNTY TOTALS:                CHILDREN:  999,999          UTD SCREEN:  999,999

STATE TOTALS:                 CHILDREN:  999,999          UTD SCREEN:  999,999

CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:

        RECIPIENT NAME                MO                RECIPIENT NAME                MO                RECIPIENT NAME                MO
    RID NUMBER / AID CATEGORY        MED              RID NUMBER / AID CATEGORY        MED              RID NUMBER / AID CATEGORY        MED

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9        XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.     9
XXXXXXXXXXXX            XX                     XXXXXXXXXXXX            XX                     XXXXXXXXXXXX            XX

TOTAL CHILDREN WITH NO SCREENINGS OR IMMUNIZATIONS:  999,999
```

EPS-0003-Q EPSDT Recipients with Treatments Closed

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0003-Q		EPSDT Recipients with Treatments Closed

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Recipients with Treatments Closed Report (EPS-0003-Q) provides a listing of all EPSDT recipients for whom an abnormal condition was identified during a Healthwatch screening and the abnormal condition case has been closed. Four abnormal conditions are tracked at this time; in lead poisoning, sickle cell anemia, iron deficiency anemia, and tuberculosis. An abnormal condition may be closed for the following reasons:

- Initiated treatment
- Terminated eligibility
- Death of the recipient
- Approved reason by IFSSA
- Child turned 21 years old

As of January 1, 2000, this report includes Package C data. The EPSDT Recipients with Treatments Closed Report (EPS-0003-Q) provides the recipient's name, RID, date of birth, screen date, aid category, abnormal condition, closed date and closure reason. The report also provides information about the screening provider and the recipient's Primary Medical Provider (PMP), if applicable. The number of recipients with treatments closed is totaled at the end of each PMP, MCO, open recipient section and county. The total number of recipients with treatments closed for the state is calculated at the end of the report. The report design for PCCM counties includes a listing of recipients by PMP, PMP within an MCO, and open recipients. The report design for non-PCCM counties includes a listing of recipients by PMP within an MCO and open recipients. PCCM counties include Clark, Fountain, LaPorte, Marion, St. Joseph, Tippecanoe, Vigo, and Warren.

NOTE: *An open recipient is defined as a recipient not linked to a PMP.*

Control breaks and page breaks occur after each PMP, PMP within an MCO, each MCO, and a control break and page break occur prior to open recipients. Page breaks are required only in the open recipient listing. The report is generated quarterly on a date of payment basis. All pending treatment claims that closed, for all four closure reasons, are reported once and included in the time periods listed below. The same time frames are effective each year.

REPORT DATE	PAID CLAIM HISTORY DATES
1/95	7/94 - 12/94
4/95	1/95 - 3/95
7/95	4/95 - 6/95
10/95	7/95 - 9/95

March, 1995 month end is the first scheduled delivery of the EPSDT Recipients with Treatments Closed Report (EPS-0003-Q).

Purpose

The EPSDT Recipients With Treatments Closed Report (EPS-0003-Q) is used by the State to identify recipients who have screening segments showing an abnormal condition identified and addressed in order to close the case.

Sort Sequence

- PCCM County: County, PCCM recipients, MCO recipients, open recipients
- PCCM Recipients: PMP, recipient last name, first name, middle initial
- MCO Recipients: MCO, PMP, recipient last name, first name, middle initial
- Open Recipients: Recipient last name, first name, middle initial
- Non-PCCM County: MCO recipients, open recipients
- MCO Recipients: MCO, PMP, recipient last name, first name, middle initial
- Under Open Recipients: Recipient last name, first name, middle initial

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Quarterly
FSSA	CRLD/Paper	1	Quarterly

Detailed Field Definitions

County

This field displays the county name where the recipient resides at the time the report is generated.

PMP

This field displays the name of the recipient's PMP. In the PCCM counties, the PMP name prints in the PMP section of the report and the PMPs affiliated with an MCO print in the MCO section of the report. In the non-PCCM counties, only the PMPs affiliated with an MCO prints in the MCO section of the report. There are no PMPs outside the MCO in a non PCCM county. The PMP name is obtained from the recipient file and is the PMP in effect for the screening date of service. If the PMP is a member of a group, the individual PMP name prints. However, the group service location address and phone number prints.

PMP Medicaid Number

This field displays the Medicaid number of the recipient's PMP.

PMP Phone #

This field displays the phone number of the recipient's PMP.

PMP Address

This field displays the address of the recipient's PMP.

MCO	This field displays the name of the MCO with which the recipient's PMP is affiliated.
Recipient Name	This field displays the recipient's last name, first name, and middle initial.
RID Number	This field displays the recipient's identification number.
Date Of Birth	This field displays the recipient's date of birth.
Screen Date	This field displays the date the Healthwatch screening was performed. If more than one screening date per recipient occurs, the dates are sorted by oldest screen date.
Aid Category	This field displays the recipient's aid category code in effect at the screening date of service. The aid category prints for each screen date listed whether the aid category is the same or different by screen date.
Abnormal Condition	This field displays the abnormal condition diagnosed during the Healthwatch screening that closed. If more than one abnormal condition closed for the reporting quarter, each one prints on the report and they are sorted by the earliest screen date. The diagnosis codes are translated to print *lead* for lead poisoning (984.0, 984.1, 984.8, and 984.9), *TB* for tuberculosis (010.0, 010.1, 010.8, and 010.9), *sickle* for sickle cell anemia (282.60, 282.61, 282.62, 282.63, and 282.69), and *iron* for iron deficiency anemia (280.0, 280.1, 280.8, and 280.9).
Closed Date	This field displays the date the abnormal condition closed. If more than one abnormal condition closed per recipient, the dates are sorted by screen date.
Closure Reason	The reason the abnormal condition is closed. The following four reasons cause an abnormal condition to be closed:
Initiated Treatment	Determined by claims history indicating a treatment by drug or diagnosis.
Terminated Eligibility	Determined from the ICES eligibility updates. Eligibility must be terminated for 12 consecutive months.
Death of the Recipient	Determined from the ICES eligibility updates.
Approved Reason by IFSSA	This is a manual process maintained by the EPSDT Coordinator at EDS. The State EPSDT liaison is capable of closing a treatment for this reason.
Age=>21	This is a system processes. If a pending treatment is still open when that child turns 21 years old the system automatically closes the case with this explanation. The closed case for a recipient is kept online for 12 months from the closed date. After 12 months, the data be readily available to deliver report, request from the State within a one-week time frame.
Treatment Provider	This field displays the name of the provider who initiated treatment if the abnormal condition closed by treatment initiated. The treatment provider name only prints if it is different from the PMP.
Medicaid Number	This field displays the Medicaid number of the treatment provider

Screening Provider	This field displays the name of the screening provider for the screening date of service. The screening provider name only prints if it is different from the PMP.
Medicaid Number	This field displays the Medicaid number of the screening provider
PMP Total Recipients With Treatments Closed	This field displays the total number of recipients with treatments closed for the PMP. This is printed at the end of each PMP section and is a count of duplicated recipients.
MCO Total Recipients With Treatments Closed	This field displays the total number of recipients with treatments closed for the MCO. This is printed at the end of each MCO section and is a count of unduplicated recipients.
Total Open Recipients With Treatments Closed	This field displays the total number of open recipients with treatments closed. This is printed at the end of the open recipient section and is a count of unduplicated recipients.
County Total Recipients With Treatments Closed	This field displays the total number of recipients in the county with treatments closed. This is printed at the end of each county section and is a count of unduplicated recipients.
State Total Recipients With Treatments Closed	This field displays the total number of recipients in the state with treatments closed. This is printed at the end of the report and is a count of unduplicated recipients.

REPORT: EPS-0003-Q
PROGRAM:
LOCATION:

IndianaAIM

EPSDT RECIPIENTS WITH TREATMENTS CLOSED
PERIOD: MM/DD/YY THROUGH MM/DD/YY

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

COUNTY: XXXXXXXXXXX

PMP: XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.

PMP MEDICAID NUMBER: 999999999X
PMP PHONE NUMBER: 999 999 9999

PMP ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXX, XX 99999 9999

RECIPIENT NAME RID NUMBER / DATE OF BIRTH	AID CATEGORY	SCREEN DATE	ABNORMAL CONDITION	CLOSED DATE	CLOSURE REASON	SCREENING PROVIDER MEDICAID NUMBER	TREATMENT PROVIDER MEDICAID NUMBER
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X

PMP TOTAL RECIPIENTS WITH TREATMENTS CLOSED: 99,999

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REPORT:  EPS-0003-Q                                   IndianaAIM                                  RUN DATE: MM/DD/CCYY
PROGRAM:                                                                                          RUN TIME:  HH:MM
LOCATION:                                   EPSDT RECIPIENTS WITH TREATMENTS CLOSED               PAGE NUMBER: 99,999
                                                          PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

MCO:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PMP:  XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.          PMP MEDICAID NUMBER:  999999999X        PMP ADDRESS:     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                           PMP PHONE NUMBER:  999 999 9999                          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                                                                    XXXXXXXXXXXXXXX, XX 99999 9999

      RECIPIENT NAME                AID      SCREEN    ABNORMAL   CLOSED    CLOSURE        SCREENING PROVIDER          TREATMENT PROVIDER
RID  NUMBER / DATE OF BIRTH       CATEGORY   DATE      CONDITION  DATE      REASON        MEDICAID NUMBER             MEDICAID NUMBER

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.    99    MM/DD/YY    XXXXXX   MM/DD/YY   XXXXXX   XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.  XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.
999999999999         MM/DD/YY                                                        999999999X                          999999999X

PMP TOTAL RECIPIENTS WITH TREATMENTS CLOSED:  99,999

MCO TOTAL RECIPIENTS WITH TREATMENTS CLOSED:  999,999
```

REPORT: EPS-0003-Q
PROGRAM:
LOCATION:

IndianaAIM

EPSDT RECIPIENTS WITH TREATMENTS CLOSED
PERIOD: MM/DD/YY THROUGH MM/DD/YY

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

COUNTY: XXXXXXXXXXX

OPEN RECIPIENTS:

RECIPIENT NAME RID NUMBER / DATE OF BIRTH	AID CATEGORY	SCREEN DATE	ABNORMAL CONDITION	CLOSED DATE	CLOSURE REASON	SCREENING PROVIDER MEDICAID NUMBER	TREATMENT PROVIDER MEDICAID NUMBER
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X
XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999999 MM/DD/YY	99	MM/DD/YY	XXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X	XXXXXXXXXXXXXXX, XXXXXXXXXXXXX X. 999999999X

TOTAL OPEN RECIPIENTS WITH TREATMENTS CLOSED: 999,999

COUNTY TOTAL RECIPIENTS WITH TREATMENTS CLOSED: 999,999

STATE TOTAL RECIPIENTS WITH TREATMENTS CLOSED: 999,999

* * END OF REPORT * *

* * NO DATA THIS RUN * *

EPS-0005-M EPSDT Healthwatch Monthly Screening Activity

Functional Area	Report Number	Job Name	Report Title
Financial	EPS-0005-M		EPSDT Healthwatch Monthly Screening Activity Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Healthwatch Monthly Screening Activity Report (EPS-0005-M) summarizes the number of paid and denied claims for each provider by county. The report provides the provider's name, Medicaid number, phone number, address, quantity of screens paid, and quantity of screens denied. As of January 1, 2000, this report includes Package C data. Control breaks and page breaks occur after each county section. The total number of screens paid and the total number of screens denied for the county are listed at the end of each county section. A state total for each is calculated at the end of the report. March 1995 (after February month end) is the first scheduled delivery of the EPSDT Healthwatch Monthly Screening Activity Report (EPS-0005-M) containing February 1995 data.

Purpose

The EPSDT Healthwatch Monthly Screening Activity Report (EPS-0005-M) is used by the State to monitor the providers who are performing EPSDT services and to ensure claims are correctly submitted and processed for payment.

Sort Sequence

- *Primary -* County
- *Secondary -* Provider name

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Monthly
IFSSA	CRLD/Paper	1	Monthly

Detailed Field Definitions

County
This field displays the name of the county where the provider submitted the claim. This is obtained from the provider's service location indicator in the provider Medicaid number.

Provider Name
This field displays the provider's name.

Medicaid Number
This field displays the provider's Medicaid number with service location.

Provider Phone
This field displays the provider's phone number.

Number	
Provider Address	This field displays the provider's address.
Qty Screens Paid	This field displays the number of screens paid for the specified provider in the specified county for the report month. Screening procedure codes include 9938199385 and 9939199395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings.
Qty Screens Denied	This field displays the number of screens denied for the specified provider in the specified county for the report month. Screening procedure codes include 9938199385 and 9939199395 when billed in conjunction with diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings.
County Totals	This field displays the total number of claims paid and total number of claims denied for all the providers in the specified county for the report month. This is a running total of the provider totals.
State Totals	This field displays the total number of claims paid and total number of claims denied for all the counties during the report month. This is a running total of the county totals

.

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REPORT:  EPS-0005-M                                IndianaAIM                                RUN DATE:  MM/DD/CCYY
PROCESS:                                                                                     RUN TIME:  HH:MM
LOCATION:                              EPSDT HEALTHWATCH MONTHLY SCREENING ACTIVITY          PAGE NUMBER 99,999
                                            PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

              PROVIDER NAME              MEDICAID NUMBER  PHONE NUMBER        PROVIDER ADDRESS          QTY SCREENS  QTY SCREENS
                                                                                                            PAID        DENIED

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

XXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X.   999999999X    999 999 9999   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    999,999      999,999
                                                                            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                            XXXXXXXXXXXXXXXX, XX 99999 9999

COUNTY TOTAL                                                                                                 99,999,999   99,999,999

STATE TOTAL                                                                                                  999,999,999  999,999,999

                                                  * * END OF REPORT * *

                                                 * * NO DATA THIS RUN * *
```

EPS-0005-Q EPSDT Enrolled Providers

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0005-Q		EPSDT Enrolled Providers

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report contains all relevant contact information for EPSDT-enrolled providers in each county, including name, address, phone number, Medicaid identification number and enrollment dates.

Purpose

This report is used by County Offices for referrals and Central Office for referrals and to identify counties in need of provider recruitment, and by State Board of Health Family Wellness Helpline for referrals.

Sort Sequence

- *Primary -* County
- *Secondary -* Provider identification number

Distribution

To	Media	Copies	Frequency
IFSSA	CRLD	1 complete report	Quarterly
EDS	Paper/CRLD	1 complete report	Quarterly
Each county	Paper	1 copy of indiv. county info	Quarterly, Annually

Detailed Field Definitions

County	Indiana county reported
Prov Number	Provider's nine character Medicaid identification number including service location suffix
Provider Name	Provider's mail to name from the provider name and address window
Provider Address	Provider's mail to address from the provider name and address window
Telephone Number	Provider's telephone number from the provider name and address window
Enrollment Date	Provider's enrollment effective date

Report: EPS-0005-Q
Process: xxxxxxxx
Location: xxxxxxx

Indiana*AIM*
EPSDT Enrolled Providers
Period MM/DD/YY-MM/DD/YY

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

COUNTY : XX - XXXXXXXXXXXXXXXXXXXX

PROV NUMBER	PROVIDER NAME	PROVIDER ADDRESS	TELEPHONE NUMBER	ENROLLMENT DATE
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999 999-9999	MM/DD/YY

END OF REPORT

NO DATA THIS RUN

EPS-0006-A EPSDT Screening Cost Analysis

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0006-A		EPSDT Screening Cost Analysis

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Screening Cost Analysis Report (EPS-0006-A) compares the medical costs for screened children to the medical costs for children not screened in each county annually. The report is divided into three sections of information and two age categories. The three sections detail the total number of eligible recipients and total Medicaid costs for these recipients; the number of recipients with screening history and associated Medicaid costs; and the number of recipients with no screening history and associated Medicaid costs. The age categories are separated into zero through 12 months and 13 months through 20 years. Recipients who are age 0 through 12 months at any time during the report period qualify for reporting in the age 0 through 12 months age category, even if the recipient is older than 12 months when the report is generated. The report period follows the Federal Fiscal Calendar. The report period is always October 1 through September 30. October 1995 is the first scheduled delivery of the EPSDT Screening Cost Analysis Report (EPS-0006-A). The recipient's age is determined by age on March 31 during the report period. The recipient's county is determined by the county of last residence in September during the report period. The report does not include EPSDT recipients in the disabled aid category but does include recipients through age 20 years in the SOBRA (ICES aid categories: MAE, MAM, MAN, MAP, MAMP, MANP, MAPP) aid category. Control breaks and page breaks occur after the age category. State totals are calculated at the end of each age category.

Purpose

The EPSDT Screening Cost Analysis Report (EPS-0006-M) is used by the State to evaluate the EPSDT program for health care cost savings for children.

Sort Sequence

- *Primary -* County

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Annually
IFSSA	CRLD/Paper	1	Annually

Detailed Field Information

County Name

This field displays the name of the county where the recipient resides at the time the report is generated.

Eligible Recipient (Total Recip)

This field lists the unduplicated number of eligible EPSDT recipients residing in the specified county at the time the report is generated. This does not include recipients in the disabled aid category, but it does include recipients through age 20 years in the SOBRA (ICES aid categories: MAE, MAM, MAN, MAP, MAMP, MANP, MAPP) aid category. If a recipient has an ineligible Medicaid status at the time the report is generated, the recipient is reported in the county where the recipient was last eligible for Medicaid. However, the last eligible Medicaid status date must fall in the current report period.

Eligible Recipients (Total Cost)

This field displays the total cost of all paid Medicaid claims for the count of unduplicated recipients in the *Total Recip* field within the *Eligible Recipients* category for the specified county during the report period.

Recipients With Screening History (Number Screened)

This field displays the unduplicated number of EPSDT recipients residing in the specified county at the time the report is generated who had paid screening claims history. Screening procedure codes include 99381-99385 and 99391-99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings. This field does not include recipients in the disabled category but does include recipients through the age 20 years in the SOBRA (ICES aid categories: MAE, MAM, MAN, MAP, MAMP, MANP, MAPP) aid category. If a recipient has an ineligible Medicaid status at the time the report is generated, the recipient is reported in the county where the recipient was last eligible for Medicaid. However, the last eligible Medicaid status date must fall in the current report period. This field is a subset of the count of unduplicated recipients in the *Total Recip* field within the eligible recipient category.

Recipients With Screening History (Screen Cost)

This field displays the total cost of all EPSDT screens for the count of unduplicated recipients in the *Number Screened* field within the *Recipients with Screening History* category. Screening procedure codes include 99381-99385 and 99391-99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings.

Recipients With Screening History (Medicaid Cost)

This field displays the total cost of all Medicaid claims for the count of unduplicated recipients in the *Number Screened* field within the *Recipients with Screening History* category.

Recipients With Screening History (Avg Cost Per Recip)

The field is calculated as *Medicaid Cost/Number Screened=Average Cost Per Recip* for recipients with screening history.

Recipients With No Screening History (Not Screened)

This field displays the unduplicated number of EPSDT recipients residing in the specified county at the time the report is generated who had no paid screening claims in history during the report period. Screening procedure codes include 99381-99385 and 99391-99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings. This field does not include recipients in the disabled category but does include recipients through the age 20 years within the SOBRA (ICES aid categories: MAE, MAM, MAN, MAP, MAMP, MANP, MAPP) aid category. If a recipient has an ineligible Medicaid status at the time the report is generated, the recipient is reported in the county where the recipient was last eligible for Medicaid. However, the last eligible Medicaid status date must fall in the current report period. This is a subset of the count of unduplicated recipients in the *Total Recip* field within the *Eligible Recipient* category and should equal the *Total Recip* field minus the *Number Screened* field.

Recipients With No Screening History (Medicaid Cost)

This field displays the total cost of all Medicaid claims for the count of unduplicated recipients in the *Not Screened* field within the *Recipients with No Screening History* category.

Recipients With No Screening History (Avg Cost Per Recip)

The field is calculated as *Medicaid Cost/Number Screened=Avg Cost Per Recip* for recipients with no screening history.

Cost Difference

This field displays the cost difference for expenditures between recipients screened versus those not screened. The field calculation is *Avg Cost Per Recip with Screening History-Avg Cost Per Recip with No Screening History*.

State Totals

These fields display a sum of data for all counties listed on the report. The *Avg Cost Per Recip* field for those with screening history is calculated as *State Totals (Medicaid Cost)/State Totals (Number Screened).* The *Avg Cost Per Recip* field for those with no screening history is calculated as *State Totals (Medicaid Cost)/State Totals (Number Screened)*. The *Cost Difference* field is calculated as *State Totals (Avg Cost Per Recip with Screening History-State Totals (Avg Cost Per Recip) with No Screening History*.

REPORT: EPS-0006-A
PROCESS:
LOCATION:

IndianaAIM

RUN DATE: MM/DD/CCYY
RUN TIME: MM:HH
PAGE NUMBER: 999,999

EPSDT SCREENING COST ANALYSIS
PARTICIPANTS VS. NON-PARTICIPANTS
AGE 0 THROUGH 12 MONTHS
PERIOD: MM/DD/YY THROUGH MM/DD/YY

	ELIGIBLE RECIPIENTS		RECIPIENTS WITH SCREENING HISTORY				RECIPIENTS WITH NO SCREENING HISTORY			
COUNTY NAME	TOTAL RECIP	TOTAL COST	NUMBER SCREENED	SCREEN COST	MEDICAID COST	AVG COST PER RECIP	NOT SCREENED	MEDICAID COST	AVG COST PER RECIP	COST DIFFERENCE
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
STATE 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

REPORT: EPS-0006-A
PROCESS:
LOCATION:

IndianaAIM

RUN DATE: MM/DD/CCYY
RUN TIME: MM:HH
PAGE NUMBER: 999,999

EPSDT SCREENING COST ANALYSIS
PARTICIPANTS VS. NON-PARTICIPANTS
AGE 13 MONTHS THROUGH AGE 20
PERIOD: MM/DD/YY THROUGH MM/DD/YY

	ELIGIBLE RECIPIENTS		RECIPIENTS WITH SCREENING HISTORY				RECIPIENTS WITH NO SCREENING HISTORY			
COUNTY NAME	TOTAL RECIP	TOTAL COST	NUMBER SCREENED	SCREEN COST	MEDICAID COST	AVG COST PER RECIP	NOT SCREENED	MEDICAID COST	AVG COST PER RECIP	COST DIFFERENCE
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
XXXXXXXXXXX	999,999	999,999,999	999,999	999,999,999	999,999,999	999,999	999,999	999,999,999	999,999	999,999
STATE 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

* * END OF REPORT * *

* * NO DATA THIS RUN * *

EPS-0009-A EPSDT Healthwatch Screens Performed Annually

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0009-A		EPSDT Healthwatch Screens Performed Annually

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EPSDT Healthwatch Screens Performed Annually Report (EPS-0009-A) summarizes by county the number of EPSDT recipients eligible for Healthwatch screenings and the number of EPSDT recipients actually screened. The report is divided into four age categories: age zero through age two, age three years through age five years, age six years through age 14 years, and age 15 years through age 20 years. The age of the recipient is determined on the last day of the report period. State totals for each age category are calculated at the end of the report. Only paid claims are considered for the production of this report. Screening procedure codes include 99381-99385 and 99391-99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings. April 1995 month end is the first scheduled delivery of the EPSDT Healthwatch Screens Performed Annually Report (EPS-0009-A) containing data from October 1, 1993 through September 30, 1994. The report period is based on the Federal fiscal year. The second run of this report is September 30, 1995 month end containing data from October 1, 1994 through September 30, 1995. The report generates every year after the September month end.

Purpose

The EPSDT Healthwatch Screens Performed Annually Report (EPS-0009-A) is used by the State to monitor the number of EPSDT recipients actively screened compared to the number of EPSDT recipients eligible to be screened.

Sort Sequence

- *Primary -* County
- *Secondary -* Recipient age

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Annually
IFSSA	CRLD/Paper	1	Annually

Detailed Field Definitions

County Name

This field displays the name of the county the recipient resides in at the time the report is generated. This is the primary sort for the report.

Age 0 Through Age 2

This field displays the age range for EPSDT recipients from birth through age two years based on the last day of the report period.

Age 3 Through Age 5	This field displays the age range for EPSDT recipients from age three years through age five years based on the last day of the report period.
Age 6 Through Age 14	This field displays the age range for EPSDT recipients from age six through age 14 years based on the last day of the report period.
Age 15 Through Age 20	This field displays the age range for EPSDT recipients from age 15 years through age 20 years based on the last day of the report period.
Number Eligible	These fields display the unduplicated number of EPSDT eligible recipients, in the specified county and age category during the reporting period. This includes recipients through age 20 years in the SOBRA (ICES aid categories: MAE, MAM, MAN, MAP, MAMP, MANP, MAPP) aid category.
Number Screened	These fields display the unduplicated number of EPSDT eligible recipients in the specified county and age category who had a paid EPSDT screening during the reporting period. Screening procedure codes include 99381 99385 and 99391 99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings
Percent Screened	These fields display the percentage of eligible recipients screened for each age grouping on the report. The field calculation is *Number Screened* divided by *Number Eligible* for each age group.
State Total	These fields display the unduplicated State total of EPSDT recipients eligible for screenings, those actually screened, and the percentage of recipients screened. The *Number Eligible* and *Number Screened* fields are a sum of the counties appearing on the report. The *Percent Screened* fields are calculated from the State totals for number eligible and number screened.
Grand Total Eligible	This field displays the total unduplicated number of EPSDT eligible recipients. This field is the sum of the *Number Eligible* fields for each age grouping under the State totals row.
Grand Total Screened	This field displays the total unduplicated number of EPSDT recipients for whom a screening claim paid during the reporting period. This field is the sum of the *Number Screened* fields for each age grouping under the State totals row.
Grand Percentage	This field displays the statewide total percentage of recipients screened. The field calculation is *Grand Total Screened* divided by *Grand Total Eligible*.

REPORT: EPS-0009-A
PROCESS:
LOCATION:

IndianaAIM

EPSDT HEALTHWATCH SCREENS PERFORMED ANNUALLY
PERIOD: MM/DD/YY THROUGH MM/DD/YY

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

	AGE 0 THROUGH AGE 2			AGE 3 THROUGH AGE 5			AGE 6 THROUGH AGE 14			AGE 15 THROUGH AGE 20		
COUNTY NAME	NUMBER ELIGIBLE	NUMBER SCREENED	PERCENT SCREENED	NUMBER ELIGIBLE	NUMBER SCREENED	PERCENT SCREENED	NUMBER ELIGIBLE	NUMBER SCREENED	PERCENT SCREENED	NUMBER ELIGIBLE	NUMBER SCREENED	PERCENT SCREENED
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
XXXXXXXXXXX	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999	99,999	99,999	999
STATE TOTAL	999,999	999,999	999%	999,999	999,999	999%	999,999	999,999	999%	999,999	999,999	999%

GRAND TOTAL ELIGIBLE: 999,999

GRAND TOTAL SCREENED: 999,999

GRAND PERCENTAGE SCREENED: 999%

* * END OF REPORT * *

* * NO DATA THIS RUN * *

EPS-0010-Q Providers Billing EPSDT Healthwatch Screens

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-0010-Q		Providers Billing EPSDT Healthwatch Screens

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Providers Billing EPSDT Healthwatch Screens Report (EPS-0010-Q) provides a current listing of all providers who billed an EPSDT Healthwatch screen. Screening procedure codes include 99381-99385 and 99391-99395 when billed in conjunction with the primary diagnosis code V20.2. Procedure codes W6511 and W6512 are also included as screenings. The report provides the provider name, Medicaid number, address, and phone number. Control breaks and page breaks occur before each new county listing. The total number of EPSDT providers with an EPSDT Healthwatch screen in paid claim history during the report period is listed at the end of each county section. The total number of EPSDT providers with an EPSDT Healthwatch screen in paid claim history is calculated at the end of the report. As of January 1, 2000, this report includes Package C data.

Purpose

The Providers Billing EPSDT Healthwatch Screens Report (EPS-0010-Q) is used by the State, the county offices, and the State Board of Health Family Wellness Help line for provider referrals. The report is also useful for provider recruitment.

Sort Sequence

PCCM counties list first in alphabetical order, Non-PCCM Counties in alphabetical order, Provider Name.

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	2	Quarterly
FSSA	CRLD/Paper	1	Quarterly

Detailed Field Information

County
This field displays the name of the county where the provider billed an EPSDT Healthwatch screen claim. If a provider billed an EPSDT Healthwatch screening claim from more than one county, the provider is listed under each county.

Provider Name
This field displays the provider's last name, first name, and middle initial.

Medicaid Number
This field displays the provider's Medicaid number including service location.

Provider Address	This field displays the provider's office address. If the provider is a member of a group, the group service location address appears.
Provider Phone Number	This field displays the provider's telephone number at the office address. If the provider is a member of a group, the group service location address appears.
County Total EPSDT Providers	This field displays the total number of providers appearing on this report for the county listed at the top of the page.
State Total EPSDT Providers	This field displays a sum of the *County Total EPSDT Providers* field for all counties included in the report.

```
REPORT:  EPS-0010-Q                                IndianaAIM                                RUN DATE:  MM/DD/CCYY
PROCESS:                                                                                     RUN TIME:  HH:MM
LOCATION:                                   PROVIDERS BILLING HEALTHWATCH SCREENS            PAGE NUMBER:  99,999
                                             PERIOD:  MM/DD/YY THROUGH MM/DD/YY
COUNTY:  XXXXXXXXXXX

              PROVIDER NAME                    MEDICAID NUMBER          PROVIDER ADDRESS              PROVIDER PHONE NUMBER

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX, X       999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

  XXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXX, X      999999999X          XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          999 999 9999
                                                                       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                                       XXXXXXXXXXXXXXXX, XX 99999 9999

COUNTY TOTAL EPSDT PROVIDERS:  999,999

STATE TOTAL EPSDT PROVIDERS:  999,999

                                          * * END OF REPORT * *

                                         * * NO DATA THIS RUN * *
```

EPS-9003-M EPSDT Missed Appointment Letter

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-9003-M		EPSDT Missed Appointment Letter

***This report was phased out in June 2000, and no definition has been located.*

EPS-9005-M EPSDT Non-participant Labels

Functional Area	Report Number	Job Name	Report Title
EPSDT	EPS-9005-M		EPSDT Non-participant Labels

NOTE—THIS REPORT IS NO LONGER USED

EVS-0003-D Daily EVS Transactions Report

Functional Area	Report Number	Job Name	Report Title
Eligibility Verification	EVS-0003-D		Daily EVS Transactions Report

NOTE: *This report has been deleted because it is approximately 20,000 plus lines per day. If providers have questions regarding the eligibility result provided during the eligibility verification transaction, a table can be queried from the database to verify the information provided to the provider. This table can be queried using eligibility verification number, RID with DOS, and provider number with DOS.*

Description of Information

The Daily EVS Transactions Report (EVS-0003-D) lists the individual EVS transactions with the verification number assigned to the provider. This report includes the EVS transactions received via PC, AVR, and POS. This data is consolidated to produce the Weekly EVS Transactions (EVS-0003-W) report.

Purpose

This report is used by the Provider and Adjustments Unit to research claims that may have paid or denied due to a change in the recipient's eligibility status between the time that the EVS transaction was submitted and the time the claim was submitted.

Sort Sequence

- *Primary*: - Recipient number
- *Secondary*: - From date of service (DOS)

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Daily

Detailed Field Definitions

RID No — A system assigned number used to identify a unique recipient.

Provider Number — A system assigned number used to identify a unique provider.

From DOS — The beginning date of service which the provider is inquiring for the recipient's eligibility status.

To DOS — The ending date of service which the provider is inquiring for the recipient's eligibility status.

Eligible Response — Represents the status sent to the provider stating whether the recipient was

	eligible for the dates of service inquired.
Verification Number	The unique control number sent to the provider for the EVS inquiry. This number is sent in the EVS transaction response even for inquiries where the recipient was not eligible during time period inquired.
Time	The time that the EVS transaction response is sent to the provider.
PC/AVR/OMNI	Indicator used to identify the entered source of the transaction. PC=Personal Computer; AVR=Automated Voice Response System; OMNI=POS device.

Report: EVS-0003-D
Process:
Location:

Indiana*AIM*
Daily EVS Transactions Report
for period MM/DD/CCYY to MM/DD/CC/YY

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

RID NO	Provider Number	From DOS	To DOS	Eligibility Response (Y/N)	Verification Number	Time	(PC/AVR/OMNI) IND
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX

EVS-0003-W Weekly EVS Transactions Report

Functional Area	Report Number	Job Name	Report Title
Eligibility Verification	EVS-0003-W		Weekly EVS Transactions Report

NOTE: *This report has been deleted because the daily report used to gather weekly information has been deleted. Please refer to EVS-0003-D for information regarding why these reports were eliminated.*

Description of Information

The Weekly EVS Transactions Report (EVS-0003-W) lists the individual EVS transactions with the verification number assigned to the provider. This report includes the EVS transactions received via PC, AVR, and POS. It is an accumulation of the previous seven daily reports (EVS-0003-D).

Purpose

This report is used by the Provider and Adjustments Unit to research claims that may have paid or denied due to a change in the recipient's eligibility status between the time that the EVS transaction was submitted to the time the claim was submitted.

Sort Sequence

- *Primary*: - Recipient number
- *Secondary*: - From date of service (DOS)

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

Detailed Field Definitions

RID No
A system assigned number used to identify a unique recipient.

Provider Number
A system assigned number used to identify a unique provider.

From DOS
The beginning date of service which the provider is inquiring for the recipient's eligibility status.

To DOS
The ending date of service which the provider is inquiring for the recipient's eligibility status.

Eligible Response
Represents the status sent to the provider stating whether the recipient was eligible for the dates of service that were inquired.

Verification Number
The unique control number sent to the provider for the EVS inquiry. This number is sent in the EVS transaction response even for inquiries where the

	recipient was not eligible for the time period inquired.
Time	The time that the EVS transaction response sent to the provider.
PC/AVR/OMNI	Indicator used to identify the entered source of the transaction. PC=Personal Computer; AVR=Automated Voice Response System; OMNI=POS device.

Report: EVS-0003-W
Process:
Location:

Indiana*AIM*
Daily EVS Transactions Report
for period MM/DD/CCYY to MM/DD/CC/YY

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

RID NO	Provider Number	From DOS	To DOS	Eligibility Response (Y/N)	Verification Number	Time	(PC/AVR/OMNI) IND
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX
9999999999999	999999999	MM/DD/YY	MM/DD/YY	X	999999999	99.99.99	XXX

FIN-1500-M Cash Management-Average Daily Refund Balance

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-1500-M		Cash Management-Average Daily Refund Balance

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Average Daily Refunds Balance reports all refunds received and deposited during the reporting month by deposit date. It reports the dollar amount of refunds actually applied to each program during each financial cycle and the dollar amount of any over refunded amounts returned to the sender. In summary, it reports the daily ending balance of all refunds and the average daily balance of all refunds received for the month.

Purpose

This report is used by EDS to report to IFSSA the total refunds received and dispositioned during the given month and what the average daily balance of the refund account was for the reporting period. IFSSA uses this report to determine the total interest due the Federal government for refund dollars on hand.

Sort Sequence

- *Primary -* Date

Distribution

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

Detailed Field Definitions

Date
Lists the days in the given reporting month

Total Refunds Received
The total refunds received (Cash Control Batch numbers 900-925 and 940-969) and deposited on a given day. If no deposits were made on the day, this field is null filled.

Medicaid Applied

Total Medicaid refunds dispositioned and adjudicated during the weekly financial cycle. If no amount is reported for a given day, the field is null filled

Provider: Cash Disposition Reason Codes 8040-8079, 8160-8199, 8220-8229, 8436, 8437, 8446 where program code for the transaction is associated to Medicaid

Drug Rebate: Not included

TPL Health: Cash Dispositions posted for CCN batch ranges 915-919. (Does not include payout dispositions)

TPL Casualty: Total Medicaid Casualty cash receipts (batch numbers 900-904) posted to the Cash Receipts Disposition table less any payouts (reason codes 8325, 8326, 8329, 8330) posted that are associated casualty cash receipts

590 Applied

Total 590 refunds dispositioned and adjudicated during the weekly financial cycle. If no amount is reported for a given day, the field is null filled

Provider: Cash Disposition Reason Codes 8040-8079, 8160-8199, 8220-8229, 8436, 8437, 8446 where program code for the transaction is associated to 590

Drug Rebate: Not included

TPL Health: Cash Dispositions posted for CCN batch ranges 915-919. (Does not include payout dispositions)

TPL Casualty: Total 590 Casualty cash receipts (batch numbers 900-904) posted to the Cash Receipts Disposition table less any payouts (reason codes 8325, 8326, 8329, 8330) posted that are associated casualty cash receipts

Pkg C Applied

Total Package C refunds dispositioned and adjudicated during the weekly financial cycle. If no amount is reported for a given day, the field is null filled

Provider: Cash Disposition Reason Codes 8040-8079, 8160-8199, 8220-8229, 8436, 8437, 8446 where program code for the transaction is associated to Package C

Drug Rebate: Not applicable to Package C

TPL Health: Cash Dispositions posted for CCN batch ranges 915-919. (Does not include payout dispositions)

TPL Casualty: Total Medicaid Casualty cash receipts (batch numbers 900-904) posted to the Cash Receipts Disposition table less any payouts (reason codes 8325, 8326, 8329, 8330) posted that are associated casualty cash receipts

Arch Applied

Total ARCH refunds dispositioned and adjudicated during the weekly financial cycle. If no amount is reported for a given day, the field is null filled

Provider: Cash Disposition Reason Codes 8040-8079, 8160-8199, 8220-8229, 8436, 8437, 8446 where program code for the transaction is associated to ARCH

Drug Rebate: Not applicable to ARCH

TPL Health: Cash Dispositions posted for CCN batch ranges 915-919. (Does not include payout dispositions)

TPL Casualty: Total 590 Casualty cash receipts (batch numbers 900-904) posted to the Cash Receipts Disposition table less any payouts (reason codes 8325, 8326, 8329, 8330) posted that are associated casualty cash receipts

Over Refunds Returned

Total over refunded amount which was returned to the sender in the form of a system or manual payout transaction (Expenditure Reason Codes 8302-8303, and 8327-8330)

Ending Balance

The Ending Balance is calculated as follows:

Total Refunds Received minus (Refunds Applied plus Over refunds returned) equals Ending Balance

Totals are calculated for the appropriate columns.

Avg Daily Balance

The Average Daily Refund Balance is calculated as follows:

Average Daily Refund Balance equals Sum Of All Daily Ending Balances divided by Number of Days in Month

REPORT: FIN-1500-M
PROCESS:
LOCATION:

INDIANA*AIM*
CASH MANAGEMENT
AVERAGE DAILY REFUND BALANCE
PERIOD: MM/DD/CCYY - MM/DD/CCYY

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

DATE	TOTAL REFUNDS RECEIVED	MEDICAID APPLIED	590 APPLIED	PKG C APPLIED	ARCH APPLIED	OVER REFUNDS RETURNED	ENDING BALANCE
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
mm/dd	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
TOTAL	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

AVERAGE DAILY BALANCE 99,999,999.99

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

FIN-1501-W Cash Management-Refund Analysis by Functional Area

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-1501-W		Cash Management-Refund Analysis by Functional Area

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Refund Analysis by Functional Area report provides a summary of all refunds applied during the reporting week for each functional area by program. This report includes the total weekly activity, activity by program, and State fiscal year-to-date (S-FYTD) activity for each functional area.

Purpose

This report is used by EDS to report to the State the total refunds applied during the given week for each functional area by program. The State uses this report as appropriate for Federal reporting, and to determine the total refund dollars applied to each program for each functional area.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Functional Area

Identifies the type of refund, as defined by the Cash Disposition Reason Code assigned to the refund. The functional areas including on this report are as follows: Overpayments, Program Integrity (SUR), Misc. Repayments, Misc. Repayments (State Only), Drug Rebate (Manufacturer), Third Party Liability. (TPL), Interest-Provider, and Interest-Drug Rebate. The definitions for each of these functional areas are listed below.

Overpayments

Total amount of cash receipts applied as a Provider refund as a result of an overpayment to the Provider (either full, partial, or non-claim specific). Cash Disposition Reason Codes 8040-8059, 8160-8179, 8220-8222, and 8229

Program Integrity (SUR)	Total amount of cash receipts applied as a Provider refund as a result of SUR activity. Cash disposition reason codes 8060-8079, 8180-8199, 8223-8224
Misc Repayments	Total amount of cash receipts applied to the principal of the Provider accounts receivables outstanding for 60 days or less from the Accounts Receivable effective date. Pull cash dispositions for reason codes 8436, 8437, and 8446. Access the Accounts Receivable Disposition table and subtract Interest Applied amount from the disposition to obtain the repayment amount (principle).
Misc Repayments (State Only)	Total amount of cash receipts applied to the principle of the Provider accounts receivables outstanding for more than 60 days. Pull cash dispositions for reason codes 8436, 8437, and 8446. Access the Accounts Receivable Disposition table and subtract Interest Applied amount from the disposition to obtain the repayment amount (principle).
Drug Rebate (Manufacturer)	Not included
Third Party Liability (TPL)	Total amount of cash receipts applied as a result of Casualty and Health refunds from Insurance Carriers and/or Attorneys. *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:* Reports all TPL refund cash receipts returned to the sender in the form of a system generated payout (reason codes 8327, 8329)
Interest-Provider	Total amount of cash receipts applied as interest received from providers as a result of an aged accounts receivable. Interest amount is obtained from the Accounts Receivable Disposition table. Pull interest disposition amounts for reason code 8436, 8437, and 8446
Interest-Drug Rebate	Not included
Activity	Total amount of weekly refunds for all programs combined. If no refunds are reported for the week, the field is populated with zeros. This column is followed by a breakdown of the weekly activity by program.
Medicaid Applied	Total Medicaid refunds for the week dispositioned and adjudicated during the regular weekly financial cycles. If no amount is reported for the week, the field is populated with zeros.
590 Applied	Total 590 refunds for the week dispositioned and adjudicated during the regular weekly financial cycles. If no amount is reported for the week, the field is populated with zeros.
Pkg C Applied	Total Package C refunds for the week dispositioned and adjudicated during the regular weekly financial cycles. If no refunds are reported for the week, the field is populated with zeros.

Arch Applied	Total ARCH refunds for the week dispositioned and adjudicated during the regular weekly financial cycles. If no refunds are reported for the week, the field is populated with zeros.
SFYTD Activity	State fiscal year-to-date total of refunds for all programs combined. If no refunds are reported for the year, the field is populated with zeros. (Note: The State fiscal year starts in July and ends in June).

Totals are calculated for the appropriate columns.

REPORT: FIN-1501-W
PROCESS:
LOCATION:

INDIANA*AIM*
CASH MANAGEMENT
Refund Analysis By Functional Area
PERIOD: MM/DD/CCYY - MM/DD/CCYY

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

FUNCTIONAL AREA	ACTIVITY	MEDICAID APPLIED	590 APPLIED	PKG C APPLIED	ARCH APPLIED	S FYTD ACTIVITY
OVERPAYMENTS	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
PROGRAM INTEGRITY (SUR)	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
MISC. REPAYMENTS	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
MISC. REPAYMENTS (STATE ONLY)	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
DRUG REBATE (MANUFACTURER)	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
THIRD PARTY LIAB. (TPL)	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
INTEREST - PROVIDER	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
INTEREST - DRUG REBATE	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99	$99,999,999.99
TOTAL	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99

* * END OF REPORT * *

* * NO DATA THIS RUN * *

FIN-2052-W Financial Transactions Input-Non claim Specific Provider Refunds

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2052-W		Financial Transactions Input-Non claim Specific Provider Refunds

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Financial Transactions Input-Non claim Specific Provider Refunds report lists all cash dispositions applied as non-claim specific refunds to provider accounts during the current processing week. It lists each transaction by provider number and cash control number (CCN) with summary totals for the number of transactions entered and the associated refund amount.

Purpose

This report is used by EDS as a monitoring and control report for all financial non-claim specific refund 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 in the system weekly.

Sort Sequence

- *Primary -* Provider number, ascending
- *Secondary -* RID number, ascending (if applicable)
- *Tertiary -* CCN and disposition sequence number, descending

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 recipient's Indiana Health Coverage Program identification number as assigned by ICES

Recipient Name (Last, First) — The last and first name of the recipient

CCN And Seq No — The cash control number and disposition sequence number assigned to the refund during the cash receipt entry process

Refund Amount	The amount of the non-claim specific refund transaction
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
Total Non Claim Refunds	The total number and amount of non-claim specific refunds entered during the current processing cycle

Report: FIN-2052-W
Process:
Location:

Indiana*AIM*
FINANCIAL TRANSACTIONS INPUT
NON CLAIM SPECIFIC PROVIDER REFUNDS
Period: MMDDCCYY-MMDDCCYY

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

PROVIDER NUMBER	RID NO.	--RECIPIENT NAME-- LAST	FIRST	CCN	SEQ NO.	REFUND AMOUNT	REASON CODE	USER ID
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX
999999999 X	999999999999	XXXXXXXXXXXXXXX,	XXXXXXXXXXXX	YYJJJBBBSSS	999	99,999,999.99	XXXX	XXXXXXXX

TOTAL NON CLAIM SPECIFIC REFUNDS INPUT: 99,999 99,999,999.99

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

FIN-2054-W Financial Transactions Input-Provider Lien Assignment

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-2054-W		Financial Transactions Input-Provider Lien Assignment

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Financial Transactions Input-Provider Lien Assignment report lists all lien setups and updates entered in the Indiana*AIM* system for the current processing week. It lists each transaction by Provider Number with summary totals for the number of transactions entered and the associated dollar amount.

Purpose

This report is used by EDS as a monitoring and control report for all financial provider lien assignment 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 in the system weekly.

Sort Sequence

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

Lien Number — The unique control number assigned to each lien transaction

Lien Holder Name — The name of the lien holder

Amount — The amount of the transaction entered. For setups, this field reflects the amount of the original lien assignment. For manual dispositions, this field reflects the increase or decrease amount entered against an existing lien

Reason Code — The 4 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 liens setup during the current processing cycle
Total Lien Setup Txns Input	The total number and amount of lien setups entered during the current processing cycle
Manual Dispositions	This sections lists manual increase or decreases (dispositions) entered against existing liens
Total Manual Disposition Txns Input	The total number and amount (increase or decrease) of manual dispositions entered during the current processing cycle

Report: FIN-2054-W
Process:
Location:

Indiana*AIM*
FINANCIAL TRANSACTIONS INPUT
PROVIDER LIEN ASSIGNMENTS
Period: MMDDCCYY-MMDDCCYY

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

SETUPS

PROVIDER NUMBER	LIEN NUMBER	LIEN HOLDER NAME	AMOUNT	REASON CODE	USER ID
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
TOTAL LIEN SETUP TRANSACTIONS INPUT: 99,999			99,999,999.99		

MANUAL DISPOSITIONS

999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
999999999X	9999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99	XXXX	XXXXXXXX
TOTAL MANUAL DISPOSITION TRANSACTIONS INPUT: 99,999			99,999,999.99		

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

FIN-3005-W Provider Accounts Receivable Collection Activity

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-3005-W		Provider Accounts Receivable Collection Activity

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Provider Accounts Receivable Collection Activity report details collection activity for the current reporting period. It reports each accounts receivable with collection action initiated and the amounts applied for the week.

Purpose

This report is used by EDS and IFSSA to monitor aged accounts receivables and the associated collection activity. It is used to control and ensure that all efforts are made to collect outstanding funds for the Indiana Health Coverage Program.

Sort Sequence

- *Primary -* Medical assistance program, ascending
- *Secondary -* Provider number, ascending
- *Tertiary -* Accounts receivable number, ascending

Distribution

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

Detailed Field Definitions

Medical Assistance Program — Indicates which program the accounts receivable (A/R) is associated (Medicaid, 590, CSHCS, or ARCH)

Provider Number — The ID of the provider for whom the A/R is established and the provider's service location suffix

A/R Number — The unique control number assigned to each account receivable

Reason Code — The reason the account receivable was established (entered at the time of accounts receivable setup)

Status — Indicates the present status of a specific Accounts Receivable number (*Open, Account Closed, Sent to IFSSA*, and *On Hold to Research*)

Effective Date — The date when the Account Receivable became active

Total Prev Report	Indicates the balance derived from the previous week's Provider Accounts Receivable Collection Activity Report
Net Change (Cycle)	Indicates the total dollar amount of the dispositions applied towards the accounts receivable as a result of the weekly system dispositions
Net Change (State Directed)	Indicates the total dollar amount of the dispositions applied towards the accounts receivable as a result of any State directives to increase or decrease the accounts receivable
New Total	Total from Prev Report minus Net Change (cycle and State directed)
Days Aged	Indicates the number of days the accounts receivable aged from the effective date
Aged 61-120	Indicates the dollar amount of all receivables aged between 61 and 120 days
Aged 120 +	Indicates the dollar amount of all receivables aged more than 120 days
Totals	Summarizes the totals of all collection activity for all providers in all Indiana Health Coverage Programs
Reason Code Legend	A description of the reason codes for accounts receivables reported in the current week's report

```
REPORT:  FIN-3005-W                                    INDIANAAIM                                    DATE:  MM/DD/CCYY
PROCESS:                                        PROVIDER ACCOUNTS RECEIVABLE                        TIME:  HH:MM:SS
LOCATION:                                           COLLECTION ACTIVITY                               PAGE:  99,999
                                              PERIOD: MM/DD/CCYY - MM/DD/CCYY


MEDICAL ASSISTANCE PROGRAM   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER                    RSN   EFFECTIVE  TOTAL PREV      NET CHANGE       NET CHANGE                  DAYS      AGED        AGED
 NUMBER      A/R NUMBER     CDE     DATE      REPORT          (CYCLE)      (STATE DIRECTED)   NEW TOTAL    AGED     61-120       120 +

999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99

TOTALS                                     99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99       99,999,999.99
99,999,999.99


MEDICAL ASSISTANCE PROGRAM   XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER                    RSN   EFFECTIVE   TOTAL PREV      NET CHANGE       NET CHANGE                  DAYS      AGED        AGED
 NUMBER      A/R NUMBER     CDE     DATE        REPORT         (CYCLE)      (STATE DIRECTED)   BALANCE      AGED     61-120       120
+

999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
999999999 X  RRYYJJJBBBSSS  9999  MMDDCCYY  99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99  999  99,999,999.99
99,999,999.99
0
```

```
TOTALS                                    99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99       99,999,999.99
99,999,999.99

TOTALS ALL PROGRAMS                       99,999,999.99  (99,999,999.99)  (99,999,999.99)  99,999,999.99       99,999,999.99
99,999,999.99


REASON CODE LEGEND

9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

Notes: This report only shows accounts receivables for which the collections process has been initiated (i.e. accounts over 30 days old with no activity for 30 days or those in which we manually initiated the collections process.

FIN-6000-W Post Implementation – Mutilated Checks by Number

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-6000-W		Post Implementation – Mutilated Checks by Number

Description of Information

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

FIN-6002-W Post Implementation – Monthly Bank Reconciliation Statement

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-6002-W		Post Implementation – Monthly Bank Reconciliation Statement

Description of Information

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

FIN-8008-W Financial Control Trend Analysis

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-8008-W		Financial Control Trend Analysis

Description of Information

Financial Control Trend Report is a weekly report that lists the net reimbursement by program. The week's cycle data is reported with the month-to-date total, as well as the fiscal year-to-date and calendar year-to-date totals. All of these can be used to check trends for different time frames. This report begin with the first cycle and continues to report the weekly data until the eighth month. At that time, the first month's data is replaced with the ninth month's data.

Purpose

Financial Control Trend Report is used to monitor claim payment trends by program. This report aids in future claim payment forecasting.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Time	Indicates the specific weekly cycle dates, as well as a Month-To-Date, Fiscal Year-To-Date, and Calendar Year-To-Date totals
Medicaid Before 7/1/94 Risk	Indicates the total risk net reimbursement paid for the specified time frames by the Medicaid program for incurred service dates before July 1, 1994
Medicaid Before 7/1/94 Non-Risk	Indicates the total non-risk net reimbursement paid for a specific time frame by the Medicaid program for incurred service dates before July 1, 1994.
Medicaid After 7/1/94 Non-Risk	Indicates the total net reimbursement paid for the specific time frame by the Medicaid program for incurred service dates after July 1, 1994.
Pkg C	Indicates the total net reimbursement paid by the Package C program for a specific time frame
ARCH	Indicates the total net reimbursement paid by the ARCH program for a specific time frame
590	Indicates the total net reimbursement paid by the 590 program for a specific

	time frame.
Program Totals	Indicates the sum total of each program's net reimbursement paid in a specific week for each program as defined in the column header.
Weekly (MMDDCCYY)	Indicates the total net reimbursement paid for the week for the category reported in each column. The actual date of the weekly cycle replaces the MMDDCCYY in the report format.
MTD Totals	Indicates the total net reimbursement paid for the month-to-date for the category reported in each column. Month-to-date is the sum of the weekly cycles in a specific month.
FYTD Totals	Indicates the total net reimbursement paid for the fiscal year-to-date for the category reported in each column. Fiscal year-to-date is the previous month's cumulative balance, plus the current month's activity. The fiscal year-to-date (FYTD) is from July to June. The FYTD total begins the first Tuesday of July each year and ends the last Tuesday of June each year
CYTD Totals	Indicates the total net reimbursement paid for the calendar year-to-date for the category reported in each column. Calendar year-to-date is the previous month's cumulative balance plus the current month's activity. The calendar year-to-date (CYTD) is from January to December. The CYTD total starts the first Tuesday of January each year and ends the last Tuesday of December each year.

REPORT: FIN-8008-W (WC57-12R)
PROCESS:
LOCATION:

Indiana*AIM*
FINANCIAL CONTROL TREND ANALYSIS
Period: MMDDCCYY – MMDDCCYY

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

TIME	MEDICAID BEFORE 7/1/94 RISK	MEDICAID BEFORE 7/1/94 NON-RISK	MEDICAID AFTER 7/1/94 NON-RISK	PKG C	ARCH	590	PROGRAM TOTALS
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MTD TOTALS	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MTD TOTALS	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MTD TOTALS	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MMDDCCYY	$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
MTD TOTALS	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99	$999,999,999.99
FYTD 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
CYTD 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

* * END OF REPORT *
*

FIN-8027-W Aged Provider AR Listing

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-8027-W		Aged Provider AR Listing

NOTE—THIS REPORT IS NO LONGER USED

Description of Information on the Report

The Aged Provider AR Listing is a listing of all Providers with ARs over 30 Days which are not fully satisfied. The 30 day period is from the effective date to the report run date. This report will be generated after the financial cycle for the week has completed so that any ARs satisfied in that week's financial will be accounted for in the report. This report will tie to the FIN-3001 by aging/health program combination.

Purpose of Report

The Aged Provider AR Listing will be used to target providers who have outstanding ARs greater than 30 days

Sort Sequence

- *Primary -* Page break by program
- *Secondary -* Age of receivable
- *Tertiary -* Dollar amount of outstanding receivable

Distribution

To	Media	Copies	Frequency
EDS	CLRD	0	Daily

Detailed Field Definitions

Program
The health assistance program being reported (Medicaid, 590, CSHCS, ARCH). All ARs with a specific health program will be grouped together under one section.

Providers With ARs Over 120,90,60,30 Days
A listing of the total amount outstanding for a given provider number which has aged over a set amount of time. The report is broken into 4 sections - 120,90,60,30 days. This will be an aggregate of all ARs which have aged over a set period of time for a given provider number/service location/health program location.

Provider Number
The 9 byte provider ID under which the AR is established.

SVC Loc
The 1 byte service location under which the AR is established.

Provider Name
The pay to name of the provider number/service location combination.

Orig Bal	The originally established amount of all ARs being reported under this provider number/service location/health program/aging combination.
Remaining balance	The remaining amount of all ARs being reported under this provider number/service location/health program/aging combination.
Total	The total amount being reported under this program/aging combination.
Total For Program	The total amount being reported for this health program.

FIN-9001-D Return to Sender Letter – Missing Signature

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9001-D		Return to Sender Letter – Missing Signature

NOTE—THIS REPORT IS NO LONGER USED

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 the Return to Sender Letter and returns with the check to be signed.

Purpose

To request a signed check from the payee to be deposited.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Laser	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 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

FIN-9002-D Return To Sender Letter – Does not belong to MAP

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9002-D		Return To Sender Letter – Does not belong to MAP

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 the Return to Sender Letter and returns with the check.

Purpose

To inform the payee that the check received does not belong to Medicaid.

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**}. EDS may accept checks on behalf of the following agencies and/or state programs: Indiana Health Coverage Program, Indiana 590 program, Children's Special Health Care Services, Disability Determination, and Aide to Residents in County Homes. Based on the information given, it appears that the check received does not belong to any of these agencies. Please review your records and send the check to the appropriate address and agency.
If the check does belong to one of the agencies listed above, please return the check and 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 attention to this matter.
Sincerely,

Cash Control Clerk
Finance Department

Enclosure

FIN-9003-D Return to Sender Letter – No Documentation

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9003-D		Return to Sender Letter – No Documentation

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 the Return to Sender Letter and returns with a copy of the check requesting documentation.

Purpose

To receive documentation from the payee as to why the money was sent.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Today's Date**}

{**Sender Name**}
{**Address 1**}
{**Address 2**}
{**City**}, {**ST**} {**ZIP Code**}

RE: Cash Control Number {**CCN**}
Dear {**Sender Name**}:
We have received your check dated {**check date**} in the amount of {**$check amount**}. We have deposited your refund check but are unable to process your refund with the information given. At a minimum, the following information is required in order to appropriately apply a refund:

- a completed adjustment request form for each claim specific refund, and
- a copy of the Remittance Advice (RA) page detailing the original claim's payment

OR

- a completed non-claim specific refund form

Please send the required supporting documentation along with a copy of this letter to the following address:

EDS - Adjustments Department

950 N. Meridian Street, Suite 1150

Indianapolis, IN 46207-7265

Upon receipt of the appropriate documentation, your refund check will be applied to your account. Thank you for your continued participation in this program and your prompt attention to this matter.
Sincerely,

Cash Control Clerk
Finance Department
Enclosure

FIN-9004-D Return to Sender Letter – Check Not Completed

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9004-D		Return to Sender Letter – Check Not Completed

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 the Return to Sender Letter and returns with the check to be completed.

Purpose

To receive a completed check from the payee to deposit.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**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 all the required components of the check have not been completed. In order to process this check, the following items must be completed: Payee, Check Date, Check Amount, and Payer's Signature.

Please complete all of the required information and return 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

FIN-9005-D Return To Sender Letter – Other Endorsement Required

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9005-D		Return To Sender Letter – Other Endorsement Required

Description of Information

This letter is generated through the online windows. The user the provider number or payee and address. The information keyed populates the Return to Sender Letter and returns with the check to be endorsed.

Purpose

To receive an endorsed check for deposit.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Today's Date**}

{**Sender Name**}
{**Address 1**}
{**Address 2**}
{**City**}, {**ST**} {**ZIP Code**}

RE: Cash Control Number {**CCN**}

Dear {**Sender Name**}:
The enclosed check dated {**Check date**} in the amount of {**$check amount**} requires further endorsement before it may be deposited by this office. Please endorse the check payable to: _____ and return both the endorsed check and a copy of this letter 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. If you have any questions regarding this matter, please contact the cash control unit at 1-800-577-1278.

Sincerely,

Cash Control Clerk

Finance Department

Enclosure

FIN-9020-D Return to Sender Letter – Past Filing Limit

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9020-D		Return to Sender Letter – Past Filing Limit

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 the Return to Sender Letter and a copy of the check requesting documentation to waive the filing limit.

Purpose

To receive documentation to waive the filing limit.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Today's Date**}

{**Provider Number**}
{**Provider Name**}
{**Provider Address 1**}
{**Provider Address 2**}
{**Provider City**}, {**Provider ST**} {**Provider ZIP Code**}

RE: Adjustment Request {**ICN or CCN**}

Dear Provider,

The enclosed adjustment request(s) submitted by your office either had no documentation or insufficient documentation to waive the one (1) year filing limit. State regulations specify that all claims must be submitted within one (1) year of the date of service (405 IAC 1-1-3 (3)(a)). This is also applicable to adjustment requests. All adjustments to a paid claim must be submitted within one (1) year of the claim's paid date. If an extenuating circumstance exists, a waiver of the filing limit may be granted when justification is provided to substantiate why a claim or adjustment request could not be filed or re-filed within the allowable time frame.

A waiver of the filing limit may be authorized if documentation is provided demonstrating that one of the following circumstances exists:

1. **Retroactive Eligibility:** In cases or retroactive recipient eligibility, a waiver of the filing limit will be granted if the provider files within one (1) year from the date eligibility was determined. A letter from CDPW or CDPW stating the date of retroactive eligibility must accompany the adjustment request form.
2. **Previous Submissions:** Reasonable and continuous attempts on the part of the provider to resolve a claim issue must be demonstrated. Any attempt to resolve the claim payment issue must have been made within one (1) year of the previous attempt. Acceptable documentation for a waiver of the filing limit is: Provider Remittance Advice (RA), a dated Return to Provider letter from the contractor, a dated Adjustment Request Form, or a dated Inquiry Form.
3. **Late Third Party Liability (TPL) Notification:** When the delay in adjustment filing is due to late notification by the primary insurer of their decision to pay, deny, or adjust charges, the filing limit may be waived if documentation is provided to show reasonable attempts to bill and collect were made within the one (1) year time frame. Dated correspondence with the primary insurance will serve as appropriate documentation.
4. **Retroactive PA:** When claim adjustment filing is delayed due to retroactive PA, a copy of the PA approval may be submitted as documentation to waive the one (1) year filing limit. A waiver will be granted if the adjustment is filed within one (1) year of the retroactive PA approval date.
5. **Adjustment to Medicare/Medicaid Crossover claim:** If Medicare has made an adjustment to a previously paid claim, a waiver of the filing limit will be granted if a dated copy of the Medicare Explanation of Benefits (EOMB) showing the adjusted claim is received within one (1) year of the adjusted Medicare payment.
6. **Administrative Delay:** When a delay in the adjustment filing is a result of an administrative delay (e.g. enrollment problem), submit a letter from the County, IFSSA, or OMPP stating the cause of the administrative delay.

Please return the enclosed adjustment request form and sufficient supporting documentation to waive the one (1) year filing limit to the following address:

EDS - Adjustments Department

P.O. Box 7265

Indianapolis, IN 46207-7265

If you have further questions regarding this issue, please refer to chapter 10 of the Indiana Provider Manual. Also, you may call the Indiana Provider Assistance Unit at 1-800-577-1278.
Sincerely,

Adjustment Analyst: {**Clerk ID**}
Enclosure(s)

FIN-9021-D Return to Sender Letter – Invalid/Missing RID

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9021-D		Return to Sender Letter – Invalid/Missing RID

Description of Information

This letter is generated through the online windows. The user keys the provider number or payee and address. The information keyed populate the Return to Sender Letter and returns with a copy of the check and corresponding documentation requesting more information.

Purpose

To receive more information from the provider to process the adjustment request.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{Today's date in Month DD, CCYY format}

{Provider Number}
{Provider Name}
{Provider Address 1}
{Provider Address 2}
{Provider City}, {Provider ST} {Provider ZIP Code}

RE: Adjustment Request **{ICN or CCN}**
The enclosed adjustment request submitted by your office is being returned. The request submitted has an invalid or missing recipient identification number. In order to process this request appropriately, a valid recipient ID must be included. Please correct and return this request and all accompanying documentation to:

EDS - Adjustments Department
P.O. Box 7265
Indianapolis, IN 46207-7265

Thank you for your continued participation in the program and your cooperation in this matter. If your should require assistance, please contact a provider assistance representative at 1-800-577-1278.

Sincerely,

Adjustments Analyst **{Clerk ID}**
EDS

Enclosure(s)

FIN-9022-D Return to Sender Letter – Detail Info Missing/Invalid

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9022-D	FINJW204	Return to Sender Letter – Detail Info Missing/Invalid

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 the Return to Sender Letter and returns with a copy of the check and corresponding documentation requesting more information.

Purpose

To receive more information from the provider to process the adjustment request.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Today's date Month DD, CCYY**}

{**Provider Number**}
{**Provider Name**}
{**Provider Address 1**}
{**Provider Address 2**}
{**Provider City**}, {**Provider ST**} {**Provider ZIP Code**}

RE: Adjustment Request {**ICN or CCN**}

The enclosed adjustment request submitted by your office is being returned due to missing or invalid detail information. Please correct the information as stated below:

Field Description	**Line No.**	**Error**
Procedure Code		Missing/Invalid
Procedure Modifier		Missing/Invalid
NDC Code		Missing/Invalid
Date(s) of Service		Missing/Invalid
Diagnosis (ICD-9) Code		Missing/Invalid
Quantity/Units of service		Missing/Invalid

Return corrected adjustment request form and all accompanying documentation to:

EDS – Adjustments Department

P.O. Box 7265

Indianapolis, IN 46207-7265

Thank you for your continued participation in the program and your cooperation in this matter. Should you require assistance, please call a provider assistance representative at 1-800-577-1278.
Sincerely,

Adjustment Analyst: {**Clerk ID**}
EDS
Enclosure(s)

FIN-9023-D Return To Sender Letter – Recipient Deductible 8a Required

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9023-D	FINJW204	Return To Sender Letter – Recipient Deductible 8a Required

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 the Return to Sender Letter and returns with a copy of the check and corresponding documentation requesting an 8A form.

Purpose

To receive more information from the provider to process the adjustment request.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Today's date in Month DD, CCYY format**}

{**Provider Number**}

{**Provider Name**}

{**Provider Address 1**}

{**Provider Address 2**}

{**Provider City**}, {**Provider ST**} {**Provider ZIP Code**}

RE: Adjustment Request {**ICN or CCN**}
The enclosed adjustment request submitted by your office is being returned. You have requested that the recipient deductible amount be changed. Please remit a copy of the spend down 8A form and return the adjustment request for processing to:

EDS - Adjustments Department
P.O. Box 7265
Indianapolis, IN 46207-7265

Thank you for your continued participation in the program and your cooperation in this matter. Should you require assistance, please call a provider assistance representative at 1-800-577-1278.
Sincerely,

Adjustment Analyst **{Clerk ID}**
EDS

Enclosure(s)

FIN-9024-D Return To Sender Letter – Adjustment for Denied Claim

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9024-D		Return To Sender Letter – Adjustment for Denied Claim

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 the Return to Sender Letter and is sent with the documentation received. A system - generated check is sent the following week.

Purpose

To inform the payee that the claim requested for an adjustment cannot be adjusted because the claim was denied.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{Today's date Month DD, CCYY}

{Provider Number}

{Provider Name}

{Provider Address 1}

{Provider Address 2}

{Provider City}, {Provider ST} {Provider ZIP Code}

RE: Adjustment Request **{ICN or CCN}**
The enclosed adjustment request submitted by your office is being returned. The claim has been denied; therefore, cannot be adjusted. Please refer to the Indiana Provider Billing Manual, Chapter 10 for procedures for resubmitting denied claims.

Thank you for your continued participation in the program and your cooperation in this matter. Should you require assistance, please contact a provider assistance representative at 1-800-577-1278.
Sincerely,

Adjustments Analyst **{Clerk ID}**
EDS

Enclosure(s)

FIN-9025-D Return To Sender Letter – Claim Paid Correctly

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9025-D		Return To Sender Letter – Claim Paid Correctly

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 the Return to Sender Letter and is sent with the documentation received. A system - generated check is sent the following week.

Purpose

To inform the payee that know the adjustment requested is not needed because the claim paid correctly.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{Today's date in Month DD, CCYY format}

{Provider Number}
{Provider Name}
{Provider Address 1}
{Provider Address 2}
{Provider City}, {Provider ST} {Provider ZIP Code}
RE: Adjustment Request **{ICN or CCN}**
The enclosed adjustment request submitted by your office is being returned. Our records indicate that this claim has been paid according to Indiana Medicaid Policy guidelines. Please review the claim and make the appropriate corrections, if any, and resubmit them to the following address if an adjustment is still required:

EDS – Adjustments Department
P.O. Box 7265
Indianapolis, IN 46207-7265

Thank you for your continued participation in the program and your cooperation in this matter. If your should require assistance, please contact a provider assistance representative at 1-800-577-1278.
Sincerely,

Adjustments Analyst **{Clerk ID}**
EDS

Enclosure(s)

FIN-9026-D Return To Sender Letter – Drug Rebate

Functional Area	Report Number	Job Name	Report Title
Financial	FIN-9026-D		Return To Sender Letter – Drug Rebate

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 the Return to Sender Letter and returns with a copy of the check and corresponding documentation requesting more information.

Purpose

To receive more information from the provider to process the adjustment request.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{Today's date Month DD, CCYY}

{Provider Name}

{Provider Address 1}

{Provider Address 2}

{Provider City}, {Provider ST} {Provider ZIP Code}
RE: Cash Control Number **{CCN}**
We have received your check dated {**check date**} in the amount of {**$check amount**}. Your check has been deposited but we are unable to post the payment with the information provided. For invoices paid in full, please reference the invoice number and forward a copy of the last page of the invoice (page containing grand total) along with your check. Written documentation of utilization disputes must be forwarded to EDS 30 days after the postmark date of the invoice. Documentation for each NDC in dispute must include:

- NDC Number
- Product Name/Description
- Rebate Amount Per Unit Paid
- Number of Units Paid
- Rebate Amount Paid
- Rebate Amount Withheld
- Explanation of Disputed Utilization
- Any Additional Information

Please send the required documentation, along with a copy of this letter, to the following address:

EDS - Drug Rebate Unit
950 N. Meridian Street, 10th Floor
Indianapolis, IN 46204

On receipt of the appropriate documentation, your check will be applied to your account. Thank you for your continued participation in this program and your prompt attention to this matter. If you should require assistance, please contact a Drug Rebate Analyst at 317-488-5000.

Sincerely,

Drug Rebate Analyst

FIN-9099-D Return to Sender Letter – Other

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9099-D		Return to Sender Letter – Other

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 the Return to Sender Letter and returns with a copy of the check and corresponding documentation requesting more information.

Purpose

To receive more information from the provider to process the adjustment request.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{Today's Date}

{**Sender Name**}
{**Address 1**}
{**Address 2**}
{**City**}, {**ST**} {**ZIP Code**}

RE: Control Number {**ICN or CCN**}

Dear {**Sender Name2**}:

{Body of letter to be written in comments section}

Sincerely,

Analyst: **{CLERK}**
Finance Department

Enclosure

FIN-9100-D Lien Letter

Functional Area	Report Number	Job Name	Report Title
Adjustments/Financial	FIN-9100-D		Lien Letter

Description of Information

This letter is generated through the online windows. The user keys a specific cycle date and matches the lien checks generated from the weekend financial cycle with the letters generated.

Purpose

To let the individual know why a check was sent.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Provider	Paper	1	Requested Daily

{**Cycle Date**}

{**Lien Holder's Name**}

{**Lien Holder's Address 1**}

{**Lien Holder's Address 2**}

{**City**}, {**ST**} {**ZIP Code**}-{**ZIP Code 4**}

RE: Lien Document {**Lien Document Number**}
Dear {**Lien Holder's Name**}
This letter is to notify you that we have received and processed your notice of levy/lien against payments or money owed to tax identification, lien order, or court order number {**Lien Document Number**}. Enclosed is a check in the amount of ${**$Lien Payment Amount**} which accounts for all payments or money owed to this provider of service for the current week.
In addition, we have set up a levy/lien against this provider's payments in our system in the amount of {**$original setup amount**}. We will continue to assess this levy/lien order against this provider's payments until further notification is received or until the original lien amount has been satisfied. Any increases or decreases to the original levy/lien amount should be sent to the following address:

EDS - Finance Department

950 N. Meridian Street, Suite 1150

Indianapolis, IN 46204-4288

Sincerely,

EDS
Adjustments/Finance Unit
Enclosure

MAR-2010-A HCFA 2082 Annual Report of Recipients of Medical Care by Type of Medical Service and by Maintenance Assistance Status and Basis of Eligibility

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2010-A		HCFA 2082 Annual Report of Recipients of Medical Care by Type of Medical Service and by Maintenance Assistance Status and Basis of Eligibility

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows, by type of service, the number of recipients by maintenance assistance status and the basis of eligibility.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2010-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE RUN TIME: HH.MM.SS
SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2010-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE RUN TIME: HH.MM.SS
SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2010-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE RUN TIME: HH.MM.SS
SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHER	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2010-A                                   IndianaAIM                                                          PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                            RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE                RUN TIME: HH.MM.SS
                                                    SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHERS	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2010-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE RUN TIME: HH.MM.SS
SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2010-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX              HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE          RUN TIME: HH.MM.SS
                                                   SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2010-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE
SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2010-A                                   IndianaAIM                                                                  PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                     RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX       HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE                      RUN TIME: HH.MM.SS
                                                        SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY
```

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2010-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE          RUN TIME: HH.MM.SS
                                                          SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                        PREMIUM                    UNKNOWN/
BASIS OF ELIGIBILITY                      PAYMENT                       ERROR

TOTAL NUMBER OF RECIPIENTS              9,999,999                  9,999,999

CATEGORICALLY NEEDY, RCVNG ASST         9,999,999                  9,999,999
          AGED                          9,999,999                  9,999,999
          BLIND                         9,999,999                  9,999,999
          DISABLED                      9,999,999                  9,999,999
          AFDC-CHILDREN                 9,999,999                  9,999,999
          AFDC-ADULT                    9,999,999                  9,999,999
          OTHER TITLE XIX               9,999,999                  9,999,999
                    SUBTOTAL            9,999,999                  9,999,999

          REFUGEE/OTHER FEDERAL         9,999,999                  9,999,999
          UNKNOWN/ERROR                 9,999,999                  9,999,999
          NOT ELIGIBLE DURING YEAR      9,999,999                  9,999,999
                    ERROR SUBTOTAL      9,999,999                  9,999,999

CATEGORICALLY NEEDY, NOT RCVNG          9,999,999                  9,999,999
          AGED                          9,999,999                  9,999,999
          BLIND                         9,999,999                  9,999,999
          DISABLED                      9,999,999                  9,999,999
          AFDC-CHILDREN                 9,999,999                  9,999,999
          AFDC-ADULT                    9,999,999                  9,999,999
          OTHER TITLE XIX               9,999,999                  9,999,999
                    SUBTOTAL            9,999,999                  9,999,999

          REFUGEE/OTHER FEDERAL         9,999,999                  9,999,999
          UNKNOWN/ERROR                 9,999,999                  9,999,999
          NOT ELIGIBLE DURING YEAR      9,999,999                  9,999,999
                    ERROR SUBTOTAL      9,999,999                  9,999,999

MEDICALLY NEEDY                         9,999,999                  9,999,999
          AGED                          9,999,999                  9,999,999
          BLIND                         9,999,999                  9,999,999
          DISABLED                      9,999,999                  9,999,999
          AFDC-CHILDREN                 9,999,999                  9,999,999
          AFDC-ADULT                    9,999,999                  9,999,999
          OTHER TITLE XIX               9,999,999                  9,999,999
                    SUBTOTAL            9,999,999                  9,999,999

          REFUGEE/OTHER FEDERAL         9,999,999                  9,999,999
          UNKNOWN/ERROR                 9,999,999                  9,999,999
          NOT ELIGIBLE DURING YEAR      9,999,999                  9,999,999
                    ERROR SUBTOTAL      9,999,999                  9,999,999
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REPORT:  MAR-2010-A                                IndianaAIM                                                          PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                             RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX     HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY TYPE OF SERVICE                 RUN TIME: HH.MM.SS
                                                          SECTION A FOR MM/DD/YYYY THROUGH MM/DD/YYYY
```

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	PREMIUM PAYMENT	UNKNOWN/ ERROR
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999
AGED	9,999,999	9,999,999
BLIND	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999
AGED	9,999,999	9,999,999
BLIND	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999
AGED	9,999,999	9,999,999
BLIND	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999
AGED	9,999,999	9,999,999
BLIND	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999

MAR-2011-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Type of Medical Service and by Maintenance Assistance Status and Basis of Eligibility

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2011-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Type of Medical Service and by Maintenance Assistance Status and Basis of Eligibility

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures of the Medicaid program services by recipient maintenance assistance status and basis of eligibility.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

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  REPORT:  MAR-2011-A         IndianaAIM          PAGE NUM: 9999
 PROCESS:  XXXXXXXXXX                    RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX             HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE        RUN TIME: HH.MM.SS
                                                          SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY
```

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHER	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHERS	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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REPORT:  MAR-2011-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX     HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE     RUN TIME: HH.MM.SS
                                                          SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2011-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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REPORT:  MAR-2011-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX   HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE   RUN TIME: HH.MM.SS
                                                                  SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                  UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                     ERROR

TOTAL NUMBER OF RECIPIENTS              $99,999,999              $99,999,999

CATEGORICALLY NEEDY, RCVNG ASST         $99,999,999              $99,999,999
          AGED                          $99,999,999              $99,999,999
          BLIND                         $99,999,999              $99,999,999
          DISABLED                      $99,999,999              $99,999,999
          AFDC-CHILDREN                 $99,999,999              $99,999,999
          AFDC-ADULT                    $99,999,999              $99,999,999
          OTHER TITLE XIX               $99,999,999              $99,999,999
                    SUBTOTAL            $99,999,999              $99,999,999

          REFUGEE/OTHER FEDERAL         $99,999,999              $99,999,999
          UNKNOWN/ERROR                 $99,999,999              $99,999,999
          NOT ELIGIBLE DURING YEAR      $99,999,999              $99,999,999
                    ERROR SUBTOTAL      $99,999,999              $99,999,999

CATEGORICALLY NEEDY, NOT RCVNG          $99,999,999              $99,999,999
          AGED                          $99,999,999              $99,999,999
          BLIND                         $99,999,999              $99,999,999
          DISABLED                      $99,999,999              $99,999,999
          AFDC-CHILDREN                 $99,999,999              $99,999,999
          AFDC-ADULT                    $99,999,999              $99,999,999
          OTHER TITLE XIX               $99,999,999              $99,999,999
                    SUBTOTAL            $99,999,999              $99,999,999

          REFUGEE/OTHER FEDERAL         $99,999,999              $99,999,999
          UNKNOWN/ERROR                 $99,999,999              $99,999,999
          NOT ELIGIBLE DURING YEAR      $99,999,999              $99,999,999
                    ERROR SUBTOTAL      $99,999,999              $99,999,999

MEDICALLY NEEDY                         $99,999,999              $99,999,999
          AGED                          $99,999,999              $99,999,999
          BLIND                         $99,999,999              $99,999,999
          DISABLED                      $99,999,999              $99,999,999
          AFDC-CHILDREN                 $99,999,999              $99,999,999
          AFDC-ADULT                    $99,999,999              $99,999,999
          OTHER TITLE XIX               $99,999,999              $99,999,999
                    SUBTOTAL            $99,999,999              $99,999,999

          REFUGEE/OTHER FEDERAL         $99,999,999              $99,999,999
          UNKNOWN/ERROR                 $99,999,999              $99,999,999
          NOT ELIGIBLE DURING YEAR      $99,999,999              $99,999,999
                    ERROR SUBTOTAL      $99,999,999              $99,999,999
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REPORT:  MAR-2011-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX   HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY TYPE OF MEDICAL SERVICE                RUN TIME: HH.MM.SS
                                                                  SECTION B FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                    UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                       ERROR

OTHER COVERAGE CREATED PRE '88            $99,999,999                $99,999,999
          AGED                            $99,999,999                $99,999,999
          BLIND                           $99,999,999                $99,999,999
          DISABLED                        $99,999,999                $99,999,999
          AFDC-CHILDREN                   $99,999,999                $99,999,999
          AFDC-ADULT                      $99,999,999                $99,999,999
          OTHER TITLE XIX                 $99,999,999                $99,999,999
                    SUBTOTAL              $99,999,999                $99,999,999

          REFUGEE/OTHER FEDERAL           $99,999,999                $99,999,999
          UNKNOWN/ERROR                   $99,999,999                $99,999,999
          NOT ELIGIBLE DURING YEAR        $99,999,999                $99,999,999
                    ERROR SUBTOTAL        $99,999,999                $99,999,999

COVERAGE CREATED '88 AND LATER            $99,999,999                $99,999,999
          AGED                            $99,999,999                $99,999,999
          BLIND                           $99,999,999                $99,999,999
          DISABLED                        $99,999,999                $99,999,999
          AFDC-CHILDREN                   $99,999,999                $99,999,999
          AFDC-ADULT                      $99,999,999                $99,999,999
          OTHER TITLE XIX                 $99,999,999                $99,999,999
                    SUBTOTAL              $99,999,999                $99,999,999

          REFUGEE/OTHER FEDERAL           $99,999,999                $99,999,999
          UNKNOWN/ERROR                   $99,999,999                $99,999,999
          NOT ELIGIBLE DURING YEAR        $99,999,999                $99,999,999
                    ERROR SUBTOTAL        $99,999,999                $99,999,999

MAS = UNKNOWN/ERROR                       $99,999,999                $99,999,999
          AGED                            $99,999,999                $99,999,999
          BLIND                           $99,999,999                $99,999,999
          DISABLED                        $99,999,999                $99,999,999
          AFDC-CHILDREN                   $99,999,999                $99,999,999
          AFDC-ADULT                      $99,999,999                $99,999,999
          OTHER TITLE XIX                 $99,999,999                $99,999,999
          REFUGEE/OTHER FEDERAL           $99,999,999                $99,999,999
          UNKNOWN/ERROR                   $99,999,999                $99,999,999
          NOT ELIGIBLE DURING YEAR        $99,999,999                $99,999,999

NO MAS REPORTED DURING YEAR               $99,999,999                $99,999,999
          AGED                            $99,999,999                $99,999,999
          BLIND                           $99,999,999                $99,999,999
          DISABLED                        $99,999,999                $99,999,999
          AFDC-CHILDREN                   $99,999,999                $99,999,999
          AFDC-ADULT                      $99,999,999                $99,999,999
          OTHER TITLE XIX                 $99,999,999                $99,999,999
          REFUGEE/OTHER FEDERAL           $99,999,999                $99,999,999
          UNKNOWN/ERROR                   $99,999,999                $99,999,999
          NOT ELIGIBLE DURING YEAR        $99,999,999                $99,999,999
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MAR-2012-A HCFA 2082 Annual Report of Number of Medicaid Eligibles by Length of Eligibility

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2012-A		HCFA 2082 Annual Report of Number of Medicaid Eligibles by Length of Eligibility

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the number of persons eligible for the Medicaid program by recipient maintenance assistance status, and by basis of eligibility.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2012-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF NUMBER OF MEDICAID ELIGIBLES BY LENGTH OF ELIGIBILITY RUN TIME: HH.MM.SS
SECTION C FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTAL	NUMBER ELIGIBLE FOR FULL YEAR	NUMBER ELIGIBLE FOR PARTIAL YEAR	NUMBER OF COVERED MONTHS FOR PARTIAL YEAR ELIGIBLES
TOTAL NUMBER OF ELIGIBLES	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2012-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF NUMBER OF MEDICAID ELIGIBLES BY LENGTH OF ELIGIBILITY
SECTION C FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTAL	NUMBER ELIGIBLE FOR FULL YEAR	NUMBER ELIGIBLE FOR PARTIAL YEAR	NUMBER OF COVERED MONTHS FOR PARTIAL YEAR ELIGIBLES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2013-A HCFA 2082 Annual Report of Number of Medicaid Eligibles for Medical Care by Age, Race/Ethnicity and Sex

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2013-A		HCFA 2082 Annual Report of Number of Medicaid Eligibles for Medical Care by Age, Race/Ethnicity and Sex

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the number of persons eligible for the Medicaid program by age, race or ethnicity, and sex of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program demographics for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	0	Annually

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2013-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX RUN TIME: HH.MM.SS
SECTION D.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 – 5	6 – 14	15 - 20	21 - 44	45 - 64
TOTAL NUMBER OF ELIGIBLES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
WHITE, NOT OF HISPANIC ORIGIN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLACK, NOT OF HISPANIC ORIGIN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ASIAN OR PACIFIC ISLANDER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
HISPANIC	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN RACE/ETHNICITY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2013-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX       HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX          RUN TIME: HH.MM.SS
                                                                  SECTION D.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY                          65 - 74       75 - 84       85 AND OVER      UNKNOWN
BY SEX

TOTAL NUMBER OF ELIGIBLES          9,999,999      9,999,999      9,999,999      9,999,999

WHITE, NOT OF HISPANIC ORIGIN      9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

BLACK, NOT OF HISPANIC ORIGIN      9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

AMERICAN INDIAN OR ALASKAN NATIVE  9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

ASIAN OR PACIFIC ISLANDER          9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

HISPANIC                           9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

UNKNOWN RACE/ETHNICITY             9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999
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MAR-2014-A HCFA 2082 Annual Report of Number of Medicaid Eligibles for Medical Care by Age, Race/Ethnicity and Sex

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2014-A		HCFA 2082 Annual Report of Number of Medicaid Eligibles for Medical Care by Age, Race/Ethnicity and Sex

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the number of persons eligible for the Medicaid program by age, race or ethnicity, and sex of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program demographics for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2014-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX RUN TIME: HH.MM.SS
SECTION D.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64
TOTAL NUMBER OF ELIGIBLES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
WHITE, NOT OF HISPANIC ORIGIN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLACK, NOT OF HISPANIC ORIGIN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AMERICAN INDIAN OR ALASKAN NATIVE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ASIAN OR PACIFIC ISLANDER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
HISPANIC	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN RACE/ETHNICITY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FEMALE	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2014-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX      HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE, RACE/ETHNICITY AND SEX        RUN TIME: HH.MM.SS
                                                                  SECTION D.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY                                      65 - 74       75 - 84       85 AND OVER      UNKNOWN
BY SEX

TOTAL NUMBER OF ELIGIBLES          9,999,999      9,999,999      9,999,999      9,999,999

WHITE, NOT OF HISPANIC ORIGIN      9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

BLACK, NOT OF HISPANIC ORIGIN      9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

AMERICAN INDIAN OR ALASKAN NATIVE  9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

ASIAN OR PACIFIC ISLANDER          9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

HISPANIC                           9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999

UNKNOWN RACE/ETHNICITY             9,999,999      9,999,999      9,999,999      9,999,999

          MALE                        9,999,999      9,999,999      9,999,999      9,999,999
          FEMALE                      9,999,999      9,999,999      9,999,999      9,999,999
          UNKNOWN                     9,999,999      9,999,999      9,999,999      9,999,999
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MAR-2015-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Age, Race/Ethnicity and Sex

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2015-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Age, Race/Ethnicity and Sex

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of the Medicaid program services by age, race or ethnicity, and sex of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2015-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, RACE/ETHNICITY AND SEX RUN TIME: HH.MM.SS
SECTION D.3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY BY SEX	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64
TOTAL NUMBER OF ELIGIBLES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
WHITE, NOT OF HISPANIC ORIGIN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLACK, NOT OF HISPANIC ORIGIN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AMERICAN INDIAN OR ALASKAN NATIVE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ASIAN OR PACIFIC ISLANDER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
HISPANIC	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN RACE/ETHNICITY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FEMALE	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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REPORT:  MAR-2015-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX    HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE, RACE/ETHNICITY AND SEX        RUN TIME: HH.MM.SS
                                                                  SECTION D.3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

RACE/ETHNICITY                          65 - 74        75 - 84       85 AND OVER       UNKNOWN
BY SEX

TOTAL NUMBER OF ELIGIBLES         $99,999,999    $99,999,999     $99,999,999     $99,999,999

WHITE, NOT OF HISPANIC ORIGIN     $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999

BLACK, NOT OF HISPANIC ORIGIN     $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999

AMERICAN INDIAN OR ALASKAN NATIVE $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999

ASIAN OR PACIFIC ISLANDER         $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999

HISPANIC                          $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999

UNKNOWN RACE/ETHNICITY            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          MALE                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          FEMALE                     $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN                    $99,999,999    $99,999,999     $99,999,999     $99,999,999
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MAR-2016-A HCFA 2082 Annual Report of Eligibles for Medical Care by Age, Basis of Eligibility and Maintenance Assistance Status

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2016-A		HCFA 2082 Annual Report of Eligibles for Medical Care by Age, Basis of Eligibility and Maintenance Assistance Status

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the number of eligibles in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

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REPORT:  MAR-2016-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                      RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE                 RUN TIME: HH.MM.SS
                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                     SECTION D.4 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                      TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44              45 - 64
BASIS OF ELIGIBILITY

TOTAL NUMBER OF ELIGIBLES          9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, RCVNG ASST    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, NOT RCVNG     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

MEDICALLY NEEDY                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2016-A                                                                                                IndianaAIM         PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                     RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE                  RUN TIME: HH.MM.SS
                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                    SECTION D.4 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44              45 - 64

OTHER COVERAGE CREATED PRE '88     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

COVERAGE CREATED '88 AND LATER     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

MAS UNKNOWN/ERROR                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

NO MAS REPORTED DURING YEAR        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2016-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                              RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                  HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE                 RUN TIME: HH.MM.SS
                                                        BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                            SECTION D.4 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                 65 - 74        75 - 84       85 AND OVER       UNKNOWN

CATEGORICALLY NEEDY, RCVNG ASST    9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, NOT RCVNG     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

MEDICALLY NEEDY                    9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2016-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                  HCFA 2082 ANNUAL REPORT OF ELIGIBLES FOR MEDICAL CARE BY AGE                    RUN TIME: HH.MM.SS
                                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                                    SECTION D.4 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                  65 - 74        75 - 84       85 AND OVER       UNKNOWN

OTHER COVERAGE CREATED PRE '88     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

COVERAGE CREATED '88 AND LATER     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

MAS = UNKNOWN/ERROR                9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999

NO MAS REPORTED DURING YEAR        9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
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MAR-2017-A HCFA 2082 Annual Report of Recipients for Medical Care by Age, Basis of Eligibility and Maintenance Assistance Status

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2017-A		HCFA 2082 Annual Report of Recipients for Medical Care by Age, Basis of Eligibility and Maintenance Assistance Status

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the number of recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

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REPORT:  MAR-2017-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE                  RUN TIME: HH.MM.SS
                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                    SECTION D.5 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                      TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44              45 - 64
BASIS OF ELIGIBILITY

TOTAL NUMBER OF ELIGIBLES          9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, RCVNG ASST    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL              9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, NOT RCVNG     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL              9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

MEDICALLY NEEDY                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL              9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2017-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX              HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE                 RUN TIME: HH.MM.SS
                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                    SECTION D.5 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44             45 - 64

OTHER COVERAGE CREATED PRE '88     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

COVERAGE CREATED '88 AND LATER     9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

MAS UNKNOWN/ERROR                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999

NO MAS REPORTED DURING YEAR        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999      9,999,999      9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2017-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                  HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE                    RUN TIME: HH.MM.SS
                                                        BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                            SECTION D.5 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                 65 - 74        75 - 84       85 AND OVER       UNKNOWN

CATEGORICALLY NEEDY, RCVNG ASST    9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

CATEGORICALLY NEEDY, NOT RCVNG     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

MEDICALLY NEEDY                    9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999
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REPORT:  MAR-2017-A                                        IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                 HCFA 2082 ANNUAL REPORT OF RECIPIENTS FOR MEDICAL CARE BY AGE                RUN TIME: HH.MM.SS
                                                          BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                              SECTION D.5 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                 65 - 74        75 - 84       85 AND OVER       UNKNOWN

OTHER COVERAGE CREATED PRE '88     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

COVERAGE CREATED '88 AND LATER     9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
                    SUBTOTAL             9,999,999      9,999,999       9,999,999       9,999,999

          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
                    ERROR SUBTOTAL       9,999,999      9,999,999       9,999,999       9,999,999

MAS = UNKNOWN/ERROR                9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999

NO MAS REPORTED DURING YEAR        9,999,999      9,999,999       9,999,999       9,999,999
          AGED                        9,999,999      9,999,999       9,999,999       9,999,999
          BLIND                       9,999,999      9,999,999       9,999,999       9,999,999
          DISABLED                    9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-CHILDREN               9,999,999      9,999,999       9,999,999       9,999,999
          AFDC-ADULT                  9,999,999      9,999,999       9,999,999       9,999,999
          OTHER TITLE XIX             9,999,999      9,999,999       9,999,999       9,999,999
          REFUGEE/OTHER FEDERAL       9,999,999      9,999,999       9,999,999       9,999,999
          UNKNOWN/ERROR               9,999,999      9,999,999       9,999,999       9,999,999
          NOT ELIGIBLE DURING YEAR    9,999,999      9,999,999       9,999,999       9,999,999
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MAR-2018-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Age, Basis of Eligibility, and Maintenance Assistance Status

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2018-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Age, Basis of Eligibility, and Maintenance Assistance Status

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

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REPORT:  MAR-2018-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE                RUN TIME: HH.MM.SS
                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                     SECTION D.6 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                        TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44              45 - 64
BASIS OF ELIGIBILITY

TOTAL NUMBER OF ELIGIBLES         $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

CATEGORICALLY NEEDY, RCVNG ASST   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

CATEGORICALLY NEEDY, NOT RCVNG    $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

MEDICALLY NEEDY                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
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REPORT:  MAR-2018-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE            RUN TIME: HH.MM.SS
                                                   BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                       SECTION D.6 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                              TOTAL         UNDER 1         1 - 5         6 - 14         15 - 20         21 - 44              45 - 64

OTHER COVERAGE CREATED PRE '88    $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

COVERAGE CREATED '88 AND LATER    $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

MAS UNKNOWN/ERROR                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999

NO MAS REPORTED DURING YEAR       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999    $99,999,999    $99,999,999    $99,999,999     $99,999,999     $99,999,999
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REPORT:  MAR-2018-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE                RUN TIME: HH.MM.SS
                                                        BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                            SECTION D.6 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                 65 - 74        75 - 84       85 AND OVER       UNKNOWN

CATEGORICALLY NEEDY, RCVNG ASST   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999

CATEGORICALLY NEEDY, NOT RCVNG    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999

MEDICALLY NEEDY                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
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REPORT:  MAR-2018-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                  RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS BY AGE                RUN TIME: HH.MM.SS
                                                                BASIS OF ELIGIBILITY AND MAINTENANCE ASSISTANCE STATUS
                                                                    SECTION D.6 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
ASSISTANCE STATUS/
BASIS OF ELIGIBILITY                                  65 - 74        75 - 84       85 AND OVER       UNKNOWN

OTHER COVERAGE CREATED PRE '88    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999

COVERAGE CREATED '88 AND LATER    $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    SUBTOTAL            $99,999,999    $99,999,999     $99,999,999     $99,999,999

          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
                    ERROR SUBTOTAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999

MAS = UNKNOWN/ERROR               $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999

NO MAS REPORTED DURING YEAR       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AGED                       $99,999,999    $99,999,999     $99,999,999     $99,999,999
          BLIND                      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          DISABLED                   $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-CHILDREN              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          AFDC-ADULT                 $99,999,999    $99,999,999     $99,999,999     $99,999,999
          OTHER TITLE XIX            $99,999,999    $99,999,999     $99,999,999     $99,999,999
          REFUGEE/OTHER FEDERAL      $99,999,999    $99,999,999     $99,999,999     $99,999,999
          UNKNOWN/ERROR              $99,999,999    $99,999,999     $99,999,999     $99,999,999
          NOT ELIGIBLE DURING YEAR   $99,999,999    $99,999,999     $99,999,999     $99,999,999
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MAR-2019-A HCFA 2082 Annual Report of Recipients, Discharges, and Days of Care for Inpatient General Hospital

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2019-A		HCFA 2082 Annual Report of Recipients, Discharges, and Days of Care for Inpatient General Hospital

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2019-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS, DISCHARGES, AND DAYS OF CARE RUN TIME: HH.MM.SS
FOR INPATIENT GENERAL HOSPITAL
SECTION E FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	TOTAL NUMBER RECIPIENTS DISCHARGED	TOTAL NUMBER OF DISCHARGES	TOTAL DAYS OF CARE
TOTAL	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2019-A                                IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS, DISCHARGES, AND DAYS OF CARE      RUN TIME: HH.MM.SS
                                                                  FOR INPATIENT GENERAL HOSPITAL
                                                       SECTION E FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	TOTAL NUMBER RECIPIENTS DISCHARGED	TOTAL NUMBER OF DISCHARGES	TOTAL DAYS OF CARE
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999

MAR-2020-A HCFA 2082 Annual Report of Recipients and Days of Institutional Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2020-A		HCFA 2082 Annual Report of Recipients and Days of Institutional Care

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the person.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2020-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND DAYS OF INSTITUTIONAL CARE RUN TIME: HH.MM.SS
SECTION F.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	INPATIENT MENTAL HEALTH FACILITY SERVICES TOTAL NUMBER RECIPIENTS	TOTAL DAYS OF CARE	SKILLED NURSING FACILITY CARE TOTAL NUMBER RECIPIENTS	TOTAL DAYS OF CARE
TOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2020-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND DAYS OF INSTITUTIONAL CARE
SECTION F.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	INPATIENT MENTAL HEALTH FACILITY SERVICES TOTAL NUMBER RECIPIENTS	TOTAL DAYS OF CARE	SKILLED NURSING FACILITY CARE TOTAL NUMBER RECIPIENTS	TOTAL DAYS OF CARE
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2021-A HCFA 2082 Annual Report of Recipients and Days of Institutional Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2021-A		HCFA 2082 Annual Report of Recipients and Days of Institutional Care

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2021-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND DAYS OF INSTITUTIONAL CARE RUN TIME: HH.MM.SS
SECTION F.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF - ALL OTHER TOTAL NUMBER RECIPIENTS	ICF - ALL OTHER TOTAL DAYS OF CARE	ICF - MR TOTAL NUMBER RECIPIENTS	ICF - MR TOTAL DAYS OF CARE
TOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2021-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND DAYS OF INSTITUTIONAL CARE                RUN TIME: HH.MM.SS
                                                   SECTION F.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF - ALL OTHER TOTAL NUMBER RECIPIENTS	ICF - ALL OTHER TOTAL DAYS OF CARE	ICF - MR TOTAL NUMBER RECIPIENTS	ICF - MR TOTAL DAYS OF CARE
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2022-A HCFA 2082 Annual Report of Recipients of Medical Care by Age and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2022-A		HCFA 2082 Annual Report of Recipients of Medical Care by Age and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2022-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY AGE AND TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION G.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

TYPE OF MEDICAL CARE OR SERVICE		TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
SNF SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
PHYSICIANS SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
DENTAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
HOME HEALTH SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
FAMILY PLANNING SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
LAB AND X-RAY SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
PRESCRIBED DRUGS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
PREMIUM PAYMENT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	

REPORT: MAR-2022-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY AGE AND TYPE OF MEDICAL SERVICE RUN TIME: HH.MM.SS
SECTION G.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	65 - 74	75 - 84	85 AND OVER	UNKNOWN
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	9,999,999	9,999,999
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	9,999,999	9,999,999
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	9,999,999	9,999,999
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	9,999,999	9,999,999
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	9,999,999	9,999,999
SNF SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
PHYSICIANS SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
DENTAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
HOME HEALTH SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
FAMILY PLANNING SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
LAB AND X-RAY SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
PRESCRIBED DRUGS	9,999,999	9,999,999	9,999,999	9,999,999
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	9,999,999	9,999,999
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999
OTHER	9,999,999	9,999,999	9,999,999	9,999,999
PREMIUM PAYMENT	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2023-A HCFA 2082 Annual Report of Recipients of Medical Care by Sex and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2023-A		HCFA 2082 Annual Report of Recipients of Medical Care by Sex and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the *State Medicaid Manual, Section 2700.1* for definitions of rows and columns, and a description of the content of this report as stipulated by HCFA.

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REPORT:  MAR-2023-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX     HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY SEX AND TYPE OF MEDICAL SERVICE      RUN TIME: HH.MM.SS
                                                   SECTION G.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY		TOTAL	MALE	FEMALE	UNKNOWN
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	9,999,999	9,999,999	
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	9,999,999	9,999,999	
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	9,999,999	9,999,999	
SNF SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
PHYSICIANS SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
DENTAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
HOME HEALTH SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
FAMILY PLANNING SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
LAB AND X-RAY SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
PRESCRIBED DRUGS	9,999,999	9,999,999	9,999,999	9,999,999	
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	9,999,999	9,999,999	
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER	9,999,999	9,999,999	9,999,999	9,999,999	
PREMIUM PAYMENT	9,999,999	9,999,999	9,999,999	9,999,999	
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	

MAR-2024-A HCFA 2082 Annual Report of Recipients of Medical Care by Race/Ethnicity and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2024-A		HCFA 2082 Annual Report of Recipients of Medical Care by Race/Ethnicity and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report shows the dollar expenditures for recipients of medical services in the Medicaid program by age, basis of eligibility, and maintenance assistance status of the persons.

Purpose

The purpose of this report is to assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

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

Detailed Field Definitions

Please refer to the State Medicaid Manual, Section 2700.1 for definitions of rows and columns and a description of the content of this report as stipulated by HCFA.

REPORT: MAR-2024-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE
BY RACE/ETHNICITY AND TYPE OF MEDICAL SERVICE
SECTION G.3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

TYPE OF MEDICAL CARE OR SERVICE	TOTAL	WHITE, NON HISPANIC	BLACK, NON HISPANIC	AMERICAN INDIAN ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER	HISPANIC	UNKNOWN
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SNF SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
PHYSICIANS SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DENTAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
HOME HEALTH SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
FAMILY PLANNING SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
LAB AND X-RAY SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
PRESCRIBED DRUGS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
PREMIUM PAYMENT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2025-A HCFA 2082 Annual Report of Recipients of Medical Care by Age and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2025-A		HCFA 2082 Annual Report of Recipients of Medical Care by Age and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2025-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF MEDICAL CARE BY AGE AND TYPE OF MEDICAL SERVICE
SECTION H.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

TYPE OF MEDICAL CARE OR SERVICE	TOTAL	UNDER 1	1 - 5	6 - 14	15 - 20	21 - 44	45 - 64
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PHYSICIANS SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DENTAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
HOME HEALTH SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FAMILY PLANNING SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
LAB AND X-RAY SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PRESCRIBED DRUGS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PREMIUM PAYMENT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2025-A
PROCESS: XXXXXXXXXX
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PAGE NUM: 9999
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HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS
BY AGE AND TYPE OF MEDICAL SERVICE
SECTION H.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	65 - 74	75 - 84	85 AND OVER	UNKNOWN
INPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PHYSICIANS SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DENTAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
HOME HEALTH SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FAMILY PLANNING SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
LAB AND X-RAY SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PRESCRIBED DRUGS	$99,999,999	$99,999,999	$99,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	$99,999,999	$99,999,999	$99,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PREMIUM PAYMENT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999

MAR-2026-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Sex and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2026-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Sex and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2026-A
PROCESS: XXXXXXXXXX
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IndianaAIM

PAGE NUM: 9999
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RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS
BY SEX AND TYPE OF MEDICAL SERVICE
SECTION H.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	TOTAL	MALE	FEMALE	UNKNOWN
INPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PHYSICIANS SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DENTAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
HOME HEALTH SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FAMILY PLANNING SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
LAB AND X-RAY SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PRESCRIBED DRUGS	$99,999,999	$99,999,999	$99,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	$99,999,999	$99,999,999	$99,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PREMIUM PAYMENT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999

MAR-2027-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Race and Ethnicity and Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
Financial	MAR-2027-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments by Race and Ethnicity and Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2027-A
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RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS
BY RACE/ETHNICITY AND TYPE OF MEDICAL SERVICE
SECTION H.3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

TYPE OF MEDICAL CARE OR SERVICE	TOTAL	WHITE,NON HISPANIC	BLACK,NON HISPANIC	AMERICAN INDIAN ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	HISPANIC	UNKNOWN
TOTAL FOR ALL RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SNF SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PHYSICIANS SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DENTAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
HOME HEALTH SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
FAMILY PLANNING SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
LAB AND X-RAY SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PRESCRIBED DRUGS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
PREMIUM PAYMENT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

MAR-2028-A HCFA 2082 Annual Report of Recipients of Institutional Medical Care by Type of Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2028-A		HCFA 2082 Annual Report of Recipients of Institutional Medical Care by Type of Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2028-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHER	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2028-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE      RUN TIME: HH.MM.SS
                                                SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHERS	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2028-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2028-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2028-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

REPORT: MAR-2028-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

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PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2028-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE          RUN TIME: HH.MM.SS
                                                  SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                 ERROR

TOTAL NUMBER OF RECIPIENTS                 9,999,999              9,999,999

CATEGORICALLY NEEDY, RCVNG ASST    9,999,999              9,999,999
        AGED                               9,999,999              9,999,999
        BLIND                              9,999,999              9,999,999
        DISABLED                   9,999,999              9,999,999
        AFDC-CHILDREN                      9,999,999              9,999,999
        AFDC-ADULT                         9,999,999              9,999,999
        OTHER TITLE XIX            9,999,999              9,999,999
                SUBTOTAL           9,999,999              9,999,999

        REFUGEE/OTHER FEDERAL              9,999,999              9,999,999
        UNKNOWN/ERROR                      9,999,999              9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999              9,999,999
                ERROR SUBTOTAL             9,999,999              9,999,999

CATEGORICALLY NEEDY, NOT RCVNG     9,999,999              9,999,999
        AGED                               9,999,999              9,999,999
        BLIND                              9,999,999              9,999,999
        DISABLED                   9,999,999              9,999,999
        AFDC-CHILDREN                      9,999,999              9,999,999
        AFDC-ADULT                         9,999,999              9,999,999
        OTHER TITLE XIX            9,999,999              9,999,999
                SUBTOTAL           9,999,999              9,999,999

        REFUGEE/OTHER FEDERAL              9,999,999              9,999,999
        UNKNOWN/ERROR                      9,999,999              9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999              9,999,999
                ERROR SUBTOTAL             9,999,999              9,999,999

MEDICALLY NEEDY                    9,999,999              9,999,999
        AGED                               9,999,999              9,999,999
        BLIND                              9,999,999              9,999,999
        DISABLED                   9,999,999              9,999,999
        AFDC-CHILDREN                      9,999,999              9,999,999
        AFDC-ADULT                         9,999,999              9,999,999
        OTHER TITLE XIX            9,999,999              9,999,999
                SUBTOTAL           9,999,999              9,999,999

        REFUGEE/OTHER FEDERAL              9,999,999              9,999,999
        UNKNOWN/ERROR                      9,999,999              9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999              9,999,999
                ERROR SUBTOTAL             9,999,999              9,999,999
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REPORT:  MAR-2028-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE      RUN TIME: HH.MM.SS
                                                  SECTION I FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                 UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                  ERROR

OTHER COVERAGE CREATED PRE '88     9,999,999               9,999,999
        AGED                                9,999,999               9,999,999
        BLIND                               9,999,999               9,999,999
        DISABLED                   9,999,999               9,999,999
        AFDC-CHILDREN                       9,999,999               9,999,999
        AFDC-ADULT                          9,999,999               9,999,999
        OTHER TITLE XIX            9,999,999               9,999,999
                SUBTOTAL           9,999,999               9,999,999

        REFUGEE/OTHER FEDERAL               9,999,999               9,999,999
        UNKNOWN/ERROR                       9,999,999               9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999               9,999,999
                ERROR SUBTOTAL              9,999,999               9,999,999

COVERAGE CREATED '88 AND LATER     9,999,999               9,999,999
        AGED                                9,999,999               9,999,999
        BLIND                               9,999,999               9,999,999
        DISABLED                   9,999,999               9,999,999
        AFDC-CHILDREN                       9,999,999               9,999,999
        AFDC-ADULT                          9,999,999               9,999,999
        OTHER TITLE XIX            9,999,999               9,999,999
                SUBTOTAL           9,999,999               9,999,999

        REFUGEE/OTHER FEDERAL               9,999,999               9,999,999
        UNKNOWN/ERROR                       9,999,999               9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999               9,999,999
                ERROR SUBTOTAL              9,999,999               9,999,999

MAS = UNKNOWN/ERROR                         9,999,999               9,999,999
        AGED                                9,999,999               9,999,999
        BLIND                               9,999,999               9,999,999
        DISABLED                   9,999,999               9,999,999
        AFDC-CHILDREN                       9,999,999               9,999,999
        AFDC-ADULT                          9,999,999               9,999,999
        OTHER TITLE XIX            9,999,999               9,999,999
        REFUGEE/OTHER FEDERAL               9,999,999               9,999,999
        UNKNOWN/ERROR                       9,999,999               9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999               9,999,999

NO MAS REPORTED DURING YEAR                 9,999,999               9,999,999
        AGED                                9,999,999               9,999,999
        BLIND                               9,999,999               9,999,999
        DISABLED                   9,999,999               9,999,999
        AFDC-CHILDREN                       9,999,999               9,999,999
        AFDC-ADULT                          9,999,999               9,999,999
        OTHER TITLE XIX            9,999,999               9,999,999
        REFUGEE/OTHER FEDERAL               9,999,999               9,999,999
        UNKNOWN/ERROR                       9,999,999               9,999,999
        NOT ELIGIBLE DURING YEAR   9,999,999               9,999,999
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MAR-2029-A HCFA 2082 Annual Report of Amounts of Medical Vendor Payments for Recipients of Institutional Medical Care by Type of Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2029-A		HCFA 2082 Annual Report of Amounts of Medical Vendor Payments for Recipients of Institutional Medical Care by Type of Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRL	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2029-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	INPT HOSP SVCS FOR THE AGED	MENTAL HOSPITAL FOR THE AGED	SNF/ICF SVCS SVCS UNDER 22	INPAT PSYCH FACIL
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2029-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

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PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHER	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2029-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

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PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHERS	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

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PAGE NUM: 9999
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RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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REPORT:  MAR-2029-A                                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                    HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR                    RUN TIME: HH.MM.SS
                                                RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
                                                       SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
TOTAL NUMBER OF RECIPIENTS	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2029-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR
RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999	$99,999,999

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REPORT:  MAR-2029-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                  HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR                 RUN TIME: HH.MM.SS
                                                  RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
                                                          SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                 UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                  ERROR

TOTAL NUMBER OF RECIPIENTS                 $99,999,999              $99,999,999

CATEGORICALLY NEEDY, RCVNG ASST   $99,999,999              $99,999,999
        AGED                               $99,999,999              $99,999,999
        BLIND                              $99,999,999              $99,999,999
        DISABLED                  $99,999,999              $99,999,999
        AFDC-CHILDREN                      $99,999,999              $99,999,999
        AFDC-ADULT                         $99,999,999              $99,999,999
        OTHER TITLE XIX           $99,999,999              $99,999,999
                SUBTOTAL          $99,999,999              $99,999,999

        REFUGEE/OTHER FEDERAL              $99,999,999              $99,999,999
        UNKNOWN/ERROR                      $99,999,999              $99,999,999
        NOT ELIGIBLE DURING YEAR  $99,999,999              $99,999,999
                ERROR SUBTOTAL             $99,999,999              $99,999,999

CATEGORICALLY NEEDY, NOT RCVNG    $99,999,999              $99,999,999
        AGED                               $99,999,999              $99,999,999
        BLIND                              $99,999,999              $99,999,999
        DISABLED                  $99,999,999              $99,999,999
        AFDC-CHILDREN                      $99,999,999              $99,999,999
        AFDC-ADULT                         $99,999,999              $99,999,999
        OTHER TITLE XIX           $99,999,999              $99,999,999
                SUBTOTAL          $99,999,999              $99,999,999

        REFUGEE/OTHER FEDERAL              $99,999,999              $99,999,999
        UNKNOWN/ERROR                      $99,999,999              $99,999,999
        NOT ELIGIBLE DURING YEAR  $99,999,999              $99,999,999
                ERROR SUBTOTAL             $99,999,999              $99,999,999

MEDICALLY NEEDY                   $99,999,999              $99,999,999
        AGED                               $99,999,999              $99,999,999
        BLIND                              $99,999,999              $99,999,999
        DISABLED                  $99,999,999              $99,999,999
        AFDC-CHILDREN                      $99,999,999              $99,999,999
        AFDC-ADULT                         $99,999,999              $99,999,999
        OTHER TITLE XIX           $99,999,999              $99,999,999
                SUBTOTAL          $99,999,999              $99,999,999

        REFUGEE/OTHER FEDERAL              $99,999,999              $99,999,999
        UNKNOWN/ERROR                      $99,999,999              $99,999,999
        NOT ELIGIBLE DURING YEAR  $99,999,999              $99,999,999
                ERROR SUBTOTAL             $99,999,999              $99,999,999
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REPORT:  MAR-2029-A                                                IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                                    RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                    HCFA 2082 ANNUAL REPORT OF AMOUNTS OF MEDICAL VENDOR PAYMENTS FOR                RUN TIME: HH.MM.SS
                                                  RECIPIENTS OF INSTITUTIONAL MEDICAL CARE BY TYPE OF SERVICE
                                                          SECTION J FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                          PREMIUM                 UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                  ERROR

OTHER COVERAGE CREATED PRE '88     $99,999,999             $99,999,999
        AGED                               $99,999,999             $99,999,999
        BLIND                              $99,999,999             $99,999,999
        DISABLED                   $99,999,999             $99,999,999
        AFDC-CHILDREN                      $99,999,999             $99,999,999
        AFDC-ADULT                         $99,999,999             $99,999,999
        OTHER TITLE XIX            $99,999,999             $99,999,999
                SUBTOTAL           $99,999,999             $99,999,999

        REFUGEE/OTHER FEDERAL              $99,999,999             $99,999,999
        UNKNOWN/ERROR                      $99,999,999             $99,999,999
        NOT ELIGIBLE DURING YEAR   $99,999,999             $99,999,999
                ERROR SUBTOTAL             $99,999,999             $99,999,999

COVERAGE CREATED '88 AND LATER     $99,999,999             $99,999,999
        AGED                               $99,999,999             $99,999,999
        BLIND                              $99,999,999             $99,999,999
        DISABLED                   $99,999,999             $99,999,999
        AFDC-CHILDREN                      $99,999,999             $99,999,999
        AFDC-ADULT                         $99,999,999             $99,999,999
        OTHER TITLE XIX            $99,999,999             $99,999,999
                SUBTOTAL           $99,999,999             $99,999,999

        REFUGEE/OTHER FEDERAL              $99,999,999             $99,999,999
        UNKNOWN/ERROR                      $99,999,999             $99,999,999
        NOT ELIGIBLE DURING YEAR   $99,999,999             $99,999,999
                ERROR SUBTOTAL             $99,999,999             $99,999,999

MAS = UNKNOWN/ERROR                        $99,999,999             $99,999,999
        AGED                               $99,999,999             $99,999,999
        BLIND                              $99,999,999             $99,999,999
        DISABLED                   $99,999,999             $99,999,999
        AFDC-CHILDREN                      $99,999,999             $99,999,999
        AFDC-ADULT                         $99,999,999             $99,999,999
        OTHER TITLE XIX            $99,999,999             $99,999,999
        REFUGEE/OTHER FEDERAL              $99,999,999             $99,999,999
        UNKNOWN/ERROR                      $99,999,999             $99,999,999
        NOT ELIGIBLE DURING YEAR   $99,999,999             $99,999,999

NO MAS REPORTED DURING YEAR                $99,999,999             $99,999,999
        AGED                               $99,999,999             $99,999,999
        BLIND                              $99,999,999             $99,999,999
        DISABLED                   $99,999,999             $99,999,999
        AFDC-CHILDREN                      $99,999,999             $99,999,999
        AFDC-ADULT                         $99,999,999             $99,999,999
        OTHER TITLE XIX            $99,999,999             $99,999,999
        REFUGEE/OTHER FEDERAL              $99,999,999             $99,999,999
        UNKNOWN/ERROR                      $99,999,999             $99,999,999
        NOT ELIGIBLE DURING YEAR   $99,999,999             $99,999,999
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MAR-2030-A HCFA 2082 Annual Report of Premiums or Per Capita Payments and Eligibles by Maintenance Assistance Status and Basis of Eligibility

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2030-A		HCFA 2082 Annual Report of Premiums or Per Capita Payments and Eligibles by Maintenance Assistance Status and Basis of Eligibility

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2030-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES
BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	MEDICARE PART B PREMIUMS TOTAL ELIGIBLES	MEDICARE PART B PREMIUMS TOTAL PREMIUM PAYMENTS	HEALTH INSURANCE PLAN PREMIUMS TOTAL ELIGIBLES	HEALTH INSURANCE PLAN PREMIUMS TOTAL PREMIUM PAYMENTS
TOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2030-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES
BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	MEDICARE PART B PREMIUMS TOTAL ELIGIBLES	MEDICARE PART B PREMIUMS TOTAL PREMIUM PAYMENTS	HEALTH INSURANCE PLAN PREMIUMS TOTAL ELIGIBLES	HEALTH INSURANCE PLAN PREMIUMS TOTAL PREMIUM PAYMENTS
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2030-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES
BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	QUALIFIED HMOS PREMIUMS TOTAL ELIGIBLES	QUALIFIED HMOS PREMIUMS TOTAL PREMIUM PAYMENTS	PROVISIONAL HMOS PREMIUMS TOTAL ELIGIBLES	PROVISIONAL HMOS PREMIUMS TOTAL PREMIUM PAYMENTS
TOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2030-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES
BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	QUALIFIED HMOS PREMIUMS TOTAL ELIGIBLES	QUALIFIED HMOS PREMIUMS TOTAL PREMIUM PAYMENTS	PROVISIONAL HMOS PREMIUMS TOTAL ELIGIBLES	PROVISIONAL HMOS PREMIUMS TOTAL PREMIUM PAYMENTS
OTHER COVERAGE CREATED PRE '88	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
COVERAGE CREATED '88 AND LATER	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
MAS = UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NO MAS REPORTED DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999	$99,999,999	$99,999,999

REPORT: MAR-2030-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES
BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER CAPITATION PLANS TOTAL ELIGIBLES	TOTAL PREMIUM PAYMENTS
TOTAL	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999
MEDICALLY NEEDY	$99,999,999	$99,999,999
AGED	$99,999,999	$99,999,999
BLIND	$99,999,999	$99,999,999
DISABLED	$99,999,999	$99,999,999
AFDC-CHILDREN	$99,999,999	$99,999,999
AFDC-ADULT	$99,999,999	$99,999,999
OTHER TITLE XIX	$99,999,999	$99,999,999
SUBTOTAL	$99,999,999	$99,999,999
REFUGEE/OTHER FEDERAL	$99,999,999	$99,999,999
UNKNOWN/ERROR	$99,999,999	$99,999,999
NOT ELIGIBLE DURING YEAR	$99,999,999	$99,999,999
ERROR SUBTOTAL	$99,999,999	$99,999,999

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REPORT:  MAR-2030-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                                                                                          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                HCFA 2082 ANNUAL REPORT OF PREMIUMS OR PER CAPITA PAYMENTS AND ELIGIBLES   RUN TIME: HH.MM.SS
                                                  BY MAINTENANCE ASSISTANCE STATUS AND BASIS OF ELIGIBILITY
                                                        SECTION K FOR MM/DD/YYYY THROUGH MM/DD/YYYY

ASSISTANCE STATUS/                                  OTHER CAPITATION PLANS
BASIS OF ELIGIBILITY                          TOTAL ELIGIBLES                TOTAL PREMIUM PAYMENTS

OTHER COVERAGE CREATED PRE '88              $99,999,999                    $99,999,999
        AGED                                        $99,999,999                    $99,999,999
        BLIND                                       $99,999,999                    $99,999,999
        DISABLED                            $99,999,999                    $99,999,999
        AFDC-CHILDREN                               $99,999,999                    $99,999,999
        AFDC-ADULT                                  $99,999,999                    $99,999,999
        OTHER TITLE XIX                     $99,999,999                    $99,999,999
                SUBTOTAL                    $99,999,999                    $99,999,999

        REFUGEE/OTHER FEDERAL                       $99,999,999                    $99,999,999
        UNKNOWN/ERROR                               $99,999,999                    $99,999,999
        NOT ELIGIBLE DURING YEAR            $99,999,999                    $99,999,999
                ERROR SUBTOTAL                      $99,999,999                    $99,999,999

COVERAGE CREATED '88 AND LATER              $99,999,999                    $99,999,999
        AGED                                        $99,999,999                    $99,999,999
        BLIND                                       $99,999,999                    $99,999,999
        DISABLED                            $99,999,999                    $99,999,999
        AFDC-CHILDREN                               $99,999,999                    $99,999,999
        AFDC-ADULT                                  $99,999,999                    $99,999,999
        OTHER TITLE XIX                     $99,999,999                    $99,999,999
                SUBTOTAL                    $99,999,999                    $99,999,999

        REFUGEE/OTHER FEDERAL                       $99,999,999                    $99,999,999
        UNKNOWN/ERROR                               $99,999,999                    $99,999,999
        NOT ELIGIBLE DURING YEAR            $99,999,999                    $99,999,999
                ERROR SUBTOTAL                      $99,999,999                    $99,999,999

MAS = UNKNOWN/ERROR                                 $99,999,999                    $99,999,999
        AGED                                        $99,999,999                    $99,999,999
        BLIND                                       $99,999,999                    $99,999,999
        DISABLED                            $99,999,999                    $99,999,999
        AFDC-CHILDREN                               $99,999,999                    $99,999,999
        AFDC-ADULT                                  $99,999,999                    $99,999,999
        OTHER TITLE XIX                     $99,999,999                    $99,999,999
        REFUGEE/OTHER FEDERAL                       $99,999,999                    $99,999,999
        UNKNOWN/ERROR                               $99,999,999                    $99,999,999
        NOT ELIGIBLE DURING YEAR            $99,999,999                    $99,999,999

NO MAS REPORTED DURING YEAR                         $99,999,999                    $99,999,999
        AGED                                        $99,999,999                    $99,999,999
        BLIND                                       $99,999,999                    $99,999,999
        DISABLED                            $99,999,999                    $99,999,999
        AFDC-CHILDREN                               $99,999,999                    $99,999,999
        AFDC-ADULT                                  $99,999,999                    $99,999,999
        OTHER TITLE XIX                     $99,999,999                    $99,999,999
        REFUGEE/OTHER FEDERAL                       $99,999,999                    $99,999,999
        UNKNOWN/ERROR                               $99,999,999                    $99,999,999
        NOT ELIGIBLE DURING YEAR            $99,999,999                    $99,999,999
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MAR-2031-A HCFA 2082 Annual Report of Recipients and Payments by Relationships of Payment to Title XVIII Deductibles and Coinsurance and by Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2031-A		HCFA 2082 Annual Report of Recipients and Payments by Relationships of Payment to Title XVIII Deductibles and Coinsurance and by Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2031-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND PAYMENTS BY RELATIONSHIPS OF PAYMENT
TO TITLE XVIII DEDUCTIBLES AND COINSURANCE AND BY TYPE OF MEDICAL SERVICE
SECTION L.1 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

TYPE OF MEDICAL CARE OR SERVICE	UNDUPLICATED TOTAL RECIPIENTS	AGED RECIPIENTS DEDUCTIBLES RECIPIENTS	AGED RECIPIENTS DEDUCTIBLES PAYMENTS	AGED RECIPIENTS COINSURANCE RECIPIENTS	AGED RECIPIENTS COINSURANCE PAYMENTS
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
SNF SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PHYSICIANS SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
DENTAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
CLINIC SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
HOME HEALTH SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
FAMILY PLANNING SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
LAB AND X-RAY SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PRESCRIBED DRUGS	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OTHER	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PREMIUM PAYMENT	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999

MAR-2032-A HCFA 2082 Annual Report of Recipients and Payments by Relationships of Payment to Title XVIII Deductibles and Coinsurance and by Type of Medical Service

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2032-A		HCFA 2082 Annual Report of Recipients and Payments by Relationships of Payment to Title XVIII Deductibles and Coinsurance and by Type of Medical Service

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility and maintenance assistance status of the persons.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2032-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF RECIPIENTS AND PAYMENTS BY RELATIONSHIPS OF PAYMENT
TO TITLE XVIII DEDUCTIBLES AND COINSURANCE AND BY TYPE OF MEDICAL SERVICE
SECTION L.2 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

TYPE OF MEDICAL CARE OR SERVICE	UNDUPLICATED TOTAL RECIPIENTS	DEDUCTIBLES RECIPIENTS	DEDUCTIBLES PAYMENTS	DISABLED RECIPIENTS RECIPIENTS	DISABLED RECIPIENTS COINSURANCE PAYMENTS
TOTAL NUMBER OF RECIPIENTS	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
INPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
MENTAL HOSPITAL SERVICES (AGED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
SNF/ICF MENTAL HEALTH (AGED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
INPATIENT PSYCH FACILITY (AGE<22)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
ICF SERVICES (MENTALLY RETARDED)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
ICF SERVICES (ALL OTHER)	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
SNF SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PHYSICIANS SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
DENTAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OTHER PRACTITIONER SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OUTPATIENT HOSPITAL SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
CLINIC SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
HOME HEALTH SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
FAMILY PLANNING SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
LAB AND X-RAY SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PRESCRIBED DRUGS	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
EARLY AND PERIODIC SCREENING	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
RURAL HEALTH CLINIC SERVICES	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
OTHER	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
PREMIUM PAYMENT	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	$99,999,999	9,999,999	$99,999,999

MAR-2033-A HCFA 2082 Annual Report of Number of Visits for Selected Types of Services and Number of Prescriptions

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2033-A		HCFA 2082 Annual Report of Number of Visits for Selected Types of Services and Number of Prescriptions

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2033-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF NUMBER OF VISITS FOR SELECTED TYPES OF SERVICES
AND NUMBER OF PRESCRIPTIONS
SECTION M FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	PHYSICIAN SERVICES	OUTPATIENT HOSP SRVCS	CLINIC SERVICES	HOME HEALTH SERVICES	RURAL HLTH CLINIC SVCS	PRESCRIBED DRUGS
TOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

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REPORT:  MAR-2033-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF NUMBER OF VISITS FOR SELECTED TYPES OF SERVICES          RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          AND NUMBER OF PRESCRIPTIONS                                        RUN TIME: HH.MM.SS
                                                SECTION M FOR MM/DD/YYYY THROUGH MM/DD/YYYY
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	PHYSICIAN SERVICES	OUTPATIENT HOSP SRVCS	CLINIC SERVICES	HOME HEALTH SERVICES	RURAL HLTH CLINIC SVCS	PRESCRIBED DRUGS
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2034-A HCFA 2082 Annual Report of Average Medicaid Dollars Spent Per Recipient

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2034-A		HCFA 2082 Annual Report of Average Medicaid Dollars Spent Per Recipient

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the *State Medicaid Manual, Section 2700.1*

REPORT: MAR-2034-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	AVERAGE	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
TOTAL NUMBER OF RECIPIENTS	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MEDICALLY NEEDY	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

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REPORT:  MAR-2034-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                 HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT            RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY                              RUN TIME: HH.MM.SS
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTALS	INPT HOSP SERVICES	MENTAL HOSPITAL SVCS FOR THE AGED	SNF/ICF SVCS FOR THE AGED	INPAT PSYCH FACIL SVCS UNDER 22
OTHER COVERAGE CREATED PRE '88	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
COVERAGE CREATED '88 AND LATER	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MAS = UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NO MAS REPORTED DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

REPORT: MAR-2034-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT
SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHER	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
TOTAL NUMBER OF RECIPIENTS	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MEDICALLY NEEDY	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

REPORT: MAR-2034-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	ICF MENTALLY RETARDED	ICF ALL OTHERS	SNF SERVICES	PHYSICIAN SERVICES	DENTAL SERVICES
OTHER COVERAGE CREATED PRE '88	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
COVERAGE CREATED '88 AND LATER	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MAS = UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NO MAS REPORTED DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

REPORT: MAR-2034-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
TOTAL NUMBER OF RECIPIENTS	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MEDICALLY NEEDY	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

REPORT: MAR-2034-A IndianaAIM PAGE NUM: 9999
PROCESS: XXXXXXXXXX HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXXXX SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	OTHER PRACT SERVICES	OUTPATIENT HOSP SVCS	CLINIC SERVICES	HOME HEALTH SERVICES	FAM PLAN SERVICES
OTHER COVERAGE CREATED PRE '88	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
COVERAGE CREATED '88 AND LATER	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MAS = UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NO MAS REPORTED DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

REPORT: MAR-2034-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT
SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
TOTAL NUMBER OF RECIPIENTS	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, RCVNG ASST	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
CATEGORICALLY NEEDY, NOT RCVNG	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MEDICALLY NEEDY	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

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REPORT:  MAR-2034-A                                   IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT            RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                   SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY                             RUN TIME: HH.MM.SS
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ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	LAB/XRAY SERVICES	PRESCRIBED DRUGS	EPSDT SCREENING	RURAL HEALTH CLINIC SVCS	OTHER CARE
OTHER COVERAGE CREATED PRE '88	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
COVERAGE CREATED '88 AND LATER	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
ERROR AVERAGE	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
MAS = UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NO MAS REPORTED DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AGED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
BLIND	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
DISABLED	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-CHILDREN	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
AFDC-ADULT	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
OTHER TITLE XIX	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
REFUGEE/OTHER FEDERAL	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
UNKNOWN/ERROR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999
NOT ELIGIBLE DURING YEAR	$9,999,999	$9,999,999	$9,999,999	$9,999,999	$9,999,999

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REPORT:  MAR-2034-A                                                IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                    HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT              RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                              SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY                                RUN TIME: HH.MM.SS

ASSISTANCE STATUS/                          PREMIUM                 UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                  ERROR

TOTAL NUMBER OF RECIPIENTS                 $9,999,999               $9,999,999

CATEGORICALLY NEEDY, RCVNG ASST   $9,999,999               $9,999,999
        AGED                               $9,999,999               $9,999,999
        BLIND                              $9,999,999               $9,999,999
        DISABLED                  $9,999,999               $9,999,999
        AFDC-CHILDREN                      $9,999,999               $9,999,999
        AFDC-ADULT                         $9,999,999               $9,999,999
        OTHER TITLE XIX           $9,999,999               $9,999,999
                AVERAGE                    $9,999,999               $9,999,999

        REFUGEE/OTHER FEDERAL              $9,999,999               $9,999,999
        UNKNOWN/ERROR                      $9,999,999               $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999               $9,999,999
                ERROR AVERAGE              $9,999,999               $9,999,999

CATEGORICALLY NEEDY, NOT RCVNG    $9,999,999               $9,999,999
        AGED                               $9,999,999               $9,999,999
        BLIND                              $9,999,999               $9,999,999
        DISABLED                  $9,999,999               $9,999,999
        AFDC-CHILDREN                      $9,999,999               $9,999,999
        AFDC-ADULT                         $9,999,999               $9,999,999
        OTHER TITLE XIX           $9,999,999               $9,999,999
                AVERAGE                    $9,999,999               $9,999,999

        REFUGEE/OTHER FEDERAL              $9,999,999               $9,999,999
        UNKNOWN/ERROR                      $9,999,999               $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999               $9,999,999
                ERROR AVERAGE              $9,999,999               $9,999,999

MEDICALLY NEEDY                   $9,999,999               $9,999,999
        AGED                               $9,999,999               $9,999,999
        BLIND                              $9,999,999               $9,999,999
        DISABLED                  $9,999,999               $9,999,999
        AFDC-CHILDREN                      $9,999,999               $9,999,999
        AFDC-ADULT                         $9,999,999               $9,999,999
        OTHER TITLE XIX           $9,999,999               $9,999,999
                AVERAGE                    $9,999,999               $9,999,999

        REFUGEE/OTHER FEDERAL              $9,999,999               $9,999,999
        UNKNOWN/ERROR                      $9,999,999               $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999               $9,999,999
                ERROR AVERAGE              $9,999,999               $9,999,999
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REPORT:  MAR-2034-A                                                IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX                    HCFA 2082 ANNUAL REPORT OF AVERAGE MEDICAID DOLLARS SPENT PER RECIPIENT                RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                                  SECTION B/A FOR MM/DD/YYYY THROUGH MM/DD/YYYY                          RUN TIME: HH.MM.SS

ASSISTANCE STATUS/                          PREMIUM                 UNKNOWN/
BASIS OF ELIGIBILITY                        PAYMENT                  ERROR

OTHER COVERAGE CREATED PRE '88    $9,999,999                $9,999,999
        AGED                              $9,999,999                $9,999,999
        BLIND                             $9,999,999                $9,999,999
        DISABLED                  $9,999,999                $9,999,999
        AFDC-CHILDREN                     $9,999,999                $9,999,999
        AFDC-ADULT                        $9,999,999                $9,999,999
        OTHER TITLE XIX           $9,999,999                $9,999,999
                AVERAGE                   $9,999,999                $9,999,999

        REFUGEE/OTHER FEDERAL             $9,999,999                $9,999,999
        UNKNOWN/ERROR                     $9,999,999                $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999                $9,999,999
                ERROR AVERAGE             $9,999,999                $9,999,999

COVERAGE CREATED '88 AND LATER    $9,999,999                $9,999,999
        AGED                              $9,999,999                $9,999,999
        BLIND                             $9,999,999                $9,999,999
        DISABLED                  $9,999,999                $9,999,999
        AFDC-CHILDREN                     $9,999,999                $9,999,999
        AFDC-ADULT                        $9,999,999                $9,999,999
        OTHER TITLE XIX           $9,999,999                $9,999,999
                AVERAGE                   $9,999,999                $9,999,999

        REFUGEE/OTHER FEDERAL             $9,999,999                $9,999,999
        UNKNOWN/ERROR                     $9,999,999                $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999                $9,999,999
                ERROR AVERAGE             $9,999,999                $9,999,999

MAS = UNKNOWN/ERROR                       $9,999,999                $9,999,999
        AGED                              $9,999,999                $9,999,999
        BLIND                             $9,999,999                $9,999,999
        DISABLED                  $9,999,999                $9,999,999
        AFDC-CHILDREN                     $9,999,999                $9,999,999
        AFDC-ADULT                        $9,999,999                $9,999,999
        OTHER TITLE XIX           $9,999,999                $9,999,999
        REFUGEE/OTHER FEDERAL             $9,999,999                $9,999,999
        UNKNOWN/ERROR                     $9,999,999                $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999                $9,999,999

NO MAS REPORTED DURING YEAR               $9,999,999                $9,999,999
        AGED                              $9,999,999                $9,999,999
        BLIND                             $9,999,999                $9,999,999
        DISABLED                  $9,999,999                $9,999,999
        AFDC-CHILDREN                     $9,999,999                $9,999,999
        AFDC-ADULT                        $9,999,999                $9,999,999
        OTHER TITLE XIX           $9,999,999                $9,999,999
        REFUGEE/OTHER FEDERAL             $9,999,999                $9,999,999
        UNKNOWN/ERROR                     $9,999,999                $9,999,999
        NOT ELIGIBLE DURING YEAR  $9,999,999                $9,999,999
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MAR-2035-A HCFA 2082 Annual Report of Number of Medicaid Eligibles Who Were Recipients of Medical Care

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2035-A		HCFA 2082 Annual Report of Number of Medicaid Eligibles Who Were Recipients of Medical Care

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the State Medicaid Manual, Section 2700.1

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REPORT:  MAR-2035-A                                    IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX        HCFA 2082 ANNUAL REPORT OF PERCENT OF MEDICAID ELIGIBLES WHO WERE RECIPIENTS OF MEDICAL CARE        RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                          SECTION A/C FOR MM/DD/YYYY THROUGH MM/DD/YYYY                                  RUN TIME: HH.MM.SS

ASSISTANCE STATUS/                                  PERCENT OF ELIGIBLES
BASIS OF ELIGIBILITY                                 WHO WERE RECIPIENTS

TOTAL PERCENTAGE                                    999

CATEGORICALLY NEEDY, RCVNG ASST                     999
        AGED                                                999
        BLIND                                               999
        DISABLED                                    999
        AFDC-CHILDREN                                       999
        AFDC-ADULT                                          999
        OTHER TITLE XIX                             999
                SUBTOTAL                            999

        REFUGEE/OTHER FEDERAL                               999
        UNKNOWN/ERROR                                       999
        NOT ELIGIBLE DURING YEAR                    999
                ERROR SUBTOTAL                              999

CATEGORICALLY NEEDY, NOT RCVNG                      999
        AGED                                                999
        BLIND                                               999
        DISABLED                                    999
        AFDC-CHILDREN                                       999
        AFDC-ADULT                                          999
        OTHER TITLE XIX                             999
                SUBTOTAL                            999

        REFUGEE/OTHER FEDERAL                               999
        UNKNOWN/ERROR                                       999
        NOT ELIGIBLE DURING YEAR                    999
                ERROR SUBTOTAL                              999

MEDICALLY NEEDY                                     999
        AGED                                                999
        BLIND                                               999
        DISABLED                                    999
        AFDC-CHILDREN                                       999
        AFDC-ADULT                                          999
        OTHER TITLE XIX                             999
                SUBTOTAL                            999

        REFUGEE/OTHER FEDERAL                               999
        UNKNOWN/ERROR                                       999
        NOT ELIGIBLE DURING YEAR                    999
                ERROR SUBTOTAL                              999
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REPORT:  MAR-2035-A                                          IndianaAIM                                                    PAGE NUM: 9999
PROCESS:  XXXXXXXXXX          HCFA 2082 ANNUAL REPORT OF PERCENT OF MEDICAID ELIGIBLES WHO WERE RECIPIENTS OF MEDICAL CARE   RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXXXX                                SECTION A/C FOR MM/DD/YYYY THROUGH MM/DD/YYYY                          RUN TIME: HH.MM.SS

ASSISTANCE STATUS/                                      PERCENT OF ELIGIBLES
BASIS OF ELIGIBILITY                                     WHO WERE RECIPIENTS

OTHER COVERAGE CREATED PRE '88                          999
        AGED                                                    999
        BLIND                                                   999
        DISABLED                                        999
        AFDC-CHILDREN                                           999
        AFDC-ADULT                                              999
        OTHER TITLE XIX                                 999
                SUBTOTAL                                999

        REFUGEE/OTHER FEDERAL                                   999
        UNKNOWN/ERROR                                           999
        NOT ELIGIBLE DURING YEAR                        999
                ERROR SUBTOTAL                                  999

COVERAGE CREATED '88 AND LATER                          999
        AGED                                                    999
        BLIND                                                   999
        DISABLED                                        999
        AFDC-CHILDREN                                           999
        AFDC-ADULT                                              999
        OTHER TITLE XIX                                 999
                SUBTOTAL                                999

        REFUGEE/OTHER FEDERAL                                   999
        UNKNOWN/ERROR                                           999
        NOT ELIGIBLE DURING YEAR                        999
                ERROR SUBTOTAL                                  999

MAS = UNKNOWN/ERROR                                             999
        AGED                                                    999
        BLIND                                                   999
        DISABLED                                        999
        AFDC-CHILDREN                                           999
        AFDC-ADULT                                              999
        OTHER TITLE XIX                                 999
        REFUGEE/OTHER FEDERAL                                   999
        UNKNOWN/ERROR                                           999
        NOT ELIGIBLE DURING YEAR                        999

NO MAS REPORTED DURING YEAR                                     999
        AGED                                                    999
        BLIND                                                   999
        DISABLED                                        999
        AFDC-CHILDREN                                           999
        AFDC-ADULT                                              999
        OTHER TITLE XIX                                 999
        REFUGEE/OTHER FEDERAL                                   999
        UNKNOWN/ERROR                                           999
        NOT ELIGIBLE DURING YEAR                        999
```

MAR-2036-A HCFA 2082 Annual Report of Number of Medicaid Eligibles

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2036-A		HCFA 2082 Annual Report of Number of Medicaid Eligibles

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Reports the dollar expenditures for recipients of medical services in the Medicaid program by the age, basis of eligibility, and maintenance assistance status of the person.

Purpose

To assist FSSA in tracking Medicaid program expenditures for fiscal and calendar years.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	Paper/CRLD	1	Annually

Detailed Field Definitions

For definitions of rows and columns and a description of the content of this report as stipulated by HCFA, please refer to the State Medicaid Manual, Section 2700.1

REPORT: MAR-2036-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF NUMBER OF MEDICAID ELIGIBLES
SECTION C.4/3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTAL	NUMBER ELIGIBLE FOR FULL YEAR	NUMBER ELIGIBLE FOR PARTIAL YEAR	MONTHS FOR PARTIAL YEAR ELIGIBLES	NUMBER OF COVERED MONTHS FOR PARTIAL YEAR ELIGIBLES	AVERAGE NUMBER OF
TOTAL NUMBER OF ELIGIBLES	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
CATEGORICALLY NEEDY, RCVNG ASST	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
CATEGORICALLY NEEDY, NOT RCVNG	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
MEDICALLY NEEDY	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	

REPORT: MAR-2036-A
PROCESS: XXXXXXXXXX
LOCATION: XXXXXXXXXX

IndianaAIM
HCFA 2082 ANNUAL REPORT OF NUMBER OF MEDICAID ELIGIBLES
SECTION C.4/3 FOR MM/DD/YYYY THROUGH MM/DD/YYYY

PAGE NUM: 9999
RUN DATE: MM/DD/CCYY
RUN TIME: HH.MM.SS

ASSISTANCE STATUS/ BASIS OF ELIGIBILITY	UNDUPLICATED TOTAL	NUMBER ELIGIBLE FOR FULL YEAR	NUMBER ELIGIBLE FOR PARTIAL YEAR	MONTHS FOR PARTIAL YEAR ELIGIBLES	NUMBER OF COVERED MONTHS FOR PARTIAL YEAR ELIGIBLES	AVERAGE NUMBER OF MONTHS FOR PARTIAL YEAR ELIGIBLES
OTHER COVERAGE CREATED PRE '88	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
COVERAGE CREATED '88 AND LATER	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
ERROR SUBTOTAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
MAS = UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NO MAS REPORTED DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AGED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
BLIND	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
DISABLED	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-CHILDREN	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
AFDC-ADULT	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
OTHER TITLE XIX	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
REFUGEE/OTHER FEDERAL	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
UNKNOWN/ERROR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
NOT ELIGIBLE DURING YEAR	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999

MAR-2504-M Report of Expenditures - Home and Community Based Waiver for Alternative Disposition Plan

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-2504-M		Report of Expenditures - Home and Community Based Waiver for Alternative Disposition Plan

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Summary of costs for Alternative Disposition Plan 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	1	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 recipient ID, of participating recipients 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 12 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.

FYTD	Costs of the reported services for the waiver year-to-date period, April 1 through March 31, for the Alternative Disposition (or OBRA) waiver program.
Annual Allocation	Displays the total waiver year allocation for the reported services as determined by FSSA.
Report Totals	Totals of all above time periods.

REPORT: MAR-2504-M
PROCESS: XXXXXXXX
LOCATION: XXXXXXXX

IndianaAIM
REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR ALTERNATIVE DISPOSITION PLAN

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 FYTD	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
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
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	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
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
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

REPORT: MAR-2504-M IndianaAIM PAGE NUM: 2
PROCESS: XXXXXXXX RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX

REPORT OF EXPENDITURES
HOME AND COMMUNITY-BASED SERVICES WAIVER
FOR ALTERNATIVE DISPOSITION PLAN

SERVICE	PROCEDURE CODE	NUMBER RECIPIENT	NO. OF UNITS	MONTHLY EXPENDITURE	MONTHLY ALLOCATION	FIRST 6 MONTHS	SECOND 6 MONTHS	ANNUAL FYTD	ANNUAL ALLOCATION
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/Lang/HMA	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
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
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-8507-M Indiana*AIM* Monthly Provider Summary Report

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-8507-M		Indiana*AIM* Monthly Provider Summary Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

Indicates the total claim and payment amounts per provider on a monthly, yearly, and cumulative.

Purpose

This report is used to assist IFSSA in analyzing expenditures for participating providers.

Sort Sequence

- *Primary -* Provider number, ascending

Distribution

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

Detailed Field Definitions

Provider Number
A unique nine-digit alphanumeric identification number assigned to each provider enrolled in a Medical Assistance Program.

Provider Name
The provider name corresponding to the number displayed as it appears in the provider master file.

Address
The provider's billing address as it appears in the provider master file-street, city, state, and ZIP code.

By Date Of Payment # Claims
The number of the provider's claims adjudicated during each month of the indicated year.

By Date Of Payment Paymts
The dollar amount paid to the provider for the claims adjudicated during each month of the indicated year.

By Date Of Service # Claims
The number of the provider's adjudicated claims for dates of service during each month of the indicated year.

By Date Of Service Paymts
The dollar amount paid to the provider for adjudicated claims for dates of service during each month of the indicated year.

Yearly # Claims Pd
The total number (by date of service) of the provider's adjudicated claims for the indicated year.

Yearly Amount Pd	The total dollar amount (by date of service) paid to the provider for adjudicated claims for the indicated year.
Cumulative # Claims Pd	The total number (by date of service) of the provider's adjudicated claims on a cumulative basis of three years defined as a rolling 35 months previous to the reported month plus the month of the report.
Cumulative Amount Pd	The total dollar amount (by date of service) paid to the provider for adjudicated claims on a cumulative basis of three years defined as a rolling 35 months previous to the reported month plus the month of the report.

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REPORT: MAR-8507-M                              IndianaAIM                                        PAGE NUM: 9999
PROCESS: XXXXXXXX                                                                          RUN DATE: MM/DD/CCYY
LOCATION: XXXXXXXX             IndianaAIM  MONTHLY  PROVIDER  SUMMARY  REPORT

99999999X    XXXXXXXXX,       XXXXXXXXXXXXXXXXXXXX              999999   XXXXXXXXXXXXXXXXXXXXX             ST       99999-9999

   CCYY     JAN       FEB       MAR       APR       MAY       JUN       JUL       AUG       SEP       OCT       NOV       DEC

BY DATE OF PAYMENT

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99

BY DATE OF SERVICE

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99

                                                        ************************************************

99999999X    XXXXXXXXX,       XXXXXXXXXXXXXXXXXXXX              999999   XXXXXXXXXXXXXXXXXXXXX     ST       99999-9999

   CCYY     JAN       FEB       MAR       APR       MAY       JUN       JUL       AUG       SEP       OCT       NOV       DEC

BY DATE OF PAYMENT

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99
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REPORT: MAR-8507-M                                IndianaAIM                                        PAGE NUM: 9999
PROCESS:  XXXXXXXX                                                                            RUN DATE: MM/DD/CCYY
LOCATION:  XXXXXXXX              INDIANAAIM  MONTHLY  PROVIDER  SUMMARY  REPORT

99999999X            XXXXXXXXX,       XXXXXXXXXXXXXXXXXXXX              CONTINUED  FROM  PREVIOUS  PAGE

BY DATE OF SERVICE

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99

                                                 ************************************************

99999999X            XXXXXXXXX,       XXXXXXXXXXXXXXXXXXXX              999999   XXXXXXXXXXXXXXXXXXXXX     ST       99999-9999

   CCYY     JAN       FEB       MAR       APR       MAY       JUN       JUL       AUG       SEP       OCT       NOV       DEC

BY DATE OF PAYMENT

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99

BY DATE OF SERVICE

# 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

PAYMTS  $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99 $99999.99

*** TOTAL *** YEARLY # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99  CUMMULATIVE # CLAIMS PD:9,999,999  AMOUNT PD:$9,999,999.99

                                                 ************************************************
```

MAR-9005-M HCFA 64 Balancing

Functional Area	Report Number	Job Name	Report Title
MAR	MAR-9005-M		HCFA 64 Balancing

NOTE—THIS REPORT IS NO LONGER USED

No report definition exists for this report, and EDS does not appear to be using this report. 11/20/00

Report: MAR-9005-M
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
HCFA64 BALANCING REPORT
Period: MM/DD/YYYY - MM/DD/YYYY

Run Date: 04/23/1997
Run Time: 00:00:00
Page: 2

HCFA64 CATEGORY OF SERVICE	TOTAL DOLLARS	CLAIM-SPECIFIC NON FAMILY PLANNING	CLAIM-SPECIFIC FAMILY PLANNING	CLAIM-SPECIFIC EXPENDITURES DISPOSITIONS	NON CLAIM SPECIFIC CASH RECEIPTS	NON CLAIM SPECIFIC A/R	
1A. INPATIENT HOSPITAL	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
1B. INPATIENT HOSPITAL - DSH	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
2A. MENTAL HEALTH FACILITY	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
2B. MENTAL HEALTH FACILITY - DSH	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
3. NURSING FACILITY	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
4A. ICF/MR - PUBLIC	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
4B. ICF/MR - PRIVATE	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
5. PHYSICIANS	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
6. OUTPATIENT HOSPITAL	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
7. PRESCRIBED DRUGS	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
8. DENTAL	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
9. OTHER PRACTITIONERS	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
10. CLINIC	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
11. LABORATORY AND RADIOLOGICAL	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
12. HOME 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	999,999,999.99
13. STERILIZATION	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
14. ABORTIONS	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
15. EPSDT SCREENING	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
16. RURAL HEALTH CLINIC	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
17A. HLTH INS PREMIUM - PART A	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
17B. HLTH INS PREMIUM - PART B	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
17C. HLTH INS PREMIUM - COINS/DED	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
17D. HLTH INS PREMIUM - GRP HLTH	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
17E. HLTH INS PREMIUM - OTHER	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
18. HOME AND COMMUNITY BASED	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
19. HCBS FOR FUNCT DIS ELDER	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
20. COMM SUPP LIV ARRANGEMENTS	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
21. PERSONAL CARE	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
22. TARGETED CASE MANAGEMENT	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
23. HOSPICE BENEFITS	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
24. FQHC	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
25. OTHER CARE	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
26. TOTALS	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99

MEQ-0001-M MEQC Claims Collection Report

Functional Area	Report Number	Job Name	Report Title
MEQC	MEQ-0001-M	MEQJM002	MEQC Claims Collection Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The MEQC Claims Collection Report Provides basic information on the claims selected for the review based on the ICES recipient sample.

Purpose

IFSSA and EDS uses the MEQC Claims Collection Report to review the claims for the specified recipients.

Sort Sequence

- *Primary -* Review number
- *Secondary -* Recipient case number
- *Tertiary -* Recipient identification number (RID)

Note: Page Break on a change in RID, with a subtotal for each case number and RID with an overall grand total.

Distribution

To	Media	Copies	Frequency
IFSSA	Paper	1	Monthly

Detailed Field Definitions

Review Number

The Review Number field displays the unique number assigned to the review by ICES.

Review Month

The Review Month field displays the month of eligibility used to select the recipients by ICES. The report is generated on the last day of the six month to allow a reasonable amount of time for claims for the selected recipients to finalize.

Recipient Information

Recipient Case Number

The Recipient Case Number field displays the medical assistance eligibility case number assigned to the recipient.

Recipient ID

The Recipient ID field displays the unique medical assistance eligibility number assigned to the recipient.

Name	The Name field displays the name on file for the Recipient ID number
Buy-in Premium	Displays the amount of premiums paid on recipients eligible under the Money Grant Program. Valid Values: $ amount displays only if the recipient has a *Y* indicator on the Money Grant field. N/A displays when the recipient does not have a *Y* on the Money Grant indicator but does have Buy-in coverage. $0.00 displays when the recipient does not have a *Y* indicator on the Money Grant Field and does not have Buy-in coverage.
HIPP	The HIPP field displays the Health Insurance Premium amount for the recipient paid by Medicaid.
MCO	Displays the amount paid toward the managed care program for the recipient.
Total	Displays the total amount paid by the Medicaid program toward the health care of the recipient excluding claim payments.
Claim Information	
Claim Type	Displays the code identifying the type of claim reported on the detail line.
ICN	Displays the internal control number assigned to the claim by the *IndianaAIM* system.
Provider Number	Displays the provider identification number and service location of the billing provider on the claim.
Paid Date	Displays the date the claim reached final adjudication in MM/DD/CCYY format.
To Date of Service	Displays the ending date of service on the claim in MM/DD/CCYY format.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the service on the claim prior to deducting patient liability, spenddown, TPL, or any co-payments.
TPL Amount	Displays the amount paid by other insurance on the claim.
Patient Liability Amount	Displays the amount paid by the recipient for the service.
Co-Pay Amount	Displays the amount of the co-payment made by the recipient for the service.
Paid Amount	Displays the total amount reimbursed to the provider for the service billed on the sample claim.
RID Summary Information	

Claims Processed	Displays the total number of claims adjudicated for the recipient during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims prior to deducting patient liability, spenddown, TPL or any co-payments.
TPL Amount	Displays the amount paid by other insurance on claims for the recipient during the review period.
Patient Liability	Displays the amount of the co-payment made by the recipient on claims adjudicated during the review period.

Case Summary Information

Recipient Count	Displays the total number of recipients contained within the case number.
Claims Processed	Displays the total number of claims adjudicated for all the recipients contained in the case during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims prior to deducting patient liability, spenddown, TPL, or any co-payments.
TPL Amount	Displays the amount paid by other insurance on claims for all the recipients contained in the case during the review period.
Patient Liability	Displays the amount paid by all the recipients contained in the case on claims adjudicated during the review period.
Co-Pay Amount	Displays the amount of the co-payment made by all the recipients contained in the case on claims adjudicated within the review period.
Paid Amount	Displays the total amount reimbursed to providers for claims adjudicated within the review period.

Grand Total Information

RIDs Processed	Displays the total number of recipients in the review. This number can be used to balance to the number of review records send by ICES.
Claims Processed	The Claims Processed field displays the total number of claims adjudicated for the selected recipients during the review period.
Medicaid Allowed Amount	Displays the total Medicaid allowed amount for the claims in the review prior to deducting patient liability, spenddown, TPL, or any co-payments.
TPL Amount	Displays the amount paid by other insurance on claims for the recipients selected for review during the review period.
Patient Liability	Displays the amount paid by the selected recipients on claims adjudicated during the review period.
Paid Amount	Displays the total amount reimbursed to providers for the selected claims adjudicated during the review period.

Total Amount	Displays the total amount reimbursed to providers for the selected claims adjudicated during the review period plus any additional payments made toward the recipient's health care, such as Buy-in.
Report Footer	The report footer displays *End of Report* after the grand total information has been listed, and *No Data this Report* if no claims are selected based on the selected RIDs sent by ICES.

Special Features:

Reporting of Adjustments is reported only when the original claim was paid in the review month and the adjustment claims was paid within the following month. For example, if there was a claim paid in October, the report would only include an adjustment claim paid during the month of November.

For the RID and CASE, summary totals for the paid amount field calculates the amount paid for all the claims for the recipients and the case. The calculation does not include the original claim if the claim is adjusted during the following month of payment on the original claim

The CASE Summary Information appears only on the last recipient of the case. If there is only one recipient in the case, both the RID and CASE summaries appear.

Report: XXX-XXXX-X
Process: XXXXXX
Location: XXXXXX
Review #: 9999999999999

Indiana*AIM*

MEQC Claims Collection Report
Review Month XXXXXXXXX

Page Num: 9,999
Run Date: MM/DD/CCYY

Recipient Information:

Recipient Case Number	Recipient ID	Name	Buy-in Premium Amount	HIPP Amount	MCO Amount	Total Amount
999999999999	999999999999	XXXXXXXXXXXXXXXX,XXXXXXXXXXXXX,X	$999,999.99	$999,999.99	$999,999.99	$999,999.99

Claim Information:

Claim Type	ICN	Provider Number	Paid Date	To Date of Service	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
X	XXXXXXXXXXXXX	999999999 X	MM/DD/CCYY	MM/DD/CCYY	$999,999.99	$999,999.99	$999,999.99	$999,999.99	$999,999.99

RID Summary Information:

Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

Case Summary Information:

Recipient Count	Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount
99999	999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

Grand Total Information:

RIDs Processed	Claims Processed	Medicaid Allowed Amount	TPL Amount	Patient Liability Amount	Co-Pay Amount	Paid Amount	Total Amount
999,999,999	999,999,999	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99	$999,999,999,999.99

End of Report

No Data This Report

MEQ-0002-M MEQC Records in Error

Functional Area	Report Number	Job Name	Report Title
MEQC	MEQ-0002-M	MEQJM002	MEQC Records in Error

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The MEQC Records in Error Report provides EDS and IFFSA with the ability to balance the data received from ICES with data loaded for the review to determine why the data was not loaded.

Purpose

IFSSA and EDS use the MEQC Records in Error Report to balance the data sent from ICES and determine data loaded on the table and data that did not load on the table and why.

Distribution

To	Media	Copies	Frequency
IFSSA	Paper	1	Monthly

Detailed Field Definitions

Case Number
The Case Number field displays the medical assistance eligibility case number assigned to the recipient.

Program Code
The Program Code field displays the Health Program code that ICES sent for the recipient.

Subprogram Code
The Subprogram Code field displays the Aid Category code that ICES sent for the recipient.

Sequence Program
The Sequence Program Code displays the Sequence code that ICES sent for the recipient.

Review Type
The Review Type field displays the type of review that ICES sent. Valid Values:
S= Supplemental
P= Positive
N= Negative

Payee Name
The Payee Name field displays the Recipient ID for which claims were paid to providers.

Worker Code
The Worker Code field displays the case worker ID that ICES sent for the recipient.

Review Number
The Review Number field displays the unique number assigned to the review sent by ICES.

Review Date

The Review Date field displays the review date that ICES sent.

Medicaid Recipient ID

The Medicaid Recipient ID field displays the Recipient ID sent by ICES for the review.

SSN

The SSN field displays the recipient's social security number that sent by ICES.

CTY

The CTY field displays the city/county code for the recipient.

Error Codes

The Error Codes field displays the error code while trying to load the data. Valid Values:

A=Invalid Recipient ID

B=Invalid Case Number

C=No Association between Recipient ID and Case ID

D=Invalid Review Date

E=Invalid Review Type

F=Duplicate Recipient Review Request.

Total Error Count

The Total Error Count field displays the total number of recipients who did not load from the ICES tape.

Report Footer

The report footer displays *End of Report* after the Total Error Count.

Report: XXX-XXXX-X
Process: XXXXXX
Location: XXXXXX
Review #: 9999999999999

Indiana*AIM*

MEQC Records in Error

Page Num: 9,999
Run Date: MM/DD/CCYY

Case Number	Program Code	Subprogram Code	Sequence Program	Review Type	Payee Name	Worker Code	Review Number	Review Date	Medicaid Recipient ID	SSN	CTY	Error Codes
9999999999	XXX	X	XX	X	999999999999	X999999	9999999999	MM/DD/CCYY	999999999999	999999999	99	X

End of Report

MGD-0006-D Hoosier Healthwise Eligible Listing

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0006-D	MEQJM002	Hoosier Healthwise Eligible Listing

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all members the Indiana*AIM* system has determined as mandatory participants in Hoosier Healthwise, due to either new enrollment or redetermination.

Purpose

The report is forwarded to the outreach contractor for verification with face-to-face interview records. This ensures that all members the Indiana*AIM* system tracks for mandatory auto-assignment (if no response) are educated about the Hoosier Healthwise program.

Sort Sequence

- *Primary -* Add date
- *Secondary -* Member last name

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Daily

Detailed Field Definitions

Newly Eligible Information
This section of the report lists newly eligible Medicaid members who, based on the information sent from ICES, are mandatory Hoosier Healthwise enrollees. These members must select a PMP within 30 days or they are auto-assigned.

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 (include +4 if available)
Add Date	The date the member was added to the Indiana*AIM* system. This is the date used to determine response within 30 days.
Redetermined Eligible Information	This section of the report lists enrolled Medicaid members who are redetermined for benefits by ICES; do not have a PMP on file and must select one within 30 days or they are auto-assigned.
Redetermination Date	The date the member was redetermined by ICES. This is the date used to determine response within 30 days.

```
Report:        MGD-0006-D                                IndianaAIM                                        Date:        mm/dd/ccyy
Process:       XXXXXXXX                     Hoosier Healthwise Eligible Listing                            Run Time:      HH:MM:SS
Location:      XXXXXXXX                                                                                    Page:            99,999

                                                                Newly Eligible Information

                        Member ID                                      Street Address            Add Date
                        Member Last Name, FI, MI                      City, State, ZIP

                        999999999999                           xxxxxxxxxxxxxxxxxxxxxxxx         mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXX, X, X         xxxxxxxxxxxxxxxxxxxxxxxx
                                                               xxxxxxxxxxx, xx, 99999

                        999999999999                           xxxxxxxxxxxxxxxxxxxxxxxx         mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXX, X, X         xxxxxxxxxxxxxxxxxxxxxxxx
                                                               xxxxxxxxxxx, xx, 99999

                        999999999999                           xxxxxxxxxxxxxxxxxxxxxxxx         mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXX, X, X         xxxxxxxxxxxxxxxxxxxxxxxx
                                                               xxxxxxxxxxx, xx, 99999

                        999999999999                           xxxxxxxxxxxxxxxxxxxxxxxx         mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXX, X, X         xxxxxxxxxxxxxxxxxxxxxxxx
                                                               xxxxxxxxxxx, xx, 99999
```

```
Report:    MGD-0006-D                                IndianaAIM                                          Date:  mm/dd/ccyy
Process:   XXXXXXXX                        Hoosier Healthwise Eligible Listing
Location:  XXXXXXXX
                                              Redetermined Eligible Information

                        Member ID                                    Street Address              Redetermination Date
                        Member Last Name, FI, MI                    City, State, ZIP

                        999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx                 mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                                              xxxxxxxxxxx, xx, 99999

                        999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx                 mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                                              xxxxxxxxxxx, xx, 99999

                        999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx                 mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                                              xxxxxxxxxxx, xx, 99999

                        999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx                 mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                                              xxxxxxxxxxx, xx, 99999

                        999999999999                          xxxxxxxxxxxxxxxxxxxxxxxx                 mm/dd/ccyy
                        XXXXXXXXXXXXXXXXXXXXXXXXX, X, X       xxxxxxxxxxxxxxxxxxxxxxxx
                                                              xxxxxxxxxxx, xx, 99999
```

MGD-0007-M PMP Assignments

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0007-M	MEQJM002	PMP Assignments

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all enrolled Hoosier Healthwise members, the PMP, and network to which the PMP belongs.

Purpose

This report is a reference tool for the state, 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, sort by member last name.

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly
IFSSA	CRLD	1	Monthly

Detailed Field Definitions

Last Name, FI — The member's last name and first initial as listed in the Indiana*AIM* tables.

RID — The member's Medicaid identification number as listed in the Indiana*AIM* tables.

PMP Name — The last and first names of the member's PMP as listed in the Indiana*AIM* tables.

PMP Phone Number — The phone number of the member's PMP as listed in the Indiana*AIM* tables.

Provider Number — The Medicaid provider number of the member's PMP.

Program — The Hoosier Healthwise program under which the member is enrolled [Risk-Based Managed Care (RBMC) or Primary Care Case Management (PCCM)].

MCO Name — If applicable, the name of the MCO in which the member is enrolled.

Total Number of Enrolled Members-County Name	The total number of members enrolled in the Hoosier Healthwise program for the displayed county.
Total Number of Enrolled Members-Statewide	The total number of members enrolled in the Hoosier Healthwise program for the entire state.

```
Report:        MGD-0007-M                                IndianaAIM                                    Date:       mm/dd/ccyy
Process:       XXXXXXXX                                PMP Assignments                                 Run Time:     HH:MM:SS
Location:      XXXXXXXX                             County: xxxxxxxxxxxxxxx                            Page:           99,999


Last Name, FI                          PMP Name                     Provider     Program                    MCO Name
Member ID                           PMP Phone Number                 Number

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999

xxxxxxxxxxxxxxx, x.    xxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx       999999999X       xxxx      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
999999999999            999-999-9999


Total Number of Enrolled Members - {County Name}                999,999

Total Number of Enrolled Members - Statewide                    999,999


                                   END OF REPORT

                                 NO DATA THIS RUN
```

MGD-0009-Q PCCM PMP Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0009-Q		PCCM PMP Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of services rendered to PCCM members who require PMP approval. The report, based on the current county of a member, extracts claims for PCCM members and categorizes them according to the criteria listed below. The report is run quarterly and accesses six months of claims data prior to the end of the reporting quarter. The report documents the data on a per month basis.

Purpose

The purpose of this report is to monitor services rendered to PCCM members quarterly.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Dates of Service

The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included in the month of the from date.

County

The county reported.

Month

The month reported

Office Visits:

Extract of claims details for PCCM enrollees who meet the following criteria:

FDOS later than Start date of Hoosier Healthwise segment and falls within the reporting period and the CPT code billed is one of the following:

99201-99215

99381-99387

99391-99397

99401-99404

99411-99412

99420-99429

99431-99440

W6511, W6512

and the detail allowed amount more than $0.00

PMP Rendered Office Visits: The rendering provider ID is the member's PMP ID on the FDOS of the claim.

Non-PMP Rendered Office Visits: The rendering provider ID is not the member's PMP ID on the FDOS of the claim.

Total The total for PMP-rendered and non-PMP-rendered for this category of service.

Inpatient Office Visits: Extract of claims details for PCCM enrollees who meet the following criteria:

FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99217-99238 and the detail allowed amount more than $0.00

PMP Rendered Inpatient Office Visits: The rendering provider ID is the member's PMP ID on the FDOS of the claim.

Non-PMP Rendered Inpatient Office Visits: The rendering provider ID is not the member's PMP ID on the FDOS of the claim.

Total The total for PMP-rendered and non-PMP-rendered for this category of service.

Emergency Room Services (Medical): Extract of claims details for PCCM enrollees who meet the following criteria:

FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99281-99288 and the detail allowed amount more than $0.00. This category is designed to capture the medical services rendered to the member, not the ER and ancillary services.

PMP Rendered Emergency Room Services: The rendering provider ID is the member's PMP ID on the FDOS of the claim.

Non-PMP Rendered Emergency Room Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Emergency Room Services:	Extract of claims rendered to members with Hoosier Healthwise segments which meet the following criteria: FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the claim contains a revenue code is 450. This category is designed to capture the ER and ancillary services rendered to a member, not the medical services.
Laboratory Services	Extract of claims details for PCCM enrollees who meet the following criteria:
PMP Rendered Laboratory Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim. FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed=30X, 31X, 75X, 90X, 92X **or** on HCFA-1500, the procedure code is 80000-89999 or Q0111-Q0116 **and** the detail allowed amount more than $0.00.
Non-PMP Rendered Laboratory Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
X-ray Services:	Extract of claims details for PCCM enrollees who meet the following criteria: FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed=28X, 32X, 33X, 34X, 35X, 40X **or** on HCFA-1500, the procedure code is 70000-79999 and the detail allowed amount more than $0.00
PMP Rendered X-ray Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Non-PMP Rendered X-ray Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Other PMP Services:	Extract of claims details for PCCM enrollees who meet the following criteria:

FDOS later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim did not meet any of the criteria of the above categories and the detail does not meet any of the criteria for excluded services.

See *Exclusions from PMP Services for PCCM*

Other PMP Rendered Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Other Non-PMP Rendered Services:	The rendering provider ID is not the member's PMP ETN on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Total Services	The total PMP services rendered to PCCM enrollees.
Total PMP Rendered Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Total Non-PMP Rendered Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Number of Allowed Details	The number of details meeting the criteria listed for the category of service and rendered breakdown.
Number of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category and rendered breakdown.
Total Dollars Allowed	The total number of dollars allowed for this category and rendered breakdown.
Allowed Per Claim	The total dollars allowed divided by the number of paid claims for this category rendered categories.
Allowed Per Member	The total dollars allowed per number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled PCCM members.
Percent of Enrollees Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

EXCLUSIONS FROM PMP SERVICES FOR PCCM

Claims rendered by provider type 03 are excluded from the extract because this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 240 (Pharmacy)
- 270-277 (Dental)
- 260-266 (Transportation)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning.

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82465	
86689	V25.0	84478	
85585	V25.01	82947	
87210	V25.02	80061	
86592	V25.09	82950	
87070	V25.1	99212	
87075	V25.3	99203	
87076	V25.4	99213	
87205	V25.5	W0677	
87110	V25.40	X3023	
87206	V25.41	99000	
86632	V25.49	55200	606.0
86317	V25.9	55300	606.8
87207	97.24	58301	628
88150	V25.42	58340	628.1
58300	V25.8	58750	628.3
88160	96.17	58770	628.8
87040		X3001	606
81000		56301	606.1
88150		56302	606.9
81002		11976	628.0
81015			628.2
81025			628.4
84702			628.9
84703			

Report: MGD-0009-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Hoosier Healthwise Program
Program Utilization Statistics
Primary Care Case Management
PMP Services
Dates of Service mm/dd/yy thru mm/dd/yy
County: xxxxxxxxxxxxxxxxxxxxxxxx
Month: xxxxxxxxxx

Date: mm/dd/ccyy
Run Time: HH:MM:SS
Page: 99,999

Category of Service	No. of Allowed Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Office Visits					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Inpatient Visits					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (Medical)					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (UB-92)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Laboratory Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
X-Ray Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Other PMP Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

TOTAL NUMBER OF RENDERING PROVIDERS: 999,999
TOTAL NUMBER OF ENROLLED MEMBERS: 999,999
PERCENT OF ENROLLEES RECEIVING SERVICES: 999.99%

MGD-0010-W Hoosier Healthwise PMP Addendum Requests>30 Days

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0010-W		Hoosier Healthwise PMP Addendum Requests>30 Days

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all Primary Medical Provider (PMP) addendum requests outstanding for more than 30 days. The job script is MGDJW410 and is in the AutoSys box PMGWJOBS. The job was last run 6/15/96.

Purpose

This report is used to inform the State and outreach contractor of all PMP addendum requests for which there has been no response within 30 days.

Sort Sequence

- *Primary -* Page break by county
- *Secondary -* Provider last name within each county

Distribution

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

Detailed Field Definitions

ETN	The enrollment tracking number of the PMP addendum.
Applicant Name	The name of the entity requesting the application.
Street Address	The street address to which the addendum was mailed.
Phone Number	The phone number of entity who requested the addendum.
Request Date	The date the addendum was requested.

```
Report:        MGD-0010-W                                IndianaAIM                                    Date:        mm/dd/ccyy
Process:       XXXXXXXX                          PMP Addendums > 30 Days                             Run Time:      HH:MM:SS
Location:      XXXXXXXX                                                                              Page:            99,999

     ETN                     Applicant Name                        Street Address            Phone Number      Request
                                                                                                              Date

  999999999     xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                             xxxxxxxxxxxxxxxxxxxxxxxx
                                                             xxxxxxxxxxxxxx, xx 99999-9999

  999999999     xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                             xxxxxxxxxxxxxxxxxxxxxxxx
                                                             xxxxxxxxxxxxxx, xx 99999-9999

  999999999     xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                             xxxxxxxxxxxxxxxxxxxxxxxx
                                                             xxxxxxxxxxxxxx, xx 99999-9999

  999999999     xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                             xxxxxxxxxxxxxxxxxxxxxxxx
                                                             xxxxxxxxxxxxxx, xx 99999-9999

  999999999     xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                             xxxxxxxxxxxxxxxxxxxxxxxx
                                                             xxxxxxxxxxxxxx, xx 99999-9999


                                                          END OF REPORT

                                                         NO DATA THIS RUN
```

MGD-0011-W Hoosier Healthwise PMP Addendums more than 60 Days

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0011-W		Hoosier Healthwise PMP Addendums more than 60 Days

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all Hoosier Healthwise Primary Medical Provider (PMP) addendums outstanding for 60 days.

The job script is MGDJW420 and is in the AutoSys box PMGWJOBS. The job was last run on 2/28/96.

Purpose

This report is used as a reference tool by the State and outreach contractor. Providers on this report are contacted by the outreach contractor to resolve any outstanding issues.

Sort Sequence

- *Primary -* Page break by county
- *Secondary -* Provider last name within each county

Distribution

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

Detailed Field Definitions

ETN The enrollment tracking number of the PMP addendum.

Applicant Name The name of the entity requesting the application.

Street Address The street address to which the addendum was mailed.

Phone Number The phone number of the entity who requested the addendum.

Request Date The date the addendum was requested.

```
Report:       MGD-0011-W                          IndianaAIM                                  Date:       mm/dd/ccyy
Process:      XXXXXXXX                     PMP Addendums > 60 Days                          Run Time:     HH:MM:SS
Location:     XXXXXXXX                                                                      Page:           99,999

     ETN                    Applicant Name                        Street Address            Phone Number      Request
                                                                                                            Date

  999999999    xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                           xxxxxxxxxxxxxxxxxxxxxxxx
                                                           xxxxxxxxxxxxxx, xx 99999-9999

  999999999    xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                           xxxxxxxxxxxxxxxxxxxxxxxx
                                                           xxxxxxxxxxxxxx, xx 99999-9999

  999999999    xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                           xxxxxxxxxxxxxxxxxxxxxxxx
                                                           xxxxxxxxxxxxxx, xx 99999-9999

  999999999    xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                           xxxxxxxxxxxxxxxxxxxxxxxx
                                                           xxxxxxxxxxxxxx, xx 99999-9999

  999999999    xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx     xxxxxxxxxxxxxxxxxxxxxxxx            999-999-9999     mm/dd/ccyy
                                                           xxxxxxxxxxxxxxxxxxxxxxxx
                                                           xxxxxxxxxxxxxx, xx 99999-9999

                                                END OF REPORT

                                              NO DATA THIS RUN
```

MGD-0012-W Hoosier Healthwise PMP Addendums Awaiting Additional Information

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0012-W		Hoosier Healthwise PMP Addendums Awaiting Additional Information

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all Primary Medical Provider (PMP) addendums returned to the applicant for additional information, but have not yet been resubmitted for processing.

The job script is MGDJW430 and is in the AutoSys box PMGWJOBS. The job was last run 3/6/96.

Purpose

This report is a reference tool for the State and outreach contractor. The report is used to monitor enrollments in the program and determine when intervention is necessary.

Sort Sequence

- *Primary* - Page break by county
- *Secondary* - Provider last name within each county

Distribution

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

Detailed Field Definitions

ETN — The enrollment tracking number of the PMP addendum.

Applicant Name — The name of the entity requesting the application.

Street Address — The street address to which the addendum was mailed.

Phone Number — The phone number of the entity who requested the addendum.

Return Date — The date the addendum was returned for additional information or correction.

Report:	MGD-0012-W	IndianaAIM	Date:	mm/dd/ccyy
Process:	XXXXXXXX	PMP Addendums Awaiting Additional Information	Run Time:	HH:MM:SS
Location:	XXXXXXXX		Page:	99,999

ETN	Applicant Name	Street Address	Phone Number	Return Date
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx Xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy
999999999	xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxx, xx 99999-9999	999-999-9999	mm/dd/ccyy

END OF REPORT

NO DATA THIS RUN

MGD-0013-W Unassigned Hoosier Healthwise Eligibles 20 Days more than Identification Date

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0013-W		Unassigned Hoosier Healthwise Eligibles 20 Days more than Identification Date

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of all mandatory Hoosier Healthwise members who are identified by the Indiana*AIM* system more than 20 days ago, but have not yet selected a Primary Medical Provider (PMP).

The job script is MGDJW400 and is in the AutoSys box PMGWJOBS. The job was last run 6/15/96.

Purpose

This report is used by the outreach contractor to perform follow-up on member enrollments. This listing provides a mechanism to help identify those members who may require outside intervention in order to select a PMP.

Sort Sequence

- *Primary* - Page break by county
- *Secondary* - Member last name within each county

Distribution

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

Detailed Field Definitions

Member Name The member's last and first name

RID The member's Medicaid identification number

Street Address The member's street address

Redetermine/New Indicates whether the member is tracked as result of redetermination (*R*) or new (*N*) Medicaid eligibility.

Add Date	The date the member was identified as a mandatory Hoosier Healthwise enrollee. This is the redetermination date for existing eligibles and the date new eligibles were added to the Medicaid tables. The member is auto-assigned if no response is received within 30 days of this date.

```
Report:        MGD-0013-W                          IndianaAIM                                  Date:        mm/dd/ccyy
Process:       XXXXXXXX                 Unassigned Hoosier Healthwise Elgibiles               Run Time:      HH:MM:SS
Location:      XXXXXXXX                      20 Days > Identification Date                    Page:           99,999
                                               County: xxxxxxxxxxxxxxxx

Member Name                                       Street Address            Redetermine/New      Add Date
RID

xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      Xxxxxxxxxxxxxxxxxxxxxxxx                  X           mm/dd/ccyy
                                            xxxxxxxxxxxxxxxxxxxxxxxx
                                            xxxxxxxxxxxxxx, xx 99999-9999

xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx                  X           mm/dd/ccyy
                                            xxxxxxxxxxxxxxxxxxxxxxxx
                                            xxxxxxxxxxxxxx, xx 99999-9999

xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx                  X           mm/dd/ccyy
                                            xxxxxxxxxxxxxxxxxxxxxxxx
                                            xxxxxxxxxxxxxx, xx 99999-9999

xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx                  X           mm/dd/ccyy
                                            xxxxxxxxxxxxxxxxxxxxxxxx
                                            xxxxxxxxxxxxxx, xx 99999-9999

xxxxxxxxxxxxxxxxxxxxxxxxx,xxxxxxxxxxxxx      xxxxxxxxxxxxxxxxxxxxxxxx                  X           mm/dd/ccyy
                                            xxxxxxxxxxxxxxxxxxxxxxxx
                                            xxxxxxxxxxxxxx, xx 99999-9999


                                                   END OF REPORT

                                                 NO DATA THIS RUN
```

MGD-0019-Q Members Receiving Prenatal Care in the First Trimester

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0019-Q		Members Receiving Prenatal Care in the First Trimester

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report captures first trimester services paid for members. The report captures six months of data prior to the end of the reporting quarter to ensure that all services rendered to a member are captured. The data is reported for paid claims for first trimester services with dates of service in each month.

Purpose

The report is designed to ensure that members receive three prenatal office visits during the first trimester of pregnancy. The state's outreach contractor uses this report to assist providers in rendering required prenatal care.

Sort Sequence

- *Primary* - County
- *Secondary* - Members assigned to MCOs, sorted by PMP
- *Tertiary* - Members assigned to PCCM, sorted by PMP
- *Quartentary* - Unassigned members

Distribution

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

Detailed Field Definitions

Reporting Quarter The quarter of the year reported.

County The county of the PMP reported.

MCO Name The name of the Managed Care Organization reported.

Primary Medical Provider Name The name of the PMP reported.

Primary Medical Provider Number The Medicaid number of the PMP assigned by the Indiana*AIM* system.

Primary Medical Provider Phone	The phone number of the PMP reported.
Primary Medical Provider Specialty	The specialty of the PMP reported.
Office Visits	Prenatal office visits paid in the first trimester.
Number of Occurrences	The total number of Z1 prenatal office visits (procedure codes 59425 or 59426) paid for dates of service within each month.
Number of Members	The number of members who received the services for dates of service within each month. This is a count of unduplicated members within each month. The Totals within each month and for the quarter are also a count of unduplicated members.
Normal	Refers to the type of pregnancy from the diagnosis codes. Those prenatal office visits paid with any of the following as a primary diagnosis code: V22.0, V22.1, and V60-62.
AFDC Members	Those members who are in AID Category: MA-C, MA-F, MA-H, MA-S, MA-T, MA-U, MA-M, and MA-1.
AFDC Related	Those members who are in AID Category: MA-E, MA-N, MA-Y, and MA-2.
High Risk	Refers to the type of pregnancy from the diagnosis codes. Those prenatal office visits paid with any of the following diagnosis codes: V23.1, V23.2, V23.3, V23.4, V23.5, V23.8, V23.9, 140-239, 282.6, 282.7, 345, 480-486, 491, 493, 640.0, 641.1-641.9, 642.0-642.7, 642.9, 644.0, 644.1, 644.2, 646.1, 646.3, 646.6-647.3, 648.0, 648.1, 648.2, 648.4, 648.6, 648.8, 651.0, 651.9, 654.0, 654.1, 654.2, 654.5, 654.6, 654.7, 655.2, 655.3, 656.0, 656.2, 657, 658.0, 658.1, 659.5, 671.3, and 760.5.
Average Number of Office Visits Per Member	The total number of office visit occurrences within each month divided by the number of members receiving those services within each month. This calculation is performed on each category, for each month, and for the quarter..
Percent of Pregnant Women Who Received Three Prenatal Office Visits in the First Trimester	The total number of members who received the third prenatal office visit prior to the delivery divided by the total number of members who had deliveries within each month. This calculation is performed on each category, for each month, and for the quarter.

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
Run Time: HH:MM:SS
Page 99,999

MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx, x.
Primary Medical Provider Number:999999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	**TOTALS**
Normal:							
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:							
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:							

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

Date: mm/dd/ccyy
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

Date: mm/dd/ccyy
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

RBMC SUMMARY PAGE
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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Primary Care Case Management

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxx, x.
Primary Medical Provider Number:99999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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Primary Care Case Management

PCCM Summary Page
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Primary Care Case Management

PCCM Summary Page
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Hoosier Healthwise Summary Page
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
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Unassigned Members

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

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Members Receiving Prenatal Care in the First Trimester
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Unassigned Members

Summary Page

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0019-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the First Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Total Statewide Members
Report Months
Number of Occurrences/Number of Members

Office Visits

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	**TOTALS**
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL:							

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the First Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

MGD-0020-Q Members Receiving Prenatal Care in the Second Trimester

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0020-Q		Members Receiving Prenatal Care in the Second Trimester

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report captures second trimester services paid for members. The report captures six months of data prior to the end of the reporting quarter to ensure that all services rendered to a member are captured. The data is reported for paid claims for second trimester services with dates of service in each month.

Purpose

The report is designed to ensure that members receive three prenatal office visits during the second trimester of pregnancy. The state's outreach contractor uses this report to assist providers in rendering required prenatal care.

Sort Sequence

- *Primary* - County, members assigned to MCOs, sorted by PMP
- *Secondary* - Members assigned to PCCM, sorted by PMP
- *Tertiary* - Unassigned members

Distribution

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

Detailed Field Definitions

Reporting Quarter The quarter of the year reported.

County The county of the PMP reported.

MCO Name The name of the Managed Care Organization reported.

Primary Medical Provider Name The name of the PMP reported.

Primary Medical Provider Number The Medicaid number of the PMP assigned by the Indiana*AIM* system.

Primary Medical Provider Phone The phone number of the PMP reported.

Primary Medical Provider Specialty	The specialty of the PMP reported.
Office Visits	Prenatal office visits paid in the second trimester.
Number of Occurrences	The total number of Z2 prenatal office visits (procedure codes 59425 or 59426) paid for dates of service within each month.
Number of Members	The number of members who received the services for dates of service within each month. This is a count of unduplicated members within each month. The Totals within each month and for the quarter are also a count of unduplicated members.
Normal	Refers to the type of pregnancy from the diagnosis codes. Those prenatal office visits paid with any of the following as a primary diagnosis code: V22.0, V22.1, and V60-62.
AFDC Members	Those members who are in AID Category: MA-C, MA-F, MA-H, MA-S, MA-T, MA-U, MA-M, and MA-1.
AFDC Related	Those members who are in AID Category: MA-E, MA-N, MA-Y, and MA-2.
High Risk	Refers to the type of pregnancy from the diagnosis codes. Prenatal office visits paid with any of the following diagnosis codes: V23.1, V23.2, V23.3, V23.4, V23.5, V23.8, V23.9, 140-239, 282.6, 282.7, 345, 480-486, 491, 493, 640.0, 641.1-641.9, 642.0-642.7, 642.9, 644.0, 644.1, 644.2, 646.1, 646.3, 646.6-647.3, 648.0, 648.1, 648.2, 648.4, 648.6, 648.8, 651.0, 651.9, 654.0, 654.1, 654.2, 654.5, 654.6, 654.7, 655.2, 655.3, 656.0, 656.2, 657, 658.0, 658.1, 659.5, 671.3, or 760.5.
Average Number of Office Visits Per Member	The total number of office visit occurrences within each month divided by the number of members receiving those services within each month. This calculation is performed for each category, for each month, and for the quarter.
Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester.	The total number of members who received the third prenatal office visit prior to the delivery divided by the total number of members who had deliveries within each month. This calculation is performed for each category, for each month, and for the quarter.

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Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx, x.
Primary Medical Provider Number:999999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

RBMC SUMMARY PAGE
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	**TOTALS**
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL:							

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
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Primary Care Case Management

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx, x.
Primary Medical Provider Number:99999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

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Primary Care Case Management

PCCM Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Primary Care Case Management

PCCM Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	**TOTALS**
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL:							

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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Unassigned Members

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Unassigned Members

Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0020-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Second Trimester
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Total Statewide Members

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	**TOTALS**
Normal:							
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:							
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:							

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 3 Prenatal Office Visits in the Second Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

MGD-0021-Q Members Receiving Prenatal Care in the Third Trimester

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0021-Q		Members Receiving Prenatal Care in the Third Trimester

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report captures third trimester services paid for members. The report captures six months of data prior to the end of the reporting quarter to ensure that all services rendered to a member are captured. The data is reported for paid claims for third trimester services with dates of service in each month.

Purpose

The report is designed to ensure that members receive eight prenatal office visits in the third trimester of pregnancy. The state's outreach contractor uses this report to assist providers in rendering required prenatal care.

Sort Sequence

- *Primary* - County, members assigned to MCOs, sorted by PMP
- *Secondary* - Members assigned to PCCM, sorted by PMP
- *Tertiary* - Unassigned members

Distribution

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

Detailed Field Definitions

Reporting Month	The month of the year reported.
County	The county of the PMP reported.
MCO Name	The name of the Managed Care Organization reported.
Primary Medical Provider Name	The name of the PMP reported.
Primary Medical Provider Number	The Medicaid number of the PMP assigned by the Indiana*AIM* system.
Primary Medical Provider Phone	The phone number of the PMP reported.

Primary Medical Provider Specialty	The specialty of the PMP reported.
Office Visits	Prenatal office visits paid in the third trimester.
Number of Occurrences	The total number of Z3 prenatal office visits (procedure codes 59425 or 59426) paid for dates of service within each month.
Number of Members	The number of members who received the services for dates of service within each month. This is a count of unduplicated members within each month. The Totals within each month and for the quarter are also a count of unduplicated members.
Normal	Refers to the type of pregnancy from the diagnosis codes. Those prenatal office visits paid with any of the following as a primary diagnosis code: V22.0, V22.1, and V60-62.
AFDC Members	Those members who are in AID Category: MA-C, MA-F, MA-H, MA-S, MA-T, MA-U, MA-M, and MA-1.
AFDC Members	Those members who are in Aid Category: MA-E, MA-N, MA-Y, and MA-2.
High Risk	Refers to the type of pregnancy from the diagnosis codes. Those prenatal office visits paid with any of the following diagnosis codes: V23.1, V23.2, V23.3, V23.4, V23.5, V23.8, V23.9, 140-239, 282.6, 282.7, 345, 480-486, 491, 493, 640.0, 641.1-641.9, 642.0-642.7, 642.9, 644.0, 644.1, 644.2, 646.1, 646.3, 646.6-647.3, 648.0, 648.1, 648.2, 648.4, 648.6, 648.8, 651.0, 651.9, 654.0, 654.1, 654.2, 654.5, 654.6, 654.7, 655.2, 655.3, 656.0, 656.2, 657, 658.0, 658.1, 659.5, 671.3, and 760.5.
Average Number of Office Visits Per Member	The total number of office visit occurrences within each month divided by the number of members receiving those services within each month. This calculation is performed for each category, for each month, and for the quarter.
Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester	The total number of members who received the eighth prenatal office visit prior to the delivery divided by the total number of members who had deliveries within each month. This calculation is performed for each category, for each month, and for the quarter.

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the
Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxxx, x.
Primary Medical Provider Number:999999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
Run Time: HH:MM:SS
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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Third Trimester Services Rendered
for Members with Deliveries
Reporting Quarter: xxxxxxxxxxxx, ccyy

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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

MCO SUMMARY PAGE

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

RBMC SUMMARY PAGE

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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Primary Care Case Management

Primary Medical Provider Name: xxxxxxxxxxxxxxxxxxxxxxxx, xxxxxxxxxxxx, x.
Primary Medical Provider Number:99999999
Primary Medical Provider Phone: 999-999-9999
Primary Medical Provider Specialty: xxxxxxxxxxxxxxxx

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Reciepients Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
County: xxxxxxxxxxxxxxxxxxxxxxxxx

Date: mm/dd/ccyy
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Primary Care Case Management

PCCM Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

Date: mm/dd/ccyy
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Primary Care Case Management

PCCM Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Hoosier Healthwise Summary Page
Report Months

Office Visits

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy
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Unassigned Members

Office Visits

Report Months
Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
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Unassigned Members

Summary Page

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**
Normal:															
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:															
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:															

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

Report: MGD-0021-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Members Receiving Prenatal Care in the Third Trimester
Reporting Quarter: xxxxxxxxxxxx, ccyy

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Total Statewide Members

Office Visits

Report Months

Number of Occurrences/Number of Members

	xxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		xxxxxxxxxx		**TOTALS**	
Normal:														
AFDC Members	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
AFDC Related	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
Total:	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
High Risk:														
AFDC Members	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
AFDC Related	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
Total:	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
TOTAL:														

Average Number of Office Visits Per Member

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	AVERAGE TOTALS
Normal:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
High Risk:							
AFDC Members	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AFDC Related	999,999	999,999	999,999	999,999	999,999	999,999	999,999
Average Total:	999,999	999,999	999,999	999,999	999,999	999,999	999,999
AVERAGE TOTAL:	999,999	999,999	999,999	999,999	999,999	999,999	999,999

Percent of Pregnant Women Who Received 8 Prenatal Office Visits in the Third Trimester

	xxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	PERCENT TOTALS
Normal:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
High Risk:							
AFDC Members	999.99	999.99	999.99	999.99	999.99	999.99	999.99
AFDC Related	999.99	999.99	999.99	999.99	999.99	999.99	999.99
Percent Total:	999.99	999.99	999.99	999.99	999.99	999.99	999.99
PERCENT TOTAL:	999.99	999.99	999.99	999.99	999.99	999.99	999.99

MGD-0022-BA Dollars Appropriated to Managed Care Specialties

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0022-BA		Dollars Appropriated to Managed Care Specialties

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a listing of the dollars spent by program type, by specific managed care provider specialties and non-managed care providers by county and by age categories. The dollars are tracked by individual providers and providers who are part of a group.

Purpose

This report is a reference tool for the state, the outreach contractor, and EDS. The report may be used to analyze the dollars spent on each program by managed care provider specialties by member type for specific counties.

Sort Sequence

- *Primary* - County, specialty
- *Secondary* - Program type
- *Tertiary* - Member type

Distribution

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

Detailed Field Definitions

County — The county reported.

Month — The month reported. There is a six-month reporting period for each specialty.

Specialty — The provider specialty reported: general internists, general practitioners, family practitioners, family practitioners who also practice obstetrics, OB/GYNs, and pediatricians.

PCCM — The primary care case management program. The member is assigned to a provider in the PCCM program. Any services described below rendered or authorized for PCCM members by this provider, during the reporting month, fall under this category.

AFDC Adult Male	Those members in aid category: MAC, MAF, MAH, MAS, or MAU, with a sex indicator of *M* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Adult Female	Those members in aid category: MAC, MAF, MAH, MAS, MAU, or MAM, with a sex indicator of *F* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Child	Those members in aid category: MAC, MAF, MAH, MAS, MAU, MAT, or MA1, and have not reached their 21st birthday by the beginning of the reporting month.
AFDC Related Mother	Those members in aid category: MAE or MAN, with a sex indicator of *F*.
AFDC Related Child	Those members in aid category: MAX, MAY, MAZ, or MA2, and have not reached their 21st birthday by the beginning of the reporting month.
PMP Rendered	The total dollars allowed for the reported dates of service for Managed Care covered PMP services rendered by a provider in the reported month, specialty, and program. Services are considered PMP-rendered if the provider is the member's PMP.
PMP Authorized	The total dollars allowed for reported dates of service for Managed Care covered PMP services authorized by the member's PMP for the reported month, specialty and program. Services are considered PMP authorized if the rendering provider is not the member's PMP for the dates of service, and the two-digit PMP authorization code is present for providers not in a group.
Non-PMP Services	The total dollars allowed for the reported dates of service, for Medicaid covered, non-Managed Care covered services for the reported month, specialty and program.
RBMC	The risk based managed care program. The member is assigned to a provider in the RBMC program. Any services described below rendered or authorized by this provider falls under this category.
AFDC Adult Male	Those members in aid category: MAC, MAF, MAH, MAS, or MAU, with a sex indicator of *M* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Adult Female	Those members in aid category: MAC, MAF, MAH, MAS, MAU, or MAM, with a sex indicator of *F* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Child	Those members in aid category: MAC, MAF, MAH, MAS, MAU, MAT, or MA1, and have not reached their 21st birthday by the beginning of the reporting month.
AFDC Related Mother	Those members in aid category: MAE or MAN, and have a sex indicator of *F*.
AFDC Related Child	Those members in aid category: MAX, MAY, MAZ, or MA2, and have not reached their 21st birthday by the beginning of the reporting month.

PMP Rendered	The total dollars allowed for the reported dates of service for Managed Care covered PMP services rendered by the provider for the reported month, specialty, and program. Services are considered PMP-rendered if the rendering provider is the member's PMP.
PMP Authorized	The total dollars allowed for the reported dates of service for Managed Care covered PMP services authorized by the member's PMP for the reported month, specialty and program. Services are considered PMP authorized if the rendering provider is not the member's PMP for the dates of service and the two-digit PMP authorization code is present for providers not in a group.
Non-PMP Services	The total dollars allowed for the reported dates of service for Medicaid covered non-Managed Care covered services for the reported month, specialty and program.
Non-PMP	Those doctors practicing the reported specialty who are not participating in the managed care program.
AFDC Adult Male	Those members in aid category: MAC, MAF, MAH, MAS, or MAU, with a sex indicator of *M* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Adult Female	Those members in aid category: MAC, MAF, MAH, MAS, MAU, or MAM, with a sex indicator of *F* and have reached their 21st birthday before the beginning of the reporting month.
AFDC Child	Those members in aid category: MAC, MAF, MAH, MAS, MAU, MAT, or MA1, and have not reached their 21st birthday by the beginning of the reporting month.
AFDC Related Mother	Those members in aid category: MAE or MAN, and have a sex indicator of *F*.
AFDC Related Child	Those members in aid category: MAX, MAY, MAZ, or MA2, and have not reached their 21st birthday by the beginning of the reporting month.
PMP Rendered	The total dollars allowed for the reported dates of service for Managed Care covered PMP services rendered by the provider for the reported month, specialty, and program. Services are considered PMP-rendered if the rendering provider is the member's PMP.
PMP Authorized	The total dollars allowed for the reported dates of service for Managed Care covered PMP services authorized by the member's PMP for the reported month, specialty and program. Services are considered PMP authorized if the rendering provider is not the member's PMP for the dates of service and the two-digit PMP authorization code is present for providers not in a group.
Non-PMP Services	The total dollars allowed for the reported dates of service, for Medicaid covered, non-Managed Care covered services for the reported month, specialty and program.
Totals	Summation of the various columns

Year-to-date	Calendar year-to-date summaries of the program types, type of members, and dollars per member calculations.

EXCLUSIONS FROM PMP SERVICES FOR PCCM

Claims rendered by provider type 03 are excluded from the extract since this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 240 (Pharmacy)
- 270-277 (Dental)
- 260-266 (Transportation)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning.

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82947	
86689	V25.0	80061	
85585	V25.01	82950	
87210	V25.02	99212	
86592	V25.09	99203	
87070	V25.1	99213	
87075	V25.3	W0677	
87076	V25.4	X3023	
87205	V25.5	99000	
87110	V25.40	55200	606.0
87206	V25.41	55300	606.8
86632	V25.49	58301	628
86317	V25.9	58340	628.1
87207	97.24	58750	628.3
88150	V25.42	58770	628.8
58300	V25.8	X3001	606
88160	96.17	56301	606.1
87040		56302	606.9
81000		11976	628.0
88150			628.2
81002			628.4
81015			628.9
81025			
84702			
84703			
82465			
84478			

EXCLUSIONS FROM PMP SERVICES FOR MCO

Claims rendered by provider type 03 are excluded from the extract since this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning **IF the rendering provider is not within the same network as the member.**

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82947	
86689	V25.0	80061	
85585	V25.01	82950	
87210	V25.02	99212	
86592	V25.09	99203	
87070	V25.1	99213	
87075	V25.3	W0677	
87076	V25.4	X3023	
87205	V25.5	99000	
87110	V25.40	55200	606.0
87206	V25.41	55300	606.8
86632	V25.49	58301	628
86317	V25.9	58340	628.1
87207	97.24	58750	628.3
88150	V25.42	58770	628.8
58300	V25.8	X3001	606
88160	96.17	56301	606.1
87040		56302	606.9
81000		11976	628.0
88150			628.2
81002			628.4
81015			628.9
81025			
84702			
84703			
82465			
84478			

Report: MGD-0022-BA
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Dollars Appropriated to Managed Care Specialties
County: xxxxxxxxxxxxxxx
Month: xxxxxxxxxx
Specialty: xxxxxxxxxxxx

Date: mm/dd/ccyy
Run Time: HH:MM:SS
Page: 99,999

PCCM:
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

RBMC:
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

Non-PMP
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Totals:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

```
Report:        MGD-0022-BA                          IndianaAIM                                    Date:        mm/dd/ccyy
Process:       XXXXXXXX                 Dollars Appropriated to Managed Care Specialties          Run Time:      HH:MM:SS
Location:      XXXXXXXX                         County Totals: xxxxxxxxxxxxxxx                    Page:            99,999
                                                      Month: xxxxxxxxx
```

PCCM:

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

RBMC:

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

Non-PMP

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Totals:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

```
Report:        MGD-0022-BA                          IndianaAIM                                    Date:        mm/dd/ccyy
Process:       XXXXXXXX                 Dollars Appropriated to Managed Care Specialties          Run Time:      HH:MM:SS
Location:      XXXXXXXX                                Statewide                                  Page:            99,999
                                                    Month:  xxxxxxxxxx
                                               Specialty: xxxxxxxxxxxxxxxxxx
```

PCCM:

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

RBMC:

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

Non-PMP

Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Totals:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

Report: MGD-0022-BA
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
Dollars Appropriated to Managed Care Specialties
Statewide
Month: xxxxxxxxxx

Date: mm/dd/ccyy
Run Time: HH:MM:SS
Page: 99,999

PCCM:
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

RBMC:
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

Non-PMP
Type of member: Dollars per Member

	PMP Rendered	PMP Authorized	Non-PMP Services	Totals:	Year to Date
AFDC Adult Male	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Adult Female	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Mother	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
AFDC Related Child	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Total:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx
Totals:	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx,xxx	$xxx,xxx,xxx	$xxx,xxx,xxx

MGD-0023-Q PCCM Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0023-Q		PCCM Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled in the Primary Care Case Management component of the Hoosier Healthwise program according to the provider linkages.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly
Outreach Contractor	CRLD	0	Quarterly

Detailed Field Definitions

Reporting Quarter — The quarter and year reported.

County — The county reported.

Total All Counties — The total number of members assigned to the various provider specialties in all counties.

AFDC Adult Male — Members with an aid category of MAC, MAF, MAH, MAS, or MAU, who have a sex indicator of *M*, are 21 years on the last day of the reporting quarter, and enrolled in PCCM.

AFDC Adult Female — Members with an aid category of MAC, MAF, MAH, MAS, MAU, or MAM, who have a sex indicator of *F*, are 21 years old as of the last day of the reporting quarter, and enrolled in PCCM.

AFDC Child — Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAT, or MA1, who are less than 21 years old as of the last day of the reporting quarter, and enrolled in PCCM.

AFDC-Related Mother	Members with an aid category of MAE or MAN, who have a sex indicator of *F*, and enrolled in PCCM.
AFDC-Related Child	Members with an aid category of MAX, MAY, MAZ, or MA2, who are less than 21 years old as of the last day of the reporting quarter, and enrolled in PCCM.
All Aid Categories	All members in these aid categories.
Zero to less than 13 years old.	Members residing in the county reported who have not yet reach their 13th birthday as of the end of the quarter reported.
13 years old to less than 21 years old.	Members residing in the county reported who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 years old and older.	Members residing in the county reported who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members (with various age ranges) in this county assigned to a particular provider specialty.
FP (Family Practice)	The number of members in this category assigned to a PMP with a specialty of 318.
GP (General Practice)	The number of members in this category assigned to a PMP with a specialty of 316.
IM (Internal Medicine)	The number of members in this category assigned to a PMP with a specialty of 344.
PED (Pediatrician)	The number of members in this category assigned to a PMP with a specialty of 345.
OB/Gyn	The number of members in this category assigned to a PMP with a specialty of 328.
Total	The total number of members assigned to this aid category to the various provider specialties.

```
Report:        MGD-0023-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    PCCM Enrollee                Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics        Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx
```

	FP	GP	IM	PED	OB/GYN	TOTAL
AID CATEGORY/AGE BREAKDOWN						
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

```
Report:        MGD-0023-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    PCCM Enrollee                Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics        Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                        County: ALL COUNTIES
```

	FP	GP	IM	PED	OB/GYN	TOTAL
AID CATEGORY/AGE BREAKDOWN						
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

END OF REPORT
NO DATA THIS RUN

MGD-0024-Q RBMC Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0024-Q		RBMC Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled in the Risk-Based Managed Care component of the Hoosier Healthwise program according to the provider linkages.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County
- *Secondary -* MCO

Distribution

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

Detailed Field Definitions

Reporting Month — The quarter and year reported.

County — The county reported.

MCO Name: — The name of the Managed Care Organization (MCO) reported.

Total All Counties — The total number of members assigned to the various provider specialties in all counties.

AFDC Adult Male — Members with an aid category of MAC, MAF, MAH, MAS, or MAU, who have a sex indicator of *N*, are 21 years old as of the end of the reporting quarter, and enrolled in RBMC with a given MCO.

AFDC Adult Female — Members with an aid category of MAC, MAF, MAH, MAS, MAU, or MAM, who have a sex indicator of *F*, are 21 years old as of the end of the reporting quarter, and enrolled in RBMC with a given MCO.

AFDC Child	Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAT, or MA1, who are less than 21 years old as of the end of the reporting quarter, and enrolled in RBMC with a given MCO.
AFDC Related Mother	Members with an aid category of MAE or MAN, who have a sex indicator of *F*, and enrolled in RBMC with a given MCO.
AFDC Related Child	Members with an aid category of MAX, MAY, MAZ, or MA2, who are less than 21 years old as of the end of the reporting quarter, and enrolled in RBMC with a given MCO.
All Aid Categories	All members in these aid categories.
Zero To Less Than 13 Years Old	Members residing in the county reported who have not yet reach their 13th birthday as of the end of the quarter reported.
13 To Less Than 21 Years Old.	Members residing in the county reported who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 Years Old And Older.	Members residing in the county reported who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members (with various age ranges) in this county assigned to a particular provider specialty.
FP (Family Practice)	The number of members in this category assigned to a PMP with a specialty of 318.
GP (General Practice)	The number of members in this category assigned to a PMP with a specialty of 316.
IM (Internal Medicine)	The number of members in this category assigned to a PMP with a specialty of 344.
PED (Pediatrician)	The number of members in this category assigned to a PMP with a specialty of 345.
OB/GYN	The number of members in this category assigned to a PMP with a specialty of 328.
TOTAL	The total number of members assigned to this aid category to the various provider specialties.
TOTAL RBMC	The total number of members participating under Risk-Based Managed Care.

```
Report:        MGD-0024-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee                 Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx

MCO Name:  xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

AID CATEGORY/AGE BREAKDOWN	FP	GP	IM	PED	OB/GYN	TOTAL
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

```
Report:        MGD-0024-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee                Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics        Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx
```

TOTAL RBMC

AID CATEGORY/AGE BREAKDOWN	FP	GP	IM	PED	OB/GYN	TOTAL
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

```
Report:        MGD-0024-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee               Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics       Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                        County: ALL COUNTIES
MCO Name:  xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

AID CATEGORY/AGE BREAKDOWN	FP	GP	IM	PED	OB/GYN	TOTAL
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

Report: MGD-0024-Q
Process: XXXXXXXX
Location: XXXXXXXX

IndianaAIM
RBMC Enrollee
Participant Characteristics
Reporting Quarter: XXXXX, ccyy
County: ALL COUNTIES

Date: mm/dd/ccyy
Run Time: HH:MM:SS
Page: 99,999

TOTAL RBMC

AID CATEGORY/AGE BREAKDOWN	FP	GP	IM	PED	OB/GYN	TOTAL
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

END OF REPORT
NO DATA THIS RUN

MGD-0025-Q Hoosier Healthwise Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0025-Q		Hoosier Healthwise Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled the Hoosier Healthwise program according to the provider linkages.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Reporting Month — The quarter and year reported.

County — The county reported.

Total All Counties — The total number of members assigned to the various provider specialties in all counties.

AFDC Adult Male — Members with an aid category of MAC, MAF, MAH, MAS, or MAU, who have a sex indicator of *M*, are 21 years old as of the last day of the reporting quarter, and enrolled in Hoosier Healthwise.

AFDC Adult Female — Members with an aid category of MAC, MAF, MAH, MAS, MAU, or MAM, who have a sex indicator of *F*, are 21 years old as of the last day of the reporting quarter, and enrolled in Hoosier Healthwise.

AFDC Child — Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAT, or MA1, who are less than 21 years old as of the last day of the reporting quarter, and enrolled in Hoosier Healthwise.

AFDC Related Mother — Members with an aid category of MAE or MAN, who have a sex indicator of *F*, and enrolled in Hoosier Healthwise.

AFDC Related Child	Members with an aid category of MAX, MAY, MAZ, or MA2, who are less than 21 years old as of the last day of the reporting quarter, and enrolled in Hoosier Healthwise.
All Aid Categories	All members in these aid categories.
Zero to less than 13 years old	Members residing in the county who have not yet reached their 13th birthday as of the end of the quarter reported.
13 years old to less than 21 years old.	Members residing in the county who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 years old and older.	Members residing in the county who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members (with various age ranges) in this county assigned to a particular provider specialty.
FP (Family Practice)	The number of members in this category assigned to a PMP with a specialty of 318.
GP (General Practice)	The number of members in this category assigned to a PMP with a specialty of 316.
IM (Internal Medicine)	The number of members in this category assigned to a PMP with a specialty of 344.
Ped (Pediatrician)	The number of members in this category assigned to a PMP with a specialty of 345.
OB/Gyn	The number of members in this category assigned to a PMP with a specialty of 328.
Total	The total number of members assigned to this aid category to the various provider specialties.

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Report:        MGD-0025-Q                    IndianaAIM                    Date:        mm/dd/ccyy
Process:       XXXXXXXX               Hoosier Healthwise Enrollee         Run Time:      HH:MM:SS
Location:      XXXXXXXX               Participant Characteristics         Page:            99,999
                                    Reporting Quarter:  XXXXX, ccyy
                                       County: xxxxxxxxxxxxxxxx
```

AID CATEGORY/AGE BREAKDOWN	FP	GP	IM	PED	OB/GYN	TOTAL
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

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Report:        MGD-0025-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX              Hoosier Healthwise Enrollee         Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:           99,999
                                  Reporting Quarter:  XXXXX, ccyy
                                       County: ALL COUNTIES
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	FP	GP	IM	PED	OB/GYN	TOTAL
AID CATEGORY/AGE BREAKDOWN						
AFDC ADULT MALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC ADULT FEMALE						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED MOTHER						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
AFDC RELATED CHILD						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999
ALL AID CATEGORIES						
0 to < 13 years	999,999	999,999	999,999	999,999	999,999	999,999
13 to <21 years	999,999	999,999	999,999	999,999	999,999	999,999
21 and older	999,999	999,999	999,999	999,999	999,999	999,999
TOTAL	999,999	999,999	999,999	999,999	999,999	999,999

END OF REPORT
NO DATA THIS RUN

MGD-0026-Q RBMC Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0026-Q		RBMC Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled in Managed Care Organizations (MCO) according to the member characteristics.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County
- *Secondary -* MCO

Distribution

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

Detailed Field Definitions

Reporting Quarter	The quarter and year reported.
MCO Name	The name of the MCO (Managed Care Organization) reported. The report includes a section of all MCOs enrollees within the county and in total.
County	The county reported. The report includes a summary of all counties.
Newborn to less than 13 years old	Members residing in the county reported who have not yet reach their 13th birthday as of the end of the quarter reported.
13 years old to less than 21 years old	Members residing in the county reported who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 years old and older	Members residing in the county reported who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members.

White	Members with a race code of (1)
Black	Members with a race code of (2)
Asian	Members with a race code of (3)
Indian	Members with a race code of (4)
Hispanic	Members with a race code of (5)
Other	Members with a race code of (6)
All Race Codes	The total number of members in all race codes.
Aid Category	Those member's aid category according to the following categories:
AFDC	Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAM, MAT, or MA1, and enrolled in Hoosier Healthwise.
AFDC Related Mother	Members with an aid category of MA-E or MA-N, who have a sex indicator of *F*, and enrolled in Hoosier Healthwise.
AFDC Related Child	Members with an aid category of MA-X, MA-Y, MA-Z, or MA-2, who are less than 21 years old as of the last day of the reporting quarter, and enrolled in Hoosier Healthwise
All	All members in these aid categories.
Male	Members with a sex code of (M).
Female	Members with a sex code of (F).
Total	The total number of members in this county for the specific category.
% of Total Race	The percent of the total enrollee race population described by this category.
% of Total	The percent of the total enrollee population described by this category.

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Report:        MGD-0026-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee                 Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx

MCO Name:      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

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Report:        MGD-0026-Q                    IndianaAIM                  Date:        mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee                 Run Time:      HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:            99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx

Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

```
Report:        MGD-0026-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee                 Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                        County: ALL COUNTIES

MCO Name:      xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

```
Report:        MGD-0026-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    RBMC Enrollee               Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics       Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                         County:ALL COUNTIES

Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

END OF REPORT

NO DATA THIS RUN

MGD-0027-Q PCCM Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0027-Q		PCCM Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled in Primary Case Management according to the member characteristics.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Reporting Quarter	The quarter and year reported.
County	The county reported. The report includes a summary of all counties.
Newborn to less than 13 years old	Members residing in the county reported who have not yet reach their 13th birthday as of the end of the quarter reported.
13 years old to less than 21 years old	Members residing in the county reported who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 years old and older	Members residing in the county reported who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members.
White	Members with a race code of (1)
Black	Members with a race code of (2)
Asian	Members with a race code of (3)

Indian	Members with a race code of (4)
Hispanic	Members with a race code of (5)
Other	Members with a race code of (6)
All Race Codes	The total number of members in all race codes.
Aid Category	Those member's aid category according to the following categories: AFDC: Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAM, MAT, MA1 and enrolled in Hoosier Healthwise. AFDC Related Mother: Members with an aid category of MAE or MAN and enrolled in Hoosier Healthwise. AFDC Related Child: Members with an aid category of MAX, MAY, MAZ, MA2 and enrolled in Hoosier Healthwise All: All members in these aid categories.
Male	Members with a sex code of (M).
Female	Members with a sex code of (F).
Total	The total number of members in this county for the specific category.
% of Total Race	The percent of the total enrollee race population described by this category.
% of Total	The percent of the total enrollee population described by this category.

```
Report:        MGD-0027-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX                    PCCM Enrollee                 Run Time:     HH:MM:SS
Location:      XXXXXXXX              Participant Characteristics         Page:           99,999
                                   Reporting Quarter:  XXXXX, ccyy
                                      County: xxxxxxxxxxxxxxxx

Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

END OF REPORT

NO DATA THIS RUN

MGD-0028-Q Hoosier Healthwise Enrollee Participant Characteristics

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0028-Q		Hoosier Healthwise Enrollee Participant Characteristics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides a breakdown of the members enrolled in Hoosier Healthwise according to the member characteristics.

Purpose

This report is a reference tool for the state, outreach contractor, and EDS. The report is used to provide general information regarding the status of the program and the persons enrolled.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Reporting Quarter	The quarter and year reported.
County	The county reported. The report includes a summary of all counties.
Newborn to less than 13 years old	Members residing in the county reported who have not yet reach their 13th birthday as of the end of the quarter reported.
13 years old to less than 21 years old	Members residing in the county reported who have reached their 13th birthday, but not their 21st birthday as of the end of the quarter reported.
21 years old and older	Members residing in the county reported who have reached their 21st birthday as of the end of the quarter reported.
Total	The total number of members.
White	Members with a race code of (1)
Black	Members with a race code of (2)

Asian	Members with a race code of (3)
Indian	Members with a race code of (4)
Hispanic	Members with a race code of (5)
Other	Members with a race code of (6)
All Race Codes	The total number of members in all race codes.
Aid Category	Those member's aid category according to the following categories: AFDC: Members with an aid category of MAC, MAF, MAH, MAS, MAU, MAM, MAT, or MA1 and enrolled in Hoosier Healthwise. AFDC Related Mother: Members with an aid category of MA-E or MA-N and enrolled in Hoosier Healthwise. AFDC Related Child: Members with an aid category of MA-X, MA-Y, MA-Z, MA-2 and enrolled in Hoosier Healthwise ALL: All members in these aid categories.
Male	Members with a sex code of (M).
Female	Members with a sex code of (F).
Total	The total number of members in this county for the specific category.
% of Total Race	The percent of the total enrollee race population described by this category.
% of Total	The percent of the total enrollee population described by this category.

```
Report:        MGD-0028-Q                    IndianaAIM                  Date:       mm/dd/ccyy
Process:       XXXXXXXX               Hoosier Healthwise Enrollee        Run Time:      HH:MM:SS
Location:      XXXXXXXX               Participant Characteristics        Page:           99,999
                                    Reporting Quarter:  XXXXX, ccyy
                                       County: xxxxxxxxxxxxxxxx

Aid Category:  xxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

	MALE	FEMALE	TOTAL	% OF TOTAL RACE	% OF TOTAL
WHITE					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
BLACK					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ASIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
INDIAN					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
HISPANIC					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
OTHER					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%
ALL RACE CODES					
0 TO LESS THAN 13 YEARS	999,999	999,999	999,999	00.00%	00.00%
13 TO LESS THAN 21 YEARS	999,999	999,999	999,999	00.00%	00.00%
21 AND OVER	999,999	999,999	999,999	00.00%	00.00%
TOTAL	999,999	999,999	999,999	000.00%	000.00%

END OF REPORT

NO DATA THIS RUN

MGD-0029-M PCCM Non-PMP Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0029-M		PCCM Non-PMP Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of services rendered to PCCM members who do not require PMP authorization. The report based on the current county of a member, extracts claims for PCCM members and categorizes them according to the criteria listed below.

Purpose

The purpose of this report is to monitor services rendered to PCCM members monthly.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Dates of Service
The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included in the report.

County
The county reported.

Pharmacy
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 240.

Dental
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 270-277.

Chiropractic
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 150.

Mental Health	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 110-117 or billed with a procedure code of X3040-X3050, or has a primary diagnosis of 290-319.
Family Planning	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and diagnosis code as designated in the *Family Planning* section.
Vision	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 180, 190, 330 or a procedure code of 92015-92260, 92310-92326, 92340-92396, Z0106-Z02029, Z0401-Z0631, V2020-V2615, V2710-V2799.
Podiatric	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 90 or a procedure code of M0101, 11700, 11701, 11710, 11711.
Transportation	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 260-266.
Total	The totals for PCCM non-PMP services.
No. of Allowed Details	The number of details meeting the criteria listed for the category of service rendered breakdown.
No. of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category rendered breakdown.
Total Dollars Allowed	The total number of dollars allowed for this category rendered breakdown.
Allowed Per Detail	The total dollars allowed divided by the number of paid details for this category rendered breakdown.
Allowed Per Member	The total dollars allowed/number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled PCCM members.
Percent of Members Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning.

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Code
86311	V25	84478	
86689	V25.0	82947	
85585	V25.01	80061	
87210	V25.02	82950	
86592	V25.029	99212	
87070	V25.1	99203	
87075	V25.3	99213	
87076	V25.4	W0677	
87205	V25.5	X3023	
87110	V25.40	99000	
87206	V25.41	55200	606.0
86632	V25.49	55300	606.8
86317	V25.9	58301	628
87207	97.24	58340	628.1
88150	V25.42	58750	628.3
58300	V25.8	58770	628.8
88160	96.17	X3001	606
87040		56301	606.1
81000		56302	606.9
88150		11976	628.0
81002			628.2
81015			628.4
81025			628.9
84702			
84703			
82465			

```
Report:        MGD-0029-M                    IndianaAIM                          Date:  mm/dd/ccyy
Process:       XXXXXXXX              Hoosier Healthwise Program               Run Time:  HH:MM:SS
Location:      XXXXXXXX            Program Utilization Statistics                  Page:  99,999
                                                PCCM Non-PMP Services
                                           Dates of Service mm/dd/yy thru mm/dd/yy
                                              County: xxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Paid Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Pharmacy	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Dental	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Chiropractic	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Mental Health	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Family Planning	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Vision	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Podiatric	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Transportation	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
TOTAL NUMBER OF RENDERING PROVIDERS:                                  999,999
TOTAL NUMBER OF ENROLLED MEMBERS:                                     999,999
PERCENT OF MEMBERS RECEIVING SERVICES:                                999.99%
```

MGD-0030-M PCCM Total Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0030-M		PCCM Total Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of all services rendered to PCCM members, whether the services require PMP authorization or not. The report based on the current county of a member, extracts claims for PCCM members and categorizes them according to the criteria listed below.

Purpose

The purpose of this report is to monitor services rendered to PCCM members monthly.

Sort Sequence

- *Primary -* County

Distribution

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

Detailed Field Definitions

Dates of Service

The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included.

County

The county reported.

Office Visits:

Extract of claims details for PCCM members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the CPT code billed is one of the following:

99201-99215

99381-99387

99391-99397

99401-99404

99411-99412

99420-99429

99431-99440

W6511, W6512

and the detail allowed amount is more than $0.00

Inpatient Office Visits:

Extract of claims details for PCCM members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99217-99238 and the detail allowed amount is more than $0.00

Emergency Room Services (Medical)

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99281-99288 and the detail allowed amount is more than $0.00. This category is designed to capture medical services rendered to the member, not ER and ancillary services.

Emergency Room Services

Extract of claims rendered to members with Hoosier Healthwise segments which meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the claim contains a revenue code of 450. This category is designed to capture the ER and ancillary services rendered to a member, not the medical services.

Laboratory Services

Extract of claims details for PCCM members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed is 30X, 31X, 75X, 90X, 92X, or on HCFA-1500, the procedure code is 80000-89999 or Q0111-Q0116 **and** the detail allowed amount is more than $0.00.

X-ray Services:

Extract of claims details for PCCM members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and

on a UB-92, the revenue code billed is 28X, 32X, 33X, 34X, 35X, 40X **or** on HCFA-1500, the procedure code is 70000-79999 and the detail allowed amount is more than $0.00

Other PMP Services:

Extract of claims details for PCCM members who meet the following criteria:

	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim did not meet any of the criteria of the above categories and the detail does not meet any of the criteria for excluded services. See *Excluded Services Criteria*
Pharmacy	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 240.
Dental	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 270-277.
Chiropractic	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 150.
Mental Health	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 110-117, 339, 011 or billed with a procedure code of X3040-X3050, or has a primary diagnosis of 290-319.
Family Planning	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and/or diagnosis code as designated on the attached sheet.
Vision	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 180, 190, 330 or a procedure code of 92015-92260, 92310-92326, 92340-92396, Z0106-Z0209, Z0401-Z0631, V2020-V2615, V2710-V2799.
Podiatric	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 90 or a procedure code of M0101, 11700, 11701, 11710, 11711.
Transportation	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 260-266.
Total	The totals for all services rendered to PCCM members.
No. of Allowed Details	The number of details meeting the criteria listed for the category of service rendered breakdown.
No. of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category rendered breakdown.
Total Dollars Allowed	The total number of dollars allowed for this category rendered breakdown.

Allowed Per Detail	The total dollars allowed divided by the number of paid details for this category rendered breakdown.
Allowed Per Member	The total dollars expended divided by the number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled PCCM members.
Percent of Members Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

EXCLUSIONS FROM PMP SERVICES FOR PCCM

Claims rendered by provider type 03 are excluded from the extract because this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 240 (Pharmacy)
- 270-277 (Dental)
- 260-266 (Transportation)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning.

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	84478	
86689	V25.0	82947	
85585	V25.01	80061	
87210	V25.02	82950	
86592	V25.09	99212	
87070	V25.1	99203	
87075	V25.3	99213	
87076	V25.4	W0677	
87205	V25.5	X3023	
87110	V25.40	99000	
87206	V25.41	55200	606.0
86632	V25.49	55300	606.8
86317	V25.9	58301	628
87207	97.24	58340	628.1
88150	V25.42	58750	628.3
58300	V25.8	58770	628.8
88160	96.17	X3001	606
87040		56301	606.1
81000		56302	606.9
88150		11976	628.0
81002			628.2
81015			628.4
81025			628.9
84702			
84703			
82465			

```
Report:          MGD-0030-M              IndianaAIM                          Date:  mm/dd/ccyy
Process:         XXXXXXXX          Hoosier Healthwise Program            Run Time:  HH:MM:SS
Location:        XXXXXXXX        Program Utilization Statistics                Page:  99,999
                                                PCCM Total Services
                                         Dates of Service mm/dd/yy thru mm/dd/yy
                                            County: xxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Allowed Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Office Visits	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Inpatient Visits	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (Medical)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (UB-92)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Laboratory Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
X-Ray Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Other PMP Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Pharmacy	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Dental	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Chiropractic	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Mental Health	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Family Planning	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Vision	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Podiatric	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Transportation	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
TOTAL NUMBER OF RENDERING PROVIDERS:                    999,999
TOTAL NUMBER OF ENROLLED MEMBERS:                       999,999
PERCENT OF MEMBERS RECEIVING SERVICES:                  999.99%
```

MGD-0031-Q RBMC PMP Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0031-Q		RBMC PMP Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of services rendered to RBMC members who require Primary Medical Provider (PMP) authorization. The report based on the current county of a member, extracts claims for MCO members and categorizes them according to the criteria listed below. The report is run quarterly and accesses six months of claim's data prior to the end of the reporting quarter. The report documents the data on a per month basis.

Purpose

The purpose of this report is to monitor services rendered to MCO members quarterly.

Sort Sequence

- *Primary -* County
- *Secondary -* MCO

Distribution

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

Detailed Field Definitions

Dates of Service

The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included.

County

The county reported.

Month

The month reported.

Office Visits:

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the CPT code billed is one of the following:

99201-99215

99381-99387

	99391-99397 99401-99404 99411-99412 99420-99429 99431-99440 W6511, W6512 and the detail allowed amount is more than $0.00
PMP Rendered Office Visits:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Non-PMP Rendered Office Visits:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Inpatient Office Visits:	Extract of claims details for MCO members who meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99217-99238 and the detail allowed amount is more than $0.00
PMP Rendered Inpatient Office Visits:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Non-PMP Rendered Inpatient Office Visits:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Emergency Room Services (Medical):	Extract of claims details for MCO members who meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99281-99288 and the detail allowed amount is more than $0.00. This category is designed to capture the medical services rendered to the member, not the ER and ancillary services.
PMP Rendered Emergency Room Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.

Non-PMP Rendered Emergency Room Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Emergency Room Services:	Extract of claims rendered to members with Hoosier Healthwise segments which meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the claim contains a revenue code is 450. This category is designed to capture the ER and ancillary services rendered to a member, not the medical services.
Laboratory Services	Extract of claims details for MCO members who meet the following criteria:
PMP Rendered Laboratory Services	The rendering provider ID is the member's PMP ID on the FDOS of the claim. FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed is 30X, 31X, 75X, 90X, 92X **or** on HCFA1500, the procedure code is 80000-89999 or Q0111-Q0116 **and** the detail allowed amount is more than $0.00.
Non-PMP Rendered Laboratory Services:	The rendering provider ID is not the member's PMP ETN on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
X-ray Services:	Extract of claims details for MCO members who meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed is 28X, 32X, 33X, 34X, 35X, 40X **or** on HCFA-1500, the procedure code is 70000-79999 and the detail allowed amount is more than $0.00
PMP Rendered X-ray Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Non-PMP Rendered X-ray Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Pharmacy	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 240.

PMP Rendered Pharmacy Services:	The rendering provider ETN is the member's PMP ETN on the FDOS of the claim.
Non-PMP Rendered Pharmacy Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Dental	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 270-277.
PMP Rendered Dental Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Non-PMP Rendered Dental Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Transportation	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 260-266.
PMP Rendered Transportation Services:	The rendering provider ETN is the member's PMP ETN on the FDOS of the claim.
Non-PMP Rendered Transportation Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Family Planning	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and/or diagnosis code as designated on the attached sheet and the rendering provider is in the same network as the member.
PMP Rendered FP Services:	The rendering provider ETN is the member's PMP ETN on the FDOS of the claim.
Non-PMP Rendered FP Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.
Other PMP Services:	Extract of claims details for MCO members who meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim did not meet any of the criteria of the above categories and the detail does not meet any of the criteria for excluded services. See *Excluded Services Criteria*
Other PMP Rendered Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Other Non-PMP Rendered Services:	The rendering provider ID is not the member's PMP ID on the FDOS of the claim.

Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
Total Services	The total PMP services rendered to PCCM members.
Total PMP Rendered Services:	The rendering provider ID is the member's PMP ID on the FDOS of the claim.
Total Non-PMP Rendered Services:	The rendering provider ETN is not the member's PMP ETN on the FDOS of the claim.
Total	The total for PMP-rendered and non-PMP-rendered for this category of service.
No. of Allowed Details	The number of details meeting the criteria listed for the category of service rendered breakdown.
No. of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category rendered breakdown.
Total Dollars Allowed	The total number of dollars allowed for this category rendered breakdown.
Allowed Per Claim	The total dollars allowed divided by the number of paid claims for this category rendered breakdown.
Allowed Per Member	The total dollars allowed divided by the number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled MCO members.
Percent of Members Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

EXCLUSIONS FROM PMP SERVICES FOR MCO

Claims rendered by provider type 03 are excluded from the extract because this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning **if the rendering provider is not within the same network as the member.**

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82465	
86689	V25.0	84478	
85585	V25.01	82947	
87210	V25.02	80061	
86592	V25.09	82950	
87070	V25.1	99212	
87075	V25.3	99203	
87076	V25.4	99213	
87205	V25.5	W0677	
87110	V25.40	X3023	
87206	V25.41	99000	
86632	V25.49	55200	606.0
86317	V25.9	55300	606.8
87207	97.24	58301	628
88150	V25.42	58340	628.1
58300	V25.8	58750	628.3
88160	96.17	58770	628.8
87040		X3001	606
81000		56301	606.1
88150		56302	606.9
81002		11976	628.0
81015			628.2
81025			628.4
84702			628.9
84703			

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Report:            MGD-0031-Q                IndianaAIM                          Date:  mm/dd/ccyy
Process:           XXXXXXXX            Hoosier Healthwise Program             Run Time:  HH:MM:SS
Location:          XXXXXXXX          Program Utilization Statistics                 Page:  99,999
                                                        RBMC PMP Services
                                                Dates of Service mm/dd/yy thru mm/dd/yy
                                                   County: xxxxxxxxxxxxxxxxxxxxxxxxx
                                                           Month:  xxxxxxxxxx
MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Allowed Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Office Visits					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Inpatient Visits					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (Medical)					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (UB-92)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Laboratory Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
X-Ray Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Pharmacy					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Dental					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Transportation					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
Report:           MGD-0031-Q              IndianaAIM                          Date:  mm/dd/ccyy
Process:          XXXXXXXX        Hoosier Healthwise Program                Run Time:  HH:MM:SS
Location:         XXXXXXXX      Program Utilization Statistics                    Page:  99,999
                                                  RBMC PMP Services
                                          Dates of Service mm/dd/yy thru mm/dd/yy
                                             County: xxxxxxxxxxxxxxxxxxxxxxxxx
                                                    Month:  xxxxxxxxxx
MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Allowed Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Family Planning					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Other PMP Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total Services					
PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Non-PMP Rendered	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
TOTAL NUMBER OF RENDERING PROVIDERS:                          999,999
TOTAL NUMBER OF ENROLLED MEMBERS:                             999,999
PERCENT OF MEMBERS RECEIVING SERVICES:                        999.99%
```

MGD-0032-M RBMC Non-Capitation Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0032-M		RBMC Non-Capitation Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of services rendered to RBMC members not covered by the capitation rate. The report based on the current county of a member, extracts claims for MCO members and categorizes them according to the criteria listed below.

Purpose

The purpose of this report is to monitor services rendered to MCO members monthly.

Sort Sequence

- *Primary -* County
- *Secondary -* MCO

Distribution

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

Detailed Field Definitions

Dates of Service
The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included.

County
The county reported.

Mental Health
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 110-117, 339, 011, or billed with a procedure code of X3040-X3050 or with a primary diagnosis code of 290-319.

Family Planning
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and/or diagnosis code as designated on the attached sheet and is rendered by a provider outside the member's network.

Vision
FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 180, 190, 330 or a procedure code of 92015-92260, 92310-92326, 92340-92396, Z0106-Z0209, Z0401-Z0631, V2020-V2615, V2710-V2799.

Podiatric	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 90 or a procedure code of M0101, 11700, 11701, 11710, 11711.
No. of Allowed Details	The number of details meeting the criteria listed for the category of service rendered breakdown.
No. of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category rendered breakdown.
Total Dollars Allowed	The total number of dollars allowed for this category rendered breakdown.
Allowed Per Detail	The total dollars allowed divided by the number of details for this category rendered breakdown.
Allowed Per Member	The total dollars allowed divided by the number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled MCO members.
Percent of Members Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning **IF the rendering provider is not within the same network as the member.**

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82465	
86689	V25.0	84478	
85585	V25.01	82947	
87210	V25.02	80061	
86592	V25.09	82950	
87070	V25.1	99212	
87075	V25.3	99203	
87076	V25.4	99213	
87205	V25.5	W0677	
87110	V25.40	X3023	
87206	V25.41	99000	
86632	V25.49	55200	606.0
86317	V25.9	55300	606.8
87207	97.24	58301	628
88150	V25.42	58340	628.1
58300	V25.8	58750	628.3
88160	96.17	58770	628.8
87040		X3001	606
81000		56301	606.1
88150		56302	606.9
81002		11976	628.0
81015			628.2
81025			628.4
84702			628.9
84703			

```
Report:           MGD-0032-M                IndianaAIM                          Date:  mm/dd/ccyy
Process:          XXXXXXXX          Hoosier Healthwise Program               Run Time:  HH:MM:SS
Location:         XXXXXXXX        Program Utilization Statistics                   Page:  99,999
                                                RBMC Non-Capitation Services
                                           Dates of Service mm/dd/yy thru mm/dd/yy
                                              County: xxxxxxxxxxxxxxxxxxxxxxxxx

MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Paid Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Chiropractic	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Mental Health	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Family Planning	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Vision	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Podiatric	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
TOTAL NUMBER OF RENDERING PROVIDERS:                                    999,999
TOTAL NUMBER OF ENROLLED MEMBERS:                                       999,999
PERCENT OF MEMBERS RECEIVING SERVICES:                                  999.99%
```

MGD-0033-M RBMC All Services Utilization Reporting

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-0033-M		RBMC All Services Utilization Reporting

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report provides an overview of all services rendered to RBMC members. The report based on the current county of a member, extracts claims for MCO members and categorizes them according to the criteria listed below.

Purpose

The purpose of this report is to monitor services rendered to MCO members monthly.

Sort Sequence

- *Primary -* County
- *Secondary -* MCO

Distribution

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

Detailed Field Definitions

Dates of Service

The dates of service reported. Members with Hoosier Healthwise segments beginning before the end of the reporting month are included.

County

The county reported.

Office Visits

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the CPT code billed is one of the following:

99201-99215

99381-99387

99391-99397

99401-99404

99411-99412

99420-99429

99431-99440

W6511, W6512

and the detail allowed amount is more than $0.00

Inpatient Office Visits

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, the CPT code billed is 99217-99238 and the detail allowed amount is more than $0.00

Emergency Room Services (Medical)

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and the CPT code billed is 99281-99288 and the detail allowed amount is more than $0.00. This category is designed to capture the medical services rendered to the member, not ER and ancillary services.

Emergency Room Services

Extract of claims rendered to members with Hoosier Healthwise segments which meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment, falls during the reporting period, and the claim contains a revenue code is 450. This category is designed to capture ER and ancillary services rendered to a member, not medical services.

Laboratory Services

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed is 30X, 31X, 75X, 90X, 92X **or** on HCFA-1500, the procedure code is 80000-89999 or Q0111-Q0116 **and** the detail allowed amount is more than $0.00.

X-ray Services

Extract of claims details for MCO members who meet the following criteria:

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period, and on a UB-92, the revenue code billed is 28X, 32X, 33X, 34X, 35X, 40X **or** on HCFA-1500, the procedure code is 70000-79999 and the detail allowed amount is more than $0.00

Pharmacy

FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 240.

Dental	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 270-277.
Transportation	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 260-266.
Family Planning	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and/or diagnosis code as designated on the attached sheet and the rendering provider is in the same network as the member.
Other PMP Services	Extract of claims details for MCO members who meet the following criteria: FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim did not meet any of the criteria of the above categories and the detail does not meet any of the criteria for excluded services. See *Excluded Services Criteria*
Chiropractic	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 150.
Mental Health	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 110-117 or billed with a procedure code of X3040-X3050, or has a primary diagnosis of 290-319.
Family Planning	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim has a procedure code and/or diagnosis code as designated on the attached sheet and the rendering provider is not in the same network as the member.
Vision	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 180, 190, 330 or a procedure code of 92015-92260, 92310-92326, 92340-92396, Z0106-Z0209, Z0401-Z0631, V2020-V2615, V2710-V2799.
Podiatric	FDOS is later than Start date of Hoosier Healthwise segment and falls during the reporting period and the claim is billed by a provider specialty of 90 or a procedure code of M0101, 11700, 11701, 11710, 11711.
No. of Allowed Details	The number of details meeting the criteria listed for the category of service rendered breakdown.
No. of Members Receiving Services	A count of the number of unduplicated members for whom claims were billed in this category rendered breakdown.

Total Dollars Allowed	The total number of dollars allowed for this category rendered breakdown.
Allowed Per Detail	The total dollars allowed divided by the number of paid details for this category rendered breakdown.
Allowed Per Member	The total dollars allowed/number of members receiving services.
Total Number of Rendering Providers	A count of the number of unduplicated providers rendering services.
Total Number of Enrolled Members	A count of the number of unduplicated, enrolled MCO members.
Percent of Members Receiving Services	The total number of members receiving services divided by the total number of enrolled members.

EXCLUSIONS FROM PMP SERVICES FOR MCO

Claims rendered by provider type 03 are excluded from the extract since this represents Nursing Homes and ICFs/MR. Claims rendered by the following specialties are also excluded:

- 110-117 (Psych)
- 150 (Chiropractic)
- 180, 190, 330 (Optometry/Vision/Ophthalmology)
- 90 (Podiatrist)

The following procedure codes are excluded from the extract:

- X3040-X3050 (MHR)
- 92015-92260 (Optometry)
- 92310-92326
- 92340-92396
- Z0106-Z0209
- Z0401-Z0631
- V2020-V2615
- V2710-V2799
- M0101 (Podiatry)
- 11700
- 11701
- 11710
- 11711
- X3008-X3022 (Home/Community Based Waiver Services)
- Z5490-Z5959

FAMILY PLANNING

If the following procedure code-diagnosis code combinations are billed, the claim is excluded as family planning **if the rendering provider is not within the same network as the member.**

Procedure Code	Diagnosis Codes	Procedure Code	Diagnosis Codes
86311	V25	82465	
86689	V25.0	84478	
85585	V25.01	82947	
87210	V25.02	80061	
86592	V25.09	82950	
87070	V25.1	99212	
87075	V25.3	99203	
87076	V25.4	99213	
87205	V25.5	W0677	
87110	V25.40	X3023	
87206	V25.41	99000	
86632	V25.49	55200	606.0
86317	V25.9	55300	606.8
87207	97.24	58301	628
88150	V25.42	58340	628.1
58300	V25.8	58750	628.3
88160	96.17	58770	628.8
87040		X3001	606
81000		56301	606.1
88150		56302	606.9
81002		11976	628.0
81015			628.2
81025			628.4
84702			628.9
84703			

```
Report:            MGD-0033-M                IndianaAIM                        Date:  mm/dd/ccyy
Process:           XXXXXXXX            Hoosier Healthwise Program            Run Time:  HH:MM:SS
Location:          XXXXXXXX          Program Utilization Statistics                Page:  99,999
                                                  RBMC All Services
                                          Dates of Service mm/dd/yy thru mm/dd/yy
                                             County: xxxxxxxxxxxxxxxxxxxxxxxxx

MCO Name: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

Category of Service	No. of Allowed Details	No. of Members Receiving Services	Total Dollars Allowed	Allowed Per Detail	Allowed Per Member
Office Visits	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Inpatient Visits	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (Medical)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Emergency Room (UB-92)	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Laboratory Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
X-Ray Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Pharmacy	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Dental	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Transportation	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Family Planning	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Other PMP Services	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Chiropractic	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Mental Health	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Family Planning	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Vision	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Podiatric	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99
Total	999,999	999,999	99,999,999.99	99,999,999.99	99,999,999.99

```
TOTAL NUMBER OF RENDERING PROVIDERS:                          999,999
TOTAL NUMBER OF ENROLLED MEMBERS:                             999,999
PERCENT OF MEMBERS RECEIVING SERVICES:                        999.99%
```

MGD-9001-R PMP Enrollment Return to Provider Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9001-R		PMP Enrollment Return to Provider Letter

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Indiana*AIM* system provides the mailing information required to forward the RTP letter to the provider. It provides the RTP reasons listed on the provider's PMP Application RTP Reasons screen.

Purpose

The letter informs the provider of required fields which are missing, required, or are invalid for participation as a Primary Medical Provider (PMP).

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

PMP ETN
The PMP enrollment tracking number assigned by the Indiana*AIM* system. This number is either the provider's Medicaid number or the ETN assigned to the in the Medicaid enrollment tracking system.

Date
The date the letter is generated by the Indiana*AIM* system.

Name
The provider's name as it appears in the PMP enrollment tracking system.

Address 1
The provider's address as it appears in the PMP enrollment tracking system.

Address 2
Additional provider address information as it appears in the PMP enrollment tracking system.

City
The provider's city as it appears in the PMP enrollment tracking system.

State
The provider's state as it appears in the PMP enrollment tracking system.

ZIP Code
The provider's ZIP code as it appears in the PMP enrollment tracking system.

Reason(s)	The reason(s) the provider's addendum is returned.

PMP Enrollment Return to Provider Letter

{PMP ETN}

{Date}

{Name}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Indiana Medicaid Provider:

Thank you for your interest in the Hoosier Healthwise program. Unfortunately, your enrollment can not be processed at this time due to the following:

{Reason(s)}

If you have any questions regarding the reason(s) your addendum can not be processed, please contact EDS Provider Assistance at 1-800-999-9999.

Sincerely,

The Hoosier Healthwise Program

MGD-9001 (3/94)

MGD-9002-R PMP Enrollment Cover Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9002-R		PMP Enrollment Cover Letter

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Indiana*AIM* system provides the mailing information required to forward the cover letter and addendum to the provider.

Purpose

The letter introduces potential PMPs to the Hoosier Healthwise program.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

PMP ETN
The PMP enrollment tracking number assigned by the Indiana*AIM* system. This number is either the provider's Medicaid number or the ETN assigned to the in the Medicaid enrollment tracking system.

Date
The date the letter is generated by the Indiana*AIM* system.

Name
The provider's name as it appears in the PMP enrollment tracking system.

Address 1
The provider's address as it appears in the PMP enrollment tracking system.

Address 2
Additional provider address information as it appears in the PMP enrollment tracking system.

City
The provider's city as it appears in the PMP enrollment tracking system.

State
The provider's state as it appears in the PMP enrollment tracking system.

ZIP Code
The provider's ZIP code as it appears in the PMP enrollment tracking system.

PMP COVER LETTER

{PMP ETN}

{Date}

{Name}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Medical Provider:

The information you provided in your Medicaid application indicates you may be eligible for participation in the Hoosier Healthwise program, Indiana's Medicaid managed care initiative. All AFDC and AFDC-related recipients who reside in Clark, Fountain, Warren, Tippecanoe, St. Joseph, Vigo, LaPorte, and Marion counties are required to select a Primary Medical Provider (PMP). The remainder of the counties are added to the program over a three year period.

The emphasis of the managed care initiative is on access to and availability of primary medical care for all participating recipients. As well, the program establishes the PMP as the "manager" (either providing or arranging for the provision of) of all routine, preventative and other health care needs of his/her impaneled recipients. PMPs are designated from among the qualified applicants in the following fields of primary care practice:

- General Practice
- Family Practice
- General Pediatrics
- General Internal Medicine
- Obstetrics and Gynecology

Enclosed you will find your Hoosier Healthwise Provider Agreement Addendum which must be completed to participate in the program. Remember, if you have not done so, you must complete your Medicaid enrollment package. While participation in Hoosier Healthwise is voluntary, you will not be able to participate in Medicaid until your Medicaid enrollment is completed and approved.

Should you have any questions concerning these materials or the addendum, please call the EDS Provider Assistance department at 1-800-346-3819 or (317) 488-1412.

Your support of and participation in this important initiative, designed to improve the Indiana Medicaid Program for all participants, is an essential element of the program's success.

Sincerely,
The Hoosier Healthwise Program

MGD-9002 (3/94)

MGD-9003-R PMP Follow-up Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9003-R		PMP Follow-up Letter

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Indiana*AIM* system provides the mailing information required to forward the follow-up letter to the provider.

Purpose

The letter informs potential PMP's that the addendum has not been received to date. It serves as a reminder to the provider that the addendum must be returned.

Sort Sequence

Not Applicable

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

PMP ETN — The PMP enrollment tracking number assigned by the Indiana*AIM* system. This number is either the provider's Medicaid number or the ETN assigned to the in the Medicaid enrollment tracking system.

Date — The date the letter is generated by the Indiana*AIM* system.

Name — The provider's name as it appears in the PMP enrollment tracking system.

Address 1 — The provider's address as it appears in the PMP enrollment tracking system.

Address 2 — Additional provider address information as it appears in the PMP enrollment tracking system.

City — The provider's city as it appears in the PMP enrollment tracking system.

State — The provider's state as it appears in the PMP enrollment tracking system.

ZIP Code — The provider's ZIP code as it appears in the PMP enrollment tracking system.

PMP FOLLOW-UP LETTER

{PMP ETN}

{Date}

{Name}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Indiana Medicaid Provider:

Our records indicate you should have recently received a Hoosier Healthwise Provider Agreement Addendum. To date, we show no record of receiving your completed addendum.

Your participation in this program, designed to improve the Indiana Medicaid program for all participants, is a critical element of its success. If you wish to receive additional information about the Hoosier Healthwise program, or did not receive your addendum, please call 1-800-999-9999.

Sincerely,
The Hoosier Healthwise Program

MGD-9003 (3/94)

MGD-9004-R PMP Approval Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9004-R		PMP Approval Letter

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Indiana*AIM* system provides the mailing information required to forward the follow-up letter to the provider.

Purpose

The letter informs PMP applicants that they are approved to accept members.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

PMP ETN
The PMP enrollment tracking number assigned by the Indiana*AIM* system. This number is either the provider's Medicaid number or the ETN assigned to the in the Medicaid enrollment tracking system.

Date
The date the letter is generated by the Indiana*AIM* system.

Name
The provider's name as it appears in the PMP enrollment tracking system.

Address 1
The provider's address as it appears in the PMP enrollment tracking system.

Address 2
Additional provider address information as it appears in the PMP enrollment tracking system.

City
The provider's city as it appears in the PMP enrollment tracking system.

State
The provider's state as it appears in the PMP enrollment tracking system.

ZIP Code
The provider's ZIP code as it appears in the PMP enrollment tracking system.

PMP APPROVAL LETTER

{PMP ETN}

{Date}

{Name}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Indiana Medicaid Provider:

Thank you for your interest in the Hoosier Healthwise program. Your application for Primary Medical Provider (PMP) status has been approved. A *Hoosier Healthwise Provider Manual* is mailed to you soon.

We look forward to your participation in the Hoosier Healthwise program. If you have any questions regarding this program, please contact EDS Provider Assistance at 1-800-999-9999.

Sincerely,
The Hoosier Healthwise Program

MGD-9004 (3/94)

MGD-9005-R PMP Enrollment Denial Letter

Functional Area	Report Number	Job Name	Report Title
Managed Care	MGD-9005-R		PMP Enrollment Denial Letter

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Indiana*AIM* system provides the mailing information required to forward the denial letter to the provider. It provides the finalized reason listed on the provider's PMP Application Maintenance screen.

Purpose

The letter informs the provider of the reasons the PMP addendum denied.

Sort Sequence

Not Applicable

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

PMP ETN — The PMP enrollment tracking number assigned by the Indiana*AIM* system. This number is either the provider's Medicaid number or the ETN assigned to the in the Medicaid enrollment tracking system.

Date — The date the letter is generated by the Indiana*AIM* system.

Name — The provider's name as it appears in the PMP enrollment tracking system.

Address 1 — The provider's address as it appears in the PMP enrollment tracking system.

Address 2 — Additional provider address information as it appears in the PMP enrollment tracking system.

City — The provider's city as it appears in the PMP enrollment tracking system.

State — The provider's state as it appears in the PMP enrollment tracking system.

ZIP Code — The provider's ZIP code as it appears in the PMP enrollment tracking system.

Reason(s) — The reason(s) the provider's addendum denied.

PMP Enrollment Return to Provider Letter

{PMP ETN}

{Date}

{Name}
{Address 1}
{Address 2}
{City, State, ZIP Code}

Dear Indiana Medicaid Provider:

Thank you for your interest in the Hoosier Healthwise program. Unfortunately, your enrollment can not be processed at this time due to the following:

{Reason(s)}

If you have any questions this letter or the Hoosier Healthwise program, please contact EDS Provider Assistance at 1-800-999-9999.

Sincerely,
The Hoosier Healthwise Program

MGD-9005 (3/94)

PRV-0037-R Archived Providers List

Functional Area	Report Number	Job Name	Report Title
Provider	PRV-0037-R		Archived Providers List

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Archived Providers List is produced when IFSSA or EDS determines that it is necessary to move purged providers from the database to the provider archives tape file. The list includes all providers meeting the criteria set forth by IFSSA and EDS in the provider purge program. This criteria includes providers with no claims activity in 36 months, with exceptions for providers who have performed lifetime procedures, providers with claims in suspense, providers enrolled within the past 12 months, active providers with a change made to the file within the last 12 months, and group provider numbers whose individual practitioners have had claims activity in the past 36 months. It displays provider number, provider name, address, city, state, ZIP, provider type, provider specialty, county and the end enrollment date if applicable. A record is printed for each provider service location.

Purpose

To provide an up-to-date summary of all providers meeting the purge criteria without listing all information on the provider's record. Another purge report provides that information.

Sort Sequence

- *Primary* - County
- *Secondary* - Provider type
- *Tertiary* - Provider specialty
- *Quaternary* - Provider number, ascending

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	On Request

Detailed Field Definitions

County — Provider county

Type — Provider type

Specialty — Provider's primary specialty

Provider Number — Provider's nine-character Medicaid identification number and service location suffix

Provider Name	Provider's name
Street Address	First line of provider's mail-to address from service location A
City/State	Provider's mail-to city and state from service location A
ZIP Code	Provider's mail-to ZIP code from service location A
Stop Date	Enrollment termination date on the provider's file

Report: PRV-0037-R
Process: xxxxxxxx
Location:xxxxxxx

Indiana*AIM*
Archived Providers List
As Of MM/DD/YY

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

COUNTY XXXXXXXXXXXXXXXXXXX

TYPE	SPEC	PROV NUMBER	PROVIDER NAME	STREET	CITY/STATE	ZIP CODE	STOP DATE
xx	xxx	xxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx xx	xxxxx xxxx	MM/DD/YY

****END OF REPORT****

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

RBT-1000-R Rebate Address Add/Terminate Report

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-1000-R		Rebate Address Add/Terminate Report

Description of Information

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

To	Media	Copies	Frequency

Detailed Field Definitions

RBT-1001-R Drug Rebate Indiana PHS Listing

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-1001-R		Drug Rebate Indiana PHS Listing

Description of Information

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

To	Media	Copies	Frequency

Detailed Field Definitions

RBT-2000-Q Drug Rebate Original Invoices

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2000-Q		Drug Rebate Original Invoices

Description of Information

This report provides the labeler with an invoice for quarterly rebate amounts billed to a labeler for each National Drug Code (NDC), for the quantity of drugs that providers were reimbursed for during a specific quarter. A banner page proceeds each report.

Purpose

The report provides the labeler an invoice of the rebate amount due, for the quantity of drugs reimbursed to providers for each labeler, per quarter.

Sort Sequence

- *Primary* – Labeler code; ascending order
- *Secondary* – NDC; ascending order
- *Tertiary* – Page break on each labeler code

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	2	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Labeler Name
The labeler name as reported on the Drug Rebate address file provided by HCFA

Labeler Code
The unique number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.

State Code
The appropriate state abbreviation to indicate which IHCP is billing the labeler. Displays as IN for Indiana

Invoice Number:
The first five digits of the invoice number which represents the manufacturer code, and the last five digits that represent the year and quarter.

NDC Number
The unique NDC identifying each drug. This field comprises the five-digit labeler code, the four-digit product code and the two-digit package size code.

Drug Name
The drug description found in the HCFA database provided to IHCP. If

there is no record on the quarterly rate tape for an NDC that has had utilization it reports as Not Found.

Rebate Amount Per Unit

The rebate amount per unit reported to HCFA by the labeler and provided to each state. This appears as zero when the NDC amount is reported on the HCFA quarterly rate tape as such. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as a zero in this field as well.

HCFA Unit

Represents the smallest unit of measure for each drug. The rebate amount reflects the type of unit of measurement. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as XXX in this field as well.

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablet

Total Units Reimbursed

The total number of units reimbursed to providers by IFSSA for an NDC for the specified quarter

Total Rebate Amount Claimed

The sum of the Rebate Amount Per Unit field multiplied by the Total Units Reimbursed field**.** This figure represents the total rebate amount claimed for an NDC by IFSSA for the specified quarter. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as a zero in this field.

Number Of Scripts

The total number of prescriptions filled for an NDC for the specified quarter. This field is informational only and is not used in calculating the rebate amount.

Total Prov Reimbursement

The total IHCP dollars paid for an NDC, including dispensing fees, but excluding co-payment amounts and TPL by IFSSA for the specified quarter.

Grand Totals

The totals for the following columns: Total Units Reimbursed, Total Rebate Amount Claimed, Number of Scripts, Total Prov Reimbursement for the specified quarter.

Rebate Amount Due From Labeler

The sum of the Total Rebate Amount Claimed field due from the labeler for the specified quarter

Total Number Of NDCs

The total of all NDCs for the specified quarter

DEAR LABELER: OMB FORM NUMBER:

THIS INVOICE IS SUBMITTED BY THE INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION AS A BILL FOR REIMBURSEMENT UNDER THE MEDICAID DRUG REBATE PROGRAM. PLEASE REFERENCE THE INVOICE NUMBER ON YOUR REMITTANCE AND FORWARD A COPY OF THE INVOICE WITH YOUR PAYMENT TO:

EDS/INDIANA DRUG REBATE
P.O. BOX 1937, DEPT 91
INDIANAPOLIS, IN 46206

A UTILIZATION INVOICE IS ATTACHED TO INDICATE UTILIZATION CHANGES THAT WILL ADJUST THE REBATE AMOUNT CLAIMED AS A RESULT OF PROVIDER INITIATED DRUG CLAIM ADJUSTMENTS. IT DOES NOT INCLUDE DISPUTE RESOLUTION ADJUSTMENTS WHICH WILL CONTINUE TO BE FORWARDED SEPARATELY. THE UTILIZATION INVOICE PROVIDES A REPLACEMENT RECORD FOR A SPECIFIC NDC ON THE ORIGINAL INVOICE.

LABELERS ARE REQUIRED TO SUBMIT INVOICE DATA ON THE MEDICAID DRUG REBATE RECONCILIATION OF STATE INVOICE (ROSI) FORM AND THE MEDICAID DRUG REBATE PRIOR QUARTER ADJUSTMENT STATEMENT (PQAS) FORM WHEN REMITTING PAYMENT OR DISPUTING UTILIZATION DATA. DISPUTED UTILIZATION AND/OR PRIOR QUARTER ACTIONS SHOULD BE SUBMITTED, IN WRITING ON THE FORMS, TO EDS, WITHIN 30 DAYS AFTER RECEIPT OF THE INVOICE. DETAILED DOCUMENTATION FOR EACH NDC IN DISPUTE MUST ALSO BE INCLUDED.

REBATE AMOUNTS ARE CALCULATED BASED ON THE REBATE AMOUNT PER UNIT REPORTED TO HCFA BY THE LABELER. IT IS THE RESPONSIBILITY OF THE LABELER TO CALCULATE AND USE THE CORRECT UNIT REBATE AMOUNT (URA) FOR EACH NDC AND INDICATE CHANGES TO THE STATE WITH THE INVOICE PAYMENT. URA PAYMENT INFORMATION MUST BE LISTED CLEARLY AND SEPARATELY FROM OTHER PAYMENT AND DISPUTE INFORMATION. IN ADDITION, THE CORRECTED UNIT REBATE AMOUNT FOR EACH NDC MUST BE REPORTED TO HCFA.

IF A CREDIT BALANCE IS BEING USED AS PAYMENT FOR A PRIOR OR CURRENT INVOICE PERIOD, PLEASE INDICATE THE QUARTER AND NDC(S) WHERE THE CREDIT EXISTS AND SPECIFY THE AMOUNT TO APPLY, THE NDC AND QUARTER AFFECTED. THIS INFORMATION MUST BE LISTED CLEARLY AND SEPARATELY FROM OTHER PAYMENT AND DISPUTE INFORMATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT INDIANA DRUG REBATE AT 317-488-5000.

THANK YOU FOR YOUR COOPERATION.

```
99999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

XXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999

REPORT	RBT-2000-Q	IndianaAIM	DATE: CCYYMMDD
PROCESS		DRUG REBATE ORIGINAL INVOICE	TIME: HH:MM:SS
LOCATION		INVOICE QUARTER: Q/CCYY	PAGE: 99,999

LABELER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX LABELER CODE 99999 STATE CODE IN INVOICE NUMBER 99999-QYY

NDC NUMBER	DRUG NAME	REBATE AMOUNT PER UNIT	HCFA UNIT	TOTAL UNITS REIMBURSED	TOTAL REBATE AMOUNT CLAIMED	NUMBER OF SCRIPTS	TOTAL PROV REIMBURSEMENT
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99

REPORT	RBT-2000-Q	IndianaAIM	DATE: CCYYMMDD
PROCESS		DRUG REBATE ORIGINAL INVOICE	TIME: HH:MM:SS
LOCATION		INVOICE QUARTER: Q/CCYY	PAGE: 99,999

LABELER NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX LABELER CODE 99999 STATE CODE IN INVOICE NUMBER 99999-QYY

99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99
GRAND TOTALS				999,999,999,999.999	$9,999,999,999.99	999,999,999	$999,999,999,999.99

```
REPORT        RBT-2000-Q                                IndianaAIM                                    DATE:   CCYYMMDD
PROCESS                                          DRUG REBATE ORIGINAL INVOICE                        TIME:   HH:MM:SS
LOCATION                                           INVOICE QUARTER:  Q/CCYY                          PAGE:   99,999

LABELER NAME     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          LABELER CODE  99999              STATE CODE  IN        INVOICE NUMBER      99999-QYY


                                                  REBATE AMOUNT DUE FROM LABELER            $9,999,999,999.99
                                                            TOTAL NUMBER OF NDCS                    9,999,999
```

RBT-2001-Q Drug Rebate Utilization Invoices

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2001-Q		Drug Rebate Utilization Invoices

Description of Information

This report provides the manufacturer a report with changes related to units reimbursed for a previously invoiced period.

Purpose

This report provides the corrected rebate units reimbursed to the manufacturer for each labeler for a specific National Drug Code (NDC) by IHCP for a prior period.

Sort Sequence

- *Primary* – Labeler code
- *Secondary* – NDC number
- *Tertiary* – Quarter

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	2	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Labeler Name	The manufacturer labeler name as reported on the Drug Rebate address file provided by HCFA.
Labeler Code	The unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.
State Code	The appropriate State abbreviation to indicate what Indiana Health Coverage Programs is billing the labeler.
Period Covered:	The specific invoice period being covered
NDC Number	The unique NDC that identifies each drug
Drug Name	The drug description as found on the HCFA database provided to IHCP

Rebate Amount Per Unit

The rebate amount per unit reported to HCFA by the manufacturer

HCFA Unit

Represents the smallest unit of measure for each drug. The rebate amount reflects the type of unit of measure. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as XXX in this field.

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablet

New Total Units Reimbursed

The new total number of units reimbursed by IFSSA

Total Rebate Amount Claimed

The new calculated Rebate Amount Claimed to reflect the specific invoice period covered

Number Of Scripts

The new total number of prescriptions filled for an NDC.
Note: This field is informational only and is not used in calculating the rebate amount.

Total Prov Reimbursement

The new total IHCP dollars paid, including dispensing fees, for an NDC

Total Utilization Changes

The number of utilization changes for all invoice periods

Report : RBT-2001-Q IndianaAIM Run Date: 12/04/2001
Process : RBTJQ245 DRUG REBATE UTILIZATION INVOICE Run Time: 13:42:19
Location: RBT2001Q REPLACEMENT RECORDS Page : 1
INVOICE QUARTER: 3/2001

LABELER NAME: WESTWOOD SQUIBB PHARMACEUTICAL LABELER CODE: 00072 STATE CODE: IN

PERIOD COVERED	NDC NUMBER	DRUG NAME	REBATE AMOUNT PER UNIT	HCFA UNIT	NEW TOTAL UNITS REIMBURSED	TOTAL REBATE AMOUNT	NUMBER OF CLAIMED SCRIPTS	TOTAL PROVIDER REIMBURSEMENT
2/2001	00072 1450 15	ULTRAVATE	$ 0.489402	GM	1,730.000	$ 846.67	75	$ 3,201.89
2/2001	00072 1450 50	ULTRAVATE	$ 0.489400	GM	10,260.000	$ 5,022.04	176	$ 12,129.12
2/2001	00072 5712 08	LAC-HYDRIN	$ 0.079300	GM	427,145.000	$ 33,872.60	1,856	$ 68,388.89
2/2001	00072 5712 14	LAC-HYDRIN	$ 0.079300	GM	200,740.000	$ 15,918.68	503	$ 26,183.21
2/2001	00072 5730 28	LAC-HYDRIN	$ 0.027900	GM	207,206.000	$ 5,781.05	856	$ 27,893.67
2/2001	00072 5730 38	LAC-HYDRIN	$ 0.027900	GM	58,920.000	$ 1,643.87	151	$ 7,032.10
4/2000	00072 5730 28	LAC-HYDRIN	$ 0.031714	GM	212,324.000	$ 6,733.64	867	$ 28,596.21

TOTAL UTILIZATION CHANGES: 7

RBT-2002-Q Drug Rebate Original Invoice Summary

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2002-Q		Drug Rebate Original Invoice Summary

Description of Information

This report contains a summary of manufacturer invoice information by labeler number and the rebate amount claimed by Indiana Health Coverage Programs for a specific quarter.

Purpose

This report provides an overview of invoice information for all manufacturers invoiced by IHCP for a specific quarter.

Sort Sequence

- *Primary* - Labeler number
- *Secondary* - Rebate amount claimed; descending order

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Labeler Code	The unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.
Labeler Name	The manufacturer's name as reported in the Drug Rebate address file provided by HCFA
Original Rebate Amt Claimed	The original rebate amount claimed for this quarter by IFSSA
Total Rebate Amt Claimed	The total rebate amount claimed for this NDC by IFSSA
Total Number of Labelers Invoiced For QYY	The number of invoiced labelers for that reporting quarter

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REPORT       RBT-2002-R                          IndianaAIM                          DATE:  CCYYMMDD
PROCESS                                  DRUG REBATE ORIGINAL INVOICE SUMMARY REPORT  TIME:  HH:MM:SS
LOCATION                                     INVOICE QUARTER:  QYY                   PAGE:  99,999
                          LBLR                   LABELER                  ORIGINAL REBATE
                          CODE                    NAME                     AMT CLAIMED
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                         XXXXX             XXXXXXXXXXXXXXXXXXXX                $9,999,999,999.99
                                      TOTAL REBATE AMOUNT CLAIMED             $99,999,999,999.99
                                 TOTAL NUMBER OF LABELERS INVOICED FOR QYY     999

                                   ** End of Report**
                                  **No Data this Run**
```

RBT-2003-R Drug Rebate PPA Invoice Summary

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2003-R		Drug Rebate PPA Invoice Summary

Description of Information

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

Distribution

To	Media	Copies	Frequency

Detailed Field Definitions

RBT-2004-Q Drug Rebate HCFA Unit Discrepancy

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2004-Q		Drug Rebate HCFA Unit Discrepancy

Description of Information

This report compares the unit of measure the First DataBank (FDB) has on file for an NDC to the unit of measure, reported by the manufacturer, on the HCFA rate tape.

Purpose

This report identifies possible manufacturer disputes on the original invoices. It is used to notify HCFA and FDB of unit discrepancies that must be addressed by HCFA.

Sort Sequence

- *Primary -* NDC number

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Requested Quarterly
IFSSA	CRLD	0	Requested Quarterly

Detailed Field Definitions

NDC Number

The unique NDC that identifies each drug. This field comprises the five-digit labeler code, the four-digit product code, and the two-digit package size code.

Drug Name

The drug description found in the HCFA database provided to IHCP. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as Not Found.

Rebate Amount Per Unit

The original amount per unit calculated by HCFA and provided to IFSSA. This amount is zero in cases where the NDC is not in HCFA's database or when the amount on file is zero.

HCFA Unit

Represents the smallest unit of measure for each drug. The rebate amount reflects the type of unit of measure. If there is no record on the quarterly rate tape for an NDC that has had utilization it reports as XXX in this field. Valid values include:

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablet

FDB Drug Description

Description of the drug provided by First DataBank

FDB Unit/ Drug Form Code

Indicates basic unit of measure for performing price calculations

Number Of NDC Unit Discrepancies

The total number of NDC unit discrepancies

*Report displays the phrase **End of Report** on the last page of the report.*

*Report display the phrase ***No Data This Run*** on the report if no data is available when the report was ran. The report header information, report number, process, location, name, run date, run time, and page number also display.*

REPORT: RBT-2004-Q IndianaAIM RUN DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE HCFA UNIT DISCREPANCY REPORT
TIME: 01:57:45
LOCATION: RBT2004Q INVOICE QUARTER: 3/2001 PAGE: 1

NDC NUMBER	DRUG NAME	REBATE AMOUNT PER UNIT	HCFA UNIT	FDB DRUG DESCRIPTION	FDB UNIT/ DRUG FORM CODE
00002 7381 01	VHA+ NEBCI	$2.080100	ML	NEBCIN 80MG ADD-VANTG VIAL	EA
00009 0260 01	COLESTID G	$0.136400	GM	COLESTID GRANULES PACKET	EA
00009 0260 04	COLESTID G	$0.136400	GM	COLESTID GRANULES PACKET	EA
00009 0370 03	FLAVORED C	$0.117000	GM	COLESTID FLAVORED GRANULES	EA
00009 3116 14	CLEOCIN T	$0.369200	ML	CLEOCIN T 1% PLEDGETS	EA
00009 3484 04	LUNELLE 25	$7.026100	EA	LUNELLE CONTRACEPTIVE VIAL	ML
00009 3484 10	LUNELLE 25	$7.026100	EA	LUNELLE CONTRACEPTIVE VIAL	ML
00015 0580 11	QUESTRAN	$0.027800	GM	QUESTRAN PACKET	EA
00015 7101 98	NAFCILLIN	$0.089900	GM	NAFCILLIN 10GM VIAL	EA
00023 0240 01	LACRI-LUBE	$0.215700	GM	LACRI-LUBE NP OINTMENT	EA
00023 0403 30	REFRESH PL	$0.050800	ML	REFRESH PLUS 0.5% EYE DROPS	EA
00023 0403 50	REFRESH PL	$0.050800	ML	REFRESH PLUS 0.5% EYE DROPS	EA
00023 0506 01	REFRESH SO	$0.063400	ML	REFRESH EYE DROPS	EA
00023 0506 50	REFRESH SO	$0.063400	ML	REFRESH EYE DROPS	EA

** End of Report**
No Data this Run

RBT-2005-Q Drug Rebate Amt > Reimbursement Amount

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2005-Q		Drug Rebate Amt > Reimbursement Amount

Description of Information

This report provides a list of NDCs with a Drug Rebate Amount Claimed greater than the Reimbursement Amount to Providers.

Purpose

This report assists the Drug Rebate Unit in the dispute resolution process aiding in the identification of possible NDC billing errors. Potential problems are referred to Provider Relations Unit to assist in the education of the provider community, ultimately reducing the number of disputes from the manufacturer.

Sort Sequence

- *Primary -* NDC number

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

NDC Number
The unique NDC identifying the drug

Drug Name
The drug description as found in the HCFA database provided to IHCP

Rebate Amount Per Unit
The rebate amount per unit calculated by HCFA and provided to IFSSA. This amount appears as zero when the NDC amount is not in the HCFA database or when the amount on file is zero.

HCFA Unit
Represents the smallest unit of measure for each drug. The rebate amount is calculated by the following units of measure:

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablets

Total Units Reimbursed
The total number of units reimbursed by IFSSA for an NDC for a specified

	quarter, excluding any units dispensed prior to January 1, 1991
Total Rebate Amount Claimed	The product of the Rebate Amount Per Unit multiplied by the Total Units Reimbursed. This figure represents the total rebate amount claimed for this NDC by IFSSA.
Number Of Scripts	The total number of prescriptions filled for an NDC This field is informational only and is not used in calculating the rebate amount.
Total Provider Reimbursement	The total IHCP dollars paid, including dispensing fees, for an NDC by IFSSA for the specified quarter, excluding any units dispensed prior to January 1, 1991
Total NDC Amount	The accumulated total of NDCs for units reimbursed, amount claimed, number of scripts, and provider reimbursement
Total Number Of NDCs W/Invoice Amount > Reimbursement Amount	The total number of NDCs with an invoice amount greater than the reimbursement amount

REPORT RBT-2005-Q IndianaAIM DATE: CCYYMMDD
PROCESS DRUG REBATE AMOUNT > REIMBURSEMENT AMOUNT TIME: HH:MM:SS
LOCATION INVOICE QUARTER: QYY PAGE: 99,999

NDC NUMBER	DRUG NAME	REBATE AMOUNT PER UNIT	HCFA UNIT	TOTAL UNITS REIMBURSED	TOTAL REBATE AMOUNT CLAIMED	NUMBER OF SCRIPTS	TOTAL PROV REIMBURSEMENT	COR FLG
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
99999-9999-99	XXXXXXXXXX	$99999.999999	XXX	9,999,999,999.999	$999,999,999.99	999,999	$999,999,999.99	9
TOTAL NDC AMOUNT				999,999,999,999.999	$9,999,999,999.99	999,999,999	$999,999,999,999.99	

RBT-2006-Q Drug Rebate Invoice $50 or Less

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2006-Q		Drug Rebate Invoice $50 or Less

Description of Information

The report provides a summary by labeler of invoice dollar amounts less than $50 for the invoiced period.

Purpose

The report identifies labelers with dollar amounts less than the minimum rebate threshold of $50 on the original invoice.

Sort Sequence

- *Primary -* Labeler code

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

Detailed Field Definitions

Labeler Code	Unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.
Labeler Name	Manufacturers name as reported in the Drug Rebate address file provided by HCFA
Total Rebate Amount Claimed	Total dollar amount invoiced for the specific quarter and labeler
Totals	Total number of labelers and the total dollar amount for the total rebate amount claimed
Number of Labelers Invoiced for $50 or Less	Number of labelers invoiced less than $50.00 but more than $0.00 for the specified quarter
Number of Labelers Invoiced for $0	Number of labelers invoiced $0.00 for the specified quarter

REPORT: RBT-2006-Q IndianaAIM RUN DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE INVOICE $50 OR LESS REPORT TIME: 01:57:45
LOCATION: RBT2006Q INVOICE QUARTER: 3/2001
PAGE: 1

LABELER CODE	LABELER NAME	TOTAL REBATE AMOUNT CLAIMED
00034	PURDUE FREDERICK COMPANY	$0.00
00038	STUART PHARMACEUTICALS	$0.00
00058	NOVARTIS OPHTHALMICS, INC.	$0.00
00076	STAR PHARMACEUTICALS INC.	$21.83
00081	GLAXOSMITHKLINE	$0.00
00096	PERSON & COVEY, INC.	$45.26
00113	L. PERRIGO COMPANY	$11.06
00144	SUPERIOR PHARMACEUTICAL COMPANY	$0.00
00147	CAMALL COMPANY	$0.00
00185	EON LABS MANUFACTURING, INC.	$0.00
00186	ASTRAZENECA LP	$0.00
00187	ICN PHARMACEUTICALS INC.	$0.00
00209	MARSAM PHARMACEUTICALS INC.	$8.31
00224	KONSYL PHARMACEUTICALS, INC.	$9.37
00256	FLEMING AND COMPANY	$0.00
00263	RYSTAN COMPANY, INC.	$0.00
00288	FLUORITAB CORPORATION	$0.87
00304	J J BALAN	$0.00
00310	ASTRAZENECA LP	$0.00
00314	HYREX PHARMACEUTICALS	$0.00
00332	BIOCRAFT LABORATORIES, INC.	$0.00
00349	PARMED PHARMACEUTICALS INC.	$0.00
00369	SCHERING CORPORATION	$0.00
00378	MYLAN PHARMACEUTICALS, INC.	$0.00
00402	STERIS LABORATORIES, INC.	$7.28
00472	ALPHARMA USPD	$0.00
00482	BRADLEY PHARMACEUTICALS, INC.	$0.00
00487	NEPHRON PHARMACEUTICALS CORPORATION	$3.01
00501	WARNER-LAMBERT	$0.00
00514	DOW HICKAM PHARMACEUTICALS INC.	$0.00
00525	PAN AMERICAN LABORATORIES INC.	$0.00

REPORT: RBT-2006-Q IndianaAIM RUN DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE INVOICE $50 OR LESS REPORT TIME: 01:57:45
LOCATION: RBT2006Q INVOICE QUARTER: 3/2001
PAGE: 2

LABELER CODE	LABELER NAME	TOTAL REBATE AMOUNT CLAIMED
11098	TAYLOR PHARMACEUTICALS	$0.00
11701	COLOPLAST CORP.	$7.56
11808	RX FORMULATIONS CORPORATION	$0.46
11845	MASON DISTRIBUTORS, INC.	$0.00
12830	RA MCNEIL	$7.16
15127	SELECT BRAND DISTRIBUTORS	$0.00
17205	LAYTON BIOSCIENCE, INC.	$0.00
17478	AKORN INC	$0.00
17714	ADVANCE PHARMACEUTICALS, INC.	$0.81
19650	CELLTECH PHARMACEUTICALS	$0.00
19810	BRISTOL-MYERS SQUIBB COMPANY	$0.00
20254	CONCORD LABORATORIES, INC.	$0.00
23317	NMC LABORATORIES, INC.	$0.00
24385	BERGEN BRUNSWIG DRUG COMPANY	$0.00
25074	PENEDERM INCORPORATED	$0.00
25382	DERMA SCIENCES INC.	$4.83
28105	HILL DERMACEUTICALS, INC.	$30.23
36652	LEADER	$0.00
37205	LEADER BRAND PRODUCTS	$9.14
39769	SOLOPAK PHARMACEUTICALS, INC.	$0.00
39822	PHARMA-TEK, INC.	$0.00
43567	CELLTECH PHARMACEUTICALS	$15.07
46287	CAROLINA MEDICAL PRODUCTS COMPANY	$42.34
49158	THAMES PHARMACAL COMPANY, INC.	$0.00
49281	AVENTIS PASTEUR INC.	$0.00
49452	SPECTRUM CHEMICAL MFG. CORP.	$0.00
49483	TIME-CAP LABS, INC.	$9.86
49730	HERCON LABORATORIES CORPORATION	$20.19
49884	PAR PHARMACEUTICAL INC	$0.00
50111	SIDMAK LABORATORIES, INC.	$0.00
50383	HI-TECH PHARMACAL CO. INC.,	$0.00
50419	BERLEX LABORATORIES, INC.,	$0.00
50564	JEROME STEVENS PHARMACEUTICALS INC.	$0.00
50732	ZENITH GOLDLINE SHREVEPORT	$0.00
50752	CREIGHTON PRODUCTS CORPORATION	$5.60
50844	LNK INTERNATIONAL, INC.	$19.83
50962	XACTDOSE, INC.	$0.00
51284	ZILA PHARMACEUTICALS, INC.	$46.50
51660	OHM LABORATORIES, INC.	$0.00
51674	BLANSETT PHARMACAL CO., INC.	$0.00
51817	PHARMASCIENCE LABORATORIES, INC.	$0.00
51875	ROYCE LABORATORIES, INC.	$0.00
51991	BRECKENRIDGE INC.	$0.00

REPORT: RBT-2006-Q IndianaAIM RUN
DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE INVOICE $50 OR LESS REPORT
TIME: 01:57:45
LOCATION: RBT2006Q INVOICE QUARTER: 3/2001
PAGE: 3

LABELER CODE	LABELER NAME	TOTAL REBATE AMOUNT CLAIMED
53303	CARRINGTON LABORATORIES, INC.	$0.00
53489	MUTUAL PHARMACEUTICAL COMPANY	$0.00
53706	DELTA PHARMACEUTICALS, INC.	$0.00
53746	INTERPHARM, INC	$13.19
53807	RIJ PHARMACEUTICAL CORPORATION	$0.00
54022	VITALINE CORPORATION	$0.00
54391	R & D LABORATORIES, INC.	$0.00
54569	ALLSCRIPS PHARMACEUTICALS, INC.	$0.00
55053	ECONOLAB	$0.00
55515	WATSON PHARMACEUTICALS	$0.00
55566	FERRING PHARMACEUTICALS, INC.	$0.00
55654	TRI-MED LABORATORIES, INC.	$7.10
57267	NOVARTIS PHARMACEUTICALS	$30.38
57480	MEDIREX INC	$0.00
57782	BAUSCH & LOMB PHARMACEUTICALS, INC.	$15.50
57896	GERI-CARE PHARMACEUTICALS CORP.	$0.76
58211	TOPIX PHARMACEUTICALS, INC.	$0.96
58223	KIRKMAN SALES COMPANY	$0.00
58298	ELGE INC.	$0.07
58436	UCB PHARMA, INC.	$0.00
58437	PENN LABS INC.	$0.00
58468	GENZYME CORPORATION	$0.00
58634	AMERICAN GENERICS, INC.	$46.69
58865	DAWN PHARMACEUTICALS, INC.	$0.00
58948	L. PERRIGO COMPANY	$0.00
58980	STRATUS PHARMACEUTICALS INC.	$3.99
59011	PURDUE PHARMA, L.P.	$0.00
59196	WE PHARMACEUTICALS, INC.	$0.00
59243	SAGE PHARMACEUTICALS, INC.	$46.92
59310	WAKEFIELD PHARMACEUTICALS, INC.	$23.99
59390	ALTAIRE PHARMACEUTICALS, INC	$0.87
59417	LOTUS BIOCHEMICAL CORPORATION	$18.66
59439	ASCENT PEDIATRICS, INC.	$0.00
59441	SHIRE US INC.	$0.00
59627	BIOGEN, INC.	$0.00
59630	HORIZON PHARMACEUTICAL CORPORATION	$0.00
59743	ALPHAGEN LABORATORIES, INC.	$0.00
59746	TRIGEN LABORATORIES, INC.	$1.92
59767	DIGESTIVE CARE, INC.	$0.00
60575	RESPA PHARMACEUTICAL, INC.	$0.00
60999	ABG LABORATORIES	$0.00
61073	AMKAS LABORATORIES, INC.	$0.02
61113	ASTRAZENECA LP	$0.00
61392	HEARTLAND HEALTHCARE SERVICES	$0.00
61423	CONSOLIDATED PHARMACEUTICAL GROUP, INC.	$0.00

REPORT: RBT-2006-Q IndianaAIM RUN
DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE INVOICE $50 OR LESS REPORT
TIME: 01:57:45
LOCATION: RBT2006Q INVOICE QUARTER: 3/2001
PAGE: 4

LABELER CODE	LABELER NAME	TOTAL REBATE AMOUNT CLAIMED
62793	PEACHTREE PHARMACEUTICALS	$0.00
62794	BERTEK PHARMACEUTICALS, INC.	$0.00
62865	DRUG EMPORIUM, INC.	$0.00
63044	NNODUM CORPORATION	$0.00
63252	RADFORD THERAPEUTICS	$0.00
63739	SKY PHARMACEUTICALS PACKAGING, INC.	$0.00
63807	EXCELSIOR MEDICAL CORP.	$0.00
63868	CHAIN DRUG MARKETING ASSOCIATION, INC.	$0.14
63955	GYNETICS, INC.	$44.66
64029	PARKEDALE PHARMACEUTICALS, INC.	$11.69
64193	BAXTER HEALTHCARE CORPORATION	$0.00
64376	BOCA PHARMACAL, INC.	$0.00
64543	CAPELLON PHARMACEUTICALS, LTD.	$3.77
64681	MGP APOTHECON	$5.79
64899	WALSH DISTRIBUTION, INC.	$0.59
65162	R & S PHARMA, INC.	$0.68
65473	ODYSSEY_PHARMACEUTICAL, INC.	$0.00
65649	SALIX PHARMACEUTICALS, INC.	$0.00
65726	RELIANT PHARMACEUTICALS, LLC	$0.00
70030	L. PERRIGO COMPANY	$0.00
99999	DUMMY	$0.00

TOTAL REBATE AMOUNT CLAIMED $783.99

NUMBER OF LABELERS INVOICED FOR $50.00 or LESS: 53

NUMBER OF LABELERS INVOICED FOR $ 0: 124

RBT-2007-Q Drug Rebate PPA HCFA Unit Discrepancy

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2007-Q		Drug Rebate PPA HCFA Unit Discrepancy

Description of Information

The report compares the unit of measure FDB has on file to an NDC to the unit of measure the manufacturer has reported on the HCFA rate tape.

Purpose

This report identifies possible manufacturer disputes on the Prior Period Adjustment invoices. The report is used to notify HCFA and FDB of unit discrepancies that must be addressed by HCFA.

Sort Sequence

- *Primary* - NDC number in descending order

Distribution

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

Detailed Field Definitions

PPA Period	Prior Period Adjustment for the invoiced quarter including the year
NDC Number	Unique NDC identifying the drug
Drug Name	Drug description in HCFA's database sent to IHCP
HCFA Rebate Amount Per Unit	Rebate amount per unit calculated by HCFA and provided to FSSA. This amount appears as zero in cases where the NDC amount is not in HCFA's database or when the amount on file is zero.
Indiana Rebate Amount Per Unit	The most current rebate amount per unit provided by CMS or a labeler for an NDC. This amount appears as zero when the NDC amount is not available.
Rebate Amount Difference	Difference between the HCFA Rebate Amount Per Unit and the Indiana Rebate Amount Per Unit
Total	Total dollar rebate amount difference
Number Of PPA Discrepancies	Total number of NDC unit discrepancies.

REPORT : RBT-2007-Q IndianaAIM RUN DATE: 12/01/2001
PROCESS : RBTJQ400 RUN TIME: 02:17:11
LOCATION: RBT20072 DRUG REBATE HCFA PPA REBATE AMOUNT PER UNIT DISCREPANCY PAGE: 1

INVOICE QUARTER: 3/2001

PPA PERIOD	NDC NUMBER	DRUG NAME	HCFA REBATE AMOUNT PER UNIT	INDIANA REBATE AMOUNT PER UNIT	REBATE AMOUNT DIFFERENCE
1/91	00002-0101-02	AMMONIUM C	0.000000	0.007277	0.007277
1/91	00002-0102-04	FERROUS SU	0.000000	0.003019	0.003019
1/91	00002-0105-02	POTASSIUM	0.000000	0.004274	0.004274
1/91	00002-0109-02	SODIUM CHL	0.000000	0.063995	0.063995
1/91	00002-0351-03	DARVOCET N	0.000000	0.063995	0.063995
1/91	00002-0351-33	DARVOCET N	0.000000	0.063995	0.063995
1/91	00002-0353-02	DARVON-N	0.000000	0.077500	0.077500
1/91	00002-0353-33	DARVON-N	0.000000	0.077500	0.077500
1/91	00002-0354-02	DARVON N W	0.000000	0.035316	0.035316

TOTAL: $142,379.994793

NUMBER OF PPA DISCREPANCIES: 289,672

*** END OF REPORT***

RBT-2008-R Drug Rebate PPA Amount > Reimbursement Amount

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2008-R		Drug Rebate PPA Amount > Reimbursement Amount

Description of Information

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

RBT-2011-Q Drug Rebate Invoice Summary Activity

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2011-Q		Drug Rebate Invoice Summary Activity

Description of Information

This report provides a summary of the quarterly invoice process.

Purpose

The report tracks the quarterly invoice activities associated with the generation of invoices.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly
IFSSA	Paper	1	Quarterly

Detailed Field Definitions

Quarter/Year	Year and quarter the invoices were mailed
Number of Labelers Invoiced	Number of labelers invoiced for that quarter
Number of Labelers W/ Invoice = $0	Number of labelers invoiced with $0 amounts
Number of Labelers W/ Invoice< $50	Number of labelers invoiced with amounts less than $50
Number of Scripts Invoiced	Number of scripts invoiced for the quarter
Number of Pharmacy Scripts Invoiced	Number of pharmacy claims included in invoicing
Number of Compound Details Invoiced	Number of compound claim details included in invoicing
Number of Physician Details Invoiced	Number of physician claim details included in invoicing
Number of Outpatient Details	Number of outpatient claim details included in invoicing

Invoiced	
Number of NDCs Invoiced	Number of NDCs invoiced for the quarter
Total Rebate Amount Claimed	Total rebate amount claimed for this NDC by IFSSA
PHS Providers	Total number of PHS provides for the quarter and year invoiced
Number of PHS Claims	Number of PHS claims submitted
Number of Labelers Invoiced W/ Electronic Media	Number of labelers invoiced with electronic media

REPORT: RBT-2011-Q IndianaAIM RUN DATE: 12/01/2001
PROCESS: RBTQ250 DRUG REBATE INVOICE ACTIVITY REPORT TIME: 01:57:45
LOCATION: RBT2011Q INVOICE QUARTER: 3/2001 PAGE: 1

QUARTER/YEAR	3/2001
NUMBER OF LABELERS INVOICED	426
NUMBER OF LABELERS WITH INVOICE = $0	124
NUMBER OF LABELERS WITH INVOICE $50 or LESS	53
NUMBER OF SCRIPTS INVOICED	2,924,091
NUMBER OF PHARMACY SCRIPTS INVOICED	19,708
NUMBER OF COMPOUND DETAILS PAID	10,661
NUMBER OF PHYSICIAN DETAILS INVOICED	6,884
NUMBER OF OUTPATIENT DETAILS INVOICED	3,254
NUMBER OF NDCs INVOICED	17,110
TOTAL REBATE AMOUNT CLAIMED	$403,101,898.71
PHS PROVIDERS	37
NUMBER OF PHS CLAIMS	33,501
NUMBER OF LABELERS INVOICED WITH ELECTRONIC DATA	97

END OF REPORT

RBT-2012-Q Drug Rebate HCFA DESI

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2012-Q		Drug Rebate HCFA DESI

Description of Information

The report provides a list of NDCs determined to be DESI/LTE (less than effective/identical, related and similar) reported to HCFA. DESI items are identified by a DESI value of 5 or 6 with a correction flag of 0 on the HCFA quarterly drug rebate rate tape and are non-covered services by IHCP. Additional NDCs not found in the EDS pricing file are noted with a special message Drug Not Found On File. NDCs updated by the monthly ProDUR national load that are not added to drug tables with the monthly FDB update are noted with a special message ProDUR Drug - Verify With FDB.

Purpose

The DESI report provides a list of NDCs added or deleted as a DESI item since the last HCFA quarterly drug rebate rate tape. This report manually updates the State DESI maintenance tables to the EDS pricing file.

Sort Sequence

- *Primary -* Additions, Deletions
- *Secondary -* NDC

Note: Page break between additions and deletions

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	2	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

NDC Number

The unique NDC identifying each drug. This field is comprised of the five-digit labeler code, the four-digit product code, and the two-digit package size code.

Drug Description

The drug description found in Indiana*AIM* provided by FDB. If there is no record the Indiana*AIM* tables report as not found.

DESI Indicator

A DESI (Drug Efficacy Study Implementation) drug is any drug that lacks substantial evidence of effectiveness. Only values 5 and 6 that changed since the last HCFA Quarterly Rate Tape are reported. DESI classification 5 and 6 are services not covered by IHCP. Valid values:

5 LTE DESI/IRS drug for all indications (DESI)

6 LTE DESI/IRS drugs withdrawn from the market (DESI)

ADDITIONS:

DESI Start Date

The DESI start effective date is the first day of the next calendar quarter that begins after receipt of the tape (HCFA Release 26 & 41). For example, if the 4/95 rate tape is received in 2/96 then the DESI start date effective 4/1/96.

DESI End Date

The DESI end date for additions is a default date of 2299/12/31.

Deletions:

DESI Start Date

The DESI effective start date is the date that is in the State DESI Maintenance table

DESI End Date

The DESI effective end date is the last day of the next calendar quarter that begins after receipt of the tape (HCFA Release 26 & 41). For example, if the 4/95 rate tape is received in 2/96, the DESI end date effective is 3/31/96.

Number Of DESI Additions

The total number of DESI drugs in **addition** status during the reporting period

Number Of DESI Deletions

The total number of DESI drugs in **deletion** status during the reporting period.

*Note: Report displays the phrase **End of Report** on the last page of the report.*

*Note: Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.*

Report Notes:

Addition

Report as an addition if the DESI value on current rate tape is a 5 or 6 and end date on state DESI table after the beginning of the quarter. Do not report as an addition if end date is equal to calendar quarter.

Deletion

Report as a deletion if the DESI value on current rate tape is to 2, 3, or 4 and end date is greater than calendar quarter.

Do not report if end date is before beginning of calendar quarter.

Do not report if not on State DESI table.

REPORT	RBT-2012-Q	IndianaAIM	DATE:	CCYYMMDD
PROCESS		DRUG REBATE HCFA DESI REPORT	TIME:	HH:MM:SS
LOCATION		INVOICE PERIOD: QCCYY	PAGE:	99,999

ADDITIONS

NDC NUMBER	DRUG DESCRIPTION	DESI INDICATOR	DESI START DATE	DESI END DATE
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	CCYY/MM/DD	CCYY/MM/DD

NUMBER OF DESI ADDITIONS	99,999
NUMBER OF DESI DELETIONS	99,999

** End of Report**
No Data this Run

RBT-2013-Q Drug Rebate Utilization Exception

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2013-Q		Drug Rebate Utilization Exception

Description of Information

The report is used to monitor NDCs on the HCFA quarterly rate tape and on the invoice without a rebate amount per unit provided to HCFA by the labeler. This report monitors claims paid to providers for NDCs not reported on the rate tape for that invoice period. These NDCs may be valid NDCs for the drug rebate program.

Purpose

This report provides a list of NDCs with claim utilization that has not reported the NDC and data to HCFA by the labeler. These NDCs could potentially be a part of the rebate program. This allows Indiana to report these discrepancies to HCFA for monitoring.

Sort Sequence

- *Primary -* NDC; ascending order

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Invoice Quarter

Date in Q/CCYY format where **Q** indicates the quarter. Valid values for the quarter are 1-4.

NDC Number

The unique NDC identifying each drug. This field is comprised of the five-digit labeler code, the four-digit product code, and the two-digit package size code. Items classified as vaccine, nutritional, or supply are not included on this report.

Drug Name

The drug description found on the HCFA database provided to IHCP. If there is no record on the quarterly rate tape for an NDC that has had utilization, it reports as **Not Found**.

QTY

The total number of units reimbursed to providers by IFSSA for an NDC for the specified quarter

Total Provider Reimbursement	The total IHCP dollars paid for an NDC, including dispensing fees, but excluding co-payment amounts and TPL by IFSSA for the specified quarter
NDCS With Claim Utilization And No Rebate Data Reported On Rate Tape	The total number of NDCs on the utilization report with **Not Found** as the description for the report.

REPORT	RBT-2013-Q	Indiana*AIM*	DATE:	CCYYMMDD
PROCESS		Utilization Exception	TIME:	HH:MM:SS
LOCATION		INVOICE QUARTER: Q/CCYY	PAGE:	99,999

NDC	DRUG NAME	QTY	TOTAL PROV REIMBURSEMENT
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99
99999-9999-99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999,999,999	$999,999,999.99

NDCS WITH CLAIM UTILIZATION AND NO REBATE DATA REPORTED ON RATE TAPE 9,999,999

** End of Report**
No Data this Run

RBT-2014-Q Drug Rebate Address Update

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2014-Q		Drug Rebate Address Update

Description of Information

This report lists changes and updates made to the Drug Labeler Address Maintenance window with the processing of the data from the HCFA Rate tape that contains address and effective date data.

Purpose

This report notifies the Drug Rebate staff that a change or update was made to the Drug Labeler Address Maintenance window through the HCFA Rate tape.

Sort Sequence

- *Primary -* Labeler code

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Lblr Code
The unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.

Labeler Name
The manufacturers name as reported in the Drug Rebate address file provided by HCFA

Effective Date
Date the address was added/changed to the program

Termination Date
Date the address will or has been terminated from the program

Message
Updates or changes made to the Drug Rebate Address Maintenance window from the HCFA address tape. Valid values include the following:

- Labeler Address Information Updated
- Labeler Name Update
- No Match on Effective Date – Verify Effective Date
- Termination Date Updated
- Drug Labeler Added

TOTAL NUMBER OF LABELERS WITH ADDRESS INFORMATION UPDATED	Total number of labelers with address information updated
TOTAL LABELERS WITH NEW EFFECIVE DATE (VERIFY EFFECTIVE DATE)	Total number of labelers with new effective dates in Indiana*AIM*
TOTAL NUMBER OF LABELERS WITH TERMINATION DATE UPDATED (VERIFY TERMINATION DATE)	Total number of labelers with terminated dates in Indiana*AIM*
TOTAL NUMBER OF NEW LABELERS ADDED	Total number of new labelers added in Indiana*AIM*
TOTAL NUMBER OF LABELERS WITH NAME UPDATED	Total number of labelers with name updated in Indiana*AIM*

REPORT: RBT-2014-Q IndianaAIM RUN DATE: 11/30/2001
PROCESS: RBTJQ320 DRUG LABELER ADDRESS UPDATE EXCEPTION REPORT TIME: 08:15:23
LOCATION: RBT2014Q INVOICE QUARTER: 3/2001 PAGE: 1

LABELER CODE	LABELER NAME	EFFECTIVE DATE	TERMINATION DATE	MESSAGE
00003	ER SQUIBB AND SONS,L.L.C.	01/01/1991	12/31/2299	Labeler Address Information Updated
00009	PHARMACIA CORPORATION	01/01/1991	12/31/2299	Labeler Address Information Updated
00013	PHARMACIA CORPORATION	01/01/1991	12/31/2299	Labeler Address Information Updated
00015	MEAD JOHNSON AND COMPANY	01/01/1991	12/31/2299	Labeler Address Information Updated
00021	REED & CARNRICK	01/01/1991	04/01/1996	Labeler Name Updated
00021	REED AND CARNRICK DIV OF BLOCK DRUG	10/01/1996	01/01/1997	Labeler Name Updated
00025	PHARMACIA CORPORATION	01/01/1991	12/31/2299	Labeler Address Information Updated
00072	WESTWOOD SQUIBB PHARMACEUTICALS	01/01/1991	12/31/2299	Labeler Address Information Updated
00081	GLAXOSMITHKLINE	01/01/1991	12/31/2299	Labeler Name Updated
00085	SCHERING CORPORATION	01/01/1991	12/31/2299	Labeler Address Information Updated
00087	BRISTOL-MYERS SQUIBB COMPANY	01/01/1991	12/31/2299	Labeler Address Information Updated
00095	ECR PHARMACEUTICALS	10/01/1991	12/31/2299	Labeler Address Information Updated
00116	XTTRIUM LABORATORIES, INC.	08/17/2001	12/31/2299	Drug Labeler Added
00145	STIEFEL LABORATORIES INC	01/01/1991	12/31/2299	Labeler Address Information Updated
00169	NOVO NORDISK PHARMACEUTICALS INC.	01/01/1991	12/31/2299	Labeler Address Information Updated
00173	GLAXOSMITHKLINE	01/01/1991	12/31/2299	Labeler Name Updated
00186	ASTRAZENECA LP	01/01/1991	12/31/2299	Labeler Name Updated
00217	DUNHALL PHARMACEUTICALS, INC.	01/01/1991	01/01/1997	Labeler Name Updated

TOTAL NUMBER OF LABELERS WITH ADDRESS INFORMATION UPDATED: 91
TOTAL LABELERS WITH NEW EFFECTIVE DATE (VERIFY EFFECTIVE DATE): 12
TOTAL NUMBER OF LABELERS WITH TERMINATION DATE UPDATED (VERIFY TERMINATION DATE): 8
TOTAL NUMBER OF NEW LABELERS ADDED: 11
TOTAL NUMBER OF LABELERS WITH NAME UPDATED: 26

END OF REPORT

RBT-2015-R Drug Rebate Participation by Labeler Code

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-2015-R		Drug Rebate Participation by Labeler Code

Description of Information

This report lists labeler participation status, and start and end dates in the Drug Rebate program.

Purpose

The report creates a bulletin to notify providers of the status of labeler participation in the Drug Rebate Program.

Sort Sequence

- *Primary* – Labeler code; ascending order

Distribution

To	Media	Copies	Frequency
EDS	CRLD/Paper	1	Quarterly
IFSSA	CRLD	0	Quarterly

Detailed Field Definitions

Labeler Code
Unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.

Labeler Name
The manufacturers name as reported in the Drug Rebate address file provided by HCFA

Rebate Eff Start Date
The date a labeler begins participation in the Drug Rebate Program

End Date
The date a labeler terminates participation in the Drug Rebate Program

Report:	RBT-2015-R	IndianaAIM	Run Date:	mm/dd/ccyy
Process:	RBTJR330	DRUG REBATE PARTICIPATION	Run Time:	Hh:mm:ss
Location:	RBT2015R	BY LABELER CODE REPORT	Page:	1

LABELER CODE	LABELER NAME	REBATE EFF START DATE	DATES END DATE
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYY/MM/DD	CCYY/MM/DD

RBT-3000-M Drug Rebate Invoice Collection Activity

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-3000-M		Drug Rebate Invoice Collection Activity

Description of Information

The Drug Rebate Invoice Collection Activity Report details collection activity by labeler code for each invoice period when there was payment activity during the reporting period or an outstanding balance due on an invoice contained on the Indiana*AIM* database. It reports collection activities, adjustments (such as adjustment amount from the invoice due to rebate amount per unit changes (PPAs), utilization adjustments, and dispute resolution) and write-offs that established an outstanding balance. Adjustment amounts are reported for the invoice period it affects. If ending balance from a previous report is $0 and a change occurs to increase or decrease an amount greater than $0 the labeler is reported for the reporting period.

Purpose

EDS and IFSSA use this report to monitor the age of the invoice and its associated collection activity and outstanding balances. It controls and ensures that all efforts are made to collect outstanding balances for the Drug Rebate Program.

Sort Sequence

- *Primary -* Labeler code, ascending
- *Secondary -* Invoice period, descending, current quarter first

Page break on invoice quarter

Distribution

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

Detailed Field Definitions

Labeler Code Unique five digit number identifying each drug manufacturer. This number represents the first five digits of the National Drug Code (NDC).

Invoice Period Calendar quarter and year of the original invoice period

Beginning Balance	Represents the original invoice setup amount. After the setup is established, this amount indicates the balance derived from the previous months Drug Rebate Invoice Collection Activity Report. For invoices converted from MMIS, the beginning balance is derived by subtracting the amount paid from the current rebate amount claimed when the invoices are moved to the production environment of the Indiana*AIM* Drug Rebate system. (Beginning Balance—Converted, Current Claimed—Paid).
Cash Receipts	The total dollar amount applied to the drug rebate quarterly invoice during the reporting period. This amount contains interest payments and credit amounts from an overpayment reapplied to another invoice.
Adjustments	The adjusted dollar amount from the original invoice amount as a result of a rebate amount per unit change, resolved dispute or utilization adjustment that increases or decreases an outstanding or credit balance for the specified quarter.
Write-Offs	The total dollar amount not collected that is written off (such as. $50 threshold amounts per invoice per quarter)
Interest Collected	The total dollar amount of interest applied to the drug rebate quarterly invoice during the reporting period.
Ending Balance	Calculated Ending Balance as follows: Beginning Balance + Cash Receipts + Adjustments + Write-offs + Interest Assessed = Ending Balance.
Days Aged	The number of days elapsed from the postmark date of the original invoice to the time the report is generated
Sub Totals	Summarizes the collection activity totals for each invoice period
Grand Totals	Summarizes all the subtotals for collection activity totals for all invoice periods

REPORT RBT-3000-M IndianaAIM DATE: CCYYMMDD

PROCESS DRUG REBATE INVOICE COLLECTION ACTIVITY TIME: HH:MM:SS

LOCATION INVOICE PERIOD: Q/CCYY PAGE: 99,999

LABELER CODE	INVOICE PERIOD	BEGINNING BALANCE	CASH RECEIPTS	ADJJUSTMENTS	AMOUNT WRITTEN-OFF	INTEREST ASSESSED	ENDING BALANCE	DAYS AGED
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
XXXXX	Q-CCYY	$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
Sub-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	

PAGE BREAK ON INVOICE PERIOD

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	

** End of Report**
No Data this Run

RBT-3002-D Drug Rebate Cash Exception

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-3002-D		Drug Rebate Cash Exception

Description of Information

This report itemizes all drug rebate labeler cash receipts not fully applied to the Drug Rebate Invoice(s). Drug Rebate labeler receipts are identified with a batch range of 960-964. It lists the original cash receipt amount, dollar amounts applied to date, and a balance for each aged receipt. The cash receipt aged field identifies the age of the check based on the Julian date of the CCN.

Purpose

EDS uses this report to identify aged drug rebate cash receipts to prioritize workflow. The report is reviewed daily to prioritize aged cash receipts for processing to prioritize work for that area.

Sort Sequence

- *Primary -* CCN; descending

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Daily
IFSSA	CRLD	0	Daily

Detailed Field Definitions

CCN	The unique number assigned to track cash receipts in the system. CCN batch ranges of 960-964 identify labelers with dollar amounts applied to the invoice(s) but all dollars have not been dispositioned to the invoice detail. CCN batch range of 964 represents not-for-deposit payments that need to be reapplied to an invoice.
Check Amount	The amount of the check being processed as a cash receipt
Amount Applied	The dollar amount applied to the labeler invoice(s). This amount represents all or a portion of the check amount applied to the labeler invoice(s).
Balance To Apply	The accumulated amount from the checks and CCN that needs to be applied to the labeler invoice(s). (Balance to apply = Check amount – Amount applied)
Age	Represents the age of the CCN. Indicates the number of days elapsed from the Julian date of the CCN and the time the report is generated.
Grand Totals	The total dollar amount of the Check Amount, Amount Applied, Balance To Apply. The average of the Age field is the total number of days divided by the number of outstanding CCNs.

REPORT RBT-3002-D IndianaAIM DATE: CCYYMMDD
PROCESS DRUG REBATE CASH EXCEPTION TIME: HH:MM:SS
LOCATION PAGE: 99,999

CCN	CHECK AMOUNT	AMOUNT APPLIED	BALANCE TO APPLY	AGE
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
GRAND TOTALS	$999,999,999.99	$999,999,999.99	$999,999,999.99	999

* * End of Report * *

* * No Data this Run * *

RBT-3003-W Drug Rebate Labeler Credit Due

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-3003-W		Drug Rebate Labeler Credit Due

Description of Information

This report identifies credits (overpayments) made by a labeler not applied to another invoice(s). This report summarizes by invoice quarter and NDC the amount of the overpayment resulting in a credit due to the labeler. The report does not include open disputes. Credit (overpayments) may result from a rebate amount per unit change, utilization change, and a closed dispute. This report displays invoice details where the payment is greater than the current invoice amount.

The report takes the oldest payment in the payment header table to establish the credit. For example, if a credit for an invoice period is $50 and there are two payments: one for $10 and the second for $45, it identifies the credit of $10 as the first payment and then a credit of $40 as the second payment.

Purpose

EDS uses this report to identify credits due to labeler code each week. This report enables the user to reapply credit(s) dollars to future invoice details and outstanding invoice details.

Sort Sequence

- *Primary* - Labeler code; ascending
- *Secondary* - Invoice number; descending
- *Tertiary* - NDC number; ascending

Note: Double-space between each labeler

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly
IFSSA	CRLD	0	Weekly

Detailed Field Definitions

Labeler Name

The manufacturer labeler name as reported on the Drug Rebate address file provided by HCFA

Labeler Code

The unique number identifying each drug manufacturer. This number represents the first five digits of the National Drug Code (NDC).

CCN

The unique number assigned to track cash receipts in the system. CCN batch ranges of 960-964 identify labelers with dollar amounts applied to the invoice(s) but not all dollars are dispositioned to the detail. For aged invoice details where a CCN record

is not found, the report assigns a CCN with all zeros. If a CCN is zero, a new CCN batch range number with 964 is reassigned for it to be reapplied to another invoice period. 964 CCN represent not-for deposit payments reapplied to an invoice. Indicates the control number with credit balances for each invoice detail that need to be reapplied.

Invoice Number — The first five digits of the invoice number that represent the labeler code, and the last five digits that represent the year and quarter

NDC Number — Unique National Drug Code identifying each drug. This field comprises the five-digit labeler code, the four-digit product code, and the two-digit package size code. If an NDC has multiple overpayments, it displays each NDC associated with the CCN.

Credit Due — The credit balance due for each specific NDC and invoice period. The amount is the difference between the current total rebate amount claimed and rebate amount paid for each NDC. (Credit due = Current rebate amount - Rebate amount paid)

Subtotal — The outstanding amount of credit due per labeler code. The accumulated subtotal of the Credit Due field for each labeler

Grand Total — The outstanding amount of credit due per all labeler codes listed on the report. The accumulated total of the Credit Due field for all labelers.

Report displays the phrase **End of Report** on the last page of the report.

Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.

```
REPORT        RBT-3003-W                                IndianaAIM                                DATE:   CCYYMMDD
PROCESS                                            DRUG REBATE CREDIT DUE                         TIME:   HH:MM:SS
LOCATION                                                                                          PAGE:   99,999

              CCN                          INVOICE NUMBER                  NDC NUMBER                CREDIT DUE

     Labeler Name       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
     Labeler Code       99999

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

             SUBTOTAL                                                                                $9,999,999.99

     Labeler Name       XXXXXXXXXXXXXXXXXXXXXXX
                        XXXXXXXX
     Labeler Code       99999

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

          CCYYJJJJBBBSSS                    99999-QCCYY                   99999-9999-99              $999,999.99

             SUBTOTAL                                                                                $9,999,999.99

            GRAND TOTAL                                                                              $9,999,999.99

                                                  * * End of Report * *
                                                * * No Data this Run * *
```

RBT-3004-D Invoice Disposition Exception Report

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-3004-D		Invoice Disposition Exception Report

Description of Information

This report itemizes all the drug rebate outstanding dollar amounts applied to an invoice that need to be dispositioned to the invoice detail. Drug Rebate labeler receipts are identified with a batch range of 960-964. This report displays the CCN when dollars are applied to the labeler invoice but not dispositioned to invoice detail. The aged category represents the date the check was received based on the Julian date of the CCN.

Purpose

EDS uses this report to identify aged disposition amounts to prioritize workflow. EDS reviews this report weekly to identify aged disposition amounts that still must be processed and to prioritize workflow.

Sort Sequence

- *Primary -* Invoice number; ascending order

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Daily
IFSSA	CRLD	0	Daily

Detailed Field Definitions

CCN
The unique number assigned to track cash receipts in the system. CCN batch ranges of 960-964 identify labelers with dollar amounts applied to the invoice(s) but all dollars have not been dispositioned to the invoice detail. CCN batch range of 964 represents not-for-deposit payments that need to be reapplied to an invoice.

Invoice Number
The first five digits of the invoice number that represents the manufacturer code, and the last five digits that represent the year and quarter

Amount Applied
The dollar amount applied to the labeler invoice(s). This amount represents all or a portion of the check amount applied to the labeler invoice(s).

Amount Disposition To Date
The amount dispositioned to the invoice detail to date

Balance To Disposition
The accumulated amount applied from the checks and CCN but needs to be dispositioned to the invoice detail. (Balance to be disposition = Amount applied - Amount disposition to date).

Age
The age of the CCN. Indicates the number of days elapsed from the Julian date of the CCN and the time the report was generated

Grand Totals
The total dollar amount of the Amount Applied, Amount Disposition To Date, and Balance To Disposition fields. The average of the Age field is the total number of days divided by the number of outstanding CCN's.

Report displays the phrase **End of Report** on the last page of the report.

Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.

REPORT RBT-3004-D IndianaAIM DATE: CCYYMMDD

PROCESS DRUG REBATE INVOICE DISPOSITION EXCEPTION TIME: HH:MM:SS

LOCATION PAGE: 99,999

CCN	INVOICE #	AMOUNT APPLIED	AMOUNT DISPOSITION TO DATE	BALANCE TO DISPOSITION	AGE
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
CCYYJJJBBBSSS	99999-QCCYY	$999,999,999.99	$999,999,999.99	$999,999,999.99	999
GRAND TOTALS		$999,999,999.99	$999,999,999.99	$999,999,999.99	999

* * End of Report * *

* * No Data this Run * *

RBT-4000-M Drug Rebate Dispute Summary by Invoice Period

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-4000-M		Drug Rebate Dispute Summary by Invoice Period

Description of Information

This report provides a comprehensive summary of dispute information for each invoice period. If an invoice period has no activity, it is not listed on the report.

Purpose

The report is a management tool for IFSSA to track the progress of Drug Rebate disputes.

Sort Sequence

- *Primary* - Invoice period; ascending order

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly
IFSSA	Paper	1	Monthly

Detailed Field Definitions

Invoice Period	The year and quarter of the invoice. This field displays the date in Q/CCYY format where **Q** indicates the quarter. Valid values for the quarter are 1-4.
Labelers With Open Disputes	The total number of labelers with at least one open dispute detail (CDE_STATUS = 0) for the specific invoice period
NDCS With Open Disputes	The total number of NDCs with open dispute details (CDE_STATUS = 0) for the specified invoice period
Dispute Amount	The sum of the amount for all open dispute details (CDE_STATUS = 0) for the specified invoice period. This field may be positive or negative.
Labelers With Closed Disputes	The total number of labelers with a closed status for all dispute details (CDE_STATUS = 1) for the specified invoice period
NDCS With Closed Disputes	The total number of NDCs with closed dispute details (CDE_STATUS = 1) for the specified invoice period
Reso Amt Due For Closed Disputes	The total dollar amount of closed dispute details (CDE_STATUS = 1) for the specific invoice period. This field may be positive or negative. (Balance = New rebate claimed – Paid – Write-off)
Totals	The sum of each field on the report

Report displays the phrase **End of Report** on the last page of the report.

Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.

REPORT RBT-4000-M IndianaAIM DATE: CCYYMMDD

PROCESS DRUG REBATE DISPUTE SUMMARY REPORT TIME: HH:MM:SS

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

CURRENT QUARTER

INVOICE PERIOD	NUMBER OF LABELERS WITH OUTSTANDING DISPUTES	NUMBER OF NDCS IN DISPUTES	DOLLAR AMOUNT OUTSTANDING DISPUTES	NUMBER OF LABELERS WITH RESOLVED DISPUTES	NUMBER OF NDCS OF RESOLVED DISPUTES	AMOUNT OF RESOLVED DISPUTES
Q/CCYY	99,999,999	99,999,999	$9,999,999,999.99	99,999,999	99,999,999	$9,999,999,999.99

PRIOR QUARTER

INVOICE PERIOD	NUMBER OF LABELERS WITH OUTSTANDING DISPUTES	NUMBER OF NDCS IN DISPUTES	DOLLAR AMOUNT OUTSTANDING DISPUTES	NUMBER OF LABELERS WITH RESOLVED DISPUTES	NUMBER OF NDCS OF RESOLVED DISPUTES	AMOUNT OF RESOLVED DISPUTES
Q/CCYY	99,999,999	99,999,999	$9,999,999,999.99	99,999,999	99,999,999	$9,999,999,999.99

AGED QUARTERS

INVOICE PERIOD	NUMBER OF LABELERS WITH OUTSTANDING DISPUTES	NUMBER OF NDCS IN DISPUTES	DOLLAR AMOUNT OUTSTANDING DISPUTES	NUMBER OF LABELERS WITH RESOLVED DISPUTES	NUMBER OF NDCS OF RESOLVED DISPUTES	AMOUNT OF RESOLVED DISPUTES
1/1994 - Q/CCYY	99,999,999	99,999,999	$9,999,999,999.99	99,999,999	99,999,999	$9,999,999,999.99
1/1991 - 4/1993	99,999,999	99,999,999	$9,999,999,999.99	99,999,999	99,999,999	$9,999,999,999.99
Totals	999,999,999	999,999,999	$99,999,999,999.99	999,999,999	999,999,999	$99,999,999,999.99

RBT-4001-D Drug Rebate Amounts Billed and Collected

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-4001-D		Drug Rebate Amounts Billed and Collected

Description of Information

This report is produced daily to track the following quarterly and year-to-date information: total dollar amount billed, collected, adjusted, uncollected, and written-off for all labelers participating since the inception of the Drug Rebate Program.

Purpose

EDS uses this report as a management tool to track the total dollar amounts billed and collected for all labelers per invoice period. This report is balanced as follows: Original Invoice – Write-offs + or – Adjustments – Collected = Uncollected.

Sort Sequence

- *Primary -* Invoice quarter; ascending order
- *Secondary -* Page break on each year

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Daily
IFSSA	Paper/CRLD	1	Daily

Detailed Field Definitions

Invoice Period	The year and quarter of the invoice. Displays the date in Q/CCYY format where Q indicates the quarter. Valid values for the quarter are 1-4.
Billed	The Rebate Amount Claimed of the original invoice for the specified invoice period
Write-Off	The total dollar amount not collected that is written off (such as $50 threshold amounts)
Adjustment Amount	A change in the dollar amount from the original invoice amount as a result of a rebate amount per unit change, resolved dispute and utilization adjustment that increases or decreases an outstanding or credit balance for the specified invoice period. (Adjusted amount = Original rebate amount claimed – Current rebate amount claimed.)
Collected	The total dollar amount disposition to the specified invoice period
Uncollected	Uncollected = Original Invoice – Write-offs + or – Adjustments – Collected. This amount includes open disputes (CDE_STATUS = 0).
Sub Totals	Summarizes the activity totals for each invoice period within a year
Grand Totals	Summarizes the subtotals for all activity totals for all invoice periods

Report displays the phrase **End of Report** on the last page of the report.

Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:23
Location: RBT4001D Reporting Date: 01/11/2002 Page : 1

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1991	$ 6,882,513.44	$(1,637.37)	$(3,341,153.57)	$(3,523,809.90)	$ 15,912.60
2-1991	$ 21,508,499.25	$(6,130.09)	$(15,852,253.10)	$(5,624,948.32)	$ 25,167.74
3-1991	$ 6,410,697.71	$(2,281.77)	$(1,039,615.49)	$(5,339,777.53)	$ 29,022.92
4-1991	$ 8,978,416.66	$(4,187.56)	$(1,554,462.01)	$(7,352,943.58)	$ 66,824.31
YEAR-TO-DATE	$ 43,780,127.06	$(14,236.79)	$(21,787,483.37)	$(21,841,479.33)	$ 136,927.57

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:23
Location: RBT4001D Reporting Date: 01/11/2002 Page : 2

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1992	$ 11,645,017.85	$(5,179.25)	$(2,549,496.45)	$(9,058,305.75)	$ 32,036.40
2-1992	$ 13,547,094.51	$(4,413.89)	$(4,353,495.19)	$(9,158,097.68)	$ 31,087.75
3-1992	$ 16,102,875.98	$(3,562.99)	$(6,339,438.46)	$(9,722,329.13)	$ 37,545.40
4-1992	$ 16,011,873.73	$(4,293.03)	$(6,180,025.10)	$(9,778,183.01)	$ 49,373.39
YEAR-TO-DATE	$ 57,306,862.07	$(17,449.16)	$(19,422,455.20)	$(37,716,914.77)	$ 150,042.94

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:24
Location: RBT4001D Reporting Date: 01/11/2002 Page : 3

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1993	$ 18,061,452.68	$(1,099.02)	$(7,308,605.83)	$(10,660,672.09)	$ 91,075.74
2-1993	$ 15,769,923.00	$(1,899.85)	$(5,697,253.03)	$(9,968,643.11)	$ 102,127.01
3-1993	$ 13,494,068.21	$(3,737.85)	$(3,492,003.08)	$(9,873,465.93)	$ 124,862.15
4-1993	$ 27,350,884.69	$(7,105.55)	$(16,342,380.41)	$(10,930,572.62)	$ 70,826.11
YEAR-TO-DATE	$ 74,676,328.58	$(13,843.07)	$(32,840,241.55)	$(41,433,353.75)	$ 388,891.01

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:25
Location: RBT4001D Reporting Date: 01/11/2002 Page : 4

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1994	$ 18,106,357.22	$(7,223.21)	$(7,930,251.40)	$(10,037,664.46)	$ 131,218.15
2-1994	$ 15,526,516.34	$(9,868.61)	$(5,157,515.16)	$(10,226,657.04)	$ 132,475.53
3-1994	$ 14,134,390.34	$(8,924.60)	$(3,757,102.58)	$(10,343,128.81)	$ 25,234.35
4-1994	$ 13,297,038.91	$(3,953.68)	$(3,712,942.44)	$(9,509,478.98)	$ 70,663.81
YEAR-TO-DATE	$ 61,064,302.81	$(29,970.10)	$(20,557,811.58)	$(40,116,929.29)	$ 359,591.84

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:26
Location: RBT4001D Reporting Date: 01/11/2002 Page : 5

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1995	$ 10,700,941.40	$(1,312.50)	$(2,412,857.24)	$(8,271,755.63)	$ 15,016.03
2-1995	$ 18,764,284.85	$(1,903.29)	$(7,073,381.41)	$(11,589,702.06)	$ 99,298.09
3-1995	$ 12,719,789.18	$(10,371.99)	$(1,540,604.41)	$(11,133,153.51)	$ 35,659.27
4-1995	$ 22,461,855.03	$(8,218.28)	$(10,527,535.00)	$(11,867,103.05)	$ 58,999.50
YEAR-TO-DATE	$ 64,646,870.46	$(21,806.06)	$(21,554,378.06)	$(42,861,713.45)	$ 208,972.89

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:27
Location: RBT4001D Reporting Date: 01/11/2002 Page : 6

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1996	$ 14,580,942.91	$(8,735.50)	$(3,718,401.62)	$(10,821,715.99)	$ 32,089.80
2-1996	$ 17,291,867.97	$(3,853.09)	$(6,978,248.95)	$(10,279,254.60)	$ 30,511.33
3-1996	$ 12,212,096.88	$(5,387.52)	$(1,891,379.24)	$(10,290,140.18)	$ 25,189.94
4-1996	$ 12,354,990.95	$(7,096.55)	$(1,521,990.18)	$(10,796,910.23)	$ 28,993.99
YEAR-TO-DATE	$ 56,439,898.71	$(25,072.66)	$(14,110,019.99)	$(42,188,021.00)	$ 116,785.06

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:27
Location: RBT4001D Reporting Date: 01/11/2002 Page : 7

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1997	$ 9,323,043.03	$(6,351.75)	$ 874,054.94	$(10,097,493.34)	$ 93,252.08
2-1997	$ 9,270,089.62	$(2,113.14)	$ 2,498,703.76	$(11,646,117.46)	$ 120,562.78
3-1997	$ 12,714,093.07	$(2,682.07)	$ 487,885.76	$(13,109,673.04)	$ 89,623.72
4-1997	$ 12,104,425.62	$(1,683.15)	$ 511,955.85	$(12,529,414.25)	$ 85,284.07
YEAR-TO-DATE	$ 43,411,650.54	$(12,830.11)	$ 4,372,600.31	$(47,382,698.09)	$ 388,722.65

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:28
Location: RBT4001D Reporting Date: 01/11/2002 Page : 8

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1998	$ 13,598,112.35	$(924.56)	$ 220,043.00	$(13,719,349.54)	$ 97,882.05
2-1998	$ 13,706,274.15	$(1,321.95)	$ 624,310.44	$(14,297,274.43)	$ 31,988.21
3-1998	$ 14,460,547.51	$(2,002.52)	$ 553,062.60	$(14,988,051.41)	$ 23,556.18
4-1998	$ 15,365,826.34	$(1,578.19)	$ 302,490.56	$(15,619,212.86)	$ 47,525.85
YEAR-TO-DATE	$ 57,130,760.35	$(5,827.22)	$ 1,699,906.60	$(58,623,888.24)	$ 200,951.49

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:29
Location: RBT4001D Reporting Date: 01/11/2002 Page : 9

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-1999	$ 17,232,913.49	$(974.72)	$ 980,348.20	$(18,163,384.83)	$ 48,902.14
2-1999	$ 18,319,354.67	$(1,061.90)	$ 303,935.63	$(18,570,820.14)	$ 51,408.26
3-1999	$ 16,941,424.85	$(3,175.73)	$ 3,030,764.04	$(19,929,637.47)	$ 39,375.69
4-1999	$ 18,749,752.95	$(1,065.94)	$ 2,401,183.26	$(21,023,309.01)	$ 126,562.06
YEAR-TO-DATE	$ 71,243,445.96	$(6,278.29)	$ 6,716,232.03	$(77,687,151.45)	$ 266,247.35

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:31
Location: RBT4001D Reporting Date: 01/11/2002 Page : 10

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-2000	$ 32,824,966.16	$(1,092.15)	$(9,900,476.79)	$(22,922,252.92)	$ 1,144.30
2-2000	$ 22,841,701.86	$(1,149.76)	$ 884,080.32	$(23,625,042.75)	$ 99,589.67
3-2000	$ 701,054,912.34	$(670.18)	$(679,659,158.75)	$(21,325,393.42)	$ 69,689.99
4-2000	$ 89,980,362.73	$(603.22)	$(62,293,646.19)	$(27,284,526.73)	$ 401,586.59
YEAR-TO-DATE	$ 846,701,943.09	$(3,515.31)	$(750,969,201.41)	$(95,157,215.82)	$ 572,010.55

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:31
Location: RBT4001D Reporting Date: 01/11/2002 Page : 11

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
1-2001	$ 773,712,919.06	$(709.57)	$(11,817,614.23)	$(28,778,292.83)	$ 733,116,302.43
2-2001	$ 698,908,341.68	$(456.97)	$ 5,809,906.44	$(28,910,506.87)	$ 675,807,284.28
3-2001	$ 403,101,898.71	$(460.15)	$ 351,219.78	$(5,751,820.62)	$ 397,700,837.72
YEAR-TO-DATE	$ 1,875,723,159.45	$(1,626.69)	$(5,656,488.01)	$(63,440,620.32)	$ 1,806,624,424.43

Report : RBT-4001-D IndianaAIM Run Date: 01/11/2002
Process : RBTJD104 DRUG REBATE AMOUNTS BILLED AND COLLECTED Run Time: 23:07:32
Location: RBT4001D Reporting Date: 01/11/2002 Page : 12

INVOICE PERIOD	BILLED	WRITE-OFF	ADJUSTMENT AMOUNT	COLLECTED	UNCOLLECTED
TOTAL	$ 3,252,125,349.08	$(152,454.66)	$(874,109,342.03)	$(568,449,985.51)	$ 1,809,413,567.78

END OF REPORT

RBT-5000-R Drug Rebate Resolution Statement

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-5000-R		Drug Rebate Resolution Statement

Description of Information

This report accounts for disputes in a specific invoice period closed in the Drug Rebate Indiana*AIM* system. After entering dispute resolution in the Drug Rebate Dispute Detail Resolution window, the analyst selects **batch print** to generate the Dispute Resolution Statement.

Purpose

This report serves as notification to the labeler that the dispute for an invoice period closed. This report provides the labeler with detail data of the research and the resolution reached by EDS regarding the disputed quarter.

Sort Sequence

- *Primary -* NDC; ascending order

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	On Request
IFSSA	CRLD	0	On Request

Detailed Field Definitions

Labeler Code	Labeler name as reported on the Drug Rebate address file provided by HCFA
Labeler Name	Unique number identifying each drug manufacturer. This number represents the first five digits of the NDC as reported on the drug table.
Invoice Number	Appropriate state abbreviation indicating IHCP is billing the labeler. The state code for Indiana displays as IN.
State Code	First five digits of the invoice number that represent the labeler code, and the last five digits that represent the year and quarter
NDC Number	Unique NDC identifying each drug. This field comprises the five-digit labeler code, the four-digit product code, and the two-digit package size code.
Current Rebate Amount Per Unit	Current rebate amount per unit reported to HCFA by the labeler and provided to each state. This amount appears as zero when the NDC amount is reported as zero on the HCFA quarterly rate tape.
Total Units Reimbursed To Provider	Total number of units reimbursed to providers by IFSSA for an NDC for the specified quarter. This field is populated with the number of units on the invoice detail when the dispute is opened each time.
Current Rebate Amount Claimed	Current rebate amount due from the manufacturer for the specified invoiced period (Current rebate amount claimed = Current rebate amount per unit *Total units reimbursed to provider)

Units Paid By Labeler	Total number of units paid for the disputed NDC by the labeler
Rebate Amount Paid By Labeler	Total dollar amount paid by the labeler and dispositioned to the invoice detail for the disputed NDC for the specified invoice period.
Indiana New Adjusted Units	New total number of units after Indiana has resolved (closed) the disputed NDC for a specified invoice period
Balance Of Units Due	Number of units due from the labeler for a specific NDC. (Balance of units due = Units paid by labeler – Indiana new adjusted units). This field may be positive or negative.
Balance Due From Labeler	Total recalculated amount due from the labeler after subtracting any previous payment. (Balance due from labeler = Balance of units due *Current rebate amount claimed) This field may be positive or negative.
Rsn Cde	Provides the labeler with a resolution code number for the specified closed dispute
Sub Totals	Total amount due for the following fields: Total Units Reimbursed To Provider, Current Rebate Amount Claimed, Units Paid By Labeler, Rebate Amount Paid By Labeler, Indiana New Adjusted Units, Balance Of Units Due, Balance Due From Labeler
Number Of NDCS Resolved	Number of NDCs closed for the specified invoice period
Please Remit Or Credit Due Labeler	Reports either Please Remit with the balance due from the labeler or Credit Due with the credit balance due to the labeler. This field may be positive or negative.
Reason Code	Provides the labeler with an explanation of the resolution code for the closed NDCs for the specified invoice period.
Description	Provides the labeler with an explanation of the resolution code for the closed NDCs for the specified invoice period.
	Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.
	Report displays the phrase **End of Report** on the last page of the report.

Report : RBT-5000-R IndianaAim Run Date: 01/13/2002
Process : RBTJW300 DRUG REBATE RESOLUTION STATEMENT Run Time: 06:00:18
Location: RBT5000R INVOICE PERIOD: Page: 1

** NO DATA THIS RUN **

RBT-5001-W Drug Rebate Claim Detail

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-5001-W		Drug Rebate Claim Detail

Description of Information

The report lists all claims associated with a specific NDC for an invoice period. This report displays vital data to analyze pharmacy claim information when a labeler disputes an NDC for a specific quarter. The report provides both mother and daughter claim level information associated with a specific NDC that is in dispute for an invoice period for the labeler. This report is generated in conjunction with the Drug Rebate Claim Detail report (RBT-5002). Analysts enter each NDC and invoice period into the Claim Detail window to generate the weekly report.

Purpose

This report assists the Drug Rebate staff with identification of billing discrepancies by providers. Common discrepancies include, but are not limited to, provider/data entry errors and wrong unit of measure that validates and resolves drug rebate disputes. Dispute resolution adjustments are not included for the claim detail initiated by drug rebate staff.

Sort Sequence

- Primary - NDC; ascending order
- Secondary - Invoice quarter; ascending order
- Tertiary - Provider number; ascending order
- Quaternary - Member; ascending order
- Fifth - Date dispensed; ascending order

Note: Page break after 22nd ICN detail. Restart page numbering for each NDC.

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

Detailed Field Definitions

Labeler Code	Unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the National Drug Code (NDC).
Labeler Name	The manufacturer labeler name as reported in the Drug Rebate address file provided by HCFA
Invoice Quarter	The year and quarter of the invoice
NDC	Unique NDC identifying each drug

Drug Desc

Drug description in the drug reference tables as provided by FDB

Strength

Description of the drug potency in metric units. Displays drug strength and drug strength volume as reported by FDB.

Pkg Desc

Drug product container type as reported by FDB. Valid values include:

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablet

Pkg Sze

Package size in metric quantity to derive a unit price as reported by FDB. It is the usual labeled quantity dispensed by the pharmacist, such as 100 tablets, 100 capsules, 20 ml vial, and so forth.

Drug Form

Unit of measure as reported by FDB. The basic drug measurement for performing reimbursement calculations. Valid values:

EA—Each, ML—Milliliter, GM—Gram

Clm Typ

Type of claim: PHRM—pharmacy, COMP—compound, PHYS—physician, UB92—UB92 Outpatient

Rgn Code/ICN

Internal control number for the mother claim or daughter claim. The region code is the first two digits of the ICN and specifies the type of claim. The valid region codes are as follows:

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
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–Void Transaction
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 Adjustment 60 Non-Claim Specific Financial Transactions 70 HMO Capitation / HMO 80 Claims Reprocessed By EDS Systems Engineers 90 Special Projects 99 Converted Claim With Duplicate ICN
Provider Number	IHCP provider identification number
RID	IHCP member identification number
Date Dispensed	Date the drug was dispensed for a specific ICN
Quantity	Quantity of the product dispensed for a specific ICN
Charge Amount	Charged amount submitted for the drug dispensed for a specific ICN
Prof. Fee	Dispensing fee paid to the provider by IHCP for a specific ICN
Paid Amount	Amount IHCP reimbursed to the provider for a specific ICN. This amount represents the amount after co-pay or TPL is deducted and the dispensing fee is added.
EAC Rate	Estimated acquisition cost (90 percent of AWP for legends and 150percent for OTC items) for the NDC on a specific ICN
FUL/MAC Rate	Unit price for the NDC under Federal Upper Limits (FUL)/MAC regulation to price for the NDC on a specific ICN, if applicable
Est In Paid Units	Paid amount minus dispensing fee plus the co-payment amount divided by the EAC (if priced at EAC) or by MAC (if priced at MAC). If no MAC rate is available, pharmacy detail displays $9,999.00000 amount. If there is a MAC rate, both the EAC and MAC rate display on pharmacy claim detail. In this case, use the lowest amount of EAC or MAC per unit to calculate.
RX Number	Prescription on the pharmacy or compound claim
Totals	Sum of the following columns: Quantity, Charged Amount, Professional Fee, and Estimated Paid Units.
Number Of Claims	The number of details reported for a specific NDC and invoice period. This number only counts claims with a quantity greater than **0**.
	*Report displays the phrase **End of Report** on the last page of the report.*
	*Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.*

Report Notes

Two types of adjustments exist for drug rebate, a provider-initiated adjustment and a dispute resolution adjustment initiated by the drug rebate staff to resolve a dispute.

A provider-initiated adjustment is identified with a batch range of 300-499 and the following adjustment region codes:

45 Converted Adjustment
50 Adjustment–Non check Related
51 Adjustment–Check Related
54 Mass Adjustments–Voids
56 Mass Adjustments–System Generated
57 Mass Adjustments–Reprocessed by System Engineer
59 POS Adjustment

A dispute resolution adjustment initiated by drug rebate staff may be identified by a region code of 50 and a batch range of 500-585 or by a region code of 51 and a cash control number (CCN) of 965.

Dispute resolution adjustments **are not** included in the claim detail. These claims do not appear in the cross-reference table and are in the report. In addition, the drug rebate initiated adjustments do not appear in the utilization invoice.

1. If a claim isn't affected by a provider-initiated adjustment, the amount for an ICN or claim displays in the report.
2. Report all provider-initiated adjustments regardless if adjustment changed utilization or NDC. Both the mother claims and daughter appear on claim detail. The daughter claim is displayed with the information as submitted. The mother claim data is backed out, and shown in the claim detail report displaying the following values as zero:
   - Quantity
   - Charged
   - Paid Amount
3. When paid adjustments are made to a mother claim in the same quarter or different quarters, the following occurs:

- The adjustment appears on the claim detail as submitted.
- The mother claim is backed out, and shown in the claim detail report displaying the following values as zero:
  - Quantity
  - Charged
  - Paid Amount.

4. When denied adjustments are made to a mother claim in the same quarter or different quarters, the following occurs:

- **For invoice periods first quarter 1995 through second quarter 1997** the daughter claim (denied adjustment) is **not** backed out, and shown in the claim detail with amounts in the following fields:
  - Quantity
  - Paid Amount.
- The adjustment appears on the claim detail as submitted or as displayed online.
- **Effective the third quarter 1997 invoice period** and after the daughter claim (denied adjustment) is backed out, and shown in the claim detail report displaying the following values as zero:
  - Quantity
  - Paid Amount.

- The adjustment appears on the claim detail reflecting a quantity of **0** representing the quantity invoiced to the labeler. The adjustment does not appear on the claim detail as submitted or as displayed online.

5. When an adjustment is made that changes the NDC from mother claim to daughter claim in the same or different quarters, the following occurs:

- The adjustment containing the new NDC is treated and reported as a new day claim in the invoice quarter the adjustment was processed. The adjustment is reported for the new NDC as submitted.
- The mother claim containing the previous NDC is backed out of the invoice quarter the mother claim was processed, and shown in the claim detail report displaying the following values as zero:
  - Quantity
  - Charged
  - Paid Amount
  - EAC
  - MAC
  - Est IN Paid Units

When an adjustment is processed and there is no mother claim in the Drug Rebate cross-reference file, the adjustment is treated and reported in claim detail as a new day claim. The adjustment is reported as submitted.

```
REPORT:      RBT-5001-W                                IndianaAIM                                DATE:
PROCESS:     RBT5001 W                          DRUG REBATE CLAIM DETAIL                         TIME:
LOCATION:    RBTJW610                                                                            PAGE:

LABELER CODE: 99999              LABELER    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        INVOICE QUARTER: Q/CCYY
                                  NAME:

    NDC:     9999-9999-99        DRUG DESC  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            STRENGTH:

  PKG DESC:  XXXXXXXXXX          PKG SZE:   XXXXXXX9999                               DRUG FORM:    XX
```

CLM TYP	RGN CODE/ ICN	PROVIDER NUMBER	RID	DATE DISPENSED	QUANTITY	CHARGED AMOUNT	PROF FEE	PAID AMOUNT	EAC RATE	RX NUMBER
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
XXXX	9999999999999	999999999	999999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	999.99999	XXXXXXX
Totals:					99,999,999.99	999,999,999.99	99,999.99	999,999,999.9		

```
Number of     9,999,999,999
Claims:
  **END OF REPORT**
**NO DATA THIS RUN**
```

RBT-5002-W Drug Rebate Claim Utilization for Labeler

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-5002-W		Drug Rebate Claim Utilization for Labeler

Description of Information

The report lists all claims associated with a specific NDC for an invoice period. This report displays vital data used to analyze pharmacy claim information when a labeler disputes an NDC for a specific quarter. The report provides both mother and daughter claim level information associated with a specific NDC in dispute for an invoice period for the labeler. Information on the report complies with Freedom of Information requirements. This report is provided at the labeler's request.

Purpose

The labeler uses this report to compare its records to the State records to identify and resolve discrepancies. Common discrepancies include, but are not limited to, provider and data entry errors and wrong unit of measure. Dispute resolution adjustments are not included for the claim details initiated by drug rebate staff.

Sort Sequence

- *Primary -* NDC; ascending order
- *Secondary -* Invoice quarter; ascending order
- *Tertiary -* Provider number; ascending order
- *Quaternary -* Date dispensed; ascending order

Note: Page break after 22nd ICN detail

Restart page numbering for each NDC.

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

Detailed Field Definitions

Labeler Code
Unique five-digit number identifying each drug manufacturer. This number represents the first five digits of the National Drug Code (NDC).

Labeler Name
The manufacturer labeler name as reported in the Drug Rebate address file provided by HCFA

Invoice Quarter
The year and quarter of the invoice.

NDC
The unique NDC identifying each drug

Drug Desc

The drug description found in the drug reference tables as provided by FDB

Strength

The drug potency description in metric units. Displays drug strength and drug strength volume as reported by FDB

Pkg Desc

Drug product container type as reported by FDB. Valid values include:

AHF	Anti-hemophilic factor injectable
CAP	Capsule
EA	Each
GM	Gram
ML	Milliliter
SUP	Suppositories
TAB	Tablet

Pkg Sze

The package size in metric quantity used to derive a unit price as reported by FDB. It is the usual labeled quantity dispensed by the pharmacist, such as 100 tablets, 100 capsules, 20 ml vial, and so forth.

Drug Form

Unit of Measure as reported by FDB. This indicates the basic drug measurement for performing reimbursement calculations. Valid values:

EA—Each, ML—Milliliter, GM—Gram

Clm Typ

Type of claim: PHRM—pharmacy, COMP—compound, PHYS—physician, UB92—UB92 Outpatient

Rgn Code/ICN

Internal control number for the mother claim or daughter claim. The region code is the first two digits of the ICN and specifies the type of claim. The valid region codes include:

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
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–Noncheck Related
51	Adjustments–Check Related
52	Shadow Claim Adjustments
53	Shadow Claim Adjustments
54	Mass Adjustments–Void Transaction
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 Adjustment
	60 Non-Claim Specific Financial Transactions
	70 HMO Capitation / HMO
	80 Claims Reprocessed by EDS Systems Engineers
	90 Special Projects
	99 Converted Claim With Duplicate ICN
Provider Number	IHCP provider identification number
RID	IHCP member identification number
Date Dispensed	Date the drug was dispensed for a specific ICN
Quantity	Quality of the product dispensed for a specific ICN
Charge Amount	Charged amount submitted for the drug dispensed for a specific ICN
Prof. Fee	Dispensing fee paid to the provider by IHCP for a specific ICN
Paid Amount	The amount IHCP reimbursed the provider for a specific ICN. This amount represents the amount after co-pay or TPL is deducted and the dispensing fee is added.
RX Number	Prescription on the pharmacy or compound claim
Totals	Sum of the following columns: Quantity, Charged Amount, Professional Fee, and Estimated Paid Units
Number Of Claims	The number of details reported for a specific NDC and invoice period. This number only counts claims with a quantity greater than **0**.

*Report displays the phrase **End of Report** on the last page of the report.*

*Report displays the phrase ***No Data This Run*** on the report if no data is available when the report ran. The report header information, report number, process, location, name, run date, run time, and page number also display.*

Report Notes

There are two types of adjustments for drug rebate, a provider initiated adjustment and a dispute resolution adjustment initiated by the drug rebate staff to resolve a dispute.

A provider-initiated adjustment is identified by a batch range of 300-499 and the following adjustment region codes:

45 Converted Adjustment

50 Adjustment–Non check Related

51	Adjustment–Check Related
54	Mass Adjustments–Voids
56	Mass Adjustments–System Generated
57	Mass Adjustments–Reprocessed By System Engineer
59	POS Adjustment

A dispute resolution adjustment initiated by drug rebate staff is identified by a region code of 50 and a batch range of 500-585 or by a region code of 51 and a cash control number (CCN) of 965.

Dispute resolution adjustments **are not** included in the claim detail. These claims do not appear on the cross-reference table and therefore are not shown in the report. In addition, the drug rebate initiated adjustments do not appear in the utilization invoice.

1. If a claim is not affected by a provider-initiated adjustment; the amounts for an ICN or claim are displayed in the report.
2. Report all provider-initiated adjustments regardless of whether the adjustment changed utilization or NDC. Both the mother claims and daughter appear in claim detail. The daughter claim is displayed with the information as submitted. The mother claim data is backed out, and shown in the claim detail report displaying the following values as zero:
   - Quantity
   - Charged
   - Paid Amount
3. When paid adjustments are made to a mother claim in the same quarter or different quarters, the following occurs:
   - The adjustment appears in the claim detail as submitted.
   - The mother claim is backed out, and shown in the claim detail report displaying the following values as zero:
     - Quantity
     - Charged
     - Paid Amount.
4. When denied adjustments are made to a mother claim in the same quarter or different quarters, the following will occur:
   - **For invoice periods first quarter 1995 through 2nd quarter 1997** the daughter claim (denied adjustment) is **not** backed out and shown in the claim detail with amounts in the following fields:
     - Quantity
     - Paid Amount.
   - The adjustment appears on the claim detail as it was submitted or as it displays on-line.
   - **Effective the third quarter 1997 invoice period** and after the daughter claim (denied adjustment) is backed out and shown in the claim detail report displaying the following values as zero:
     - Quantity
     - Paid Amount.

- The adjustment appears on the claim detail reflecting a quantity of **0**, which represents the quantity that was invoiced to the labeler. The adjustment does not appear on the claim detail as it was submitted or as it displays on-line.

5. When an adjustment is made that changes the NDC from mother claim to daughter claim in the same or different quarters, the following occurs:
    - The adjustment, containing the new NDC, is treated and reported as a new day claim in the invoice quarter the adjustment was processed. The adjustment is reported for the new NDC as submitted.
    - The mother claim containing the previous NDC is backed out of the invoice quarter the mother claim was processed, and shown in the claim detail report displaying the following values as zero:
        - Quantity
        - Charged
        - Paid Amount
        - EAC
        - MAC
        - Est IN Paid Units
6. When an adjustment is processed and there is no mother claim on the Drug Rebate cross-reference file the adjustment is treated and reported on claim detail as a new day claim. Adjustment is reported as submitted.

REPORT RBT-5002-W IndianaAIM DATE: CCYYMMDD
PROCESS RBT5002W DRUG REBATE CLAIM UTILIZATION FOR LABELER TIME: HH:MM:SS
LOCATION RBTJW610 PAGE: 99,999

LABELER CODE: 99999 LABELER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX INVOICE QUARTER: Q/CCYY

NDC: 9999-9999-99 DRUG DESC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX STRENGTH: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PKG DESC: XXXXXXXXXX PKG SZE: XXXXXXX9999 DRUG FORM: XX

CLM TYP	RGN CODE/ ICN	PROVIDER NUMBER	DATE DISPENSED	QUANTITY	CHARGED AMOUNT	PROF FEE	PAID AMOUNT	RX NUMBER
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
XXXX	9999999999999	999999999	MM/DD/CCYY	999,999.99	9,999,999.99	99.99	999,999.99	XXXXXXX
Totals:				99,999,999.99	999,999,999.99	99,999.99	999,999,999.99	

Number of Claims: 9,999,999,999

END OF REPORT

NO DATA THIS RUN

RBT-9001-M Outstanding Balance Summary

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-9001-M		Outstanding Balance Summary

Description of Information

****This report is currently in SME review. 01/01/02.**

RBT-9001-R Drug Rebate Late Payment Notice / Summary

Functional Area	Report Number	Job Name	Report Title
Drug Rebate	RBT-9001-R		Drug Rebate Late Payment Notice / Summary

Description of Information

****This report is currently in SME review. 01/01/02**

REF-0015-A Medicare Fee Schedule RBRVS Update

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0015-A		Medicare Fee Schedule RBRVS Update

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0016-A Medicare Oxygen Fee Schedule Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0016-A		Medicare Oxygen Fee Schedule Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0017-A Medicare DME Fee Schedule Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0017-A		Medicare DME Fee Schedule Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0018-A Medicare Parental Fee Schedule Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0018-A		Medicare Parental Fee Schedule Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0019-A Medicare Prosthetic Fee Schedule Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0019-A		Medicare Prosthetic Fee Schedule Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0020-A Medicare Lab Fee Schedule Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0020-A		Medicare Lab Fee Schedule Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0022-R First Data Bank Drug Update Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0022-R		First Data Bank Drug Update Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

**This report is no longer used and no definition has been located.

REF-0023-R Diagnosis Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0023-R		Diagnosis Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Diagnosis report is a listing of all diagnosis codes on file with the related restrictions and limitations for each specific diagnosis.

Purpose

IFSSA and EDS uses the Diagnosis report to view all diagnosis codes along with the related restrictions and limitations. Each code maintained in the file is reported, unless otherwise requested by the user.

Sort Sequence

- *Primary -* Number on diagnosis code
- *Secondary -* Alpha on diagnosis description

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Requested Annually

Detailed Field Definitions

From Diagnosis
This field, contained in the header, shows the beginning diagnosis code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

To Diagnosis
This field, contained in the header, shows the ending diagnosis code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

Diagnosis
Displays the five-character alphanumeric diagnosis code.

Description
Displays the 250-character alphanumeric description of the diagnosis code.

Diagnosis Type
Displays the code representing any groups associated with the diagnosis code.

Description
Displays the alphanumeric description of the diagnosis type.

Effective Date
Displays the effective date of the code in MM/DD/CCYY format.

End Date	Displays the date on which the diagnosis code is no longer effective in MM/DD/CCYY format.
Coverage	Displays the coverage status of the diagnosis code, as in covered or none covered.
Emergency Indicator	Displays emergency-related diagnosis codes with a *Y*. Otherwise, this field should contain an *N*.
Age	Displays the minimum and maximum age ranges associated with the diagnosis code.
Sex	Displays: *F*-Female *M*-Male *B*-Both
Family Planning	Displays an *X* if the diagnosis code is associated with a family planning treatment.
Suspend	Displays the four-character ESC (Error Status code) used to suspend claims with the diagnosis code.
TPL	Displays *Y* if the diagnosis code is treated as TPL suspect, otherwise, the field displays *N*.
Pregnancy	Displays *Y* if the diagnosis code is associated with pregnancy, otherwise an *N* displays.
PA	Displays *Y* if claims with the diagnosis code require prior authorization prior to payment, otherwise an *N* displays.
Place of Service Limits:	
POS	Displays the description of the place of service.
Effective Date	Displays the effective date for the place of service limitation in MM/DD/CCYY format.
End Date	Displays the ending date for the place of service limitation in MM/DD/CCYY format.
Include/Exclude	Displays an *I* if the place of service is included as a valid place of service for the diagnosis, and an *E* if the place of service is excluded from valid for the diagnosis.
Report Footer	The report footer displays *End of Report*, after the last diagnosis code has been listed, and *No Data this Report* if no diagnosis codes existed in the range requested by the user.

Report: REF-0023-R
Process: XXXXXX
Location: XXXXXX

Indiana*AIM*

Diagnosis Report
From XXXXX To XXXXX

Page Num: 9999
Run Date: MM/DD/CCYY

Diagnosis XXXXX Description XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Type XXX Description XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Effective Date	End Date	Coverage	Emer.	Age Min-Max		Sex	Family Planning	Suspend	TPL	Pregnancy	PA
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	X	999	999	X	X	9999	X	X	X

Place of Service Limits:

POS	Effective Date	End Date	Valid/Invalid
XXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	X

End Of Report

No Data This Report

REF-0024-R Revenue Code Master Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0024-R		Revenue Code Master Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Revenue Code Master Listing displays the revenue codes currently maintained in the revenue table.

Purpose

IFSSA and EDS uses the report to view and verify values in the revenue table.

Sort Sequence

- *Primary -* Revenue code

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Requested Annually

Detailed Field Definitions

From Revenue Code
This field, contained in the header, shows the beginning Revenue code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

To Revenue Code
This field, contained in the header, shows the ending Revenue code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

Revenue Code
Displays the three-character revenue code.

Effective Date
Displays the beginning date for the revenue code in MM/DD/CCYY format.

End Date
Displays the ending date for the revenue code in MM/DD/CCYY format.

Description
Displays the 70-character description of the revenue code.

Rate ID Code
Displays the payment category description associated with the revenue code.

Revenue Groups:

Revenue Type	Displays a code for the treatment category of the revenue code.
Description	Displays a description for the treatment category of the revenue code.
Revenue Flat Fee:	
Emergency Code	Indicates the revenue code is considered an emergency procedure.
Effective Date	Displays the beginning date for the emergency designation in MM/DD/CCYY format.
End Date	Displays the ending date for the emergency designation in MM/DD/CCYY format.
Amount	Displays the additional amount resulting from the emergency designation.
Report Footer	Displays *End of Report*, after the last code has been listed, and *No Data this Report* if no codes exist on the file.

Report:	REF-0024-R	Indiana*AIM*	Page Num: 9999
Process:	XXXXXX		Run Date: MM/DD/CCYY
Location:	XXXXXX	Revenue Code Master Report	
		From XXX To XXX	

Revenue Code	Effective Date	End Date
XXX	MM/DD/CCYY	MM/DD/CCYY

Description: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Rate ID Code: XXXXXXXXXXXXXXX

Revenue Groups:

Type	Description
XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Revenue Flat Fee:

Emergency Code	Effective Date	End Date	Amount
XX	MM/DD/CCYY	MM/DD/CCYY	$99,999.99

End Of Report

No Data This Report

REF-0025-R EOB Code Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0025-R		EOB Code Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The EOB report contains a listing of all EOB codes used in the Indiana*AIM* system along with the EOB type designation.

Purpose

IFSSA and EDS use the EOB report to view all EOB codes along with the descriptions.

Sort Sequence

- *Primary -* EOB code

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Requested Annually

Detailed Field Definitions

From EOB Code
This field, contained in the header, shows the beginning EOB code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

To EOB Code
This field, contained in the header, shows the ending EOB code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported.*

EOB Code
The EOB code field displays the four-character EOB code.

Effective Date
Displays the effective date for the EOB code in MM/DD/CCYY format.

Type
Displays the type of EOB. For example, some EOB codes are informational, and some are denial.

Description
Displays the 395 alphanumeric description of the EOB.

Related ESCs
Displays the error status codes currently linked to the EOB code.

Total EOBs
At the end of the report, the Total EOB field displays the total number of EOBs listed on the report.

Report Footer
Displays *End of Report*, after the last EOB code listed, and *No Data this Report* if no EOB codes exist in the range requested.

Report:	REF-0025-R	Indiana*AIM*	Page Num:	9999
Process:	XXXXXX		Run Date:	MM/DD/CCYY
Location:	XXXXXX	EOB Code Report		
		From XXXX To XXXX		

EOB Code: XXXX Effective Date: MM/DD/CCYY
Type: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EOB Desc: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Related ESCs: 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999
9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999 9999

Total EOBs: 9999

End Of Report

No Data This Report

REF-0026-R CPT/HCPCS Procedure Pricing Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0026-R		CPT/HCPCS Procedure Pricing Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The CPT/HCPC Pricing Report lists requested CPT/HCPC procedure codes along with the associated pricing data.

Purpose

IFSSA and EDS use the CPT/HCPC Procedure Pricing report to view all requested CPT/HCPC procedure codes along with the associated pricing data.

Sort Sequence

- *Primary -* Procedure code

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Requested Annually

Detailed Field Definitions

From Procedure Code
This field, contained in the header, shows the beginning procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

To Procedure Code
This field, contained in the header, shows the ending procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

CPT/HCPCS
Displays the five-character alpha/numeric procedure code.

Description
Displays the 250-character alphanumeric description.

RBRVS Max Fee
The Medicaid Allowed amount for RBRVS.

PI (Pricing Indicator)
Displays the pricing indicator for the procedure.

Effective Date
Displays the effective date of the procedure.

End Date
Displays the end date of the procedure.

Conversion Factor
Displays the system-wide conversion factor for the procedure.

Effective Date	Displays the effective date of the system wide conversion factor.
End Date	Displays the end date of the system wide conversion factor.
Modifier Information:	
Modifier	Displays the pricing modifier for the procedure.
Type	Displays the processing type of the modifier.
Description	Displays the description of the modifier.
Effective Date	Displays the effective date of the modifier.
End Date	Displays the end date of the modifier.
RBRVS Information:	
Modifier	Displays the RBRVS modifier associated with the procedure.
Work RVU	Displays the work RVUs used in the RBRVS calculation.
Practice RVU	Displays the practice RVUs used in the RBRVS calculation.
Malpractice RVU	Displays the malpractice RVUs used in the RBRVS calculation.
Effective Date	Displays the effective date of the RBRVS RVU components.
End Date	Displays the end date of the RBRVS RVU components.
PC/TC Indicator	Indicates the professional or technical component status of the procedure.
GPIC:	
Locality	Displays the provider locality code associated with the GPIC segment.
Work RVU	Displays the relative value of physician work component of the GPIC segment.
Practice RVU	Displays the practice expense component of the GPIC segment.
Malpractice RVU	Displays the malpractice expense component of the GPIC segment.
Effective Date	Displays the effective date of the GPIC segment.
End Date	Displays the ending date of the GPIC segment.
Conv	Displays the conversion factor used to calculate the reimbursement amount for the procedure.
Effective Date	Displays the effective date of the conversion factor.

End Date	Displays the end date of the conversion factor.
Max Fee Information:	
Allowed Amount	Displays the maximum fee allowed for the procedure.
Modifier	Displays the modifier code associated with the max fee segment.
Relative Value	Displays the relative value for the procedure.
Effective Date	Displays the effective date of the max fee pricing segment.
End Date	Displays the end date of the max fee pricing segment.
Prevailing Charge Information:	
Prevailing Charge	Displays the prevailing charge allowed for the procedure.
Modifier	Displays the modifier code associated with the prevailing charge segment.
Locality	Displays the provider location associated with the prevailing charge segment.
Provider Specialty	Displays the provider specialty code associated with the prevailing charge segment.
Effective Date	Displays the effective date of the prevailing charge pricing segment.
End Date	Displays the end date of the prevailing charge pricing segment.
Lab Fee Information:	
60% Rate	Displays the allowed amount for the lab procedure based on the 60 percent calculation.
62% Rate	Displays the allowed amount for the lab procedure based on the 62 percent calculation.
Type	Displays the type of the laboratory procedure.
Effective Date	Displays the effective date of the lab fee segment.
End Date	Displays the end date of the lab fee segment.
Ambulatory Surgical Center Information:	
Type	Displays the type of the procedure.
Effective Date	Displays the effective date of the ASC segment.
End Date	Displays the end date of the ASC segment.

Amount	Displays the allowed amount associated with the ASC segment.
Report Footer	The report footer displays *End of Report*, after the last code listed, and *No Data this Report* if no codes exist in the range requested.

Report: REF-0026-R
Process: XXXXXX
Location: XXXXXX

Indiana*AIM*

CPT/HCPC Procedure Pricing Report
From XXXXX To XXXXX

Page Num: 9999
Run Date: MM/DD/CCYY

CPT/HCPC Procedure	Description	RBRVS Max Fee
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999.99

PI	Effective Date	End Date	Conversion Factor	Effective Date	End Date
XXXXX	MM/DD/CCYY	MM/DD/CCYY	XXXXX	MM/DD/CCYY	MM/DD/CCYY

Modifier Information:

Mod	Type	Description	Effective Date	End Date
XX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY

RBRVS Information:

Mod	Work RVU	Prac RVU	Malp RVU	Effective Date	End Date	PC/TC Indicator
XX	XXXX	XXXX	XXXX	MM/DD/CCYY	MM/DD/CCYY	XX

GPIC:	Locality	Work RVU	Prac RVU	Malp RVU	Effective Date	End Date
	XXXX	XXXX	XXXX	XXXX	MM/DD/CCYY	MM/DD/CCYY

Conv	Effective Date	End Date
XXXXX	MM/DD/CCYY	MM/DD/CCYY

Report: REF-0026-R
Process: XXXXXX
Location: XXXXXX

Indiana*AIM*

CPT/HCPC Procedure Pricing Report
From XXXXX To XXXXX

Page Num: 9999
Run Date: MM/DD/CCYY

Max Fee Information:

Allowed Amt.	Modifier	Rel Value	Effective Date	End Date
$99,999.99	XX	XXXX	MM/DD/CCYY	MM/DD/CCYY

Prevailing Charge Information:

Prevailing Charge	Mod	Locality	Provider Specialty	Effective Date	End Date
$99,999.99	XX	X	XXX	MM/DD/CCYY	MM/DD/CCYY

Lab Fee Information:

60% Rate	62% Rate	Type	Effective Date	End Date
XXXX	XXXX	XXXX	MM/DD/CCYY	MM/DD/CCYY

Ambulatory Surgical Center Information:

Type	Effective Date	End Date	Amount
XX	MM/DD/CCYY	MM/DD/CCYY	$99,999.99

End Of Report

No Data This Report

```
REPORT:   REF-0027-A                         IndianaAIM                         RUN DATE:      MM/DD/CCYY
PROCESS:  XXXXXXXX                                                                TIME:          HH:MM:SS
LOCATION: HCPC A                         HCPCS/CPT  REPORT                        PAGE:          99,999

 HCPC Procedure 99999       Procedure Group: 9       9      9      9
 EOMB XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Description XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Row
Program Coverage                    Effective                     End

Row
Effective                      End

PI:XXXXXXXXXXXXXX        Sex  XXXXXX        Age 999 to 999      Units: 9999 to 9999

ASC:XX                          FUD:999                          LIFETIME X                       TPL X

Family Plan: X           CLIA Exempt: X          Attachment X             Confidential X        ICIC X      Pregnancy X

OTHER RESTRICTIONS:
Diagnosis
DX.                Description                                        EFF                   END                   INVALID/VALID
999.99.            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     EFF CCYYMMDD          END CCYYMMDD          XXXXXXX
999.99.            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     EFF CCYYMMDD          END CCYYMMDD          XXXXXXX


PA
PA by
DX  999.99                        Type:  XXXXXXXXXXXXX

POS  99                           Type:  XXXXXXXXXXXXX

SPECIALTY  999                    Type:  XXXXXXXXXXXXX
```

HCPC Procedure 99999

Program				
Prog/Subprog/MCO	Type	**EFF DTE**	**END DTE**	**Covered/Non-Covered**
XXXXXXXXX	X	CCYYMMDD	CCYYMMDD	XXXXXXXXXXX

POS

POS.	POS Description	EFFECTIVE DATE	END DATE	INVALID/VALID
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EFF CCYYMMDD	CCYYMMDD	XXXXXXX

Specialty

Specialty	Specialty Description	EFFECTIVE DATE	END DATE	INVALID/VALID
999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EFF CCYYMMDD	CCYYMMDD	XXXXXXX

Tooth

Tooth Number	Tooth Description	EFFECTIVE DATE	END DATE
99	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD

MODIFIERS

Modifier	**Type**
XX	9
XX	9

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

REF-0027-A HCPC/CPT Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0027-A		HCPC/CPT Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

This report serves as a listing of all updates to HCPC procedure codes. This report contains the procedure codes that are added to the file or updated, with a description of the HCPC code and a listing of the limits and restrictions that pertain to the procedure code.

Purpose

To provide a listing of current updates to the HCPC Procedure table, so that they can be reviewed by the Medical Policy unit to determine if restrictions need to be applied.

Sort Sequence

- *Primary -* HCPC

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Annually and On Request

Detailed Field Definitions

HCPC Procedure	Five-character alphanumeric code
EOMB	30-character description of the service performed that appears on the recipient's Explanation of Medicaid Benefits.
Description	Description of the service performed.
Program Coverage	Indicates Medicaid coverage
Effective Date	Effective date of the Medicaid coverage for the procedure specified.
End Date	End date of the Medicaid coverage for the procedure specified.
Row	Indicates the date segment of limits and restrictions
Effective Date	The date procedure limitations are effective for claims processing
End Date	The date procedure limitations are invalid (no longer active) for claims processing.

PI	14 characters alphanumeric pricing indicator dictates the method by which a procedure is priced.
Sex	This is the sex that the procedure is restricted to.
Age	The minimum age is keyed in the first field and the maximum age keyed in the last
Units	The minimum and maximum number of units that may be billed for a medical procedure. The minimum units are keyed in the first field and the maximum units keyed in the last field.
ASC	Ambulatory Surgical Center pricing methodology
Lifetime	Indicates whether a procedure can only occur once in a lifetime of a recipient.
TPL	Indicates whether a procedure code is trauma or accident-related.
Family Plan	Indicates whether a procedure is flagged as a family planning service.
CLIA Exempt	Indicates whether a procedure requires CLIA certification
Attachment	Indicates whether attachments are required for procedures.
Confidential	Indicates whether a procedure is confidential.
ICIC	Indicates procedures exempt from manual pricing if the total bill is less than or equal to $50.00
Pregnancy	Indicates whether a procedure is flagged as a pregnancy-related procedure code
Other Restrictions	
Diagnosis	
DX	A code used to identify a diagnosed medical condition
Description	The description of the diagnosis code
Effective Date	Date a procedure and/or diagnosis restriction combination is effective for claims processing
End Date	Date when a procedure and/or diagnosis combination is no longer active
Invalid/Valid	Indicates whether a diagnosis is valid or invalid for a procedure
PA	
PA by	
DX	

Type	Indication of the type of restriction that applies to the Diagnosis, Place of Service or Specialty. Valid values: *All Require PA* *None Require PA* *Exclusion* *Inclusion*
POS	Date a procedure and/or diagnosis restriction combination becomes effective for claims processing
Type	Indication of the type of restriction that applies to the Diagnosis, Place of Service or Specialty. Valid values: *All Require PA* *None Require PA* *Exclusion* *Inclusion*
Specialty	Indicates whether a diagnosis is valid or invalid for a procedure.
Type	Indication of the type of restriction that applies to the Diagnosis, Place of Service or Specialty. Valid values: *All Require PA* *None Require PA* *Exclusion* *Inclusion*
Program	Program coverage for a procedure code
Prog/Subprog/MCO	Identifies the name of the program, subprogram or MCO
Type	Indicates the type of program
Effective Date	Indicates the date a program restriction is effective for claims processing
End Date	Indicates the date a program restriction is invalid for claims processing.
Covered/Non-Covered	Indicates if the procedure is covered or not covered for a Program, Sub-Program, or MCO.
POS	The place of service for which the diagnosis code is valid or invalid.
POS Description	A brief description of the place of service.

Effective Date	Date the procedure and program restriction combination becomes effective for use in claims processing.
End Date	Date the procedure and program combination is no longer valid for use in claims processing.
Invalid/Valid	Indicates the invalid or valid Place of Services for the specified procedure
Specialty	
Specialty	The place of service for which the diagnosis code is valid or invalid.
Specialty Description	Brief description of specialty
Effective Date	Date a procedure and specialty combination becomes active (effective).
End Date	Date when a procedure and specialty combination is no longer active
Invalid/Valid	Indicates whether a specialty is valid or invalid for a procedure
Tooth	
Tooth Number	The number of the tooth with tooth description.
Tooth Description	Description of the tooth.
Effective Date	Indicates the date a tooth restriction becomes effective for claims processing
End Date	Indicates the date a tooth restriction become invalid for claims processing.
Modifiers	
Modifier	Indicates the modifiers that are specific to the procedure code
Type	Indicates the usage and type of modifier referenced. Valid values are: *Pricing* *Review* *Information* *Processing* *Anesthesia* *Medical Direction*

```
Report:  REF-0027-A                                    IndianaAIM                                  Run:Date:         MM/DD/CCYY
Process:                                              RBRVS REPORT                                 Run Time:              HH:MM
Location                                     Period:  MM/DD/CCYY thru MM/DD/CCYY                   Page Number:          99,999


PROC
99999

Effective Date  CCYYMMDD    End Date  CCYYMMDD

MOD          RBRVS MAX Rate:         Total RVU              Code        PC/TC
                                                            Status
XX           9999999                 9999999.99             X           9

Work RVU       PRT RVU          MAL RVU        WRK GPCI       MAL GPCI      PRT GPCI
9999999.99     9999999.99       9999999.99     9999999.99     9999999.99    9999999.99

GLBL SURGERY      SOS DIFF     PREOP          INTRAOP        POSTOP
999               9            9.9999         9.9999         9.9999


MULTI SURG      BILAT SURG     ASST SURG      CO-SURG        TEAM SURG
999             9              9.9999         9.9999         9.9999

BILLABLE        RELATED PROC        ASST SURG      CO-SURG        TEAM SURG
MED. SUPP
9               99999               9.9999         9.9999         9.9999


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

REF-0028-R ICD-9-CM Procedure Coverage Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0028-R		ICD-9-CM Procedure Coverage Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The ICD-9-CM Procedure Coverage report lists all or only requested ICD-9-CM procedure codes along with the description of the procedure and any associated limitations.

Purpose

IFSSA and EDS uses the ICD-9-CM report to view all requested ICD-9-CM procedure codes.

Sort Sequence

- *Primary -* Procedure code
- *Secondary -* Procedure description

Distribution

To	Media	Copies	Frequency
IFSSA	Paper	1	Requested Annually

Detailed Field Definitions

From Procedure Code
This field, contained in the header, shows the beginning ICD-9-CM procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

To Procedure Code
This field, contained in the header, shows the ending ICD-9-CM procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

ICD-9-CM Procedure
Displays the four-character numeric procedure code.

Short Description
Displays the short version of the description of the procedure code.

Class
Displays the class description of the procedure code.

Limits/Restrictions:

Effective Date
Displays the effective date of the procedure code in MM/DD/CCYY format.

End Date	Displays the ending effective date of the procedure code in MM/DD/CCYY format.
Coverage	Displays the status (covered or non-covered) of the procedure.
Sex	Displays the applicable sex code for the procedure. Valid values are: *F*-Female *M*-Male *B*-Both
Age	Displays the minimum and maximum ages valid for the procedure code.
Biopsy	Indicates an open or closed condition.
Bilateral	Displays an *X* to indicate whether a procedure could be performed as a bilateral procedure.
Operating Room	Displays whether a procedure is a valid Operating Room procedure.
Nonspecific	Indicates whether a procedure is considered a nonspecific procedure.
Attachment	Displays whether a procedure requires a claim attachment.
Diagnosis Code Limits:	
From Diagnosis	Displays the beginning diagnosis code of a range of associated diagnosis codes for the procedure.
To Diagnosis	Displays the ending diagnosis code of a range of associated diagnosis codes for the procedure.
Valid/Invalid	Displays whether the diagnosis code range is valid or invalid for the procedure.
Effective Date	Displays the effective date of the diagnosis range for the procedure code in MM/DD/CCYY format.
End Date	Displays the ending effective date of the diagnosis code range for the procedure code in MM/DD/CCYY format.
HCPCs Equivalents:	
HCPCS	Displays the corresponding HCPCS codes to the ICD-9-CM procedure code. There may be multiple HCPC codes equivalent to a single ICD-9-CM procedure code.
Description	Displays the description of the HCPCS code.
Report Footer	Displays *End of Report*, after the last code has been listed, and *No Data this Report* if no codes existed in the range requested by the user.

Report: REF-0028-R
Process: XXXXXX
Location: XXXXXX

Indiana*AIM*

ICD-9-CM Procedure Code Master Report
From XXXXX To XXXXX

Page Num: 9999
Run Date: MM/DD/CCYY

ICD-9-CM Procedure	Short Description	Class
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Limits/Restrictions:

Effective Date	End Date	Coverage	Sex	Age Min - Max		Biopsy	Bilateral	Operating Room	Nonspecific	Attachment
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	X	999	999	X	X	X	X	X

Diagnosis Code Limits:

From Diagnosis	To Diagnosis	Valid/Invalid	Effective Date	End Date
XXXXX	XXXXX	XXXXXXX	MM/DD/CCYY	MM/DD/CCYY

HCPCs Equivalents:

HCPCS	Description
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

End Of Report

No Data This Report

REF-0030-R Usual and Customary Charge Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0030-R		Usual and Customary Charge Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The Usual and Customary Charge Report lists requested or complete Usual and Customary Charge data.

Purpose

IFSSA and EDS use the Usual and Customary Charge report to view Usual and Customary Charge data.

Sort Sequence

- *Primary -* Provider number/procedure code
- *Secondary -* Procedure description, alphabetic

Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Requested Annually

Detailed Field Definitions

From Procedure Code
This field, contained in the header, shows the beginning procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

To Procedure Code
This field, contained in the header, shows the ending procedure code reported if user criteria is entered to generate the report. If the complete file is reported, this subtitle is replaced with a message stating *All Codes Reported*.

Procedure
Displays the five-character alphanumeric procedure code.

Modifier
Displays the modifier code associated with the procedure.

Provider Number
Displays the provider number with the location code associated with the UCC rate segment.

Provider Name
Displays the first 15-characters of the provider name associated with the UCC rate segment.

UCC Rate
The UCC Rate field displays the usual and customary rate paid to the provider for the procedure code.

Effective Date	Displays the beginning date for the UCC rate in MM/DD/CCYY format.
End Date	Displays the ending date for the UCC rate in MM/DD/CCYY format.
Report Footer	Displays *End of Report*, after the last code listed, and *No Data this Report* if no codes exist in the criteria specified.

Report: REF-0030-R
Process: XXXXXX
Location: XXXXXX

Indiana*AIM*

Usual and Customary Charge Report
From XXXXX To XXXXX

Page Num: 9999
Run Date: MM/DD/CCYY

Procedure Code	Modifier	Provider Number	Provider Name	UCC Rate	Effective Date	End Date
XXXXX	XX	9999999999 X	XXXXXXXXXXXXXXX	$99,999.99	MM/DD/CCYY	MM/DD/CCYY

End Of Report

No Data This Report

TPL-0003-MTPL Monthly Casualty Composite Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0003-M		TPL Monthly Casualty Composite Report

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The TPL Monthly Casualty Composite Report is system-generated and reflects the monthly casualty case intake resolution and current open case activity. This report is sent to the IFSSA. Intakes and Lead Reviews are further categorized by change in status; (I to L, I to O, etc). The sum of the three subtotals within each status is its corresponding monthly total.

Purpose

The TPL Monthly Casualty Composite Report is used by IFSSA and EDS to monitor casualty case activity.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

Detailed Field Definitions

Intakes	Intakes received for the current month.
I To L	Intakes changed to lead review status.
I To O	Intakes changed to open case status.
I To N	Intakes changed to NFP status.
Y-T-D	Total number of intakes received year-to-date.
I To L	Total number of intakes changed to lead review status year-to-date.
I To O	Total number of intakes changed to open case status year-to-date.
I To N	Total number of intakes changed to NFP status year-to-date.
Lead Reviews	Number of lead reviews for current month.
L To L	Lead Reviews remaining in lead review status for current month.

L To O	Lead Reviews changed to open case status for current month.
L To N	Lead Reviews changed to NFP status for current month.
Y-T-D	Total lead reviews year-to-date.
L To L	Total lead reviews remaining lead reviews.
L To O	Total lead reviews changed to open case status.
L To N	Total lead reviews changed to NFP status.
Open	Open cases for current month.
Y-T-D	Total open cases year-to-date.
Closed	Closed cases for current month.
Y-T-D	Total closed year-to-date.
NFP	Total cases determined no further pursuit.
Y-T-D	Total NFPs determined year-to-date.

Report: TPL-0003-M Indiana*AIM* Date: MM/DD/CCYY
Process: **TPL MONTHLY CASUALTY COMPOSITE** Time: HH:MM:SS

Location: PERIOD: MM/DD/CCYY – MM/DD/CCYY Page:

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

I TO L XXXX XXXXXXX L TO L XXXX XXXXXXX

I TO O	XXXX	XXXXXXX	**L TO O**	XXXX	XXXXXXX
I TO N	XXXX	XXXXXXX	**L TO N**	XXXX	XXXXXXX

END OF REPORT
NO DATA THIS PERIOD

TPL-0004-M TPL Monthly Casualty Case Activity

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0004-M		TPL Monthly Casualty Case Activity

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The TPL Monthly Case Activity Summary Report is a system-generated paper copy of the total monthly casualty case collections and activity. The report displays activity for each analyst and summary totals by case status. The closed cases are categorized by case type and a total collections is provided as well.

Purpose

The TPL Monthly Case Activity Summary Report is used by the TPL Unit to track trends in case activity and collections by case status and to provide each analyst with a summary of the efforts for the prior month.

Sort Sequence

- *Primary -* Analyst

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

Detailed Field Definitions

Analyst Analyst identification number.

Total Intakes Total number of intakes received by analyst for the report month.

Total Lead Reviews Total number of lead reviews established by the analyst during the report month.

Total Open Cases Total number of cases opened by the analyst during the report month.

Total Closed Cases Total number of cases closed by the analyst during the report month.

Total NFPs Total number of NFP determinations made by the analyst during the report month.

Total Collections Total amount of collections by the analyst for the report month.

Summary Report summary.

Total Intakes Total number of intakes received by the TPL Unit for the report month.

Total Lead Reviews	Total number of lead reviews established during the report month.
Total Open Cases	Total number of cases opened during the report month.
Total Closed Cases	Total number of cases closed during the report month.
Total NFPs	Total number of NFP determinations during the report month.
Total Collections	Total amount of collections for the report month.
Mal-Total Closed M-T-D	Total malpractice cases closed for the report month.
Mal – Total Collections M-T-D	Total malpractice collections for the report month.
Mal – Total Closed Y-T-D	Total malpractice cases closed year-to-date.
Mal – Total Collections Y-T-D	Total malpractice collections year-to-date.
W.C. Total Closed M-T-D	Total workers comp. cases closed for the report month.
W.C. Total Collections M-T-D	Total workers comp collections for the report month.
W.C. Total Closed Y-T-D	Total workers comp. closed year-to-date.
W.C. Total Collections Y-T-D	Total workers comp collections year-to-date.
Acc/Inj. Total Closed M-T-D	Total accident/injury cases closed for the report month.
Acc/Inj. Total Collections M-T-D	Total accident/injury case collections for the report month.
Acc/Inj. Total Closed Y-T-D	Total accident/injury case closed year-to-date.
Acc/Inj. Total Collections Y-T-D	Total accident/injury cases collections year-to-date.

Report: TPL-0004-M
Process:
Location:

Indiana*AIM*
TPL MONTHLY CASE ACTIVITY SUMMARY
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
TIME: HH:MM:SS
PAGE: XXXX

ANALYST:	XXXX					
	TOTAL INTAKES	TOTAL LEAD REVIEWS	TOTAL OPEN CASES	TOTAL CLOSED CASES	TOTAL NFP'S	TOTAL COLLECTIONS
	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
ANALYST:	XXXX					
	TOTAL INTAKES	TOTAL LEAD REVIEWS	TOTAL OPEN CASES	TOTAL CLOSED CASES	TOTAL NFP'S	TOTAL COLLECTIONS
	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX
SUMMARY:	XXXX					
	TOTAL INTAKES	TOTAL LEAD REVIEWS	TOTAL OPEN CASES	TOTAL CLOSED CASES	TOTAL NFP'S	TOTAL COLLECTIONS
	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX

	TOTAL CLOSED M-T-D	TOTAL COLLECTIONS M-T-D	TOTAL CLOSED Y-T-D	TOTAL COLLECTIONS Y-T-D
MAL:	XXXX	$9999999.99	XXXX	$9999999.99
W.C.:	XXXX	$9999999.99	XXXX	$9999999.99
ACC/INJ:	XXXX	$9999999.99	XXXX	$9999999.99

END OF REPORT
NO DATA THIS PERIOD

TPL-0005-M TPL Monthly Casualty Case Review

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0005-M		TPL Monthly Casualty Case Review

Description of Information

The TPL Monthly Case Review Summary is a system-generated report of the total cases, set for follow-up review next month. The report is organized by analyst to aid in distribution of case research. A summary total page is provided at the end of the report.

Purpose

The TPL Monthly Case Review is used by the TPL analysts as a monthly worklist for casework reviews.

Sort Sequence

- *Primary -* Analyst
- *Secondary -* Case status
  - In Compromise
  - Intake
  - Open
  - Lead Reviews
- *Tertiary -* Member last name, first name

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

Detailed Field Definitions

Main Report

Research Analyst	Number assigned to an Analyst
Case Status-Open	List of cases in an *Open* status-code (O)
Case Status-Lead Review	List of Cases in a *Lead Review* status-code (L)
Case Status-Intakes	List of Cases in an *Intake* status-code (I)
Case Status-In Compromise	List of Cases in an *In Compromise* status-code (C)
Member Name	Alphabetical list of members to review for the next month
RID Number	Member identification number assigned by ICES

Casualty Case No.	System assigned number for each casualty case
Total Reviews Next Month	Total number of cases up for review per Research Analyst for the next month
Summary:	
Total Open	Total number of open cases to review for the next month
Total Lead Review	Total number of lead reviews to review for the next month
Total Intakes	Total number of intake cases to review for the next month
Total In Compromise	Total number of in compromise cases to review for the next month
Monthly Total/ Clerk ID	Total number of cases up for review per Research Analyst for the next month

Report: TPL-0005-M **Indiana*AIM*** DATE: MM/DD/CCYY

Process: TPLJM002 ***TPL MONTHLY CASE REVIEW BY ANALYST*** TIME: HH:MM:SS

Location: TPLC0190 PERIOD: MM/DD/CCYY - MM/DD/CCYY PAGE: XXXX

RESEARCH ANALYST: XXXX

CASE STATUS – IN COMPROMISE

MEMBER NAME	RID NO.	CASUALTY CASE NO.
XXXXXXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX

CASE STATUS - INTAKES

MEMBER NAME	RID NO.	CASUALTY CASE NO.
XXXXXXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX

CASE STATUS - OPEN

MEMBER NAME	RID NO.	CASUALTY CASE NO.
XXXXXXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX

CASE STATUS - LEAD REVIEW

MEMBER NAME	**RID NO.**	**CASUALTY CASE NO.**
XXXXXXXXXXXXXXX, XXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXX

TOTAL REVIEWS NEXT MONTH: XXXX

{PAGE BREAK BETWEEN CLERK ID NUMBERS}

Report: TPL-0005-M
Process: TPLJM002
Location: TPLC0190

Indiana*AIM*
TPL MONTHLY CASE REVIEW BY ANALYST
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
TIME: HH:MM:SS
PAGE: XXXX

SUMMARY:

TOTAL OPEN	TOTAL LEAD REVIEW	TOTAL INTAKE	TOTAL IN COMPROMISE
XXXX	XXXX	XXXX	XXXX

CLERK ID	/	TOTAL
XXXXXXXX	/	XXXX
XXXXXXXX	/	XXXX

TPL-0007-R Workers' Compensation Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0007-R		Workers' Compensation Data Match

Description of Information

The Workers' Compensation Data Match is an annual report. HCFA requires TPL to perform a match of the Workers' Compensation master file to the Medicaid eligibility file. When an injured party on the Workers' Compensation master file matches a currently eligible Medicaid member, and the cumulative accident trauma paid claims amount since the date of the injury is more than $500.00, the system reports that member and related employer information. The diagnosis codes defined for accident trauma are 800.00-999.9, except 994.6. The Workers' Compensation master file is matched to the member table on the common data element of SSN.

This data match was cancelled by OMPP (Joann Dunlap) prior to 1998.

Purpose

The Workers' Compensation Data Match is used by the TPL Unit as potential intakes with a third party recovery to pursue. All members listed on the report are researched as all other intakes received in the TPL Unit.

Sort Sequence

- *Primary -* RID number, Ascending

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	On Request

Detailed Field Definitions

RID No.	Member Identification number assigned by ICES
Member Name	Member's last name, first name, and middle initial
Date Of Birth	Member's date of birth
SSN	Member's Social Security Number
Caseworker Number	Member's caseworker
Address	Member's address
City	City
State	State

ZIP	ZIP code
Employee Name	Injured employee last name, first name, and middle initial
Employee Date Of Birth	Injured employee date of birth
Accident Number	Workers' Compensation accident number
Injury	Description of injury sustained
Employer Name	Employer name
Employer Address	Employer address
Employer City	Employer City
Employer State	Employer State
Employer ZIP	Employer ZIP
Accident Date	Date of the employee's injury
Disability Date	Date of the employee's disability
Date Of Death	Date the employee died (if applicable)
Summary	Report summary
Total Matches	Report summary of members matched

Report: TPL-0007-R
Process:
Location:

IndianaAIM
WORKERS COMPENSATION DATA MATCH
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
TIME: HH:MM:SS
PAGE: XXXX

RID NO.:	XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS:	
MEMBER NAME (Last, First, Middle Initial)	XXXXXXXXXXXXXXX, XXXXXXXXXXX X	CITY:	XXXXXXXXXXXXXXX
DATE OF BIRTH:	XXXX/XX/XX	STATE:	XX
SSN:	XXX-XX-XXXX	ZIP:	XXXXX - XXXX
CASEWORKER #:	XXX		
EMPLOYEE NAME:	XXXXXXXXXXXXXXX, XXXXXXXXXXX X	ACCIDENT DATE:	XXXX/XX/XX
EMPLOYEE DATE OF BIRTH:	XXXX/XX/XX	DISABILITY DATE:	XXXX/XX/XX
ACCIDENT NUMBER:	XXXXXXXX	DATE OF DEATH:	XXXX/XX/XX
INJURY:	XXXXXXXXXXXXXXXXXXXX		
EMPLOYER NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
EMPLOYER ADDRESS:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
EMPLOYER CITY:	XXXXXXXXXXXXXXX		
EMPLOYER STATE:	XX		
EMPLOYER ZIP:	XXXXXX - XXXX		

SUMMARY:
TOTAL NUMBER OF MATCHES: XXXX

PAGE BREAK BETWEEN RID NUMBERS

TPL-0011-R ISETS (IV-D)/IDETS Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0011-R		ISETS (IV-D)/IDETS Data Match

Description of Information

The ISETS (IV-D) Data Match is a HCFA required biannual match of the Indiana Support Enforcement Tracking System using the State Child Support Enforcement Agency, The Division of Employment and Training, and the Medicaid Eligibility table. The information is matched on the Medicaid case head SSN. The report reflects IV-D children who are Medicaid eligible and whose absent parent is court-ordered to carry insurance and is employed. This report reflects data on members without TPL resources on file, as well as the total count of members with TPL resources on file. If this member was reported on the previous match report, and no TPL is on our file, no data is reported so that redundant inquires are not made to the employer.

Purpose

The ISETS (IV-D)/IDETS Data Match is used by the TPL Unit to identify Medicaid members with working parents with court-ordered third party resources for cost avoidance and recovery purposes. A match on the report systematically generates the absent parent employer inquiry letter. If a response is received identifying available TPL resources for the member, the TPL table is updated accordingly.

Sort Sequence

- *Primary -* Absent parent SSN

Distribution

To	Media	Copies	Frequency
EDS	Paper	2	On Request

Detailed Field Definitions

Absent Parent SSN	Absent parent Social Security number
Absent Parent Info	Absent parent name
	Absent parent employer name
	Absent parent employer address
	Absent parent city, state, ZIP code
County Code	ICES-assigned county code
Caseworker #	ICES-assigned caseworker number

Case Number	ICES number assigned for each family
Child RID No.	Child's Member Identification number assigned by ICES
Child Name	Child's name (member)
Summary:	
Total Members With No TPL Resources-New (Printed)	Total number of members printed
Total Members With No TPL-Previous(Printed)	Total number of members from last report
Total Members With TPL Resources (Not Printed)	Total number of members not printed

Report: TPL-0011-R
MM/DD/CCYY

Indiana*AIM*

DATE:

Process:
HH:MM:SS

ISETS (IV-D)/IDETS DATA MATCH

TIME:

Location:
XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

PAGE:

ABSENT PARENT INFORMATION	COUNTY CODE	CASEWORKER #	CASE#	CHILD RID NO.	CHILD NAME
XXX-XX-XXXX	XX	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXX,
XXXXXXXXXXX, X					
XXXXXXXXXXXXXXX, XXXXXXXXXXX X					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXX, XX XXXXX-XXXX					

ABSENT PARENT INFORMATION	COUNTY CODE	CASEWORKER #	CASE#	CHILD RID NO.	CHILD NAME
XXX-XX-XXXX	XX	XXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXX,
XXXXXXXXXXX, X					
XXXXXXXXXXXXXXX, XXXXXXXXXXX X					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXX, XX XXXXX-XXXX					

PAGE BREAK BEFORE SUMMARY

Report: TPL-0011-R **Indiana*AIM*** DATE:
MM/DD/CCYY
Process: ***ISETS (IV-D)/IDETS DATA MATCH*** TIME:
HH:MM:SS
Location: PERIOD: MM/DD/CCYY - MM/DD/CCYY PAGE:
XXXX

SUMMARY:

TOTAL MEMBERS WITH NO TPL RESOURCES- NEW (PRINTED): XXXX **TOTAL MEMBERS WITH TPL RESOURCES (NOT PRINTED)**:
XXXX
TOTAL MEMBERS WITH NO TPL RESOURCES- PREVIOUS (PRINTED): XXXX

NO DATA THIS RUN

O OF REPORT

TPL-0015-M TPL Resource Statistics

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0015-M		TPL Resource Statistics

NOTE—THIS REPORT IS NO LONGER USED

Description of Information

The TPL Resource Statistics report is a system-generated monthly report of Medicare and TPL Resource activity.

Purpose

The TPL Resource Statistics report is used by the TPL Unit to determine monthly totals and trends on Medicare and TPL Resources.

Sort Sequence

- *Primary -* Medical assistance program

Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

Detailed Field Definitions

Medical Assistance Program	Public health program the recipient is eligible for.
Recipients With TPL Resources	A number of unduplicated recipients who have an occurrence of one or multiple TPL Resource records (policies) on the TPL tables.
Recipients With Active TPL Resources	A number of unduplicated recipients who have an occurrence of one or multiple active (termination date on or after the 1st of the reporting month) TPL Resource records (policies) on the TPL tables.
Active TPL Resources	The total number of active TPL Resources on the TPL tables.
Inactive TPL Resources	The total number of inactive (termination date prior to the 1st of the reporting month) TPL Resources.
Recipients With Active Medicare	The total number of coverage unduplicated recipients with active Medicare A and/or B coverage on the Recipient tables.
Recipients With Active Medicare Only	The total number of recipients with active Medicare A and/or B coverage who have no active TPL Resources.

Report: TPL-0015-M
Process:
Location:

IndianaAIM
TPL RESOURCE STATISTICS
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

MEDICAL ASSISTANCE PROGRAM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RECIPIENTS WITH TPL RESOURCES:	**XXXXXXX**
RECIPIENTS WITH ACTIVE TPL RESOURCES:	**XXXXXXX**
ACTIVE TPL RESOURCES:	**XXXXXXX**
INACTIVE TPL RESOURCES:	**XXXXXXX**
RECIPIENTS WITH ACTIVE MEDICARE COVERAGE:	**XXXXXXX**
RECIPIENTS WITH ACTIVE MEDICARE ONLY:	**XXXXXXX**

PAGE BREAK BY MEDICAL ASSISTANCE PROGRAM

END OF REPORT
OR
NO DATA THIS REPORT

TPL-0024-M Suspect Questionnaire

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0024-M		Suspect Questionnaire

NOTE—THIS REPORT WAS NEVER CODED OR USED

Description of Information

The Suspect Questionnaire is a system generated monthly report. This report identifies all resources on file with a status of suspect for more than 60 days with no activity.

Purpose

The report is used by EDS to research any resources in a suspect status for more than 60 days with no activity. This report is used to determine if a follow-up questionnaire is necessary or if the suspect resource information should no longer be pursued and, therefore deleted.

Sort Sequence

- *Primary -* RID number
- *Secondary -* Policy number

Distribution

To	Media	Copies	Frequency
EDS	Online	1	Monthly

Detailed Field Definitions

RID No	ICES assigned recipient identification number.
Recipient Name	Recipient Name
Questionnaire Sent To (Entity)	Entity to which the last questionnaire was sent.
Date Sent	Date last questionnaire was sent.

Report: TPL-0024-M
Process:
Location:

IndianaAIM
Suspect Questionnaire Follow-Up
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

RID NO.: XXXXXXXXXXXX
RECIPIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
QUESTIONNAIRE SENT TO(ENTITY): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
DATE SENT: XXXX/XX/XX

END OF REPORT
NO DATA THIS REPORT

TPL-0025-R Billing Summary

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0025-R		Billing Summary

Description of Information

The Billing Summary is a system-generated report. This report summarizes each health billing project including totals billed by carrier.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

The report is an audit trail of billing activity.

Sort Sequence

- *Primary -* Carrier number/employer number
- *Secondary -* RID
- *Tertiary -* ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

Billing Type	Type of bill sent to carrier in conjunction with coverage code, such as major medical, pharmacy, optical
Carrier Number	Number assigned to a specific insurance company
Reference ICN	Internal Control Number of claim billed
Date Paid	Date Medicaid paid the claim
Subm. Chg.	Provider submitted total claim charge
Paid Amt.	Amount Medicaid paid for the claim
Claim Type	Type of claim billed to the carrier for that ICN
Coverage Type	Type of TPL coverage that applies to the claim
Subtotal Per RID No.	Total submitted charge and Medicaid paid amounts billed to an insurance carrier for a specific member

Summary By Carrier:	
Carrier Number	Number assigned to a specific insurance company
Total Claims Billed	Total number of unduplicated claims billed to carrier
Total Of Submitted Charges	Total of provider submitted charges billed to carrier or employer
Total Of Medicaid Paid	Total of Medicaid paid amounts for all claims billed to a carrier or employer
Summary Of Billing:	
Total Carriers Billed	Total carriers or employers billed this cycle
Total Claims Billed	Total number of claims billed this cycle
Total Submitted Charges	Total of submitted charges billed this cycle
Total Of Medicaid Paid	Total of Medicaid paid amounts billed this cycle

Report: TPL-0025-R
Process:
Location:

Indiana*AIM*
BILLING SUMMARY REPORT
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

BILLING TYPE: XXXXXXXXXXXXXXXXXXXXXXX
CARRIER NO.: XXXXXXX
RID NO.: XXXXXXXXXXXX

REFERENCE ICN	DATE PAID	SUBM. CHG.	PAID AMT.
XXXXXXXXXXX	XXXX/XX/XX	$XXXXXX.XX	$XXXXXX.XX
XXXXXXXXXXX	XXXX/XX/XX	$XXXXXX.XX	$XXXXXX.XX
XXXXXXXXXXX	XXXX/XX/XX	$XXXXXX.XX	$XXXXXX.XX
XXXXXXXXXXX	XXXX/XX/XX	$XXXXXX.XX	$XXXXXX.XX
XXXXXXXXXXX	XXXX/XX/XX	$XXXXXX.XX	$XXXXXX.XX
SUBTOTAL PER RID NO.		$XXXXXX.XX	$XXXXXX.XX

{PAGE BREAK}

SUMMARY BY CARRIER

CARRIER NUMBER	TOTAL CLAIMS BILLED	TOTAL MEDICAID PAID
XXXXXXXXX	XXXXXXXXX	$XXXXXXXXX.XX
XXXXXXXXX	XXXXXXXXX	$XXXXXXXXX.XX
XXXXXXXXX	XXXXXXXXX	$XXXXXXXXX.XX
XXXXXXXXX	XXXXXXXXX	$XXXXXXXXX.XX

SUMMARY OF BILLING

TOTAL CARRIERS BILLED	TOTAL CLAIMS BILLED	TOTAL MEDICAID PAID
XXXXXXXXX	XXXXXXXXX	$XXXXXXXXX.XX

END OF REPORT (or) NO DATA THIS REPORT

TPL-0026-R Pharmacy Billing

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0026-R		Pharmacy Billing

Description of Information

The Pharmacy Billing is a system-generated report. This report identifies an active TPL resource with an E (pharmacy) coverage code and reports the member's pharmacy claims paid by Medicaid. After the claim is reported it is flagged and not reported again.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

The report is sent to insurance carriers for post-payment recovery.

Sort Sequence

- *Primary* - Carrier number/employer number
- *Secondary* - RID
- *Tertiary* - Provider number
- *Quaternary* - ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

Patient Name	Name of the Medicaid member
Patient Address	Address of the Medicaid member
RID No.	ICES-assigned member identification number
Date Of Birth	Member date of birth
Insured's Name	Name of policyholder
Employer Name	Name of employer
Group Number	Applicable group number
Policy Number	Applicable policy number
Effective Dates	Policy effective dates

Provider Number	Medical provider's assigned Medicaid number
Provider Name	Name of medical provider
Provider Address	Medical provider's address
Patient acct. No.	Medicaid claim number
NDC Code	National drug code
NDC Description	Name of drug
Qty.	Quantity of the prescribed drug
Days	Number of days supplied
Refill	Number of refills on prescription
Brand Nec.	Brand medically necessary
Prscb. Date	Date the drug was prescribed
Date Filled	Date the prescription was filled
Medicaid Payment	Amount Medicaid paid for the claim
RX Number	Pharmacist's prescription number
Prescribing Provider FEIN No.	Prescribing provider tax ID number
Summary By Carrier:	
Carrier Number	Number assigned to a specific insurance company
Total Claims Billed	Total number of claims billed to carrier
Total Of Medicaid Paid	Total of Medicaid paid amounts for all claims billed to a carrier
Total Carriers Billed	Total carriers or employers billed this cycle
Total Claims Billed	Total number of claims billed this cycle
Total Of Medicaid Paid	Total of Medicaid paid amounts billed this cycle

Report: TPL-0026-R
Process:
Location:

Indiana*AIM*
PHARMACY BILLING
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

PATIENT NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PATIENT ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

RID NO.: XXXXXXXXXXX
DATE OF BIRTH: XX/XX/XXXX
INSURED'S NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPLOYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
GROUP NUMBER: XXXXXXXXXXXXX
POLICY NUMBER: XXXXXXXXXXXXX
EFFECTIVE DATES: XX/XX/XXXX-XX/XX/XXXX

PROVIDER NUMBER: XXXXXXXXX
PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PROVIDER ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXX,XX XXXXX-XXXX

PATIENT ACCT. NO.	NDC CODE	NDC DESCRIPITION	QTY.	DAYS	REFILL	BRAND NEC.	PRSCB. DATE	DATE FILLED	MEDICAID PAYMENT
XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	X	XX/XX/XXXX	XX/XX/XXXX	$XXXXXX.XX

NUMBER: XXXXXXX **PRESCRIBING PROV. LICENSE NO.** XXXXXXXXXX

PATIENT ACCT. NO.	NDC CODE	NDC DESCRIPITION	QTY.	DAYS	REFILL	BRAND NEC.	PRSCB. DATE	DATE FILLED	MEDICAID PAYMENT
XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	X	XX/XX/XXXX	XX/XX/XXXX	$XXXXXX.XX

NUMBER: XXXXXXX **PRESCRIBING PROV. LICENSE NO.** XXXXXXXXXX

PATIENT ACCT. NO.	NDC CODE	NDC DESCRIPITION	QTY.	DAYS	REFILL	BRAND NEC.	PRSCB. DATE	DATE FILLED	MEDICAID PAYMENT
XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXX	XXX	XXX	X	XX/XX/XXXX	XX/XX/XXXX	$XXXXXX.XX

NUMBER: XXXXXXX **PRESCRIBING PROV. LICENSE NO.** XXXXXXXXXX

{PAGE BREAK BETWEEN MEMBERS}
{PAGE BREAK BETWEEN PROVIDERS FOR SAME MEMBER}
{PAGE BREAK AFTER LAST CLAIM FOR CARRIER}

TPL-0027-M Casualty Collections

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0027-M		Casualty Collections

Description of Information

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

The data on the report is balanced to the ADJ-0002-D Daily Deposit Log and the ADJ-0001-D Daily Check Log.

The summary total is provided to the EDS Finance Unit for the HCFA-64.9a Third Party Liability Reporting. Line 1(b)(2) of the HCFA-64.9a reflects the payments made to EDS for casualty cases. The information is reported for all cases in which the date of settlement is within the reporting month.

The batch report is maintained on CRLD, however, there is a TPL-0027 online report, which is accessed through the *TPL Reports* menu item.

Purpose

The report calculates the monthly casualty collections for the TPL Unit.

Sort Sequence

- *Primary -* CCN

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

CCN	Cash Control Number
Recovery	Total amount received for the CCN reported
Case Number	Number assigned to a casualty case
Total Monthly Recovery	Sum of all casualty recoveries for the report month
Total Cases	Sum of all unduplicated casualty cases closed for the report month

Report: TPL-0027-M

Process:

Location:

Indiana*AIM*

CASUALTY COLLECTIONS

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

PAGE: XXXX

CCN	RECOVERY	CASE NUMBER
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX
XXXXXXXXXXXXXX	$XXXXXXX.XX	XXXXXXXX

PAGE BREAK BEFORE SUMMARY

Report: TPL-0027-M
Process:
Location:

Indiana*AIM*
CASUALTY COLLECTIONS
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

SUMMARY

TOTAL MONTHLY RECOVERIES	**TOTAL CASES**
$XXXXXXX.XX	XXXX

{END OF REPORT}
{NO DATA THIS REPORT}

TPL-0028-Q Recovery Ranking by Carrier

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0028-Q		Recovery Ranking by Carrier

Description of Information

This is an analysis report produced on a quarterly basis. It is divided into two sections; the first to show the top 50 carriers or employers as ranked by total dollars recovered, and the second to show the 50 with the lowest ratio of recovered amounts to the total dollars billed.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

The report identifies those carriers with the highest degree of recovery results as well as those whose billings seem to have high potential, but the results are ineffective.

Sort Sequence

- *Primary* - Total dollars recovered (descending) by carrier
- *Secondary* - Smallest percent of recovered to billed amounts (descending) by carrier

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly

Detailed Field Definitions

Rank	The ranking (1-50) of the carrier or employer
Carrier/Empl. No.	EDS-assigned carrier or employer number
Name	The corresponding name of the carrier or employer reported
Billed	The total amount billed to the carrier or employer for this period
Received	The total amount received from the carrier or employer during for this period
% Recovered	The percentage of the total billed and recovered for the period

Report: TPL-0028-Q
Process:
Location:

Indiana*AIM*
Recovery Ranking by Carrier
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

SECTION I: TOP RECOVERIES BY CARRIER

RANK	CARRIER/ EMPL. NO	NAME	BILLED	RECEIVED	% RECOVERED
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX

SECTION II: SMALLEST RECOVERIES RATIO BY CARRIER

RANK	CARRIER/ EMPL. NO	NAME	BILLED	RECEIVED	% RECOVERED
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX
X	XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	$XXXXXXXX.XX	$XXXXXXXX.XX	XXX

END OF REPORT

TPL-0029-Q Recovery Activity by Carrier

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0029-Q		Recovery Activity by Carrier

Description of Information

This report reflects a quarterly and fiscal year-to-date summary of recovery activity for each carrier and employer with insurance billing activity during the reporting period. It summarizes all financial activity and results by category and is presented in carrier or employer number sequence for easy reference.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

This report is a reference tool used by the TPL unit to identify, by carrier and employer, financial activity and results on a quarterly and annual basis.

Sort Sequence

- *Primary -* Carrier/employer number

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly

Detailed Field Definitions

Carrier/Empl. No.	EDS-assigned carrier or employer number
Name	The corresponding name of the carrier or employer reported
Billed Q-T-D	The total amount billed to the carrier or employer for the quarter
Billed Y-T-D	The total amount billed to the carrier or employer for the fiscal year-to-date
Net Recv'd Q-T-D	The total amount received from the carrier or employer for the quarter
Net Recv'd Y-T-D	The total amount received from the carrier or employer for the fiscal year-to-date
Overpaym't	The total amount of overpayments (carrier paid in excess of Medicaid reimbursement) returned to the carrier or employer for the period
Denied	The total amount denied by the carrier or employer for the period
Unpaid Residual	The total amount un-recovered due to partial payments by the carrier or employer for this period

Purged	The total amount purged due to aging for the carrier or employer for this period
Outstand.	The total billed amount still outstanding for the carrier or employer at the end of this period
Totals	Summary totals of activity for all carriers or employers during the period
No. Of Carriers/Empl.	Total number of carriers or employers reflected on this report and associated with these totals

Report: TPL-0029-Q
Process:
Location:

IndianaAIM
Recovery Activity by Carrier
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

CARRIER/EMP. NO.	**BILLED**	**NET RECV'D**	**OVERPAYM'T**	**DENIED**	**UNPAID**	**PURGED**	**OUTSTAND.**
NAME	**Q-T-D / Y-T-D**	**Q-T-D / Y-T-D**			**RESIDUAL**		
XXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX.XX	XXXXXXXX.XX				
XXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX.XX	XXXXXXXX.XX				
XXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX.XX	XXXXXXXX.XX				
XXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX.XX	XXXXXXXX.XX				
XXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX.XX	XXXXXXXX.XX				
<u>TOTALS</u>							
No. of Carriers/Empl.							
XXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX

TPL-0030-Q Recovery Activity by Coverage Type – Qtr.

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0030-Q		Recovery Activity by Coverage Type – Qtr.

Description of Information

This report is a quarterly summary of financial recovery activity categorized by insurance coverage type.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

This report is a reference tool used by the TPL unit to analyze billing activity and its effectiveness by type of coverage.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly

Detailed Field Definitions

Coverage Type	The category of insurance coverage under which Medicaid paid claims were billed to private insurance
Billed	The total amount billed under the specified coverage type
Net Recv'd	The total amount received under the specified coverage type
Unpaid Residual	The total amount un-recovered for this coverage type due to partial payments by carriers or employers for this period
Denied	The total amount denied by carriers or employers for this period for the specified coverage type
Purged	The total amount purged due to aging for the specified coverage type for the period
Outstand.	The total billed amount outstanding under the coverage type at the end of for the period
No. Of Clms	Total number of claims billed under the specified coverage type for the period

Report: TPL-0030-Q
Process:
Location:

IndianaAIM
Recovery Activity by Coverage Type - Q-T-D
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

COVERAGE TYPE	BILLED	NET RECV'D	UNPAID RESIDUAL	DENIED	PURGED	OUTSTAND.	NO. CLMS
A HOSPITALIZATION	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
B MEDICAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
C MAJOR MEDICAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
D DENTAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
E PHARMACY	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
F CANCER	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
G SKILLED CARE	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
H HOME HEALTH	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
I OPTICAL/VISION	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
K MENTAL HEALTH	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
M MEDICARE A	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
N MEDICARE B	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
O MED SUPP. A	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
P MED SUPP. B	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
Q HOSP/MED/MAJ MED	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
Z INTERM. CARE	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX

TPL-0031-W Insurance Denials for Follow-up

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0031-W		Insurance Denials for Follow-up

Description of Information

This report is produced on a weekly basis to identify claims denied by insurance carriers for reasons that indicate the potential need for a TPL file update. During the A/R posting of claims paid and denied by private insurance, reason codes are entered for specific denial reasons such as *policy terminated* or *benefits exhausted* flagged and reported for follow-up by the TPL unit.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

This report is used by the TPL unit as a source for potential TPL file update information.

Sort Sequence

- *Primary -* CCN
- *Secondary -* Carrier/employer number
- *Tertiary -* RID number
- *Quaternary -* ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

Detailed Field Definitions

CCN	The cash control number assigned to the insurance check and corresponding documentation. This number is only available on mixed batches of payments and denials from a carrier.
Carrier/Empl No	The Indiana*AIM* number of the carrier or employer who denied the claims
RID No	The Medicaid member identification number associated with the denied claims
Name	Last and first name of the member
Denial Code	The two-digit denial code posted on the A/R claim or the member level
Reason	Description of the denial reason valid values:

	51-Policy terminated
	52-Service benefits exhausted
	53-Annual benefits exhausted
	54-Pre-existing condition
	55-Invalid data-carrier can not identify
ICN	Medicaid internal control number of the claim denied by insurance (if denial is posted at the claim level)

Report: TPL-0031-W
Process:
Location:

IndianaAIM
Insurance Denials for Follow-up
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

CCN	CARRIER/ EMPL. NO	RID NO. NAME	DENIAL CODE	REASON	ICN
XXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXX			
		XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXXX			
XXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXX			
		XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXXX			
XXXXXXXXXXXXX	XXXXXXX	XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXX			
		XXXXXXXXXXXX	XX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX
		XXXXXXXXXXXXXXX, XXXXXX			

END OF REPORT
{NO DATA THIS REPORT}

TPL-0032-Y Recovery Activity by Coverage Type-FY

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0032-Y		Recovery Activity by Coverage Type-FY

Description of Information

This report is a fiscal year (July-June) summary of financial recovery activity categorized by insurance coverage type.

As of January 1, 1999, this report is no longer produced by EDS. This function is provided by HMS.

Purpose

This report is a reference tool used by the TPL unit to analyze billing activity and its effectiveness by type of coverage.

Sort Sequence

N/A

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Fiscal year end

Detailed Field Definitions

Coverage Type	The category of insurance coverage under which Medicaid paid claims were billed to private insurance
Billed	The total amount billed under the specified coverage type
Net Recv'd	The total amount received under the specified coverage type
Unpaid Residual	The total amount un-recovered for this coverage type due to partial payments by carriers or employers for the period
Denied	The total amount denied by carriers or employers for the period for the specified coverage type
Purged	The total amount purged due to aging for the specified coverage type for the period
Outstand.	The total billed amount still outstanding under the coverage type at the end of for the period
No. Of clms	Total number of claims billed under the specified coverage type for the period

Report: TPL-0032-Y
MM/DD/CCYY

IndianaAIM

DATE:

Process:

Recovery Activity by Coverage Type -
PAGE: XXXX

FY-T-D

Location:

PERIOD: MM/DD/CCYY - MM/DD/CCYY

COVERAGE TYPE	**BILLED**	**NET RECV'D**	**UNPAID RESIDUAL**	**DENIED**	**PURGED**	**OUTSTAND.**	**NO. CLMS**
A HOSPITALIZATION	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
B MEDICAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
C MAJOR MEDICAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
D DENTAL	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
E PHARMACY	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
F CANCER	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
G SKILLED CARE	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
H HOME HEALTH	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
I OPTICAL/VISION	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
K MENTAL HEALTH	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
M MEDICARE A	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
N MEDICARE B	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX

O	MED SUPP. A	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
P	MED SUPP. B	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
Q	HOSP/MED/MAJ MED	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX
Z	INTERM. CARE	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX	XXXXXXX.XX

TPL-0035-M UB-92 Billing

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0035-M		UB-92 Billing

Description of Information

The UB-92 Billing is a system-generated post-payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This rebilling identifies an active TPL resource with coverage codes A (Hospital), C (Major Medical), F (Cancer), G (Skilled Nursing Home), H (Home Health), K (Mental Health-Hospital), L (Indemnity) O (Medicare Supplement), Q (Medical/Major Medical) and Z (Intermediate Care Facility ICF) and member's claims paid by Medicaid. After the claims are reported, they are flagged and not billed again.

As of January 1, 1999, this report is no longer produced. This function is provided by HMS.

Purpose

The report is sent to insurance carriers for post-payment recovery.

Sort Sequence

- *Primary* - Carrier number/employer number
- *Secondary* - RID number
- *Tertiary* - Provider number
- *Quaternary* - ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Requested Monthly

Detailed Field Definitions

	Remit Payment To	The name and address of where the insurance company is to send payment
3	Patient Control #	ICN (internal control number)
4	TOB	Type of bill
5	Fed. Tax No.	Federal tax number
6	Statement Covers Period	From date of service Through date of service
7	Cov Days	Days covered, depending on status

12	Patient Name	Member name
13	Patient Address	Address of the member
17	Admit Date	Admission date
18	Hour	Hour of admission
19	Type	Valid values: 1—Emergency 2—Urgent 3—Elective 4—Newborn
22	Stat	Patient Status
24-26	Condition Codes	Condition code, may occur seven times
32-35	Occurrence Code	Occurrence code, may occur eight times
	Occurrence Date	Occurrence date, required if occurrence code present. May occur eight times
38	Medicaid Reg	Regs.-42CFR 433.135, IC 12-1-7-24.2
39-41	Value Cd	Value codes, may occur 12 times
	Value Amt	Value amount, required if value code present, may occur 12 times
42	Rev Cd	Revenue code
43	Description	Description of services
44	HCPCS/Rate	HCPCS code corresponding to Rev Code
45	Serv Date	Service date in MMDDYY format
46	Units	Units corresponding to the revenue code billed
47	Total Charges	Charge for the detail line
50	Payer	Valid values: Carrier name Medicaid
51	Prov #	Carrier number
54	Prior Pay	TPL payment or patient deductible
55	Est Amt Due	Net amount charged.
56	Medicaid Paid Amt	Amount paid by Medicaid carrier liability.
58	Insured's Name	Policyholder's name

60	Cert., SSN, ID No.	Policyholder's SSN
61	Goup Name	Group number
62	Insurance Group No.	Policy number
65	Employer Name	Policyholder’s employer
67	Prin Diag.Cd	Primary diagnosis
68-78	Other Diag Cd	Additional diagnoses, 2-9.
76	Adm Diag Cd	Admitting diagnosis
80	Principal Proc	Principal surgical or obstetrical procedure
	Date	Date of principal surgical or obstetrical procedure
81	Other Procedure	Additional surgical or obstetrical procedures
	Dates	Dates of additional surgical or obstetrical procedures
82	Attending Phys ID	Referring Provider Number
83	Other Phys	Physician performing principal procedure
	Other Phys	Physician performing other procedure
84	Remarks	Provider name and address, for further explanation of services rendered
85	Provider Representative	Signature of the Commissioner of the State of Indiana
86	Date	Date EDS sent this claim to the Carrier

Report: TPL-0035-M
Process
Location:

Indiana*AIM*
Cost Recovery Summary – UB-92
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

MEDICAL ASSISTANCE PROGRAM: XXX

CASUALTY-RELATED COLLECTIONS:		$99,999,999
INSURANCE COLLECTIONS		$99,999,999
MEDICARE RELATED	$99,999,999	
NON-MEDICARE RELATED	$99,999,999	
PROVIDER TPL-RELATED COLLECTIONS:		$99,999,999
MEDICARE RELATED	$99,999,999	
NON-MEDICARE RELATED	$99,999,999	
PROVIDER TPL-RELATED OFFSETS:		$99,999,999
MEDICARE RELATED	$99,999,999	
NON-MEDICARE RELATED	$99,999,999	
DFC COLLECTIONS:		$99,999,999
TOTAL TPL-RELATED RECOVERIES:		$99,999,999

****PAGE BREAK BETWEEN MAPS****

END OF REPORT

TPL-0036-R Dental Billing

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0036-R		Dental Billing

Description of Information

The Dental Billing is a system-generated post-payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This rebilling identifies an active TPL resource with coverage codes D (Dental) and member's claims paid by Medicaid. After the claims are reported they are flagged and not billed again.

As of January 1, 1999, this report is no longer produced. This function is provided by HMS.

Purpose

The report is sent to insurance carriers for post-payment recovery.

Sort Sequence

- *Primary* - Carrier number/employer number
- *Secondary* - RID number
- *Tertiary* - Provider number
- *Quaternary* - ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

1	Patient Name	Member's name
2	Relationship to Employee	Member's relationship to the insured
3	Sex	Sex of the member
4	Patient Birth Date	Members date of birth
6	Employed/Subscriber Name	Policyholder name and policyholder SSN
7	Employee/subscriber SSN	Policy number or ID number
9	Employer Name and Address	Employer name

10	Group Number	Group number
16	Name of Billing Dentist	RID number and Regulations
17	Address Where Payment Should Be Remitted	Provider address
19	Prov No.	Provider Medicaid identification number
	Loc Cd	Provider location code
20	Dentist Phone No.	Phone number of the dentist
22	Place of Treatment	Place of treatment, E indicates emergency at POS, X indicates regular service at POS
24	Occupational Injury	Employment related accident indicator
25	Auto Accident	Auto accident indicator
26	Other Accident	Other accident indicator
30	Tooth/Letter	Tooth number or letter, may occur 12 times
	Surface	Tooth surface, may occur 12 times
	Description of Service	Provider description of service
	Date of Services	Date of service, MMDDYY format, may occur 12 times
	Procedure number	Procedure code, may occur 12 times
	Fee	Amount charged for the service, may occur 12 times
	Total Fee Charged	Total of all line charges
	Medicaid Paid	Amount Medicaid paid and the amount the insurance company should base their payment
31	Remarks	Patient or Claim Control Number (ICN)
	Signature	Signature of the Commissioner of the State of Indiana and the date
	Tax ID Number	

Report: TPL-0036-R
Process
Location:

Indiana*AIM*
Cost Recovery Summary - Dental

DATE: MM/DD/CCYY

PERIOD: MM/DD/CCYY - MM/DD/CCYY

L ASSISTANCE PROGRAM: XXX

CASUALTY-RELATED COLLECTIONS:			$99,999,999
INSURANCE COLLECTIONS			$99,999,999
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
PROVIDER TPL-RELATED COLLECTIONS:			$99,999,999
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
PROVIDER TPL-RELATED OFFSETS:		$99,999,999	
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
DFC COLLECTIONS:		$99,999,999	
TOTAL TPL-RELATED RECOVERIES:		$99,999,999	

****PAGE BREAK BETWEEN MAPS****

END OF REPORT

TPL-0037-R HCFA-1500 Billing

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0037-R		HCFA-1500 Billing

Description of Information

The HCFA-1500 Billing is a system-generated post-payment recovery billing to liable insurance companies for recoupment of Medicaid dollars. This Rebilling identifies an active TPL resource with coverage codes B (Medical), C (Major Medical), F (Cancer), I (Optical), K (Mental Health), P (Medicare Supplement for Part B) and Q (Medical/Major Medical) and member's claims paid by Medicaid. After the claims reported they are flagged and not billed again.

As of January 1, 1999, this report is no longer produced. This function is provided by HMS.

Purpose

The billing is sent to insurance carriers for post-payment recovery.

Sort Sequence

- *Primary* - Carrier number/employer number
- *Secondary* - RID number
- *Tertiary* - Provider number
- *Quaternary* - ICN

Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

Detailed Field Definitions

1a	Insured's ID Number	Policyholder SSN
2	Patient's Name	Member name
3	Patient's Birth Date Sex	Date of birth and sex of the member
4	Insured's Name	Policyholder name
5	Patient's Address	Member's address
6	Patient relationship to Insured	Member's relationship to the insured

11	Insured's Policy Group	Policy number
11b	Employer's Name	Group number
11c	Insurance Plan Name	Employer name
11d	Is there Another Health Plan	Other health benefits plan indicator valid values are Y for yes and N for no
12	Patient's or Authorized Person's Signature	RID number and Regulations 42 CFR 433.135, IC 12-1-7-24.2
14	Date Of Current	First symptom of illness, injury, or expected date of delivery
18	Hospitalization Dates Related to Current Services	Hospitalization dates-entered if the treatment give relates to member being hospitalized. Enter From and To hospitalization dates.
17	Name of Referring Physician	Referring physician
21	Diagnosis or Nature of illness or injury	Diagnosis codes-occurs four times, required at least one be entered with valid ICD-9-CM codes
23	Prior Authorization Number	Rendering provider number
24a	Date(s) of Service	From date of service, the beginning date of service, must be in MMDDYY format. To date of service, the ending date of service, must be in MMDDYY format.
24b	Place of Service	Place of service
24d	Procedures, Services	Procedure code-must be a valid CPT4 or HCPCS code corresponding to the service rendered. Modifier codes—may occur up to three times.
24e	Diagnosis Code	Diagnosis treated indicator-indicates that of the four diagnoses given in field 21 is being treated. Can occur up to four times.
24f	Charges	Amount charged for the procedure performed
24g	Days or Units	Days or units of service
24i	EMG	Emergency indicator, valid values: Y-Yes N-No Defaults to N.
24k	Reserved For Local Use	Rendering provider Medicaid ID number. This must be a valid individual practitioner's Medicaid ID number. The rendering provider must be a member of the billing group.
25	Federal Tax I.D. Number	Tax ID number

26	Patient's Account Number	ICN Internal control number of the claim
28	Total Charge	Total of all line charges
29	Amount Paid	Amount paid by Medicaid; the amount due from the liable third party
31	Signature	Signature of physician or of the Commissioner of the State of Indiana and the date
32	Name and Address of Facility Where Services Were Rendered	The name and address of the provider where services were rendered (can be found on the top of this claim form) for further explanation of services provided
33	Physician's Supplier's Billing Name, Address, ZIP Code & Phone	Address of Third Party Liability where payment is to be sent

Report: TPL-0037-R
Process
Location:

Indiana*AIM*
Cost Recovery Summary – HCFA-1500
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

MEDICAL ASSISTANCE PROGRAM: XXX

CASUALTY-RELATED COLLECTIONS:			$99,999,999
INSURANCE COLLECTIONS			$99,999,999
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
PROVIDER TPL-RELATED COLLECTIONS:			$99,999,999
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
PROVIDER TPL-RELATED OFFSETS:		$99,999,999	
MEDICARE RELATED	$99,999,999		
NON-MEDICARE RELATED	$99,999,999		
DFC COLLECTIONS:		$99,999,999	
TOTAL TPL-RELATED RECOVERIES:		$99,999,999	

****PAGE BREAK BETWEEN MAPS****

END OF REPORT

TPL-0041-M HIPP Cumulative Payment Summary

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0041-M		HIPP Cumulative Payment Summary

NOTE—THIS REPORT WAS NEVER CODED OR USED

Description of Information

The HIPP Cumulative Payment Summary Report is system-generated and reflects monthly HIPP premium payment activity on individual recipients. The report details the cumulative premium payments paid on behalf of HIPP members. Related totals are summarized at the end of the report.

Purpose

The HIPP Cumulative Payment Summary Report is used by IFSSA and EDS to monitor cumulative HIPP payment activity.

Sort Sequence

- *Primary -* RID number, ascending

Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Monthly

Detailed Field Definitions

RID — ICES assigned recipient identification number.

Recipient Name — Recipient name – last, first, middle initial.

Carrier/Emp ID — Carrier or employer number of the insuring entity.

Name — Carrier or Employer name from TPL Carrier table.

Policy No. — Policy number associated with this HIPP payment.

Schedule — Frequency schedule of premium payments for this policy:

monthly

quarterly

semiannually

annually

Sched Amt	Amount of HIPP premium payment.
Paid FYTD	Cumulative premium payments paid to date during this fiscal year.
Start Date	Date HIPP premium payments began.
Summary	
Total Amount Paid YTD	Total of cumulative premiums paid to date during current fiscal year.
Total Amount Paid FYTD	Total number of premiums paid to date in current fiscal year.
Total Recipients Reported	Total number of recipients for whom HIPP payments were made this fiscal year-to-date.

Report: TPL-0041-M
Process:
Location:

Indiana*AIM*
HIPP Cumulative Payment Summary
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY
PAGE: XXXX

RID NAME	CARRIER/EMP ID NAME	POLICY NO	SCHEDULE	SCHED AMT	PAID FY-T-D	START DATE
999999999999	XXXXXXX	XXXXXXXXXXXXXX	MO	$9,999.99	$999,999.99	YYYY/MM/DD
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
999999999999	XXXXXXX	XXXXXXXXXXXXXX	MO	$9,999.99	$999,999.99	YYYY/MM/DD
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
999999999999	XXXXXXX	XXXXXXXXXXXXXX	MO	$9,999.99	$999,999.99	YYYY/MM/DD
XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					

SUMMARY

TOTAL PAID IN PREMIUMS FYTD: $999,999.99

TOTAL RECIPIENTS REPORTED: 99,999

END OF REPORT

NO DATA THIS REPORT

TPL-9001-R Notice of Lien for Medical Assistance

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9001-R		Notice of Lien for Medical Assistance

Description of Information

This letter is generated to inform attorneys or insurance adjustors of a lien against them or their client for medical assistance payments made for a member's care due to injury, illnesss, or disease due to a situation for which a third party is liable.

Purpose

To inform attorneys or insurance adjustors of the intent to collect payment for claims the IHCP paid due to a situation for which a third party was liable.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Insurance company or attorney	Paper	1	On Request
EDS	Paper	1	On Request

Detailed Field Definitions

Member	Name of member
Address	Address of member
Tortfeasor	Liable third party
Insurer	Insurance Company
Date	Date notice was filed

NOTICE OF LIEN FOR MEDICAL ASSISTANCE

Pursuant to **IC 12-15-8-1** notice is hereby given that
(MEMBER)_____
(ADDRESS)_____
was eligible for and upon application received, medical assistance for which **(Dollar amount is enter here by Analysts)** was paid by the State of Indiana Family and Social Services Administration, as of
Said medical assistance was provided for an injury, illness or disease for which
(TORTFEASOR)_____is or may be liable, and on whose behalf
(INSURER)_____
has funds which are or may be payable pursuant to contract, judgment or compromise.

The State of Indiana Family and Social Services Administration does hereby give notice of its intention to hold a lien in the above-stated amount, or for the value of the above mentioned medical assistance, as against the property or funds of the person, firm, or corporation legally obligated to reimburse the office for said assistance.
The undersigned does hereby certify that a copy of this notice was filed
(DATE)_____
in the Circuit Court of Marion County, Indiana.
Kay Welch, Third Party Liability /Pharmacy Services Director
State of Indiana Family and Social Services Administration

Case Assigned To:
Name of Casualty Analysts
Indiana Medicaid
Third Party Liability
(317) 488-5039

TPL-9002-R Amended Notice of Lien For Medical Assistance

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9002-R		Amended Notice of Lien For Medical Assistance

Description of Information

This letter is generated to inform attorneys or insurance adjustors of a change to the dollar amount paid on a member claim(s) associated with a lien.

Purpose

To inform attorneys or insurance adjustors of a change to the dollar amount of a lien.

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Insurance company or attorney	Paper	1	On Request
EDS	Paper	1	On Request

Detailed Field Definitions

Member	Name of member
Address	Address of member
Tortfeasor	Liable third party
Insurer	Insurance Company
Date	Date original notice was filed
Date	Date supplement to the original notice was filed

(Case Number Here)

AMENDED NOTICE OF LIEN FOR MEDICAL ASSISTANCE

Pursuant to **IC 12-15-8-3**, notice is hereby given that
(MEMBER)_____
(ADDRESS)_____
Was eligible for, and upon application received, medical assistance for which **(Dollar amount is entered here by Analysts)**was paid by the State of Indiana Family and Social Services Administration, as of **_____.**
Said medical assistance was provided for an injury, illness or disease for which
(TORTFEASOR)_____
Is or may be liable, and on whose behalf
(INSURER)_____
Has funds which are or may be payable pursuant to contract, judgment or compromise.
The State of Indiana Family and Social Services Administration does hereby give notice of its intention to hold a lien in the above-stated amount, or for the value of the above mentioned medical assistance, as against the property or funds of the person, firm, or corporation legally obligated to reimburse the office for said assistance.
The undersigned does hereby certify that the original notice in this regard was filed
(DATE)_____
In the Circuit Court of Marion County, Indiana and that this supplement to the original notice was filed
(DATE_____
In the Circuit Court of Marion County, Indiana.
Kay Welch, Third Party Liability /Pharmacy Services Director
State of Indiana Family and Social Services Administration
Case Assigned To:
Name of Casualty Analysts
Indiana Medicaid
Third Party Liability
(317) 488-5340

TPL-9003-R Release of Lien for Medical Assistance

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9003-R		Release of Lien for Medical Assistance

Description of Information

This letter is generated to inform attorneys or insurance adjustors that a lien has been satisfied (paid) or is no longer being persued.

Purpose

To inform attorneys or insurance adjustors that a lien has been satisfied and discharged (closed).

Sort Sequence

None

Distribution

To	Media	Copies	Frequency
Insurance company or attorney	Paper	1	On Request
EDS	Paper	1	On Request

Detailed Field Definitions

Tortfeasor	Liable third party
Member	Name of member
Address	Address of member
Insurer	Insurance Company
Date	Date release was filed

(Case Number here)

RELEASE OF LIEN FOR MEDICAL ASSISTANCE

Know All Men By These Present:

That the **NOTICE OF LIEN FOR MEDICAL ASSISTANCE** claimed by the State of Indiana Family and Social Services Administration upon any property or fund payable by:

(TORTFEASOR)_____

who is or may be liable for the injury, illness or disease of:

(MEMBER)_____

(**ADDRESS)_____**

and on whose behalf:

(INSURER)_____

Has funds which are or may be payable by contract, judgment or compromise, is hereby released, and that certain Notice of Lien for Medical Assistance, filed in the Marion County Circuit as docket number **(Case Number Here)** dated **(Date)** is hereby satisfied and discharged.

The undersigned does hereby certify that a copy of this Release was filed:

(DATE)_____

in the Circuit Court of Marion County, Indiana.

Kay Welch, Third Party Liability /Pharmacy Services Director

State of Indiana Family and Social Services Administration

Case Assigned To:

Name of Casualty Analysts

Indiana Medicaid

Third Party Liability

(317) 488-5340

TPL-9004-R Caseworker Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9004-R		Caseworker Notice

Description of Information

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

TPL-9005-R Attorney Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9005-R		Attorney Notice

Description of Information

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

TPL-9006-R Member Notice No Attorney

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9006-R		Member Notice No Attorney

Description of Information

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

TPL-9007-R Member Notice with Attorney

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9007-R		Member Notice with Attorney

Description of Information

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

TPL-9008-R Tortfeasor Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9008-R		Tortfeasor Notice

Description of Information

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

TPL-9009-R Tortfeasor Attorney Notice Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9009-R		Tortfeasor Attorney Notice Letter

Description of Information

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

TPL-9010-R Tortfeasor Insurance Company Notice Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9010-R		Tortfeasor Insurance Company Notice Letter

Description of Information

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

TPL-9011-R Attorney / Insurance Company Amended Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9011-R		Attorney / Insurance Company Amended Notice

Description of Information

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

TPL-9012-R Member / Tortfeasor Amended Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9012-R		Member / Tortfeasor Amended Notice

Description of Information

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

TPL-9013-R Status Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9013-R		Status Letter

Description of Information

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

TPL-9014-R Status Letter – Attorney General

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9014-R		Status Letter – Attorney General

Description of Information

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

TPL-9015-R Status Letter – Additional Expenses

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9015-R		Status Letter – Additional Expenses

Description of Information

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

TPL-9016-R Patient Comp. Fund Notice Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9016-R		Patient Comp. Fund Notice Letter

Description of Information

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

TPL-9017-R M.P. Plaintiff Lead

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9017-R		M.P. Plaintiff Lead

Description of Information

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

TPL-9018-R M.P. Member Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9018-R		M.P. Member Letter

Description of Information

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

TPL-9019-R M.P. Attorney Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9019-R		M.P. Attorney Letter

Description of Information

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

TPL-9020-R M.P. Tortfeasor / Provider

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9020-R		M.P. Tortfeasor / Provider

Description of Information

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

TPL-9021-R M.P. Tortfeasor Insurance Company

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9021-R		M.P. Tortfeasor Insurance Company

Description of Information

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

TPL-9022-R Industrial Board Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9022-R		Industrial Board Notice

Description of Information

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

TPL-9023-R Workers Compensation Insurance Company Notice

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9023-R		Workers Compensation Insurance Company Notice

Description of Information

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

TPL-9024-R Workers Compensation Member Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9024-R		Workers Compensation Member Letter

Description of Information

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

TPL-9025-R Workers Compensation Attorney Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9025-R		Workers Compensation Attorney Letter

Description of Information

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

TPL-9026-R Workers Compensation Tortfeasor Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9026-R		Workers Compensation Tortfeasor Letter

Description of Information

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

TPL-9027-R Workers Compensation Tortfeasor Attorney Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9027-R		Workers Compensation Tortfeasor Attorney Letter

Description of Information

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

TPL-9028-R Claims Paid

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9028-R		Claims Paid

Description of Information

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

TPL-9029-R No Claims Paid

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9029-R		No Claims Paid

Description of Information

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

TPL-9030-R Attorney Fee 25 Percent

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9030-R		Attorney Fee 25 Percent

Description of Information

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

TPL-9031-R Attorney Fee 33 1/3 Percent

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9031-R		Attorney Fee 33 1/3 Percent

Description of Information

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

TPL-9032-R Check Received / Case Closed

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9032-R		Check Received / Case Closed

Description of Information

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

TPL-9033-R RECP Medical Authorization

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9033-R		RECP Medical Authorization

Description of Information

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

TPL-9034-R C.W. Case Not Pursued

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9034-R		C.W. Case Not Pursued

Description of Information

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

TPL-9035-R C.W. Need Casualty Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9035RM		C.W. Need Casualty Report

Description of Information

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

TPL-9036-R C.W. Need Additional Information

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9036-R		C.W. Need Additional Information

Description of Information

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

TPL-9037-R Suspect Questionnaire

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9037-R		Suspect Questionnaire

Description of Information

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

TPL-9038-R Carrier Letter for Coverage Verification

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9038-R		Carrier Letter for Coverage Verification

Description of Information

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

TPL-9039-R Member Stop Premium Payment

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9039-R		Member Stop Premium Payment

Description of Information

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

TPL-9040-R HIPP Insurance Verification

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9040-R		HIPP Insurance Verification

Description of Information

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

TPL-9041-R HIPP Approval Letter to Company

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9041-R		HIPP Approval Letter to Company

Description of Information

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

TPL-9042-R HIPP Approval Letter to Member

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9042-R		HIPP Approval Letter to Member

Description of Information

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

TPL-9043-R HIPP Cover Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9043-R		HIPP Cover Letter

Description of Information

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

TPL-9044-R HIPP Denial Letter to Company

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9044-R		HIPP Denial Letter to Company

Description of Information

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

TPL-9045-R HIPP Denial Letter to Member

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9045-R		HIPP Denial Letter to Member

Description of Information

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

TPL-9046-R HIPP Letter to Stop Premium Payments Empl/Carrier

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9046-R		HIPP Letter to Stop Premium Payments Empl/Carrier

Description of Information

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

TPL-9047-R HIPP Letter to Stop Premium Payments – Company

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-9047-R		HIPP Letter to Stop Premium Payments – Company

Description of Information

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

Section 0: Glossary

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

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

DSH	Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.
DSS	Decision Support System. A data extraction tool used to evaluate Medicaid data, trends, and so forth, for the purpose of making programmatic decisions.
DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and PCs for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECS	Electronic claims submittal. Claims submitted in electronic format rather than paper. See ***ECC, EMC***.
EDP	Electronic data processing.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See ***ECC, ECS***.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.
EOMB	Explanation of Medicare benefits. A form provided by Indiana*AIM* and sent to recipients. The EOMB details the payment or denial of claims submitted by providers for services provided to recipients.
EOP	Explanation of payment. Describes the reimbursement activity on the provider's remittance advice (RA).
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for Medicaid-eligible recipients under the age of 21 offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the recipient is referred for further treatment.
EVS	Eligibility Verification System. A system used by providers to verify recipient eligibility using a point-of-sale device, on-line PC access, or an automated voice response system.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.

FIPS	Federal information processing standards.
fiscal year - Indiana	July 1 - June 30.
fiscal year - federal	October 1 - September 30.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the Indiana Medicaid program.
HCBS	Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged recipients to allow them to live in the community and avoid being placed in an institution.
HCFA	Health Care Financing Administration. The federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs.
HCFA-1500	HCFA-approved standardized claim form used to bill professional services.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.
HCPCS	HCFA Common Procedure Coding System. A uniform health care procedural coding system approved for use by HCFA. HCPCS includes all subsequent editions and revisions.
HealthWatch	Indiana's preventive care program for Medicaid recipients under 21 years of age. Also known as EPSDT.
HIC	Health insurance carrier number.
HIO	Health insuring organization.
HMO	Health maintenance organization.
Hoosier Healthwise	Indiana Medicaid managed-care program. Hoosier Healthwise has three components including Primary Care Case Management (PCCM), Risk-Based Managed Care (RBMC), and Managed Care for Persons with Disabilities (MCPD).
HRI	Health-related items.
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.
ICES	Indiana Client Eligibility System. Caseworkers in the county offices of the Division of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).

ICF/MR	Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for Medicaid-eligible, mentally retarded individuals.
ICN	Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.
IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IMD	Institutions for mental disease.
Indiana*AIM*	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.
ISMA	Indiana State Medical Association.
ITF	Integrated test facility. A copy of the production version of Indiana*AIM* used for testing any maintenance and modifications before implementing changes in the production system.
JCL	Job control language.
LAN	Local area network.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
lock-in	Restriction of a recipient to particular providers, determined as necessary by the State.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to recipients.
MAC	Maximum allowable charge for drugs as specified by the federal government.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.
MCO	Managed care organization.
MCPD	Managed Care for Persons with Disabilities is one of three delivery systems in the Hoosier Healthwise managed care program. In MCPD, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the Indiana Medicaid definition.
MEQC	Medicaid eligibility quality control.

MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as Indiana*AIM*.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.
medical policy contractor	Successful bidder on *Service Package #2: Medical Policy and Review Services.*
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
non-core services	Refers to *Service Packages #2 and #3*.
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
NPIN	National provider identification number.
OMNI	A point-of-sale device used by providers to scan recipient ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
PA	Prior authorization. Some designated Medicaid services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
PCCM	Primary care case management. One of three delivery systems within the Hoosier Healthwise managed care program. Providers in PCCM are reimbursed on a fee-for-service basis. Recipients are assigned to a primary medical provider (PMP) or group that is responsible for managing the care of the recipient and providing all primary care and authorizing specialty care for the recipient—24 hours a day, seven days a week.
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to Medicaid recipients assigned to the PMP's care.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization.
PRO	Peer review organization.

Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.
QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
RA	Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
RBMC	Risk-based managed care. One of three delivery systems in the Hoosier Healthwise managed care program. In RBMC, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. The delivery system serves TANF recipients, pregnant women, and children.
RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
RFI	Request for Information.
RFP	Request for Proposals.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
specialty vendors	Provide support to Medicaid business functions but the vendors are not currently Medicaid fiscal agents.

State	Spelled as shown, State refers to the State of Indiana and any of its departments or agencies.
subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
SUR	Surveillance and Utilization Review. Refers to system functions and activities mandated by the Health Care Financing Administration (HCFA) that are necessary to maintain complete and continuous compliance with HCFA regulatory requirements for SUR including the following SPR requirements: 1. statistical analysis 2. exception processing 3. provider and recipient profiles 4. retrospective detection of claims processing edit/audit failures/errors 5. retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards 6. retrospective detection of fraud and abuse by providers or recipients 7. sophisticated data and claim analysis including sampling and reporting 8. general access and processing features 9. general reports and output
systems analyst/engineer	Responsible for performing the following activities: 10. Detailed system/program design 11. System/program development 12. Maintenance and modification analysis/resolution 13. User needs analysis 14. User training support 15. Development of personal Medicaid program knowledge
TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TPL	Third Party Liability.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services.*
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.

UCC	Usual and customary charge.
UPC	Universal product code. Codes contained on the first data bank tape update and/or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
VFC	Vaccines for Children program.
WAN	Wide area network.
WIC	Women, Infants, and Children program. A federal program administered by the Indiana Department of Health that provides nutritional supplements to low-income pregnant or breast-feeding women, and to infants and children under 5 years of age.