

EPSDT Outputs

03/29/2016

Output Reports EP-O-001 EPSDT On-Line Audit Trail

General Information

This report provides an audit trail of all the on-line transactions that occurred on several EPSDT Files. The files being audited for changes are the: 1) EPSDT Master, 2) Referral/Treatment Seg-ment on the Screening and Appointment Tracking File, 3) Screening Appointment Cross Reference File, 4) Referral Appointment Cross Reference, 5) Periodicity Schedule File, and 6) Immunization Schedule File;

Subsystem:	EPSDT
Frequency:	Daily
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	FA - Archive
Program:	EPSDT ON-LINE AUDIT TRAIL (EPD001)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	N/A

EPSDT On-Line Audit Trail (EP-O-001)

EPSDT On-Line Audit Trail (EP-O-001)

EPD001 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 10/31/2001 EPSDT ON-LINE AUDIT-TRAIL
 RUN DATE: 11/08/2001 10:30
 CYCLE: 11/01/2001

ACTION TYPE: XXXXXX OPER: XXXXXX TRANSACTION ID: XXXX TRANSACTION DATE: 99999999 SOURCE: EPT009VA

 TERMINAL ID: XXXXXXXX TRANSACTION TIME: 10:10 (47)

PERIODICITY FILE SEGMENT:

AGES:	00M	01M	02M	04M	06M	09M	12M	15M	18M	02Y	03Y	04Y	05Y	06Y	08Y	10Y	12Y	1
MEDICAL (AFTER)	(48) Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
VISION (AFTER)	(49) Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
HEARING (AFTER)	(50) Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DENTAL (AFTER)	(51) Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
LAST UPDATE DATE (AFTER)	20011119																	
LAST UPDATE SOURCE (AFTER)	E0328																	

IMMUNIZATION FILE SEGMENT:

(52) HE PB1 (AFTER)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HE PB2 (AFTER)	(53) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HE PB3 (AFTER)	(54) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DTAP (AFTER)	(55) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DTP4 (AFTER)	(56) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
TD (AFTER)	(57) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
HIB (AFTER)	(58) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
POLIO (AFTER)	(59) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
POLIO6 (AFTER)	(60) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR (AFTER)	(61) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR7 (AFTER)	(62) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VAR (AFTER)	(63) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
VAR8 (AFTER)	(64) X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
LAST UPDATE DATE (AFTER)	20011119																	
LAST UPDATE SOURCE (AFTER)	E0328																	

EPSDT On-Line Audit Trail (EP-O-001)

EPD001 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 10/31/2001 (1) EPSDT ON-LINE AUDIT-TRAIL
 RUN DATE: 11/08/2001 10:30 (2)
 CYCLE: (3) 11/01/2001

(65) TOTAL RECORDS READ: 222,229
 (66) TOTAL ADD RECORDS READ: 222,229
 (67) TOTAL CHANGE RECORDS READ: 222,229
 (68) TOTAL DELETE RECORDS READ: 222,229
 (69) TOTAL RECORDS PRINTED: 222,229

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

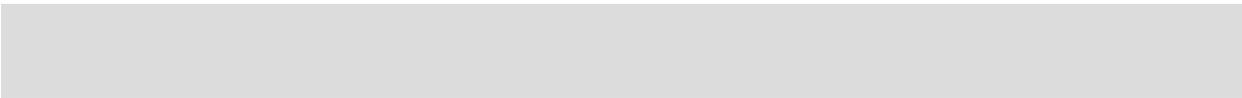
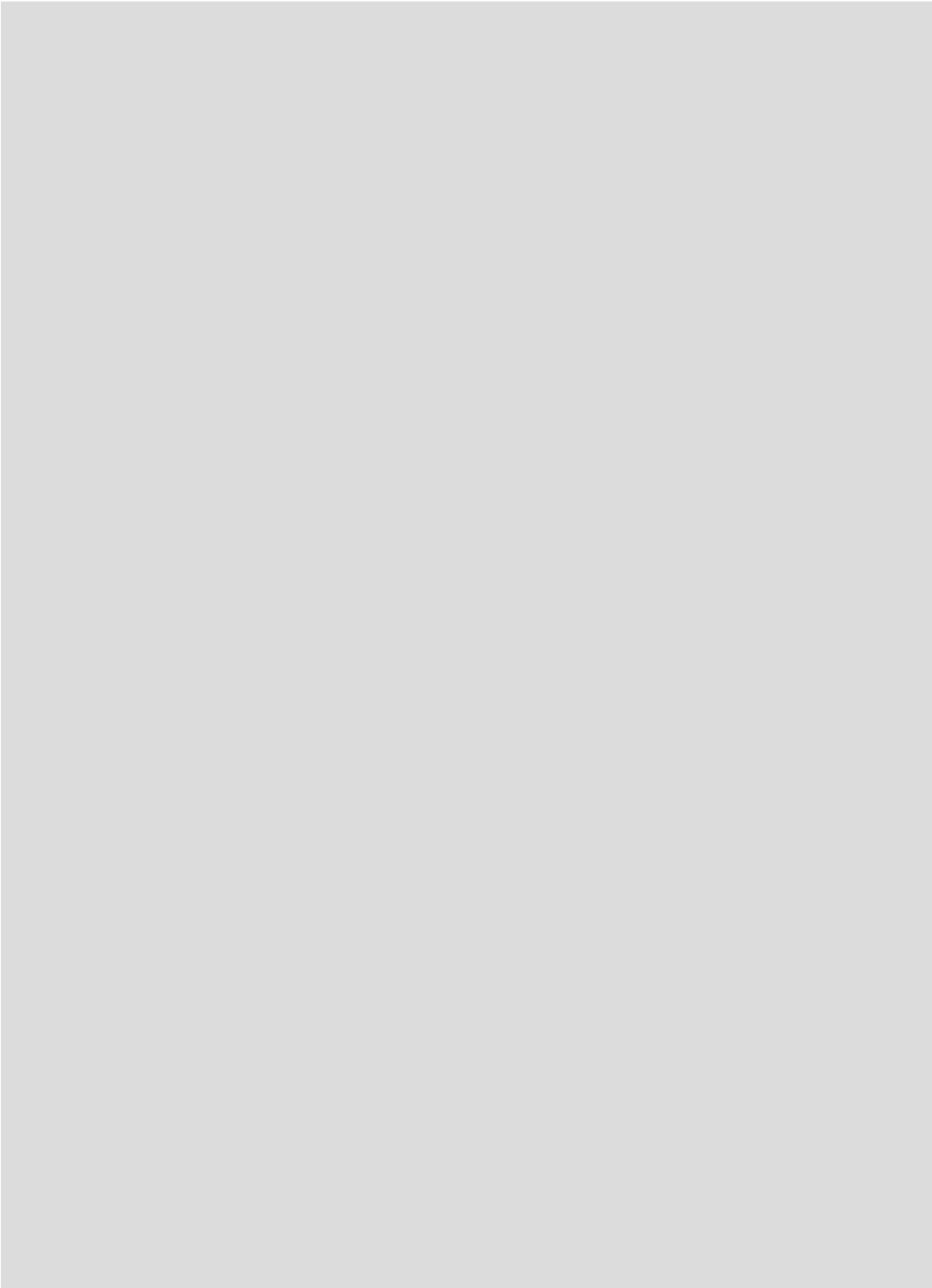
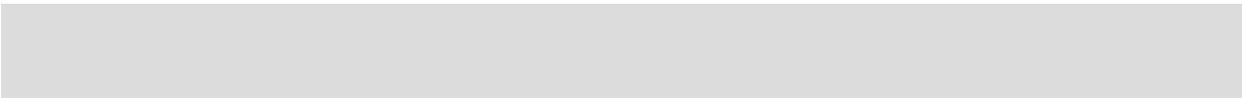
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AS OF:	Calculated	DE0002	THE AS OF DATE BEING THE END OF THE REPORTING PERIOD.
2	Run Date:	Calculated	DE0002	The date and time the report was created.
3	CYCLE:	Calculated	DE0002	CYCLE DATE
4	ACTION TYPE	EPSDT Last Update Type	DE8012	
5	OPER	EPSDT Last Update Operator Identification	DE8009	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	ENROLLEE AGE	EPSDT Enrollee Age at Screening or Immunization	DE8102	
8	ENROLLEE NAME	Enrollee Full Name	DE3003	
9	TRANSACTION ID:	Log Transaction Code	DE5699	
10	TRANSACTION DATE:	Log Date	DE5704	
11	SOURCE:	Log Program ID	DE5710	CURRENT PROGRAM ID
12	TERMINAL ID:	Log Terminal Identification	DE5707	
13	TRANSACTION TIME:	Log Time	DE5705	
14	COMMENTS:	EPSDT Case Comments	DE8015	
15	REFERRAL TREATMENT SEG. SRN PROVIDER ID:	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
16	SCREEN TYPE:	EPSDT Screen Type	DE8101	
17	SCREEN SEQ NO:	EPSDT Total Number of Screens	DE8004	
18	ICN NBR:	Claim Request ICN	DE2001	
19	MODIFIER:	Claims Procedure Code Modifier	DE2171	

20	INITIAL TREATMENT DATE:	EPSDT Treatment Initiation Date	DE8130	
21	TREATMENT MEDALLION PCP ID:	National Provider Identifier	DE4700	This field may contain the Medallion Provider's nine digit Legacy ID or the Medallion PCP's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the PCP's Legacy ID.
21.1	PCP LOC	Provider Locality Code	DE4089	
22	TREATMENT COMPLETE DATE	EPSDT Treatment Completion Date EPSDT Treatment Completion Date	DE8135	
23	TREATMENT STATUS	EPSDT Treatment Indicator	DE8107	
25	TREATMENT COMMENTS:	EPSDT Treatment Comments	DE8126	
26	APPT MADE DATE:	EPSDT Date Screen Appointment Made	DE8204	
27	SCREEN APPT DATE:	EPSDT Screening Appointment Date	DE8205	
28	SCREEN APPT TIME:	EPSDT Screening Appointment Time	DE8209	
29	PROVIDER ID:	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
29.1	LOC	Provider Locality Code	DE4089	
30	TRANS PROVIDER:	National Provider Identifier	DE4700	This field may contain the Transportation Provider's Legacy ID or the Provider's ten digit Atypical Provider Identifier (API). The API, when available, will always take precedence over the Provider's Legacy ID.
31	APPT-SOURCE:	EPSDT Screening Appointment Source	DE8212	
32	VERIFICATION DATE:	EPSDT Screen Verification Date	DE8214	
33	CODE:	EPSDT Screen Verification Code	DE8215	

34	SOURCE:	EPSDT Screen Verification Source	DE8216	
34.1	LOC:	Provider Locality Code	DE4089	
35	RE-SCREEN APPT DATE	EPSDT Re-Screening Appointment Date	DE8222	
36	RE-SCREEN APPT TIME:	EPSDT Re-screen Appointment Time	DE8226	
37	RE-SCREEN PROVIDER ID:	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
37.1	LOC	Provider Locality Code	DE4089	
38	VERIFICATION:	EPSDT Re-screening Verification Date	DE8230	
39	CODE:	EPSDT Re-screen Verification Code	DE8243	
40	SOURCE:	EPSDT Re-screen Verification Source	DE8242	
41	REFERRAL APPOINTMENTS: PROVIDER ID:	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
42	DATE:	EPSDT Referral Appointment Date	DE8240	
43	TIME:	EPSDT Referral Appointment Time	DE8241	
44	VERIFICATION DATE:	EPSDT Referral Verification Date	DE8232	
45	CODE:	EPSDT Referral Verification Code	DE8233	
46	ASSIST:	EPSDT Transportation Assistance Indicator	DE8244	
46.1	LOC:	Provider Locality Code	DE4089	
47	AGE:	EPSDT Enrollee Age at Screening or Immunization	DE8102	
48	SRN-TYPE (MEDICAL)	EPSDT Screening Type Name	DE8185	
49	SRN-TYPE	EPSDT Screening	DE8185	

	(VISION)	Type Name		
50	SRN-TYPE (HEARING)	EPSDT Screening Type Name	DE8185	
51	SRN-TYPE (DENTAL)	EPSDT Screening Type Name	DE8185	
52	IMMUN-TYPE (HEPB1)	EPSDT Immunization Type	DE8156	
53	IMMUN-TYPE (HEPB2)	EPSDT Immunization Type	DE8156	
54	IMMUN-TYPE (HEPB3)	EPSDT Immunization Type	DE8156	
55	IMMUN-TYPE (DTAP)	EPSDT Immunization Type	DE8156	
56	IMMUN-TYPE (DTP4)	EPSDT Immunization Type	DE8156	
57	IMMUN-TYPE (TD)	EPSDT Immunization Type	DE8156	
58	IMMUN-TYPE (HIB)	EPSDT Immunization Type	DE8156	
59	IMMUN-TYPE (POLIO)	EPSDT Immunization Type	DE8156	
60	IMMUN-TYPE (POLIO6)	EPSDT Immunization Type	DE8156	
61	IMMUN-TYPE (MMR)	EPSDT Immunization Type	DE8156	
62	IMMUN-TYPE (MMR7)	EPSDT Immunization Type	DE8156	
63	IMMUN-TYPE (VAR)	EPSDT Immunization Type	DE8156	
64	IMMUN-TYPE (VAR8)	EPSDT Immunization Type	DE8156	
65	TOTAL RECORDS READ	Calculated	DE0002	Refer to Program Specifications
66	TOTAL ADD RECORDS READ	Calculated	DE0002	Refer to Program Specifications
67	TOTAL CHANGE RECORDS READ	Calculated	DE0002	Refer to Program Specifications
68	TOTAL DELETE RECORDS READ	Calculated	DE0002	Refer to Program Specifications
69	TOTAL RECORDS PRINTED	Calculated	DE0002	Refer to Program Specifications



Output Reports EP-O-002-1 Next Day Appointment Call List - Error Listing

General Information

This report is a listing of enrollees whose appointments are scheduled with a provider other than their designated provider.

Subsystem:	EPSDT
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	NEXT DAY APPT CALL LIST (EPD002A)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	N/A

Next Day Appointment Call List - Error Listing (EP-O-002-1)

EPD002
 AS OF 01/01/2000
 RUN DATE: 01/02/2000 10:08
 CYCLE: 01/07/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEXT DAY APPOINTMENT CALL LIST
 ERROR LISTING OF
 ENROLLEES WITH INCORRECT PROVIDERS

ENROLLEE ID NUMBER NAME	REPRESENTATIVE PAYEE SCREENING TYPE	P R O V I D E R ID / NAME	A P P DATE
① 9999999999999999 XXXXXXXXXXXXXXXXXXXXX②	XXXXXXXXXXXXXXXXXXXXX③ VISION④	⑤ 1234567890 ⑥ XXXXXXXXXXXXXXXXXXXXXXXX MD	⑦ 99/99/99 PROV

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

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	REPRESENTATIVE PAYEE	Case Name	DE3046	
4	SCREENING TYPE	EPSDT Screen Type	DE8101	
5	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
6	PROVIDER NAME	Provider Name	DE4085	
7	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
8	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
9	APPOINTMENT SOURCE	EPSDT Screening Appointment Source	DE8212	

Output Reports EP-O-002 Next Day Appointment Call List

General Information

This report provides a call list of those enrollees who are scheduled for screenings within the next two days. Only enrollees who are over 18 months old are scheduled on this report.

Subsystem:	EPSDT
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	NEXT DAY APPT CALL LIST (EPD002A)
Confidential:	Yes
Sequence:	City/County Case Worker Enrollee ID Number
Control Breaks:	Case Worker City/County

Next Day Appointment Call List (EP-O-002)

EPD002
 AS OF MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM
 CYCLE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEXT DAY APPOINTMENT CALL LIST

CITY/COUNTY: 999 CASE WORKER: 999

ENROLLEE NAME /ID NUMBER PHONE	REPRESENTATIVE PAYEE / *T Y P E O F S C R E E N I N G*	**P R O V I D E R** NAME / TELEPHONE	APPOINTMENT DATE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999999999 (804) 999-9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX (804) 999-9999	MM/DD/CCYY DMAS MADE AP

CASEWORKER 999 TOTAL ENROLLEES SCHEDULED FOR SCREENINGS 222,229

CITY/COUNTY XXXXXXXX TOTAL ENROLLEES SCHEDULED FOR SCREENINGS 222,229

***** CONFIDENTIAL INFORMATION *****

Next Day Appointment Call List (EP-O-002)

EPD002
 AS OF 01/01/2000
 RUN DATE: 01/02/2000 10:08
 CYCLE: 01/07/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEXT DAY APPOINTMENT CALL LIST
 ERROR LISTING OF
 ENROLLEES WITH INCORRECT PROVIDERS

ENROLLEE ID NUMBER NAME	REPRESENTATIVE PAYEE SCREENING TYPE	P R O V I D E R ID / NAME	A P P O I N T M E N T DATE
999999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX VISION	1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXX MD	99/99/99 PROVIDER

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

***** CONFIDENTIAL INFORMATION *****

Next Day Appointment Call List (EP-O-002)

EPD002
 AS OF 07/20/2001
 RUN DATE: 08/01/2001 10:01
 CYCLE: 08/01/2001

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEXT DAY APPOINTMENT CALL LIST

①6 TOTAL ENROLLEES SCHEDULED FOR SCREENINGS ZZZ,ZZ9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	CASE WORKER	Case Worker Number	DE3431	
3	ENROLLEE NAME	Enrollee Full Name	DE3003	
4	ID NUMBER	Enrollee Permanent Identification Number	DE3093	
5	REPRESENTATIVE PAYEE	Case Name	DE3046	
6	TYPE OF SCREENING	EPSDT Screen Type	DE8101	
7	PROVIDER NAME	Provider Name	DE4085	
8	PROVIDER TELEPHONE	Provider Phone Number	DE4090	
9	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
10	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
11	APPOINTMENT SOURCE	EPSDT Screening Appointment Source	DE8212	
12	PROVIDER TRANSP	National Provider Identifier	DE4700	This field may contain the Transportation Provider's nine digit Legacy ID or the Provider's ten digit Atypical Provider Identifier (API). The API, when available, will always take precedence over the Provider's Legacy ID.
13	ENROLLEE PHONE	Enrollee Telephone	DE3095	

		Number		
14	TOTAL ENROLLEES SCHEDULED FOR SCREENINGS BY CASEWORKER	Calculated	DE0002	Refer to Program Specifications
15	TOTAL ENROLLEES SCHEDULED FOR SCREENINGS BY CITY/COUNTY CODE	Calculated	DE0002	Refer to Program Specifications
16	TOTAL ENROLLEES SCHEDULED FOR SCREENINGS GRAND TOTAL	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-004 Screen Verification Appointment List

General Information

This report lists those appointments which have not been verified within the last 40-60 days for children less than six years of age and 70-90 days for children over 6 years old. Reports reflecting a specific Provider ID will be routed to an output file, which will be submitted to the mailing vendor for distribution. Reports written to an output file for subsequent mailing will be named EP-F-052, instead of EP-O-004.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor; Screening Provider
Program:	SCREENING, REFERRAL AND TREATMENT RECORDS VALIDATION (EPW004)
Confidential:	Yes
Sequence:	City/County Provider ID Number Enrollee ID Number
Control Breaks:	Provider ID Number

Screen Verification Appointment List (EP-O-004)

EPW004
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01
CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SCREEN VERIFICATION APPOINTMENT LIST

CITY/COUNTY: 001 RICHMOND (1)

PROVIDER: 1234567890 (2)

(3) PROVIDER NAME/ (4) PROVIDER PHONE	SCREEN TYPE (5)	ENROLLEE ID NUMBER (6)	ENROLLEE NAME / PAYEE NAME (7)	ENROLLEE PHONE (9)
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	MEDICAL	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	MEDICAL	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	HEARING	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	MEDICAL	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	VISION	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	MEDICAL	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999
XXXXXXXXXXXX XXXXXXXX (999) 999-9999	MEDICAL	999999999999	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X (999) 999-9999

(12) TOTAL NUMBER OF VERIFICATIONS DUE FOR ABOVE PROVIDER : 999
(13) TOTAL NUMBER STILL NEED TO BE VERIFIED 99
(14) COMPLIANCE % RATE: 99.9%

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Screen Verification Appointment List (EP-O-004)

EPW004
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01
CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SCREEN VERIFICATION APPOINTMENT LIST

S U M M A R I Z A T I O N

CITY/COUNTY	NAME	V E R I F I C A T I O N (SHOULD BE)	O F (VERIFIED)	S C R E E N S (NOT VERIFIED)
01	RICHMOND	9	9	0
02	PETERSBURG	7	7	0
03	ASHLAND	17	16	1
04	DINWIDDEE	7	7	0
05	HOPEWELL	13	13	0
06	COLONIAL HEIGHTS	5	5	0
07	PRINCE GEORGE	24	24	0
08	STONY CREEK	7	7	0
09	EMPORIA	0	0	0
10	NORFOLK	3	3	0
11	SUFFOLK	1	1	0
	UNKNOWN	1,179	1,080	99
TOTAL VERIFICATIONS		23,407	22,470	937

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

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Locality Region Type Address Name	DE5264	
2	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
3	PROVIDER NAME	Provider Name	DE4085	
4	PROVIDER PHONE	Provider Phone Number	DE4090	
5	SCREEN TYPE	EPSDT Screen Type	DE8101	
6	ENROLLEE ID	Enrollee Permanent	DE3093	

	NUMBER	Identification Number		
7	ENROLLEE NAME	Enrollee Full Name	DE3003	
8	PAYEE NAME	Case Name	DE3046	
9	ENROLLEE PHONE	Enrollee Telephone Number	DE3095	
10	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
11	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
12	TOTAL NUMBER OF VERIFICATIONS DUE FOR LISTED PROVIDER	Calculated	DE0002	Refer to Program Specifications
13	TOTAL NUMBER STILL NEED TO BE VERIFIED	Calculated	DE0002	Refer to Program Specifications
14	COMPLIANCE % RATE	Calculated	DE0002	Refer to Program Specifications
15	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
16	NAME	Locality Region Type Address Name	DE5264	
17	VERIFICATION OF SCREENS (SHOULD BE)	Calculated	DE0002	Refer to Program Specifications
18	VERIFICATION OF SCREENS (VERIFIED)	Calculated	DE0002	Refer to Program Specifications
19	VERIFICATION OF SCREENS (NOT VERIFIED)	Calculated	DE0002	Refer to Program Specifications
20	COMPLIANCE RATE	Calculated	DE0002	Refer to Program Specifications
21	TOTAL VERIFICATIONS	Calculated	DE0002	

Output Reports EP-O-005 Screen Verification Missing Claim List

General Information

This report lists scheduled screenings for which DMAS has not received requests for payment of claims. The program selects records for which the verification due date is less than the run date of the report, but not more than 31 days in the past. The report serves as a turnaround document and is submitted with a cover letter, the Request for Payment (EP-O-025-5), encouraging the provider to return the document to DMAS if the appointment has been rescheduled for re-entry into the Appointment Tracking Segment of the EPSDT Master File. DMAS will determine when this functionality will be implemented. The Screening and Referral Appointment Main Menu Screen, EP-S-020, option '2', allows appointment modification functionality.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	SCREEN VERIFICATION MISSING CLAIMS LIST (EPM005A)
Confidential:	Yes
Sequence:	City/County Provider ID Number Enrollee ID Number
Control Breaks:	City/County

Screen Verification Missing Claim List (EP-O-005)

EPH005
AS OF: 01/01/2000
RUN DATE:01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SCREEN VERIFICATION MISSING CLAIM LIST
MONTH: JANUARY

1 CITY/COUNTY: RICHMOND

2	3	4	5	6	7	8	9	10
NAME	TELEPHONE NUMBER	ID	ID NUMBER	NAME	TELEPHONE	PAYEE NAME	SCRN TYPE	APPOINTMENT DATE
XXXXXXXXXXXXXXXXXX	(999) 999-9999	1234567890	999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX	MVH	00/00/0000
XXXXXXXXXXXXXXXXXX	(999) 999-9999	1234567890	999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX	MVH	00/00/0000
XXXXXXXXXXXXXXXXXX	(999) 999-9999	1234567890	999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXX	M	00/00/0000

15 ***** CITY/COUNTY TOTAL TOTAL SCREEN VERIFICATIONS MISSING CLAIMS 20

***** CONFIDENTIAL INFORMATION *****

Screen Verification Missing Claim List (EP-O-005)

EPH005
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SCREEN VERIFICATION MISSING CLAIM LIST
MONTH: JANUARY

16 ***** GRAND TOTAL - TOTAL SCREEN VERIFICATIONS MISSING CLAIMS 258
***** END - OF - REPORT *****

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Locality Name	DE5255	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER TELEPHONE	Provider Phone Number	DE4090	

	NUMBER			
4	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Screening Provider's nine digit Legacy ID or the Screening Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
5	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	REPRESENTATIVE PAYEE NAME	Case Name	DE3046	
8	ENROLLEE TELEPHONE	Enrollee Telephone Number	DE3095	
9	SCRN TYPE	EPSDT Screen Type	DE8101	
10	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
11	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
12	APPOINTMENT SRCE	EPSDT Screening Appointment Source	DE8212	
13	SCREEN VERIFIED	EPSDT Screen Verification Date	DE8214	
14	SCREEN VERIFIED (CODE)	EPSDT Screen Verification Code	DE8215	
15	CITY/COUNTY TOTAL SCREEN VERIFICATIONS MISSING CLAIMS	Calculated	DE0002	Refer to Program Specifications
16	GRAND TOTAL SCREEN VERIFICATIONS MISSING CLAIMS	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-010-1 EPSDT Master File Maintenance Log - Medi- caid Order

General Information

This report lists all EPSDT enrollees whose records have been added to, or modified, on the EPSDT Master File. It also includes those enrollees whose eligibility status was changed or re-opened. Enrollees are listed in order by Medicaid Number.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	FA - Archive
Program:	EPSDT MASTER FILE MAINTENANCE LOG - MEDICAID ENROLLEE ID ORDER (EPM090)
Confidential:	Yes
Sequence:	Enrollee Medicaid ID
Control Breaks:	N/A

EPSDT Master File Maintenance Log - Medicaid Order (EP-O-010-1)

EPMO90
AS OF: 06/15/1998
RUN DATE: 07/01/1998 06:48

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MASTER FILE MAINTENANCE LOG - MEDICAID ORDER

REPO
PAGE

ACTION	MEDICAID #	CLIENT NAME	D.O.B.	PROGRAM NAME	COMMENTS
① REINSTATED UPDATED	② 9999999999	③ XXXXXX, XXXXXXXXX	④ CCYYMMDD	⑤ MEDICAID FFS	⑥ REINSTATED SCRN STATUS: NOT DUE
CLOSED	9999999999	XXXXXX, XXXXXXXXX	CCYYMMDD	MEDALLION	AGED 21
REINSTATED UPDATED	9999999999	XXXXXX, XXXXXXXXX	CCYYMMDD	MEDICAID FFS	REINSTATED SCRN STATUS: NOT DUE

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

EPSDT Master File Maintenance Log - Medicaid Order (EP-O-010-1)

EPM090
AS OF: 06/15/1998
RUN DATE: 07/01/1998 06:48

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MASTER FILE MAINTENANCE LOG - MEDICAID ORDER

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⁸0 = TOTAL RECORDS ADDED
1 = TOTAL RECORDS CLOSED⁹
2 = TOTAL RECORDS REINSTATED¹⁰
2 = TOTAL RECORDS UPDATED¹¹
0 = TOTAL RECORDS CHANGED¹²
¹³2 = TOTAL CHANGES (INCLUSIVE)
¹⁴3,123 = TOTAL RECORDS ON MASTER FILE

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION		DE0000	This field indicates the latest eligibility status of the enrollee.
2	MEDICAID #	Enrollee Permanent Identification Number	DE3093	
3	CLIENT NAME	Enrollee Full Name	DE3003	
4	D.O.B.	Enrollee Birth Date	DE3005	
5	PROGRAM NAME	Benefit Definition Plan Short Name	DE3555	
6	COMMENT	EPSDT Case Comments	DE8015	
8	TOTAL NUMBER OF RECORDS ADDED	Calculated	DE0002	Refer to Program Specifications

9	TOTAL NUMBER OF RECORDS CLOSED	Calculated	DE0002	Refer to Program Specifications
10	TOTAL NUMBER OF RECORDS REINSTATED	Calculated	DE0002	Refer to Program Specifications
11	TOTAL NUMBER OF RECORDS UPDATED	Calculated	DE0002	Refer to Program Specifications
12	TOTAL NUMBER OF RECORDS CHANGED	Calculated	DE0002	Refer to Program Specifications
13	TOTAL CHANGES (INCLUSIVE)	Calculated	DE0002	Refer to Program Specifications
14	TOTAL RECORDS ON THE EPSDT MASTER	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-010-2 EPSDT Master File Maintenance Log - Name Order

General Information

This report lists all EPSDT enrollees who have been added to the EPSDT Master File, or whose eligibility status was changed or re-opened. This report also lists enrollees whose records have been updated on the EPSDT Master File. Enrollees are listed by name in alphabetical order.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	FA - Archive
Program:	EPSDT MASTER FILE MAINTENANCE LOG - NAME ORDER (EPM091)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

EPSDT Master File Maintenance Log - Name Order (EP-O-010-2)

EPM091
AS OF: 06/15/1998
RUN DATE: 07/01/1998 06:49

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MASTER FILE MAINTENANCE LOG - NAME ORDER

REPORT
PAGE 1

ACTION	CLIENT NAME	MEDICAID #	D.O.B.	PROGRAM NAME	COMMENTS
① UPDATED	② XXXXXXXXXXXXXXXXXXXX	③ 9999999999	④ CCYYMMDD	⑤ MEDALLION II	⑥ RACE CODE
ADDED	XXXXXXXXXXXXXXXXXXXX	9999999999	CCYYMMDD	MEDALLION II	REINSTATED
UPDATED	XXXXXXXXXXXXXXXXXXXX	9999999999	CCYYMMDD	MEDIACAID FFS	SCRN STATUS: NO

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

EPSDT Master File Maintenance Log - Name Order (EP-O-010-2)

EPM091
AS OF: 06/15/98
RUN DATE: 07/01/1998 06:10

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MASTER FILE MAINTENANCE LOG - NAME ORDER

REPORT
PAGE 1

⑨ 1 = TOTAL RECORDS ADDED ⑧
⑨ 0 = TOTAL RECORDS CLOSED
2 = TOTAL RECORDS REINSTATED ⑩
⑪ 2 = TOTAL RECORDS UPDATED
0 = TOTAL RECORDS CHANGED ⑫
2 = TOTAL CHANGES (INCLUSIVE) ⑬
3,787 = TOTAL RECORDS ON MASTER FILE ⑭

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACTION		DE0000	This field indicates the latest eligibility status of the enrollee.
2	CLIENT NAME	Enrollee Full Name	DE3003	
3	MEDICAID #	Enrollee Permanent Identification Number	DE3093	
4	D.O.B.	Enrollee Birth Date	DE3005	
5	PROGRAM NAME	Benefit Definition Plan Short Name	DE3555	
6	COMMENT	EPSDT Case Comments	DE8015	
8	TOTAL NUMBER OF RECORDS ADDED	Calculated	DE0002	Refer to Program Specifications
9	TOTAL NUMBER OF RECORDS NUMBER OF RECORDS CLOSED	Calculated	DE0002	Refer to Program Specifications
10	TOTAL NUMBER OF RECORDS REINSTATED	Calculated	DE0002	Refer to Program Specifications
11	TOTAL NUMBER OF RECORDS UPDATED	Calculated	DE0002	Refer to Program Specifications
12	TOTAL NUMBER OF RECORDS CHANGED	Calculated	DE0002	Refer to Program Specifications
13	TOTAL CHANGES (INCLUSIVE)	Calculated	DE0002	Refer to Program Specifications
14	TOTAL NUMBER OF RECORDS ON MASTER FILE	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-010 New Enrollee and Missed Screen List

General Information

This report lists enrollees who have become eligible for EPSDT services. It also identifies enrollees who have missed screenings and are in need of re-scheduling. The report serves as a turnaround document sent to the provider requesting appointment information and/or rescheduling information. The returned information is entered by DMAS staff or DMAS contractor staff into the Appointment Tracking Segment of the EPSDT Master File using the Screening and Referral Appointment Main Menu Screen, EP-S-020. DMAS will determine when this turnaround functionality will be implemented. When a valid provider ID is indicated on the report, it will be written to a file for subsequent routing to the Provider by an outside Mailing Vendor and will be renamed EP-F-051 to represent the name of the file where the report is written.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor Screening Provider
Program:	NEW ENROLLEE AND MISSED SCREEN LIST (EPW060)
Confidential:	Yes
Sequence:	Provider Scheduling Indicator Provider ID Number Enrollee Name
Control Breaks:	Provider

New Enrollee and Missed Screen List (EP-O-010)

EPW060
 AS OF 01/01/2000
 RUN DATE: 01/01/2000 10:21
 CYCLE: 01/07/2001

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEW ENROLLEE AND MISSED SCREEN LIST

REPORT
 PAGE

PROVIDER
 ID NO.
 ① 1234567890

PROVIDER
 ② XXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXXXXXX ③
 ④ XXXXXXXX
 XX 99999-9999
 ⑤ ⑥

ENROLLEE ID	BENEFICIARY NAME	MAILING ADDRESS	SEX	D.O.B.	TELEPHONE NUMBER(S)	T Y P E	NEW BENEFICIA R Y OR MISSE D APPOINTMENT	INITIAL SCREENIN G DUE/MISSE D APPT DAT
⑦ 00-00-0	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	⑩ F	00/00/0000	804 000-0000	M	NEW BENEF	00/00/0000 ⑮
00-00-0	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XX 99999-9999	M	00/00/0000	804 000-0000	M	NEW BENEF	00/00/0000
00-00-0	XXXXXXXXXXXX XXXXXXXXXXXX	XXXXXXXXXXXX XXXXXXXXXXXX XX 99999-99989	M	00/00/0000	804 000-0000	M	NEW BENEF	00/00/0000

⑰ TOTAL ENROLLEES FOR ABOVE PROVIDER: 3

***** CONFIDENTIAL INFORMATION *****

New Enrollee and Missed Screen List (EP-O-010)

EPW060
 AS OF 01/01/2000
 RUN DATE: 01/01/2000 10:21
 CYCLE: 01/07/2001

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEW RECIPIENT AND MISSED SCREEN LIST

⑰ TOTAL NEW ENROLLEES ON SCHEDULE LIST: 9,999

⑱ TOTAL MISSED SCREENINGS: 0

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

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID NO	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDRESS	Provider Attention Name	DE4096	
4	PROVIDER CITY	Provider Address Line	DE4097	
5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
7	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
8	BENEFICIARY NAME	Enrollee Full Name	DE3003	
9	MAILING ADDRESS	Enrollee Street Address	DE3115	
10	SEX	Enrollee Sex Code	DE3007	
11	D.O.B	Enrollee Birth Date	DE3005	
12	TELEPHONE NUMBER(S)	Enrollee Telephone Number	DE3095	
13	TYPE	EPSDT Screen Type	DE8101	
14	NEW BENEFICIARY OR MISSED APPOINTMENT	Calculated	DE0002	Refer to Program Specifications
15	INITIAL SCREENING DUE/MISSED APPT DATE	EPSDT Date of Next Screen	DE8007	
16	APPT DATE GIVEN BENEFICIARY DATE/TIME	EPSDT Screening Appointment Date	DE8205	
17	APPT TIME	EPSDT Screening	DE8209	

	GIVEN BENEFICIARY DATE/TIME	Appointment Time		
18	TOTAL ENROLLEES FOR ABOVE PROVIDER	Calculated	DE0002	Refer to Program Specifications
19	TOTAL NEW ENROLLEES ON SCHEDULE LIST	Calculated	DE0002	Refer to Program Specifications
20	TOTAL MISSED SCREENINGS	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-011 EPSDT Month to Date Screening List

General Information

This report shows screening entries made to the EPSDT Master File during the month.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT MONTH-TO-DATE SCREENING LIST (EPM040)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

EPSDT Month To Date Screening List (EP-O-011)

EPMD40
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MONTH TO DATE SCREENING LIST

REP
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CLIENT NAME	EPSDT MEDICAID#	CITY/COUNTY	DATE SCREENED	PROVIDER ID	PROVIDER NAME
XXXXXXXXXXXXXXXXXXXX	999999999999	XXXXXXXXXX	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	999999999999	XXXXXXXXXX	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	999999999999	XXXXXXXXXX	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX

STATE TOTAL: 3

**** END OF REPORT ****

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EPSDT ENROLLEE NAME	Enrollee Full Name	DE3003	
2	EPSDT ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	EPSDT ENROLLEE CITY	Enrollee City Name	DE3116	
4	EPSDT SCREEN DATE	EPSDT Screening Appointment Date	DE8205	
5	EPSDT PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
6	EPSDT	Provider Name	DE4085	

	PROVIDER NAME			
7	EPSDT DATE OF NEXT SCREEN	EPSDT Date of Next Screen	DE8007	
8	EPSDT SCREENING TYPE	EPSDT Screen Type	DE8101	
9	TOTAL NUMBER OF SCREENINGS WITHIN THE STATE	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-014 EPSDT Monthly Screening Control Report

General Information

This is an alphabetical list of all eligible children who are: to-be-due, due, prior due or past due for screening. Three versions of the report will be produced. One version will reflect MEDALLION (PCP's), another one will represent Fee-For-Service data, and the last version will include the HMO (MEDALLION II) population.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT MONTHLY SCREENING CONTROL REPORT (EPM046)
Confidential:	Yes
Sequence:	City/County Enrollee Last Name
Control Breaks:	City/County

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 MEDALLION
 FOR: JUNE

RE

① CURRENT MEDICAID NUMBER	② CLIENT NAME	③ DATE OF BIRTH	④ SEX	⑤ RACE	⑥ ELIG CODE	⑦ ELIG DATE	⑧ PROVIDER	⑨ LAST SCREENED	⑩ NEXT DUE
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***** TOTALS FOR: RICHMOND

⑫ 9999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXX	⑬ MM/DD/CCYY 9999	Z	Z	99	MM/DD/CCYY 99999	1234567890 (804)	MM/DD/CCYY 999-9999	99
9999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXX	99	F	W	50	MM/DD/CCYY 99999	9999999999 (804)	MM/DD/CCYY 999-9999	99
9999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXX	999	F	B	51	MM/DD/CCYY 99999	9999999999 (804)	MM/DD/CCYY 999-9999	99

CITY/COUNTY TOTALS: ⑰ 1 DUE, ⑱ 0 PRIOR DUE, ⑲ 1 PAST DUE, ⑳ 1 TO BE DUE, ㉑ 0 CRITICAL DUE

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 MEDALLION

REPO
PAGE

EPSDT-MASTER-FILE RECS READ ⑳ = 9,999
 REPORT RECS WRITTEN ㉑ = 2

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

MPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 HMO
 FOR: XXXXXXXXXXXX

RE
 PA

CURRENT MEDICAID NUMBER	CLIENT NAME	DATE OF BIRTH	SEX	RACE CODE	ELIG DATE	ELIG DATE	PROVIDER	LAST SCREENED	NEXT DUE
***** TOTALS FOR: XXXXXXXXXXXXXXXXXXXX									
99999999999 C/O XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY 9999 XXXXXXXXXXXXXXXX	M	U	99 XXXXXXX	MM/DD/CCYY 99999	1234567890 (804) 999-9999	MMODDOCCYY 999-9999	999
99999999999 C/O XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY 999 XXXXXXXXXXXXXXXX	F	W	99 XXXXXXX	MM/DD/CCYY 99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	999
99999999999 C/O XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY 999 XXXXXXXXXXXXXXXX	F	B	99 XXXXXXX	M/DD/CCYY 99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	999
CITY/COUNTY TOTALS: 1 DUE, 0 PRIOR DUE, 1 PAST DUE, 1 TO BE DUE, 0 CRITICAL DUE									

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 HMO

REP
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EPSDT-MASTER-FILE RECS READ = 2,229
 REPORT RECS WRITTEN = 2

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 FEE FOR SERVICE
 FOR: XXXXXXXXXX

REP
 PAG

(1) CURRENT MEDICAID NUMBER	(2) CLIENT NAME	(3) DATE OF BIRTH	(4) SEX	(5) RACE	(6) ELIG CODE	(7) ELIG DATE	(8) PROVIDER	(9) LAST SCREENED	(10) NEXT DUE
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***** TOTALS FOR: RICHMOND

999999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY M 9999 XXXXXXXXXXXXX	U	99	U 99	MM/DD/CCYY 99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	9999
999999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY F 999 XXXXXXXXXXXXX	W	99	W 99	MM/DD/CCYY 99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	9999
999999999999 C/O XXXXXXXXXXXXX	XXXXXXXXXXXX	MM/DD/CCYY F 999 XXXXXXXXXXXXX	B	99	B 99	MM/DD/CCYY 99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	9999

CITY/COUNTY TOTALS: 1 DUE, 0 PRIOR DUE, 1 PAST DUE, 1 TO BE DUE, 0 CRITICAL DUE

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 FEE FOR SERVICE

REP
 PAG

EPSDT-MASTER-FILE RECS READ (21) = 2,229
 REPORT RECS WRITTEN (22) = 2

***** CONFIDENTIAL INFORMATION *****

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : 06/01/1998
 RUN DATE: 06/01/1998 10:00

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 OPTIONS
 FOR: JUNE

CURRENT MEDICAID NUMBER (1)	CLIENT NAME (2)	DATE OF BIRTH (3)	SEX (4)	RACE (5)	ELIG CODE (6)	ELIG DATE (7)	PROVIDER (8)	LAST SCREENED (9)	NEXT DUE (10)
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***** TOTALS FOR: XXXXXXXXXXXXXXX

9999999999 C/O XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX (12)	MM/DD/CCYY M 9999 XXXXXXXXXXXXXXX (13)	U	99	MM/DD/CCYY 99999 (14)	99999 (15)	1234567890 (804) 999-9999 (16)	MM/DD/CCYY 999-9999 (17)	9999
9999999999 C/O XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY F 999 XXXXXXXXXXXXXXX	W	99	MM/DD/CCYY XXXXXXX 99999	99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	9999
9999999999 C/O XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY F 999 XXXXXXXXXXXXXXX	B	99	MM/DD/CCYY XXXXXXX 99999	99999	1234567890 (804) 999-9999	MM/DD/CCYY 999-9999	9999

CITY/COUNTY TOTALS: 1 DUE, 0 PRIOR DUE, 1 PAST DUE, 1 TO BE DUE, 0 CRITICAL DUE
 (17) (18) (19) (20) (21)

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

EPSDT Monthly Screening Control Report (EP-O-014)

EPM046
 AS OF : MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT MONTHLY SCREENING CONTROL REPORT
 OPTIONS

EPSDT-MASTER-FILE RECS READ (21) = 2,229
 REPORT RECS WRITTEN (22) = 2

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CURRENT MEDICAID NUMBER	Enrollee Permanent Identification Number	DE3093	
2	CLIENT NAME	Enrollee Full Name	DE3003	
3	DATE OF BIRTH	Enrollee Birth Date	DE3005	
4	SEX	Enrollee Sex Code	DE3007	
5	RACE	Enrollee Race Code	DE3006	
6	ELIG CODE	Case Date Added	DE3061	
7	ELIG DATE	Enrollee Eligibility Begin Date	DE3010	
8	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
9	LAST SCREENED	EPSDT Date of Last Screen	DE8006	
10	NEXT DUE	EPSDT Date of Next Screen	DE8007	
11	ENROLLEE SCREENING STATUS	EPSDT Enrollee Screening Status	DE8013	
12	CASE NAME	Case Name	DE3046	
13	ENROLLEE ADDRESS	Enrollee Street Address	DE3115	
14	ENROLLEE CITY	Enrollee City Name	DE3116	
15	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
16	ENROLLEE PHONE NUMBER	Enrollee Telephone Number	DE3095	
17	TOTAL SCREENINGS DUE (CITY/COUNTY)	Calculated	DE0002	Refer to Program Specifications
18	TOTAL SCREENINGS PRIOR DUE (CITY/COUNTY)	Calculated	DE0002	Refer to Program Specifications

19	TOTAL PAST DUE (CITY/COUNTY)	Calculated	DE0002	Refer to Program Specifications
20	TOTAL TO BE DUE (CITY/COUNTY)	Calculated	DE0002	Refer to Program Specifications
21	TOTAL CRITICAL (CITY/COUNTY)	Calculated	DE0002	
22	TOTAL NUMBER OF EPSDT MASTER RECORDS READ	Calculated	DE0002	Refer to Program Specifications
23	TOTAL NUMBER OF REPORT RECORDS WRITTEN	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-016-1 EPSDT - Unmatched Referrals with No Treatments

General Information

This is a list of untreated referrals. This report is used to inform DMAS of untreated referrals over the 180 day time limit (180 days from the original screening date). The report will be sorted on Benefit Definition Plan Code. This Data Element provides capability to generate the report by programs: FFS, MEDALLION PCP, and MEDALLION HMO.

Subsystem:	EPSDT
Frequency:	On-Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT UNMATCHED REFERRALS WITH NO TREATMENTS (EPR010)
Confidential:	Yes
Sequence:	City/County Benefit Plan Code - MEDALLION I, MEDALLION II (HMO), FFS and Options.
Control Breaks:	City/County Benefit Plan Code - MEDALLION I, MEDALLION II (HMO), FFS and Options.

EPSDT - Unmatched Referrals with No Treatments (EP-O-016-1)

EPRO10
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT - UNMATCHED REFERRALS WITH NO TREATMENTS
MEDALLION PCP

REPORT NO.:
PAGE NO.:

CITY/COUNTY: 999 XXXXXXXXX¹

----- CLIENT -----		DATE OF	DATE	REFERRING	REFERRING
MEDICAID	NAME ³	BIRTH	SCREENED	PROVIDER	PROVIDER
NUMBER ²		⁴	⁵	ID NBR ⁶	NAME ⁷
999999999999	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX MD
999999999999	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX MD

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

EPSDT - Unmatched Referrals with No Treatments (EP-O-016-1)

EPRO10
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT - UNMATCHED REFERRALS WITH NO TREATMENTS
MEDALLION HMO

REPORT NO.
PAGE NO.

CITY/COUNTY: 999 XXXXXXXXX¹

----- CLIENT -----		DATE OF	DATE	REFERRING	REFERRING
MEDICAID	NAME ³	BIRTH	SCREENED	PROVIDER	PROVIDER
NUMBER ²		⁴	⁵	ID NBR ⁶	NAME ⁷
999999999999	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX MD
999999999999	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	1234567890	XXXXXXXXXXXXXXXXXXXX MD

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

EPSDT - Unmatched Referrals with No Treatments (EP-O-016-1)

EPR010
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 EPSDT - UNMATCHED REFERRALS WITH NO TREATMENTS
 FEE FOR SERVICE

REPORT NO.
 PAGE NO.

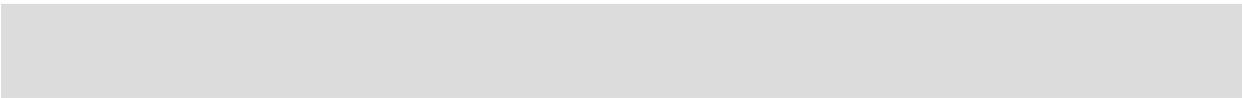
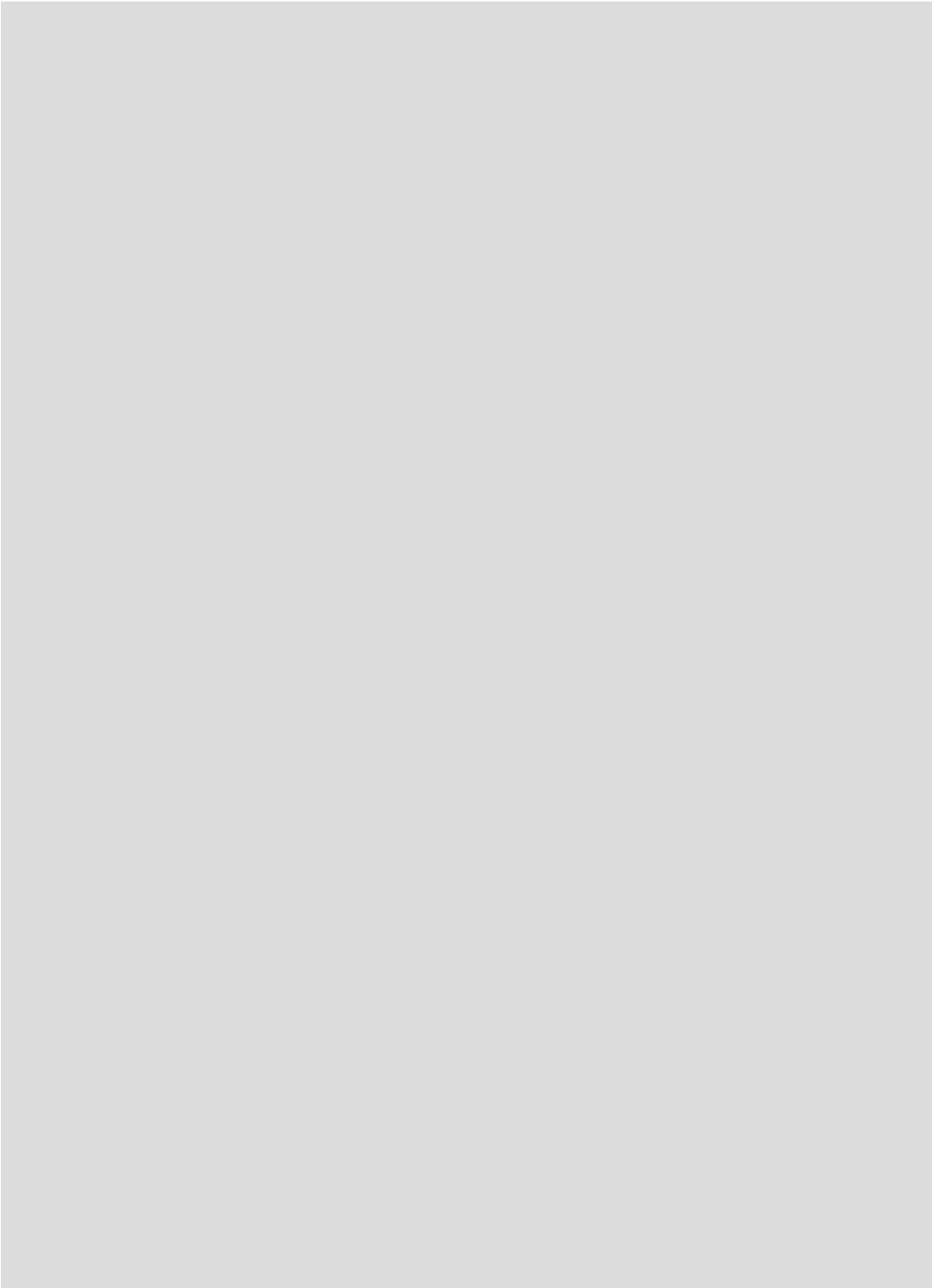
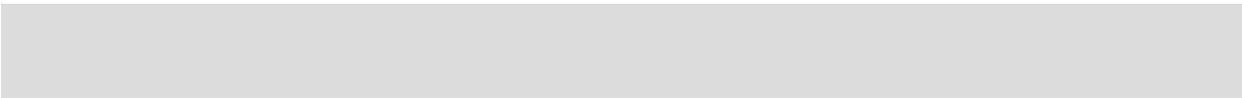
CITY/COUNTY: 999 XXXXXXXX ①

----- CLIENT -----		REFERRING PROVIDER ID NBR	REFERRING PROVIDER NAME
MEDICAID NUMBER ②	NAME ③	DATE OF BIRTH ④	DATE SCREENED ⑤
999999999999	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY 1234567890
999999999999	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY 1234567890

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	MEDICAID NUMBER	Enrollee Permanent Identification Number	DE3093	
3	NAME	Enrollee Full Name	DE3003	
4	DATE OF BIRTH	Enrollee Birth Date	DE3005	
5	DATE SCREENED	EPSDT Screening Appointment Date	DE8205	
6	REFERRING PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Referring Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
7	REFERRING PROVIDER NAME	Provider Name	DE4085	
8	TOTAL NUMBER OF DAYS SINCE REFERRAL	Calculated	DE0002	Refer to Program Specifications



Output Reports EP-O-020 EPSDT Screening/Immunization Notification Letter

General Information

This letter serves as a reminder to EPSDT Enrollees to make appointments for upcoming and over-due screenings and immunizations.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	EPSDT- Eligible Enrollees Due for Screening
Program:	IMMUNIZATION/SCREENING REMINDER NOTICE (EPM054) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT Screening/Immunization Notification Letter (EP-O-020)

[REDACTED] (2)
[REDACTED] (3)
P.O. BOX (4)
RICHMOND, VIRGINIA 23223 (5) (6) (7)

EARLY AND PERIODIC SCREENING,
DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VIRGINIA 23219
1-800-MGD-CARE

MEDICAID #: [REDACTED] (1)

We are writing to remind you that [REDACTED] (8) is due for a health check-up under The Early Periodic Screening Diagnosis and Treatment Program. If he/she is three years of age or older a yearly dental check-up is also needed. Please call your Doctor and/or Dentist to make an appointment. If you need assistance in making an appointment, please call 1-800-MGD-CARE.

We can help by providing the following:

- A list of health care providers in your area who accept Medicaid coupons
- Bus tokens to get to and from your appointments. (You must call the office one week before the appointment to allow time for the tokens to be mailed to you.)

When you go for your appointment, please take the following:

- A Medicaid coupon for the month of the appointment
- Shot (immunization) records.

Your child's health is our major concern. This is an excellent opportunity for you to make sure your child is developing normally or to have any health problems your child may be experiencing taken care of at no cost to you.

Remember, anyone under 21 and on Medicaid is eligible for complete Medical and Dental Services.

We urge you to make an appointment today.

Please notify us when you have scheduled an appointment, so we can document this in our records.

EP-O-020

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EPSDT ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	ENROLLEE CASE NAME	Case Name	DE3046	
4	ENROLLEE CURRENT ADDRESS	Enrollee Street Address	DE3115	
5	ENROLLEE CURRENT CITY NAME	Enrollee City Name	DE3116	
6	ENROLLEE CURRENT STATE	Enrollee State Code	DE3117	
7	ENROLLEE CURRENT ZIP	Enrollee ZIP Code	DE3118	
8	ENROLLEE NAME	Enrollee Full Name	DE3003	

Output Reports EP-O-021-1 EPSDT List of Providers

General Information

This is a listing of all EPSDT Providers within a particular geographical area (City/County). Separate pages will be generated for Dental Providers.

Subsystem:	EPSDT
Frequency:	On-Request
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	Enrollees
Program:	EPSDT LIST OF PROVIDERS (EPR005A)
Confidential:	No
Sequence:	Alphabetical City/County
Control Breaks:	Screening Providers Dental Providers

EPSDT List of Providers (EP-O-021-1)

EPR005A
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EARLY AND PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT)
***** EPSDT LIST OF PROVIDERS *****

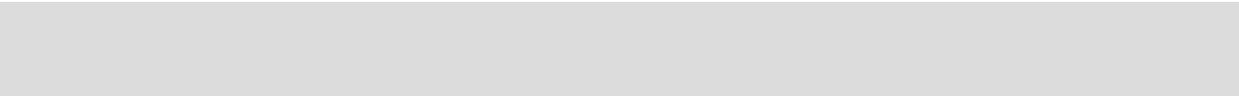
REPORT
PAGE N

THIS IS A LIST OF MEDICAL PROVIDERS ACCEPTING MEDICAID PATIENTS.

EPSDT List of Providers (EP-O-021-1)



	TELEPHONE NUMBER	ber		
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Output Reports EP-O-021 Provider Schedule List

General Information

The purpose of this report is to provide screening providers with a weekly list of enrollees whom they are scheduled to see. The report also serves as a turnaround document used by the provider to indicate whether or not the appointments were kept by the enrollees. When the information is returned to DMAS, it is entered into the Appointment Tracking Segment of the EPSDT Master File. DMAS will determine when this functionality will be implemented. Re-scheduled appointments are modified via the Screening and Referral Appointment Main Menu, EP-S-020.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	Providers, DMAS - Division of Program Operations, EPSDT Supervisor
Program:	PROVIDER SCHEDULE LIST (EPM055)
Confidential:	Yes
Sequence:	Provider ID Appointment Date and Time Enrollee Name
Control Breaks:	Provider ID Number

Provider Schedule List (EP-O-021)

EPM055
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
CYCLE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER SCHEDULE LIST

REPORT
PAGE

PROVIDER ID NO.	PROVIDER
① 1234567890	② XXXXXXXXXXXXXXXXXXXXXXXX
	③ 999 XXXXXXXXXXXXXXXX
	④ XXXXXXXX
	⑤ VA 99999-9999 ⑥

ENROLLEE ID	ENROLLEE NAME	MAILING ADDRESS	SEX	D.O.B.	TELEPHONE NUMBER(S)	T Y P E	APPOINTMENT DATE & TIME	SCREENING PERFORMED YES/NO	REASON NO, REASON
⑦ 99-99-9-999999-99	XXXXXXXXXX ⑧ XXXXXXXXXX	9999 XXXXXXXX XXXXXXXXXX XX 99999-9999	M	MM/DD/CCYY	804 999-9999	M V H	⑭ MM/DD/CCYY ⑮ HH:MM	N R	⑯
99-99-9-999999-99	XXXXXXXXXX XXXXXXXXXX	9999 XXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	F	MM/DD/CCYY	804 999-9999	M	MM/DD/CCYY HH:MM	N R	

REASON CODES: F=FORGOT APPT, R=REFUSED SERVICE, S=SICK, T=NO TRANSPORTATION, U=UNABLE TO FIND, X=FAILED TO SHOW, K
O=MISSED OTHER
***** CONFIDENTIAL INFORMATION *****

Provider Schedule List (EP-O-021)

EPM055
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
CYCLE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER SCHEDULE LIST

⑰ TOTAL NUMBER OF SCHEDULED APPOINTMENTS 2

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

***** CONFIDENTIAL INFORMATION *****

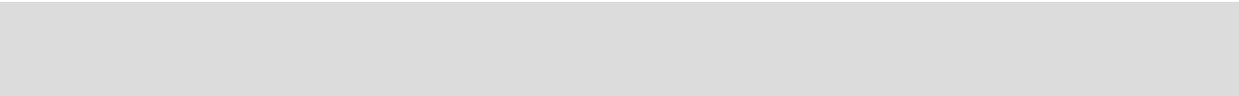
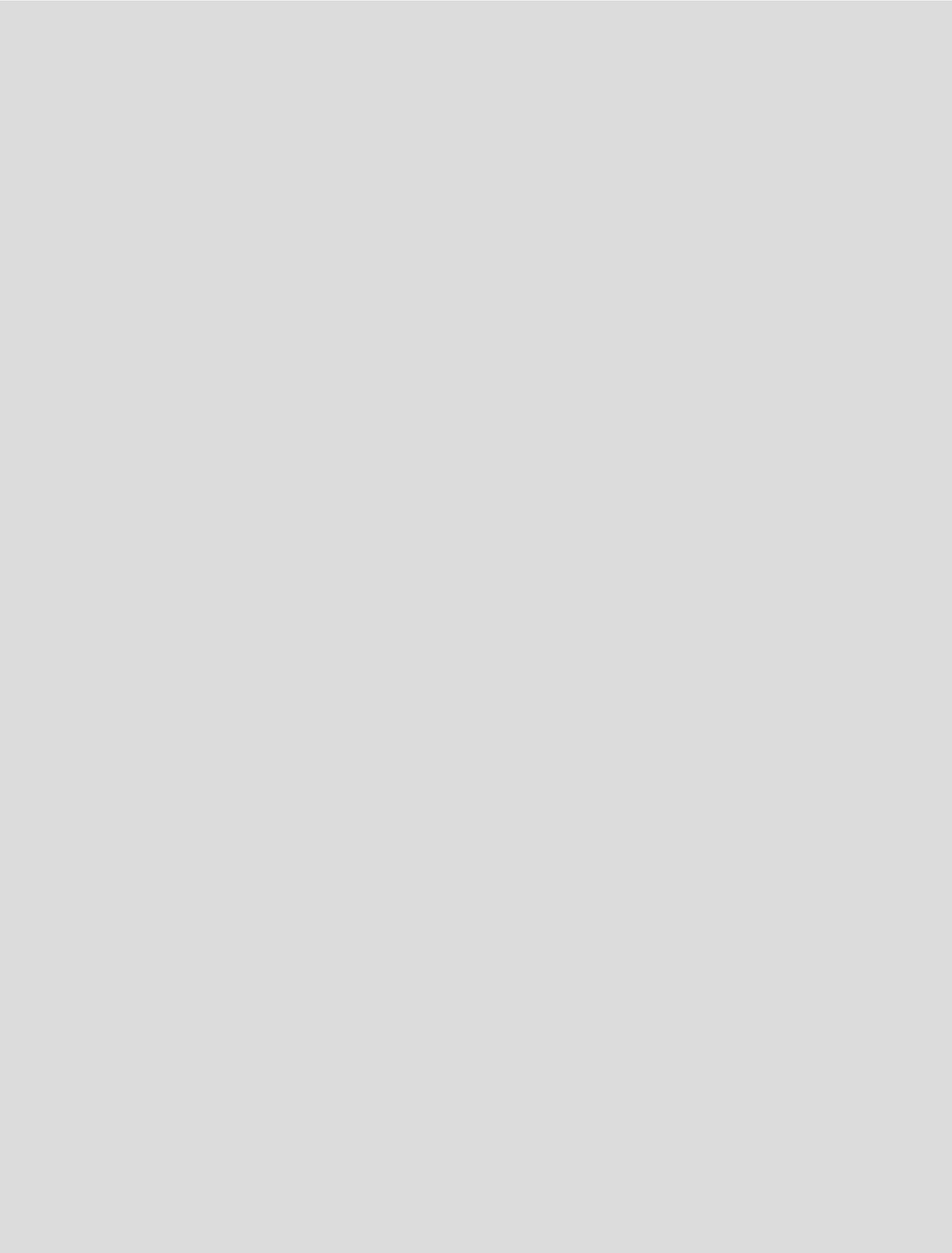
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	PROVIDER ID NO	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDRESS	Provider Attention Name	DE4096	
4	PROVIDER CITY	Provider Address Line	DE4097	
5	PROVIDER STATE	Provider Address State	DE4098	
6	PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
7	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
8	ENROLLEE NAME	Enrollee Full Name	DE3003	
9	MAILING ADDRESS	Enrollee Street Address	DE3115	
10	SEX	Enrollee Sex Code	DE3007	
11	D.O.B	Enrollee Birth Date	DE3005	
12	TELEPHONE NUMBER(S)	Enrollee Telephone Number	DE3095	
13	TYPE	EPSDT Screen Type	DE8101	
14	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
15	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
16	SCREENING PERFORMED YES/NO/ IF NO, REASON	EPSDT Screen Verification Code	DE8215	
17	RESCHEDULE APPT DATE GIVEN ENROLLEE	EPSDT Screening Appointment Date	DE8205	
18	RESCHEDULE APPT TIME GIVEN ENROLLEE	EPSDT Screening Appointment Time	DE8209	
19	TOTAL NUMBER	Calculated	DE0002	Refer to Program Specifications



	OF SCHEDULED APPOINTMENTS			
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Output Reports EP-O-022 Referral Provider Appointment List

General Information

This report provides referred providers with a monthly list of enrollees whom of which they are scheduled to see. This report also serves as a turnaround document used by the provider to indicate scheduling and appointment information. When this information is returned to DMAS, it is entered into the Appointment Tracking Segment of the EPSDT Master File. Re-scheduled referral appointments can be modified through the Screening and Referral Appointment Main Menu Screen, EP-S-020), option '3', Update Referral Appointment. DMAS will determine when this functionality will be implemented.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	Referred Provider, DMAS - Division of Program Operations, EPSDT Supervisor
Program:	REFERRAL APPT LIST (EPM022)
Confidential:	Yes
Sequence:	Provider ID Number Appointment Date and Time Enrollee Name
Control Breaks:	Provider ID Number

Referral Provider Appointment List (EP-O-022)

EPMD22
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER REFERRAL APPOINTMENT LIST

PROVIDER: 123456789
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XX 99999-9999

ENROLLEE-ID	ENROLLEE NAME / PHONE / SCREEN TYPE / SCREEN CODE	REFERRAL/ SCREEN DATES	APPT TIME	PROVIDER LAST SCREENED	UNABLE TO CONTACT	REFERRAL YES / NO	APPT. KEPT & REASON	RESO DATE
4 9999999999999999	XXXXXXXXXX 804) 999-9999 TYPE = M CODE = K	5 MM/DD/CCYY	11 HH:MM	12 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	13 ___	(Y) ___ (N) ___	14 (R) ___	15 ___/___
9999999999999999	XXXXXXXXXX TYPE = M CODE = K	MM/DD/CCYY	HH:MM	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	___	(Y) ___ (N) ___	(R) ___	___/___
9999999999999999	XXXXXXXXXX TYPE = M CODE = K	MM/DD/CCYY	HH:MM	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	___	(Y) ___ (N) ___	(R) ___	___/___
9999999999999999	XXXXXXX TYPE = M CODE = K	MM/DD/CCYY	HH:MM	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	___	(Y) ___ (N) ___	(R) ___	___/___

18 TOTAL NUMBER OF REFERRAL APPOINTMENTS 4

REASON CODES: F=FORGOT APPT, R=REFUSED SERVICE, S=SICK, T=NO TRANSPORTATION, U=UNABLE TO FIND, X=FAILED TO SHOW
K=KEPT, O=MISSED OTHER

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Referral Provider Appointment List (EP-O-022)

EPMD22
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER REFERRAL APPOINTMENT LIST

19 TOTAL NUMBER OF REFERRAL APPOINTMENTS 2,2229

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

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	PROVIDER NUMBER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER ADDRESS	Provider Attention Name	DE4096	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	PHONE	Enrollee Telephone Number	DE3095	
7	SCREEN TYPE	EPSDT Screen Type	DE8101	
8	SCREEN CODE	EPSDT Screen Verification Code	DE8215	
9	REFERRAL DATE	EPSDT Referral Appointment Date	DE8240	
10	SCREEN DATE	EPSDT Screening Appointment Date	DE8205	
11	REFERRAL APPT TIME	EPSDT Referral Appointment Time	DE8241	
12	PROVIDER LAST SCREENED	Provider Name	DE4085	
13	UNABLE TO CONTACT	EPSDT Screening Appointment Source	DE8212	
14	REFERRAL APPT KEPT YES/NO		DE0000	Yes / No. Indicates whether or not the appointment was kept.
15	REASON	EPSDT Referral Verification Code	DE8233	
16	RESCHEDULED APPOINTMENT DATE	EPSDT Referral Reappointment Date	DE8235	
17	RESCHEDULED APPOINTMENT TIME	EPSDT Referral Reappointment Time	DE8236	
18	TOTAL NUMBER OF REFERRAL APPOINTMENTS (PROVIDER)	Calculated	DE0002	Refer to Program Specifications

19	TOTAL NUMBER OF REFERRAL APPOINTMENTS (GRAND)	Calculated	DE0002	Refer to Program Specifications
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Output Reports EP-O-024 EPSDT Appointment Reminder Notice

General Information

This letter reminds enrollees of upcoming screening appointments.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	EPSDT Enrollees with Upcoming Appointments
Program:	EPSDT APPT REMINDER (EPW040) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT Appointment Reminder Notice (EP-O-024)

① JANUARY 1, 2000

③
⑤
⑥
⑦ CHESTER, VA 23831-9890 ⑧ ⑨

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

MEDICAID #: [REDACTED] ②

DEAR [REDACTED] ⑩

This letter is to remind you that Leighton H Davis ⑪ has an appointment with [REDACTED] MD on 01/08/2000 at 10:30 AM. ⑬ ⑭

It is vitally important that this appointment is kept. If there is an important reason why you cannot keep this appointment, call us immediately at 1-800-MGD-CARE.

If you have not already arranged for transportation and are in need of transportation for this appointment, please call us. There is no cost to you!

GET YOUR KIDS STARTED ON A HEALTHIER LIFE!

EP-0-024

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF LETTER GENERATION	Calculated	DE0002	Refer to Program Specifications
2	EPSDT ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

3	EPSDT ENROLLEE NAME	Enrollee Full Name	DE3003	
4	EPSDT ENROLLEE CASE NAME	Case Name	DE3046	
5	ENROLLEE ADDRESS LINE	Enrollee Additional Address Name	DE3114	
6	ENROLLEE ADDRESS LINE 2	Enrollee Street Address	DE3115	
7	ENROLLEE CITY	Enrollee City Name	DE3116	
8	ENROLLEE STATE	Enrollee State Code	DE3117	
9	ENROLLEE ZIP	Enrollee ZIP Code	DE3118	
10	ENROLLEE CASE NAME	Case Name	DE3046	
11	ENROLLEE NAME	Enrollee Full Name	DE3003	
12	EPSDT PROVIDER NAME	Provider Name	DE4085	
13	EPSDT SCREENING APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
14	EPSDT SCREENING APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	

Output Reports EP-O-025-1 EPSDT Enrollee Outreach Letter

General Information

This is the initial outreach letter mailed to all EPSDT eligibles.

Subsystem:	EPSDT
Frequency:	On-Request
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	EPSDT- Eligible Enrollees
Program:	ENROLLEE OUTREACH LETTER (EPR020) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT Enrollee Outreach Letter (EP-O-025-1)

DATE: XXXXXXXXXXXX 99, CCYY

XXXXXXXXXXXXXXXXX
XXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX, XXXXXXXX 99999-9999

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

MEDICAID #: 999999999999

DEAR XXXXXXXXXXXXXXX:

This letter is to inform you that XXXXXXXXXXXXXXXXXXXXXXX is eligible to participate in the EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT).

EPSDT can get kids started on a healthier life, with FREE medical check-ups and immunizations. A EPSDT check-up will find out if a child has any health problems that could lead to serious sickness. If a child does have a problem, help is available through EPSDT--and that help is FREE, too.

Please call your Doctor, Dentist or our office at 1-800-MGD-CARE and make an appointment today.

Our office can help by providing the following:

- A list of health care providers in the your area who accept Medicaid coupons
- Bus tokens to get to and from your appointments. (You must call our office one week before the appointment to allow time for the tokens to be mailed to you.)

When you go for your appointment be sure to take the following:

- A Medicaid coupon for the month of the appointment
- Shot (immunization) records.

Please call within two weeks to let us know when and where XXXXXXXXXXXXXXXXXXXXXXX has received a health check-up.

GIVE YOUR KIDS A HEALTHY START IN LIFE.

EP-0-025-1

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF LETTER	Calculated	DE0002	Refer to Program Specifications

2	EPSDT ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
3	EPSDT ENROLLEE NAME	Enrollee Full Name	DE3003	
4	EPSDT ENROLLEE CASE NAME	Case Name	DE3046	
5	EPSDT ENROLLEE ADDRESS LINE 1	Enrollee Additional Address Name	DE3114	
6	EPSDT ENROLLEE ADDRESS LINE 2	Enrollee Street Address	DE3115	
7	EPSDT ENROLLEE CITY	Enrollee City Name	DE3116	
8	EPSDT ENROLLEE STATE	Enrollee State Code	DE3117	
9	EPSDT ENROLLEE ZIP	Enrollee ZIP Code	DE3118	

Output Reports EP-O-025-2 EPSDT Enrollee Outreach Letter (Provider Specific)

General Information

This initial outreach letter urges eligible enrollees to contact a specific provider to make an appointment for EPSDT Services. This notice is designed for enrollees who are linked to MEDALLION fee-for-service providers.

Subsystem:	EPSDT
Frequency:	On-Request
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	Eligible Enrollees with FFS Providers
Program:	ENROLLEE OUTREACH LETTER (EPR020) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT Enrollee Outreach Letter (Provider Specific) (EP-O-025-2)

XXXXXXXX 99, CCYY

XXXXXXXXXXXXXXXXXXXX
c/o XXXXXXXXXXXXXXXX (PARENT)
XXXXXX
9999 XXXXXXXXXXXXXXXX
XXXXXXXXXX, XXXXXXXX 99999-9999

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

MEDICAID #: 999999999999

DEAR XXXXXXXXXXXXXXX:

This letter is to inform you that your child XXXXXXXXXXXXXXX is eligible to participate in the VIRGINIA MEDICAID, EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM (EPSDT).

EPSDT can get your kids started on a healthier life, with FREE medical check-ups and immunizations. A EPSDT check-up will find out if your kids have any health problems that could lead to serious sickness. If your kid does have a problem, you can get help through EPSDT--and that help is FREE, too.

Your current EPSDT Medicare provider is listed below. Please call them as soon as possible to set up an appointment.

Their address is: XXXXXXXXXXXXXXX, MD
99999 XXXXXXXXXXXXXXX
XXXXXXXXXXXX, XXXXXXXX 99999-9999
(804) 999-9999

We have also enclosed a list of all eligible Providers located within your area, if you are interested in selecting another.

If you have any questions, or if you need transportation for your EPSDT appointment, please call us at 1-800-MGD-CARE.

When you go for your appointment be sure to take the following:

- A Medicaid Coupon for the month of the appointment
- Shot (immunization) records.

Please call within two weeks to let us know when and where your child has received a health check-up.

GIVE YOUR KIDS A HEALTHY START IN LIFE.

EP-0-025-2

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated	DE0002	Refer to Program Specifications

2	EPSDT ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
3	EPSDT ENROLLEE NAME	Enrollee Full Name	DE3003	
4	EPSDT ENROLLEE CASE NAME	Case Name	DE3046	
5	EPSDT ENROLLEE ADDRESS LINE 1	Enrollee Additional Address Name	DE3114	
6	EPSDT ENROLLEE ADDRESS LINE 2	Enrollee Street Address	DE3115	
7	EPSDT ENROLLEE CITY	Enrollee City Name	DE3116	
8	EPSDT ENROLLEE STATE	Enrollee State Code	DE3117	
9	EPSDT ENROLLEE ZIP	Enrollee ZIP Code	DE3118	
10	EPSDT PROVIDER NAME	Provider Name	DE4085	
11	EPSDT PROVIDER ADDRESS	Provider Attention Name	DE4096	
12	EPSDT PROVIDER CITY	Provider Address City Name	DE4130	
13	EPSDT PROVIDER STATE	Provider Address State	DE4098	
14	EPSDT PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
15	EPSDT PROVIDER PHONE NUMBER	Provider Phone Num- ber	DE4090	

Output Reports EP-O-025-4 MEDALLION Enrollment Cover Letter

General Information

This cover letter accompanies the EPSDT Eligibility Assignment List, EP-O-049. It informs the EPSDT screening provider of all enrollees that are currently enrolled in MEDALLION and screened by that provider.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	Variable
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	EPSDT Providers
Program:	EPSDT ELIGIBILITY ASSIGNMENT LIST - MEDALLION NETWORK AND HMO NETWORK (EPQ010) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

MEDALLION Enrollment Cover Letter (EP-O-025-4)

XXXXXXXX 99, CCYY

XXXXXXXXXXXXXXXX MD
999 XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX, XX 99999-9999

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

PROVIDER ID#: 1234567890

DEAR XXXXXXXXXXXXXXX MD:

This letter is to inform you of all EPSDT enrollees, assigned to you, who are eligible to receive services. The enclosed listing includes children whose screenings are up to date as well as those that are due or will be due within the next three months. Please attempt to contact your enrollees who are due for screenings, as soon as possible, to set up an appointment.

If screening services have already been performed and request for payment has been submitted, please disregard this request. If you have any questions, please call us at 1-800-MGD-CARE.

Thank you for your cooperation.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF LETTER	Calculated	DE0002	Refer to Program Specifications
2	PROVIDER ID NUMBER	National Provider Identifier	DE4700	

3	PROVIDER NAME	Provider Name	DE4085	
4	PROVIDER ADDRESS	Provider Attention Name	DE4096	
5	PROVIDER CITY	Provider Address Line	DE4097	
6	PROVIDER STATE	Provider Address State	DE4098	
7	PROVIDER ZIP	Provider Address ZIP Code	DE4099	

Output Reports EP-O-025-5 Request for Payment Letter/Missing Claims

General Information

This notice serves as a cover letter for the Screen Verification Missing Claim List, EP-O-005. EPSDT providers are urged to either submit a claim for the enrollees listed, or to re-schedule the appointment for the missed screening.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	Screening Provider
Program:	SCREEN VERIFICATION MISSING CLAIMS LIST (EPM005A) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Request for Payment Letter/Missing Claims (EP-O-025-5)

	NAME			
4	PROVIDER ADDRESS	Provider Attention Name	DE4096	
5	PROVIDER CITY	Provider Address City Name	DE4130	
6	PROVIDER STATE	Provider Address State	DE4098	
7	PROVIDER ZIP	Provider Address ZIP Code	DE4099	

Output Reports EP-O-025-6 EPSDT HMO Assignment Cover Letter

General Information

This cover letter accompanies the EPSDT Eligibility Assignment List for the HMO Network, EP-O-049-1. It informs the HMO Benefit Service of all enrollees that are currently enrolled in that HMO.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	Variable
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	HMO Benefit
Program:	EPSDT ELIGIBILITY ASSIGNMENT LIST - MEDALLION NETWORK AND HMO NETWORK (EPQ010) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT HMO Assignment Cover Letter (EP-O-025-6)

XXXXXXXXXX 99, 9999¹

²
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX³
XXXXXXXXXX, XXXXXXXX 99999⁴ ⁵ ⁶

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

Enclosed is a listing of all EPSDT enrollees, assigned to your HMO, who are eligible to receive services. This report is arranged by PCP and includes children whose screenings are up to date as well as those that are due or will be due within the next three months.

This information is based upon data previously submitted to us by your providers and processed by our system. Therefore some children may have already been screened and we have not yet received the data. If you have any questions, please call us at 1-800-MGD-CARE.

Thank you for your cooperation.

EP-0-025-6

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated	DE0002	Refer to Program Specifications
2	HMO NAME	Provider Name	DE4085	

3	HMO ADDRESS	Provider Attention Name	DE4096	
4	HMO STATE	Provider Address State	DE4098	
5	HMO CITY	Provider Address City Name	DE4130	
6	HMO ZIP	Provider Address ZIP Code	DE4099	

Output Reports EP-O-028-1 Missed Appointment Notice

General Information

This notice is a reminder notice for eligible's to re-schedule any missed appointments.

Subsystem:	EPSDT
Frequency:	On-Request
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	Enrollees with Missed Appointments.
Program:	MISSED APPT NOTICE (EPR023) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Missed Appointment Notice (EP-O-028-1)

XXXXXXXXXX 99, CCYY

XXXXXXXXXXXXX (NAME)
C/O XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
999 XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX
XXXXXXXX, XX 99999-9999

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219
TOLL FREE NUMBER: 1-800-MGD-CARE

MEDICAID #: 999999999999

DEAR EPSDT ENROLLEE:

We have been notified that you have missed your EPSDT appointment with HEALTH FIRST CONCEPTS.

It is very important that this appointment be rescheduled and kept. This appointment can help detect many health problems which might lead to serious illnesses. Early detection of health problems can lead to early treatment and cure.

Please call us at 1-800-MGD-CARE to reschedule this appointment. We can also arrange transportation for the EPSDT appointment.

EP-0-028-1

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE	Calculated	DE0002	Refer to Program Specifications
2	EPSDT ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

3	EPSDT ENROLLEE NAME	Enrollee Full Name	DE3003	
4	EPSDT ENROLLEE CASEHEAD NAME	Case Name	DE3046	
5	EPSDT ENROLLEE ADDRESS	Enrollee Additional Address Name	DE3114	
6	EPSDT ENROLLEE ADDRESS LINE 2	Enrollee Street Address	DE3115	
7	EPSDT ENROLLEE CITY	Enrollee City Name	DE3116	
8	EPSDT ENROLLEE STATE	Enrollee State Code	DE3117	
9	EPSDT ENROLLEE ZIP	Enrollee ZIP Code	DE3118	
10	EPSDT PROVIDER NAME	Provider Name	DE4085	

Output Reports EP-O-030-1 EPSDT/FAMIS Enrollee Mailing Address Templates

General Information

These mailing address templates are produced for EPSDT, FAMIS and FAMIS Plus enrollees. The Name and address records are written to an external interface file, in a label type format and submitted to an Outside Mailing Vendor for further processing.

Subsystem:	EPSDT
Frequency:	Varies
Volume:	Varies
Number of Copies:	N/A
Output Form:	External Interface File
Retention:	N/A
Distribution:	EPSDT Enrollees
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT/FAMIS Enrollee Mailing Address Templates (EP-O-030-1)

***** EP-O-030-1 *****
 ***** EPSDT ELIGIBLES *****

 ***** MAILING LABELS *****

X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-

X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L

X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-

X--LINE-UP-X--LINE-UP-X--LINE-UP-
 X--LINE-UP-X--LINE-UP-X--LINE-UP-
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X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L
 X--LINE-UP-X--L

[Redacted] ①
 [Redacted] ②
 [Redacted] ③
 [Redacted] ④
 RICHMOND ⑤ VA 23109 ⑥ ⑦

[Redacted]
 PO BOX [Redacted]
 RICHMOND VA 23121

[Redacted] DRI
 RICHMOND

[Redacted]
 [Redacted] 16TH AVE
 RICHMOND VA 23101

[Redacted]
 [Redacted] APT #301
 RICHMOND VA 23101

[Redacted] STR
 RICHMOND

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EPSDT ENROLLEE CASE NAME	Case Name	DE3046	
2	EPSDT ENROLLEE ADDRESS	Enrollee Additional Address Name	DE3114	
3	EPSDT ENROLLEE ADDRESS LINE 2	Enrollee Street Address	DE3115	
4	EPSDT ENROLLEE CITY	Enrollee City Name	DE3116	
5	EPSDT ENROLLEE STATE	Enrollee State Code	DE3117	
6	EPSDT ENROLLEE ZIP	Enrollee ZIP Code	DE3118	

Output Reports EP-O-037 Monthly Screening Detail Report

General Information

This report provides detail statistics of how well the EPSDT program is working. It is used to track the success levels of getting screenings performed within the proper time period by an individual provider. Three (3) versions of the report will be generated; One for MEDALLION I (PCP's), another representing fee-for-service (FFS) and the last one for the HMO's (encounter data).

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	MONTHLY SCREENING DETAIL RPT (EPM230)
Confidential:	No
Sequence:	City/County Provider Type Age Group Provider ID Number
Control Breaks:	N/A

Monthly Screening Detail Report (EP-O-037)

EPM230
 As of: MM/DD/CCYY HH:MM:SS
 RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MONTHLY SCREENING DETAIL REPORT

REPORT
 PAGE

1 CITY/COUNTY: 999 EMC: 3
 2
 3 PROVIDER TYPE: 99 NUMBER: 1234567890
 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXX MD 5
 ADDRESS: 6 999 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX 7
 8 XX 99999-9999 9

10 AGE GROUP	0 - <1	1 - <6	6 - <15	15 - <21
11 MEDICAL				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	99	99	99	99
AVERAGE TIME: (BETWEEN)				
12 SERVICE DATE / RECEIPT DATE	9	9	9	9
VISION				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	0	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	0	9	9	9
HEARING				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	0	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	0	9	9	9

Monthly Screening Detail Report (EP-O-037)

EPM230
 As of: MM/DD/CCYY HH:MM:SS
 RUN DATE MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MONTHLY SCREENING DETAIL REPORT

REPORT
 PAGE

1 CITY/COUNTY: 999 EMC: 3
 2
 3 PROVIDER TYPE: 99 NUMBER: 1234567890
 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXX RMD 5
 ADDRESS: 6 998 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXXXXXX 7
 8 XX 99999-9999 9

10 AGE GROUP	0 - <1	1 - <6	6 - <15	15 - <21
11 MEDICAL				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	99	99	99	99
AVERAGE TIME: (BETWEEN)				
12 SERVICE DATE / RECEIPT DATE	9	9	9	9
VISION				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	0	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	0	9	9	9
HEARING				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	0	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	0	9	9	9

Monthly Screening Detail Report (EP-O-037)

EPM230
 As of: MM/DD/CCYY HH:MM:SS
 RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MONTHLY SCREENING DETAIL REPORT
 FEE FOR SERVICE (FFS) / MC

① CITY/COUNTY: 999 EMC: 3
 ③ PROVIDER TYPE: 99 NUMBER: 1234567890
 PROVIDER NAME: XXXXXXXXXXXXXXXXXXXX MD ⑤
 ADDRESS: ⑥ 9999 XXXXXXXX
 XXXXXXXX ⑦
 XX 99999-9999 ⑧

⑩ AGE GROUP	0 - <1	1 - <6	6 - <15	15 - <21
⑪ MEDICAL				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	99	99	99	99
AVERAGE TIME: (BETWEEN)				
⑫ SERVICE DATE / RECEIPT DATE	9	9	9	9
9				
VISION				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	9	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	9	9	9	9
HEARING				
NUMBER OF SCREENINGS RECEIVED THIS MONTH:	9	99	99	9
AVERAGE TIME: (BETWEEN)				
SERVICE DATE / RECEIPT DATE	9	9	9	9

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	EMC	Provider EMC Billing Indicator	DE4081	
3	PROVIDER TYPE	Provider Type	DE4006	
4	PROVIDER NUMBER	National Provider Identifier	DE4700	
5	PROVIDER NAME	Provider Name	DE4085	
6	PROVIDER ADDRESS LINE 1	Provider Attention Name	DE4096	
7	PROVIDER ADDRESS CITY	Provider Address City Name	DE4130	
8	PROVIDER STATE	Provider Address State	DE4098	

9	PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
10	MEDICAL	EPSDT Screen Type	DE8101	
11	NUMBER OF SCREENINGS RECEIVED THIS MONTH	Calculated	DE0002	Refer to Program Specifications
12	AVERAGE TIME (BETWEEN) SERVICE DATE/RECEIPT DATE	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-045 Provider Periodicity Compliance Report

General Information

This report reflects participation statistics within screening type by City/County. The report will be sorted on Benefit Definition Plan Code. This Data Element provides capability to generate the reports by programs: FFS, MEDALLION I and MEDALLION II (HMO's).

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	PROVIDER PERIODICITY COMPLIANCE (EPM045)
Confidential:	No
Sequence:	Screening Type City/County Provider Age Category Benefit Definition Plan Code
Control Breaks:	Benefit Definition Plan Code - FFS, MEDALLION, MEDALLION 2, Options and HMO's.

Provider Periodicity Compliance Report (EP-O-045)

EPMD45
 AS OF 12/31/1999
 RUN DATE: 10/15/2001 10:27
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT

MEDALLION

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
CITY/COUNTY	# OF ENRLL	# WITHIN PERIODICITY						
PROVIDER SITE NAME	PERCENT WITHIN PERIODICITY							
CITY/COUNTY 01 RICHMOND		3						
PEDIATRIC CLINIC	348	307	913	560	449	213	14	2
	88.22%	4	61.34%		47.44%		14.29%	
POWELL MEDICAL CENTER	29	24	194	95	245	140	33	17
	82.76%		48.97%		57.14%		51.52%	
JASON SANDERS MD	0	0	1	0	1	1	2	1
	0.00%		0.00%		100.00%		50.00%	
WILLIS KID KARE WEST	126	92	462	266	342	174	12	3
	73.02%		57.58%		50.88%		25.00%	
NO LINKAGE	577	113	1,822	125	3,319	16	1,954	10
	19.58%		6.86%		0.48%		0.51%	
CITY/COUNTY 01 TOTAL	2,284	1,399	6,858	2,481	8,514	3,240	2,879	344
	61.25%		36.18%		38.05%		11.95%	

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Provider Periodicity Compliance Report (EP-O-045)

EPMO45
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT
 MEDALLION

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
CITY/COUNTY	# OF ENRLL	# WITHIN PERIODICITY						
PROVIDER SITE NAME	PERCENT WITHIN PERIODICITY							
STATE TOTALS	41,344	26,498 64.09%	136,312	50,645 37.15%	145,764	40,275 27.63%	54,227	8,437 15.56%

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Provider Periodicity Compliance Report (EP-O-045)

EPMO45
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT
 HMO

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

①

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
CITY/COUNTY	# OF ENRLL	# WITHIN PERIODICITY						
PROVIDER SITE NAME	PERCENT WITHIN PERIODICITY							
CITY/COUNTY 01 RICHMOND								
PEDIATRICS CLINIC	② 348	③ 307 88.22%	913	560 61.34%	449	213 47.44%	14	2 14.29%
POWELL MEDICAL CENTER	④ 29	24 82.76%	194	95 48.97%	245	140 57.14%	33	17 51.52%
JASON SANDERS MD	0	0 0.00%	1	0 0.00%	1	1 100.00%	2	1 50.00%
WILLIS KID KARE WEST	126	92 73.02%	462	266 57.58%	342	174 50.88%	12	3 25.00%
NO LINKAGE	577	113 19.58%	1,822	125 6.86%	3,319	16 0.48%	1,954	10 0.51%
CITY/COUNTY 01 TOTAL	2,284	1,399 61.25%	6,858	2,481 36.18%	8,514	3,240 38.05%	2,879	344 11.95%

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Provider Periodicity Compliance Report (EP-O-045)

EPMO45
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT
 HMO

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
CITY/COUNTY	# OF ENRLL	# WITHIN PERIODICITY						
PROVIDER SITE NAME	PERCENT WITHIN PERIODICITY							
STATE TOTALS	41,344	26,498 64.09%	136,312	50,645 37.15%	145,764	40,275 27.63%	54,227	8,437 15.56%

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Provider Periodicity Compliance Report (EP-O-045)

EPM045
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT
 FEE FOR SERVICE

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
	# OF ENRLL	# WITHIN PERIODICITY						
CITY/COUNTY	PERCENT WITHIN PERIODICITY							
CITY/COUNTY 01 RICHMOND								
PEDIATRIC CLINIC	348	307	913	560	449	213	14	2
POWELL MEDICAL CENTER	29	24	194	95	245	140	33	17
JASON SANDERS MD	0	0	1	0	1	1	2	1
WILLIS KID KARE WEST	126	92	462	266	342	174	12	3
NO LINKAGE	577	113	1,822	125	3,319	16	1,954	10
CITY/COUNTY 01 TOTAL	2,284	1,399	6,858	2,481	8,514	3,240	2,879	344

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Provider Periodicity Compliance Report (EP-O-045)

EPM045
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PROVIDER PERIODICITY COMPLIANCE REPORT
 FEE FOR SERVICE

MONTH ENDING DECEMBER 1999
 SCREENING TYPE: MEDICAL

AGE GROUP:	0 TO < 1		1 TO < 6		6 TO < 15		15 TO < 21	
CITY/COUNTY	# OF ENRLL	# WITHIN PERIODICITY						
PROVIDER SITE NAME	PERCENT WITHIN PERIODICITY							
STATE TOTALS	41,344	26,498 64.09%	136,312	50,645 37.15%	145,764	40,275 27.63%	54,227	8,437 15.56%

WITHIN PERIODICITY = NUMBER SCREENED + NUMBER NOT DUE WITH PREVIOUS SCREENING

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SCREENING TYPE	EPSDT Screen Type	DE8101	
2	# OF ENRLL (NUMBER OF ENROLLEES)	Calculated	DE0002	Refer to Program Specifications
3	# WITHIN PERIODICITY	Calculated	DE0002	Refer to Program Specifications
4	PERCENT WITHIN PERIODICITY	Calculated	DE0002	Refer to Program Specifications
5	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
6	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
7	PROVIDER SITE NAME	Provider Name	DE4085	

Output Reports EP-O-047 (Monthly, Quarterly, YTD) Medical Screening Report

General Information

This report lists control totals for all Program Service Types participating in EPSDT.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	(MONTHLY, QUARTERLY, YTD) MEDICAL SCREENING REPORT (EPM305)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

(Monthly, Quarterly, YTD) Medical Screening Report (EP-O-047)

REPORTING PERIOD : 20000901-20000930

	①		
② CLAIMS HISTORY RECORDS READ			72,918
③ CLAIMS HISTORY RECORDS BYPASSED			52,918
④ VALID AGE GROUPS:			20,000
AGE GROUP1 ⑤			6,896
⑥ AGE GROUP2			6,128
AGE GROUP3 ⑦			3,346
AGE GROUP4			3,600 ⑧
⑨ AGE GROUP5			30
INVALID AGE GROUPS (OVER 21 YRS)			0 ⑩
SERVICE PROGRAM TYPES:			⑪ 20,000
MEDALLION PCP			4,091 ⑫
MEDALLION HMO			⑬ 5,302
FEE FOR SERVICE			10,507 ⑭

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PERIOD ENDING	Calculated	DE0002	This date represents the latest possible date for processing records on the file. No records with a service date greater than this value will be processed.
2	CLAIMS HISTORY RECORDS READ	Calculated	DE0002	This is the total number of Claim History Records Read on the File.
3	CLAIMS HISTORY RECORDS BYPASSED	Calculated	DE0002	This total represents the number of claims records that were not processed because they did not represent Medical Screening claims.
4	VALID AGE GROUPS	Calculated	DE0002	This total represents the total number of paid medical screening claims records processed during the indicated period.

5	AGE GROUP 1 (Age birth to less than 12 months)	Calculated	DE0002	This number represents the number of paid medical screenings performed on enrollee's age 0 thru less than 12 months old.
6	AGE GROUP 2 (Age 12 months to less than 5 years)	Calculated	DE0002	This number represents the number of paid medical screenings performed on enrollee's age 12 months thru less than 5 years.
7	AGE GROUP 3 (Age 6 years to less than 12 years)	Calculated	DE0002	This number represents the number of paid medical screenings performed on enrollee's age 6 thru less than 12 years.
8	AGE GROUP 4 (Age 12 years to less than 18 years)	Calculated	DE0002	This number represents the number of paid medical screenings performed on enrollee's age 12 thru less than 18 years.
9	AGE GROUP 5 (Age 18 years to less than 22 years)	Calculated	DE0002	This number represents the number of paid medical screenings performed on enrollee's age 18 thru less than 22 years.
10	INVALID AGE GROUPS	Calculated	DE0002	This number represents the total number of paid medical screenings performed on enrollees that were over 21 years of age.
11	SERVICE PROGRAM TYPES	Calculated	DE0002	This total represents the number of paid medical screening claim records processed during the indicated period for all enrollees and Benefit Plan types.
12	MEDALLION PCP	Calculated	DE0002	This total represents the number of paid medical screening claim records processed during the indicated period for all enrollees aged 0 thru 21 who were enrolled in a MEDALLION I, MEDALLION II and/or MEDALLION III Benefit Plan and who had been assigned a Primary Care Provide..
13	MEDALLION HMO	Calculated	DE0002	This total represents the number of paid medical screening claim records processed during the indicated period for all enrollees aged 0 thru 21 who were enrolled in either a MEDALLION II or a MEDALLION III Benefit Plan and whose care is being administered by an HMO.
14	FEE FOR	Calculated	DE0002	This total represents the number of



	SERVICE		paid medical screening claim records processed during the indicated period for all enrollees aged 0 thru 21 who were enrolled in Medicaid's Fee For Service Benefit Plan.
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Output Reports EP-O-048 New Eligible's Report

General Information

This report lists by city/county new EPSDT eligible's added to the EPSDT Master File during weekly processing. New eligibles are new enrollees being added to the EPSDT Master File for the first time or enrollees becoming eligible again after a lapse of eligibility. It has been requested that this report be sorted by Plan Type. Categories will be HMO, MEDALLION and Fee-for-Service (FFS).

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	NEW ELIGIBLES REPORT (EPW030)
Confidential:	Yes
Sequence:	City/County Enrollee ID Number Plan Type
Control Breaks:	N/A

New Eligibles Report (EP-O-048)

EPW030
 AS OF: 01/01/2000
 RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEW ELIGIBLES REPORT
 MEDALLION

REP
 P

CITY/COUNTY NO.: 01 (1)
 CITY/COUNTY NAME: RICHMOND (2)

ENROLLEE ID (3)	ENROLLEE NAME/ REPRESENTATIVE PAYEE NAME (4)	ENROLLEE MAILING ADDRESS (5)	TELE. NO. (6)	D.O.B. (7)	SEX (8)	ELIGI BEGI
[REDACTED]	SMITH	[REDACTED]-----X RICHMOND VA--X	999 999-9999	08121982	M	01/0
[REDACTED]	SMITH SMITH (11)	[REDACTED] STREET RICHMOND VA	999 999-9999	08071988	M	01/0
[REDACTED]	SMITH	[REDACTED] RICHMOND VA	999 999-9999	11241992	F	12/0

TOTAL NEW ELIGIBLES FOR CITY/COUNTY: 003 (12)

***** CONFIDENTIAL INFORMATION *****

New Eligibles Report (EP-O-048)

EPW030
 AS OF: 01/01/2000
 RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 NEW ELIGIBLES REPORT
 MEDALLION

TOTAL NEW ELIGIBLES BY CITY/COUNTY

CITY/CNTY NO. (13)	CITY/CNTY NAME (14)	TOTAL (15)
01	RICHMOND	3
02	PETERSBURG	0
03	HOPEWELL	0

*** TOTAL OF ALL CITY/COUNTY(S) 3 *** (16)

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY NO.	MMIS Locality Code	DE5254	

		based on Postal Code		
2	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	ENROLLEE MAILING ADDRESS	Enrollee Street Address	DE3115	
6	TELE. NO.	Enrollee Telephone Number	DE3095	
7	D.O.B.	Enrollee Birth Date	DE3005	
8	SEX	Enrollee Sex Code	DE3007	
9	ELIGIBILITY BEGIN DATE	Enrollee Eligibility Begin Date	DE3010	
10	LAST ELIG END DATE	Enrollee Eligibility End Date	DE3011	
11	REPRESENTATIVE PAYEE NAME	Case Name	DE3046	
12	TOTAL NEW ELIGIBLES FOR CITY/COUNTY	Calculated	DE0002	Refer to Program Specifications
13	CITY/COUNTY NO.	MMIS Locality Code based on Postal Code	DE5254	
14	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
15	TOTAL	Calculated	DE0002	Refer to Program Specifications
16	TOTAL OF ALL CITY/COUNTY(S)	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-049-1 EPSDT Eligibility Assignment List - HMO Network

General Information

This report lists all HMO enrollees assigned to a specific Primary Care Provider.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	002
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor; HMO Network
Program:	PRODUCE FFS, HMO AND MEDALLION ENROLLMENT LISTINGS (EPQ049)
Confidential:	Yes
Sequence:	City/County Provider ID
Control Breaks:	Provider ID

EPSDT Eligibility Assignment List - HMO Network (EP-O-049-1)

EP0049
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT ELIGIBILITY ASSIGNMENT LIST
HMO NETWORK

CITY/COUNTY NO.: 999
CITY/COUNTY NAME: XXXXXXXX
PROVIDER IDENTIFICATION: 123456789
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999 XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX, XX 99999-9999

ENROLLEE ID	ENROLLEE NAME/ CASE NAME	ENROLLEE MAILING ADDRESS	TELE. NO.	ASSIGNMENT DATE	SCREEN TYPES DUE
999-999999-999	XXXXXXXXXX, XXXXXX	9999 XXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	804-999-9999	MM/DD/CCYY	M D
999-999999-999	XXXXXXXX, XXXXXXXXXXX XXXXXXXX, XXXXXXXXXXX	999 XXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	804-999-9999	MM/DD/CCYY	
999-999999-999	XXXXXXXX, XXXXXXXXXXX	99 XXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	999-999-9999	MM/DD/CCYY	

TOTAL ELIGIBLES ASSIGNED: 003

VALID SCREEN TYPES ARE: M - MEDICAL, V - VISION, H - HEARING, D - DENTAL

***** CONFIDENTIAL INFORMATION *****

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY CODE	Locality Region Type Address Name	DE5264	
2	CITY/COUNTY NAME	MMIS Locality Code based on Postal Code	DE5254	
3	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	PROVIDER NAME	Provider Name	DE4085	
5	PROVIDER ADDRESS	Provider Attention Name	DE4096	

6	PROVIDER CITY NAME	Provider Address Line	DE4097	
7	PROVIDER STATE	Provider Address State	DE4098	
8	PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
9	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
10	ENROLLEE NAME	Enrollee Full Name	DE3003	
11	ENROLLEE CASE NAME	Case Name	DE3046	
12	ENROLLEE STREET ADDRESS	Enrollee Street Address	DE3115	
13	ENROLLEE CITY ADDRESS	Enrollee City Name	DE3116	
14	ENROLLEE STATE ADDRESS	Enrollee Additional Address Name	DE3114	
15	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
16	ENROLLEE PHONE NUMBER	Enrollee Telephone Number	DE3095	
17	ASSIGNMENT DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
18	SCREEN TYPE DUE	EPSDT Screen Type	DE8101	
19	PAST DUE SCREEN TYPE	EPSDT Screen Type	DE8101	
20	TOTAL NUMBER OF ENROLLEES ASSIGNED	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-049-3 EPSDT Eligibility Assignment List - Fee for Service Network

General Information

This report lists all Fee For Service enrollees. The enrollees listed are not assigned to a specific Primary Care Provider.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	002
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	PRODUCE FFS, HMO AND MEDALLION ENROLLMENT LISTINGS (EPQ049)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Eligibility Assignment List - Fee For Service Network (EP-O-049-3)

EPQ049
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT ELIGIBILITY ASSIGNMENT LIST
FEE FOR SERVICE NETWORK

CITY/COUNTY NO.: 999 (1)
CITY/COUNTY NAME: XXXXXXXX (2)
PROVIDER IDENTIFICATION: 1234567890 (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
999 XXXXXXXXXXXXXXXX (5)
XXXXXXXXXX, XX 99999-9999 (6)
(7) (8)

ENROLLEE ID	ENROLLEE NAME/ CASE NAME (10)	ENROLLEE MAILING ADDRESS	TELE. NO.	ASSIGNMENT DATE	SCREEN TYPES DUE
999-999999-999 (9)	XXXXXXX, XXXXXXXX	9999 XXXXXXXXXXXXXXXX (12) XXXXXXXXXX XX 99999-9999 (13)	804-999-9999 (15)	MM/DD/CCYY (17)	M D (18)
999-999999-999	XXXXXXX, XXXXXXXX XXXXXXX, XXXXXXXX	999 XXXXXXXXXXXXXXXX (14) XXXXXXXXXX XX 99999-9999 (15)	804-999-9999	MM/DD/CCYY	
999-999999-999	XXXXXXXXXX, XXXXXXXX	99 XXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	999-999-9999	MM/DD/CCYY	
TOTAL ELIGIBLES ASSIGNED: 003 (20)					

VALID SCREEN TYPES ARE: M - MEDICAL, V - VISION, H - HEARING, D - DENTAL

***** CONFIDENTIAL INFORMATION *****

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY CODE	Locality Region Type Address Name	DE5264	
2	CITY/COUNTY NAME	MMIS Locality Code based on Postal Code	DE5254	
3	PROVIDER IDENTIFICATION	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	(PROVIDER NAME)	Provider Name	DE4085	(will be blanks on FFS Report)
5	(PROVIDER	Provider Attention	DE4096	(will be blanks on the FFS Report)

	ADDRESS)	Name		
6	(PROVIDER CITY NAME)	Provider Address Line	DE4097	(will be blanks on the FFS Report)
7	(PROVIDER STATE)	Provider Address State	DE4098	(will be blanks on the FFS Report)
8	(PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	(will be zeroes on the FFS Report)
9	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
10	ENROLLEE NAME	Enrollee Full Name	DE3003	
11	ENROLLEE CASE NAME	Case Name	DE3046	
12	ENROLLEE STREET ADDRESS	Enrollee Street Address	DE3115	
13	ENROLLEE CITY ADDRESS	Enrollee City Name	DE3116	
14	ENROLLEE STATE ADDRESS	Enrollee State Code	DE3117	
15	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
16	ENROLLEE PHONE NUMBER	Enrollee Telephone Number	DE3095	
17	ASSIGNMENT DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
18	SCREEN TYPE DUE	EPSDT Screen Type	DE8101	
19	PAST DUE SCREEN TYPE	EPSDT Screen Type	DE8101	
20	TOTAL ELIGIBLES ASSIGNED	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-049 EPSDT Eligibility Assignment List - MEDALLION Network

General Information

This report provides a listing of all MEDALLION enrollees that are linked to a specific provider.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	To Be Determined
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor and Provider Network
Program:	PRODUCE FFS, HMO AND MEDALLION ENROLLMENT LISTINGS (EPQ049)
Confidential:	Yes
Sequence:	City/County Provider ID Number
Control Breaks:	Provider ID Number

EPSDT Eligibility Assignment List - MEDALLION Network (EP-O-049)

EPQ049
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT ELIGIBILITY ASSIGNMENT LIST
MEDALLION NETWORK

CITY/COUNTY NO.: 99 (1)
CITY/COUNTY NAME: XXXXXXXX (2)
PROVIDER IDENTIFICATION: 1234567890
XXXXXXXXXX (3) XXXX (4)
999 XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX, XX 99999-9999
(5) (6) (7) (8)

ENROLLEE ID	ENROLLEE NAME/ CASE NAME (11)	ENROLLEE MAILING ADDRESS	TELE. NO.	ASSIGNMENT DATE	SCREEN TYPES DUE
(9)			(16)	(17)	(18)
999-999999-999	XXXXX, XXXXXXXXXXXX	999 XXXXXXXXXXXXXXXXXXXX (12) XXXXXXXXXX XX 99999-9999	804-999-9999	MM/DD/CCYY	M V H D
999-999999-999	XXXXX, XXXXXXXXXXXX XXXXX, XXXXXXXXXXXX	9999 XXXXXXXXXXXXXXXXXXXX (13) (14) (15) XXXXXXXXXX XX 99999-9999	804-999-9999	MM/DD/CCYY	
999-999999-999	XXXXX, XXXXXXXXXXXX	999 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXX XX 99999-9999	804-999-9999	MM/DD/CCYY	

TOTAL ELIGIBLES ASSIGNED: 003 (20)

VALID SCREEN TYPES ARE: M - MEDICAL, V - VISION, H - HEARING, D - DENTAL

***** CONFIDENTIAL INFORMATION *****

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY CODE	MMIS Locality Code based on Postal Code	DE5254	
2	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
3	PROVIDER IDENTIFICATION	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	(EPSDT PROVIDER NAME)	Provider Name	DE4085	

5	(PROVIDER ADDRESS)	Provider Attention Name	DE4096	
6	(PROVIDER CITY NAME)	Provider Address City Name	DE4130	
7	(PROVIDER STATE)	Provider Address State	DE4098	
8	(PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	
9	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
10	ENROLLEE NAME	Enrollee Full Name	DE3003	
11	CASEHEAD NAME	Case Name	DE3046	
12	ENROLLEE MAILING ADDRESS	Enrollee Street Address	DE3115	
13	ENROLLEE MAILING ADDRESS CITY	Enrollee City Name	DE3116	
14	ENROLLEE MAILING ADDRESS STATE	Enrollee State Code	DE3117	
15	ENROLLEE MAILING ADDRESS ZIP CODE	Enrollee ZIP Code	DE3118	
16	ENROLLEE TELEPHONE NUMBER	Enrollee Telephone Number	DE3095	
17	ASSIGNMENT DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
18	EPSDT SCREEN TYPES DUE	EPSDT Screen Type	DE8101	
19	EPSDT PAST DUE SCREENS	EPSDT Screen Type	DE8101	
20	TOTAL ELIGIBLES ASSIGNED	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-050 Screening Provider Beneficiary Report

General Information

This report provides a listing of screening providers and all of the enrollees who have been assigned to them. There are two versions of this report, one for Medical, Vision and Hearing screenings and one for Dental screenings. This report will also serve as a turnaround document for use by providers to indicate scheduling and appointment information. When this information is returned to DMAS, it is entered into the Appointment Tracking Segment of the EPSDT Master File by DMAS staff or DMAS contractor staff using the Screening and Referral Appointment Main Menu Screen, EP-S-020. DMAS will determine when this functionality will be implemented. Enrollees who are Fee-For-Service enrolled will be listed on the report, but because no Provider is identified, these report pages will be routed to JHS where they can be viewed by DMAS. They will not be routed elsewhere.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	N/A
Number of Copies:	001
Output Form:	OnDemand
Retention:	As Needed
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor and Screening Provider
Program:	SCREENING PROVIDER BENEFICIARY REPORT (EPM018)
Confidential:	Yes
Sequence:	Provider ID Number Enrollee Name
Control Breaks:	Provider ID Number

Screening Provider Beneficiary Report (EP-O-050)

EPMD18
 AS OF MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM
 MONTH: XXXXXXXX, CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 SCREENING PROVIDER BENEFICIARY REPORT
 BASED ON SCREENING CLAIMS PAID
 OR ASSIGNED PRIMARY CARE PROVIDER

REPORT
 PAGE

PROVIDER
 ID NO.
 1234567890

PROVIDER
 XXXXXXXXXXXXXXXXXXXXXXXX MD
 XXXXXXXXXXX
 XXXXXXX
 XX 99999

ENROLLEE ID	BENEFICIARY NAME	MAILING ADDRESS	SEX	D.O.B.	TELEPHONE NUMBER(S)	T Y P E	LAST DATE SCREENED	NEXT SCREENING PERIOD
99-99-9-999999-99	XXXXXXXX XXXXXXXX	999 XXXXXXXX XXXXXXXXXX XX 99999-9999	M	MM/DD/CCYY	999 999-9999	M V H	- - -	INITIAL SCREEN REQUIRED - INITIAL SCREEN REQUIRED - INITIAL SCREEN REQUIRED -
22-22-2-222222-22	XXXXXXXX XXXXXXXX	999 XXXXXXXX XXXXXXXXXX XX 99999-9999	F	MM/DD/CCYY	999 999-9999	M V H	MM/DD/CCYY (MM/DD/CCYY-MM/DD/CCYY) (MM/DD/CCYY-MM/DD/CCYY)	
33-33-3-333333-33	XXXXXXXX XXXXXXXX	999 XXXXXXXX XXXXXXXXXX XX 99999-9999	M	MM/DD/CCYY	999 999-9999	M V H	- - -	INITIAL SCREEN REQUIRED - (MM/DD/CCYY-MM/DD/CCYY) (MM/DD/CCYY-MM/DD/CCYY)

***** CONFIDENTIAL INFORMATION *****

Screening Provider Beneficiary Report (EP-O-050)

EPMD18
 AS OF MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM
 MONTH: XXXXXXXX, CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 SCREENING PROVIDER BENEFICIARY REPORT
 BASED ON SCREENING CLAIMS PAID
 OR ASSIGNED PRIMARY CARE PROVIDER

REPORT
 PAGE

PROVIDER
 ID NO.

PROVIDER
 NO ASSIGNED PRIMARY CARE PROVIDER

--- TOTAL NUMBER OF ENROLLEES FOR FEE-FOR-SERVICE: ZZZZZZZZ9

***** CONFIDENTIAL INFORMATION *****

Screening Provider Beneficiary Report (EP-O-050)

EPMO18
 AS OF MM/DDCCYY
 RUN DATE: MMODD1CCYY
 MONTH: XXXXXXXX, CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 DENTAL SCREENING PROVIDER BENEFICIARY REPORT
 BASED ON SCREENING CLAIMS PAID
 OR ASSIGNED PRIMARY CARE PROVIDER

22 --- TOTAL NUMBER OF PROVIDERS PRINTED: 2229

23 --- TOTAL NUMBER OF LETTERS SENT TO PROVIDERS: 2229

Screening Provider Beneficiary Report (EP-O-050)

EPMO18
 AS OF MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM
 MONTH: XXXXXXXX, CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 DENTAL SCREENING PROVIDER BENEFICIARY REPORT
 BASED ON SCREENING CLAIMS PAID
 OR ASSIGNED PRIMARY CARE PROVIDER

PROVIDER
 ID. NO.
 1234567890

PROVIDER
 XXXXXXXXXXXXXXXXXXXX DDS
 9999 XXXXXXXXXXXXXXXX
 XXXXXXXXXXXX
 XX 99999-9999

ENROLLEE ID LINKAGE BEGIN DATE	BENEFICIARY NAME	MAILING ADDRESS	SEX	D.O.B.	TELEPHONE NUMBER(S)	T Y P E	LAST DATE SCREENED	NEXT SCREENING PERIOD
99-99-9-999999-99	XXXXXXXX XXXXXXXX	9999 XXXXXXXX XXXXX XX 99999-9999	M	MM/DD/CCYY	999 999-9999	D	-	INITIAL SCREEN REQUIR
99-99-9-999999-99	XXXXXXXX XXXXXXXX	9999 XXXXXXXX XXXXX XX 99999-9999	M	MM/DD/CCYY	999 999-9999	D	-	INITIAL SCREEN REQUIR
99-99-9-999999-99	XXXXXXXX XXXXXXXX	9999 XXXXXXXX XXXXX XX 99999-9999	M	MM/DD/CCYY	999 999-9999	D	-	INITIAL SCREEN REQUIR

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Screening Provider Beneficiary Report (EP-O-050)

EPM018
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
MONTH: XXXXXXXX, CCYY

THIS PAGE IS USED TO SEPARATE PROVIDERS
VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SCREENING PROVIDER BENEFICIARY REPORT
BASED ON SCREENING CLAIMS PAID
OR ASSIGNED PRIMARY CARE PROVIDER

REP
PA

ID. NO.
1234567890

XXXXXXXXXXXXXXXXXXXXX DDS
9999 XXXXXXXXXXXXXXXXX
XXXXXXXX
XX 99999-9999

--- TOTAL NUMBER OF ENROLLEES FOR PROVIDER: ZZZZZZZZZZ9

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Screening Provider Beneficiary Report (EP-O-050)

EPM018
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY
MONTH: XXXXXXXX, CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DENTAL SCREENING PROVIDER BENEFICIARY REPORT
BASED ON SCREENING CLAIMS PAID
OR ASSIGNED PRIMARY CARE PROVIDER

RE
PA

22 --- TOTAL NUMBER OF PROVIDERS PRINTED: ZZZ9

23 --- TOTAL NUMBER OF LETTERS SENT TO PROVIDERS: ZZZ9

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID NO.	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	PROVIDER	Provider Name	DE4085	

	(NAME)			
3	PROVIDER (ADDRESS STREET)	Provider Attention Name	DE4096	
4	PROVIDER (ADDRESS CITY)	Provider Address Line	DE4097	
5	PROVIDER (STATE)	Provider Address State	DE4098	
6	PROVIDER (ZIP)	Provider Address ZIP Code	DE4099	
7	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
8	BENEFICIARY NAME	Enrollee Full Name	DE3003	
9	BENEFICIARY MAILING ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
10	BENEFICIARY MAILING ADDRESS (LINE 2)	Enrollee City Name	DE3116	
11	BENEFICIARY STATE	Enrollee State Code	DE3117	
12	BENEFICIARY ZIP	Enrollee ZIP Code	DE3118	
13	BENEFICIARY SEX	Enrollee Sex Code	DE3007	
14	D.O.B	Enrollee Birth Date	DE3005	
15	PHONE NUMBER	Enrollee Telephone Number	DE3095	
16	SCREENING TYPE	EPSDT Screen Type	DE8101	
17	LAST DATE SCREENED	EPSDT Date of Last Screen	DE8006	
18	NEXT SCREENING PERIOD	EPSDT Date of Next Screen	DE8007	
19	APPOINTMENT DATE	EPSDT Screening Appointment Date	DE8205	
20	APPOINTMENT TIME	EPSDT Screening Appointment Time	DE8209	
21	TOTAL NUMBER	Calculated	DE0002	The total number of enrollees who

	OF ENROLLEES FOR FEE-FOR-SERVICE			have been previously screened by or have been assigned to the provider being reported. This line is allowed when the Provider ID is zero.
22	TOTAL NUMBER OF PROVIDERS PRINTED	Calculated	DE0002	This is the total number of providers that are being reported.
23	TOTAL NUMBER OF LETTERS SENT TO PROVIDERS	Calculated	DE0002	This is the total number of letters that will be routed to the providers listed on the reports. If any Fee-For-Service enrollees are listed, and no provider indicated, those report pages can not and will not be routed to out-of-house, but will be made available for viewing on-line.

Output Reports EP-O-082 EPSDT - Quarterly YTD Referral/Treatment Follow-up Report

General Information

This report shows the number of clients referred for treatment as a result of an EPSDT screening. Also shown are the number of conditions referred, the number of treatments not initiated, and the number of referral follow-ups completed (treatments initiated).

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT QUARTERLY REPORTS (EPQ060)
Confidential:	No
Sequence:	City/County
Control Breaks:	City/County

EPSDT - Quarterly YTD Referral/Treatment Follow-up Report (EP-O-082)

Output Reports EP-O-083 Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report

General Information

This report provides basic information on participation in EPSDT. The information is used to assess the effectiveness of EPSDT in terms of the number of children who receive various medical services. Several versions of the report will be generated at various times during the Fiscal Year. The Annual Report (CMS) details EPSDT related activities from October 1 thru September 30 of the following year, for the entire EPSDT population. The Quarterly Reports generated for the Individual Managed Care Organizations will reflect counts of various services for eligible's who were enrolled in the perspective organizations. The (FFS) report reflects counts for Fee-For-Service only enrollees. The (PCP) report reflects counts for MEDALLION I enrollees and the services they received. The (MCE) report indicates services for the MEDALLION II enrollment population. (N/A) represents the total HMO enrollment population. The individual HMO's are labeled (TRIGON), (SENTARA), (CHARTER), (OPTIMUM) and (CARENET).

Subsystem:	EPSDT
Frequency:	Quarterly Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	PRODUCE HCFA-416, THE ANNUAL EPSDT PARTICIPATION REPORT. (EPA090) PRODUCE THE ANNUAL OR QUARTERLY MANAGED CARE HCFA-416 REPORTS. (EPA091)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
 FORM HCFA - 416
 REPORTING FROM 20001001 THRU 20010630

		C&T		AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN MN TOTAL	342,586 329 342,915	23,273 11 23,284	50,933 12 50,945	58,878 17 58,895	69,865 67 69,932	77,839 87 77,926	47,189 99 47,288	
02A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2		
02B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4		
02C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50		
03A	TOTAL MONTHS OF ELIGIBILITY	CN MN TOTAL	2,853,452 2,532 2,855,984	194,619 43 194,662	420,733 80 420,813	496,348 118 496,466	583,428 554 583,982	656,298 736 657,034	391,000 765 391,765	
03B	AVERAGE PERIOD OF ELIGIBILITY	CN MN TOTAL	0.69 0.64 0.69	0.70 0.33 0.70	0.69 0.56 0.69	0.70 0.58 0.70	0.70 0.69 0.70	0.70 0.70 0.70	0.69 0.64 0.69	
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN MN TOTAL		4.20 1.98 4.20	1.38 1.12 1.38	0.70 0.58 0.70	0.35 0.34 0.35	0.42 0.42 0.42	0.34 0.33 0.34	
05	EXPECTED NUMBER OF SCREENS	CN MN TOTAL	286,968 147 287,115	97,747 22 97,769	70,288 13 70,301	41,215 10 41,225	24,453 23 24,476	32,692 37 32,729	16,043 32 16,075	
06	TOTAL SCREENS RECEIVED	CN MN TOTAL	8,659 4 8,663	3,065 2 3,067	2,319 0 2,319	960 0 960	568 0 568	529 0 529	411 2 413	
07	SCREENING RATIO	CN MN TOTAL	0.03 0.03 0.03	0.03 0.09 0.03	0.03 0.00 0.03	0.02 0.00 0.02	0.02 0.00 0.02	0.02 0.00 0.02	0.03 0.00 0.03	

* INCLUDES 12 MONTH VISIT
 NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: CMS

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	(16)	23,273 11 23,284	50,933 12 50,945	41,215 10 41,225	24,453 23 24,476	32,692 37 32,729	16,043 32 16,075
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	(17)	7,791 3 7,794	2,512 1 2,513	2,244 0 2,244	911 0 911	555 0 555	523 0 523
10	PARTICIPANT RATIO	CN MN TOTAL	(18)	0.04 0.02 0.04	0.11 0.09 0.11	0.04 0.00 0.04	0.02 0.00 0.02	0.02 0.00 0.02	0.02 0.00 0.02
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	(19)	89 0 89	11 0 11	19 0 19	14 0 14	20 0 20	13 0 13
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	(20)	996 1 997	82 0 82	142 1 143	149 0 149	106 0 106	116 0 116
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	(21)	116 0 116	8 0 8	10 0 10	19 0 19	21 0 21	25 0 25
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	(22)	132 0 132	3 0 3	7 0 7	1 0 1	2 0 2	10 0 10
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	(23)	297,036 83 297,119	21,143 2 21,145	45,980 4 45,984	52,551 6 52,557	60,658 25 60,683	66,239 23 66,262
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	(24)	496 0 496	9 0 9	285 0 285	105 0 105	44 0 44	15 0 15

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: FFS

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
O1	TOTAL INDIVIDUALS	CN	342,586	23,273	50,933	58,878	69,865	77,839	47,185
	ELIGIBLE FOR EPSDT	MN	329	11	12	17	67	87	99
		TOTAL	342,915	23,284	50,945	58,895	69,932	77,926	47,284
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50	
O3A	TOTAL MONTHS	CN	2,853,452	194,619	420,733	496,348	583,428	656,298	391,001
	OF ELIGIBILITY	MN	2,532	43	80	118	554	736	765
		TOTAL	2,855,984	194,662	420,813	496,466	583,982	657,034	391,766
O3B	AVERAGE PERIOD	CN	0.69	0.70	0.69	0.70	0.70	0.70	0.69
	OF ELIGIBILITY	MN	0.64	0.33	0.56	0.58	0.69	0.70	0.64
		TOTAL	0.69	0.70	0.69	0.70	0.70	0.70	0.69
O4	EXPECTED NUMBER OF	CN		4.20	1.38	0.70	0.35	0.42	0.34
	SCREENINGS PER	MN		1.98	1.12	0.58	0.34	0.42	0.32
	ELIGIBLE	TOTAL		4.20	1.38	0.70	0.35	0.42	0.34
O5	EXPECTED NUMBER OF	CN	286,968	97,747	70,288	41,215	24,453	32,692	16,043
	SCREENS	MN	147	22	13	10	23	37	32
		TOTAL	287,115	97,769	70,301	41,225	24,476	32,729	16,075
O6	TOTAL SCREENS RECEIVED	CN	6,030	2,832	1,820	505	323	344	188
		MN	4	2	0	0	0	0	2
		TOTAL	6,034	2,834	1,820	505	323	344	190
O7	SCREENING RATIO	CN	0.02	0.03	0.03	0.01	0.01	0.01	0.01
		MN	0.03	0.09	0.00	0.00	0.00	0.00	0.06
		TOTAL	0.02	0.03	0.03	0.01	0.01	0.01	0.01

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		FFS		AGE GROUPS					
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	23,273	50,933	41,215	24,453	32,692	16,043	
		MN	11	12	10	23	37	32	
		TOTAL	23,284	50,945	41,225	24,476	32,729	16,075	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	5,454	2,304	1,784	500	344	182	
		MN	3	1	0	0	0	2	
		TOTAL	5,457	2,305	1,784	500	344	184	
10	PARTICIPANT RATIO	CN	0.03	0.10	0.04	0.01	0.01	0.01	0.01
		MN	0.02	0.09	0.00	0.00	0.00	0.00	0.06
		TOTAL	0.03	0.10	0.04	0.01	0.01	0.01	0.01
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	65	10	15	8	16	11	5
		MN	0	0	0	0	0	0	0
		TOTAL	65	10	15	8	16	11	5
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	740	41	96	116	86	179	
		MN	1	0	1	0	0	0	
		TOTAL	741	41	97	116	86	179	
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	90	6	6	17	21	17	
		MN	0	0	0	0	0	0	
		TOTAL	90	6	6	17	21	17	
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	103	0	0	0	8	75	
		MN	0	0	0	0	0	0	
		TOTAL	103	0	0	0	8	75	
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	297,036	21,143	45,980	52,551	66,239	38,565	
		MN	83	2	4	6	25	20	
		TOTAL	297,119	21,145	45,984	52,557	66,262	38,585	
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	355	1	254	70	6	3	
		MN	0	0	0	0	0	0	
		TOTAL	355	1	254	70	6	3	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001							
REPORTING FOR:		FFS		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18			
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	342,586	23,273	50,933	58,878	69,865	77,839	47,188		
		MN	329	11	12	17	67	87	98		
		TOTAL	342,915	23,284	50,945	58,895	69,932	77,926	47,286		
02A	STATE PERIODICITY SCHEDULE			6	4	3	2	3			
02B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5			
02C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50		
03A	TOTAL MONTHS OF ELIGIBILITY	CN	2,853,452	194,619	420,733	496,348	583,428	656,298	391,000		
		MN	2,532	43	80	118	554	736	76		
		TOTAL	2,855,984	194,662	420,813	496,466	583,982	657,034	391,766		
03B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.69	0.70	0.69	0.70	0.70	0.70	0.69		
		MN	0.64	0.33	0.56	0.58	0.69	0.70	0.69		
		TOTAL	0.69	0.70	0.69	0.70	0.70	0.70	0.69		
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.20	1.38	0.70	0.35	0.42	0.35		
		MN		1.98	1.12	0.58	0.34	0.42	0.35		
		TOTAL		4.20	1.38	0.70	0.35	0.42	0.35		
05	EXPECTED NUMBER OF SCREENS	CN	286,968	97,747	70,288	41,215	24,453	32,692	16,040		
		MN	147	22	13	10	23	37	3		
		TOTAL	287,115	97,769	70,301	41,225	24,476	32,729	16,073		
06	TOTAL SCREENS RECEIVED	CN	6,030	2,832	1,820	505	323	344	188		
		MN	4	2	0	0	0	0	0		
		TOTAL	6,034	2,834	1,820	505	323	344	192		
07	SCREENING RATIO	CN	0.02	0.03	0.03	0.01	0.01	0.01	0.01		
		MN	0.03	0.09	0.00	0.00	0.00	0.00	0.00		
		TOTAL	0.02	0.03	0.03	0.01	0.01	0.01	0.01		

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: FFS

RUN DATE: 07/01/2001

	CAT	AGE GROUPS							
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	23,273	50,933	41,215	24,453	32,692	16,043	
		MN	11	12	10	23	37	32	
		TOTAL	23,284	50,945	41,225	24,476	32,729	16,075	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	5,454	2,304	1,784	500	322	344	182
		MN	3	1	0	0	0	2	
		TOTAL	5,457	2,305	1,784	500	322	344	184
10	PARTICIPANT RATIO	CN	0.03	0.10	0.04	0.01	0.01	0.01	0.01
		MN	0.02	0.09	0.00	0.00	0.00	0.00	0.06
		TOTAL	0.03	0.10	0.04	0.01	0.01	0.01	0.01
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	65	10	15	8	16	11	5
		MN	0	0	0	0	0	0	
		TOTAL	65	10	15	8	16	11	5
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	740	41	96	116	81	86	179
		MN	1	0	1	0	0	0	0
		TOTAL	741	41	97	116	81	86	179
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	90	6	6	17	16	21	17
		MN	0	0	0	0	0	0	0
		TOTAL	90	6	6	17	16	21	17
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	103	0	0	0	0	8	75
		MN	0	0	0	0	0	0	0
		TOTAL	103	0	0	0	0	8	75
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	297,036	21,143	45,980	52,551	60,658	66,239	38,565
		MN	83	2	4	6	25	23	20
		TOTAL	297,119	21,145	45,984	52,557	60,683	66,262	38,585
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	355	1	254	70	21	6	3
		MN	0	0	0	0	0	0	0
		TOTAL	355	1	254	70	21	6	3

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: PCP

RUN DATE: 07/01/2001

	CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
01 TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	138,704	11,039	23,516	24,878	27,404	29,124	17,333
	MN	8	1	1	0	0	3	
	TOTAL	138,712	11,040	23,517	24,878	27,404	29,127	17,333
02A STATE PERIODICITY SCHEDULE			6	4	3	2	3	
02B NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	
02C ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
03A TOTAL MONTHS OF ELIGIBILITY	CN	1,185,074	96,489	198,723	213,867	234,382	250,373	147,742
	MN	69	9	9	0	0	27	2
	TOTAL	1,185,143	96,498	198,732	213,867	234,382	250,400	147,766
03B AVERAGE PERIOD OF ELIGIBILITY	CN	0.71	0.73	0.70	0.72	0.71	0.72	0.71
	MN	0.72	0.75	0.75	0.00	0.00	0.75	0.60
	TOTAL	0.71	0.73	0.70	0.72	0.71	0.72	0.71
04 EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.40	0.72	0.35	0.43	0.33
	MN		4.50	1.50	0.00	0.00	0.45	0.33
	TOTAL		4.38	1.40	0.72	0.35	0.43	0.33
05 EXPECTED NUMBER OF SCREENS	CN	129,151	48,351	32,922	17,912	9,591	12,523	6,066
	MN	9	5	2	0	0	1	
	TOTAL	129,160	48,356	32,924	17,912	9,591	12,524	6,066
06 TOTAL SCREENS RECEIVED	CN	4,456	2,094	1,551	364	171	183	8
	MN	0	0	0	0	0	0	
	TOTAL	4,456	2,094	1,551	364	171	183	8
07 SCREENING RATIO	CN	0.03	0.04	0.05	0.02	0.02	0.01	0.00
	MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TOTAL	0.03	0.04	0.05	0.02	0.02	0.01	0.00

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: PCP

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	11,039 1 11,040	23,516 1 23,517	17,912 0 17,912	9,591 0 9,591	12,523 1 12,524	6,066 1 6,067	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	4,053 0 4,053	1,727 0 1,727	1,523 0 1,523	359 0 359	170 0 170	183 0 183	79 0 79
10	PARTICIPANT RATIO	CN MN TOTAL	0.05 0.00 0.05	0.16 0.00 0.16	0.06 0.00 0.06	0.02 0.00 0.02	0.02 0.00 0.02	0.01 0.00 0.01	0.01 0.00 0.01
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	44 0 44	7 0 7	12 0 12	5 0 5	11 0 11	9 0 9	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	504 0 504	27 0 27	75 0 75	84 0 84	61 0 61	53 0 53	104 0 104
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	63 0 63	1 0 1	4 0 4	13 0 13	11 0 11	20 0 20	10 0 10
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	73 0 73	0 0 0	0 0 0	0 0 0	0 0 0	5 0 5	53 0 53
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	138,704 8 138,712	11,039 1 11,040	23,516 1 23,517	24,878 0 24,878	27,404 0 27,404	29,124 3 29,127	17,330 3 17,333
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	284 0 284	1 0 1	225 0 225	48 0 48	6 0 6	4 0 4	0 0 0

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: PCP

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
O1	TOTAL INDIVIDUALS	CN	138,704	11,039	23,516	24,878	27,404	29,124	17,330
	ELIGIBLE FOR EPSDT	MN	8	1	1	0	0	3	3
		TOTAL	138,712	11,040	23,517	24,878	27,404	29,127	17,333
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50	
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	1,185,074	96,489	198,723	213,867	234,382	250,373	147,744
		MN	69	9	9	0	0	27	24
		TOTAL	1,185,143	96,498	198,732	213,867	234,382	250,400	147,768
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.71	0.73	0.70	0.72	0.71	0.72	0.71
		MN	0.72	0.75	0.75	0.00	0.00	0.75	0.67
		TOTAL	0.71	0.73	0.70	0.72	0.71	0.72	0.71
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.40	0.72	0.35	0.43	0.35
		MN		4.50	1.50	0.00	0.00	0.45	0.33
		TOTAL		4.38	1.40	0.72	0.35	0.43	0.35
O5	EXPECTED NUMBER OF SCREENS	CN	129,151	48,351	32,922	17,912	9,591	12,523	6,066
		MN	9	5	2	0	0	1	1
		TOTAL	129,160	48,356	32,924	17,912	9,591	12,524	6,067
O6	TOTAL SCREENS RECEIVED	CN	4,456	2,094	1,551	364	171	183	81
		MN	0	0	0	0	0	0	0
		TOTAL	4,456	2,094	1,551	364	171	183	81
O7	SCREENING RATIO	CN	0.03	0.04	0.05	0.02	0.02	0.01	0.01
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.03	0.04	0.05	0.02	0.02	0.01	0.01

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		PCP							
		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	11,039	23,516	17,912	9,591	12,523	6,066	
		MN	1	1	0	0	1	1	
		TOTAL	11,040	23,517	17,912	9,591	12,524	6,067	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	4,053	1,727	1,523	359	170	183	79
		MN	0	0	0	0	0	0	0
		TOTAL	4,053	1,727	1,523	359	170	183	79
10	PARTICIPANT RATIO	CN	0.05	0.16	0.06	0.02	0.02	0.01	0.01
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.05	0.16	0.06	0.02	0.02	0.01	0.01
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	44	7	12	5	11	9	0
		MN	0	0	0	0	0	0	0
		TOTAL	44	7	12	5	11	9	0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	504	27	75	84	61	53	104
		MN	0	0	0	0	0	0	0
		TOTAL	504	27	75	84	61	53	104
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	63	1	4	13	11	20	10
		MN	0	0	0	0	0	0	0
		TOTAL	63	1	4	13	11	20	10
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	73	0	0	0	0	5	53
		MN	0	0	0	0	0	0	0
		TOTAL	73	0	0	0	0	5	53
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	138,704	11,039	23,516	24,878	27,404	29,124	17,330
		MN	8	1	1	0	0	3	3
		TOTAL	138,712	11,040	23,517	24,878	27,404	29,127	17,333
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	284	1	225	48	6	4	0
		MN	0	0	0	0	0	0	0
		TOTAL	284	1	225	48	6	4	0

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001							
REPORTING FOR:		MCE		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18			
O1	TOTAL INDIVIDUALS	CN	158,962	10,145	22,593	27,810	33,387	37,238	21,290		
	ELIGIBLE FOR EPSDT	MN	76	1	3	6	25	20	19		
	TOTAL		159,038	10,146	22,596	27,816	33,412	37,258	21,309		
O2A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2		
O2B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4		
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50		
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	1,365,593	88,899	193,749	240,559	286,550	321,371	181,910		
		MN	680	9	27	54	224	180	168		
	TOTAL		1,366,273	88,908	193,776	240,613	286,774	321,551	182,078		
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.72	0.72	0.73		
		MN	0.75	0.75	0.75	0.75	0.75	0.75	0.74		
	TOTAL		0.72	0.73	0.71	0.72	0.72	0.72	0.73		
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.42	0.72	0.36	0.43	0.33		
		MN		4.50	1.50	0.75	0.37	0.45	0.37		
	TOTAL			4.38	1.42	0.72	0.36	0.43	0.33		
O5	EXPECTED NUMBER OF SCREENS	CN	134,168	44,435	32,082	20,023	12,019	16,012	7,452		
		MN	41	5	5	5	9	9	7		
	TOTAL		134,209	44,440	32,087	20,028	12,028	16,021	7,459		
O6	TOTAL SCREENS RECEIVED	CN	997	615	135	69	83	74	17		
		MN	2	2	0	0	0	0	0		
	TOTAL		999	617	135	69	83	74	17		
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00		
		MN	0.05	0.40	0.00	0.00	0.00	0.00	0.00		
	TOTAL		0.01	0.01	0.00	0.00	0.01	0.00	0.00		

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		MCE		AGE GROUPS						
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-19	
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	10,145	22,593	20,023	12,019	16,012	7,400		
		MN	1	3	5	9	9			
		TOTAL	10,146	22,596	20,028	12,028	16,021	7,400		
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	860	480	134	69	82	74		
		MN	1	1	0	0	0	0		
		TOTAL	861	481	134	69	82	74		
10	PARTICIPANT RATIO	CN	0.01	0.05	0.01	0.00	0.01	0.00	0.00	
		MN	0.03	1.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.05	0.01	0.00	0.01	0.00	0.00	
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	9	1	1	2	3	0		
		MN	0	0	0	0	0	0		
		TOTAL	9	1	1	2	3	0		
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	83	8	9	13	7	8		
		MN	0	0	0	0	0	0		
		TOTAL	83	8	9	13	7	8		
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	8	4	0	0	3	0		
		MN	0	0	0	0	0	0		
		TOTAL	8	4	0	0	3	0		
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	5	0	0	0	0	1		
		MN	0	0	0	0	0	0		
		TOTAL	5	0	0	0	0	1		
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	158,962	10,145	22,593	27,810	33,387	37,238	21,200	
		MN	76	1	3	6	25	20		
		TOTAL	159,038	10,146	22,596	27,816	33,412	37,258	21,200	
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	42	0	20	15	5	1		
		MN	0	0	0	0	0	0		
		TOTAL	42	0	20	15	5	1		

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: MCE

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
O1	TOTAL INDIVIDUALS	CN	158,962	10,145	22,593	27,810	33,387	37,238	21,290
	ELIGIBLE FOR EPSDT	MN	76	1	3	6	25	20	19
	TOTAL		159,038	10,146	22,596	27,816	33,412	37,258	21,309
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50	
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	1,365,593	88,899	193,749	240,559	286,550	321,371	181,910
		MN	680	9	27	54	224	180	168
	TOTAL		1,366,273	88,908	193,776	240,613	286,774	321,551	182,078
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.72	0.72	0.71
		MN	0.75	0.75	0.75	0.75	0.75	0.75	0.74
	TOTAL		0.72	0.73	0.71	0.72	0.72	0.72	0.71
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	4.38	4.38	1.42	0.72	0.36	0.43	0.35
		MN	4.50	4.50	1.50	0.75	0.37	0.45	0.37
	TOTAL		4.38	4.38	1.42	0.72	0.36	0.43	0.35
O5	EXPECTED NUMBER OF SCREENS	CN	134,168	44,435	32,082	20,023	12,019	16,012	7,452
		MN	41	5	5	5	9	9	7
	TOTAL		134,209	44,440	32,087	20,028	12,028	16,021	7,459
O6	TOTAL SCREENS RECEIVED	CN	997	615	135	69	83	74	17
		MN	2	2	0	0	0	0	0
	TOTAL		999	617	135	69	83	74	17
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00
		MN	0.05	0.40	0.00	0.00	0.00	0.00	0.00
	TOTAL		0.01	0.01	0.00	0.00	0.01	0.00	0.00

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: MCE

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	10,145 1 10,146	22,593 3 22,596	20,023 5 20,028	12,019 9 12,028	16,012 9 16,021	7,452 7 7,459	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	860 1 861	480 1 481	134 0 134	69 0 69	82 0 82	74 0 74	17 0 17
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.03 0.01	0.05 1.00 0.05	0.01 0.00 0.01	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	9 0 9	1 0 1	1 0 1	2 0 2	3 0 3	0 0 0	2 0 2
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	83 0 83	8 0 8	9 0 9	13 0 13	7 0 7	8 0 8	19 0 19
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	8 0 8	4 0 4	0 0 0	0 0 0	3 0 3	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	0 0 0	0 0 0	1 0 1	3 0 3
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	158,962 76 159,038	10,145 1 10,146	22,593 3 22,596	27,810 6 27,816	33,387 25 33,412	37,238 20 37,258	21,290 19 21,309
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	42 0 42	0 0 0	20 0 20	15 0 15	5 0 5	1 0 1	1 0 1

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		N/A								
		CAT	AGE GROUPS							
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN MN TOTAL	158,962 76 159,038	10,145 1 10,146	22,593 3 22,596	27,810 6 27,816	33,387 25 33,412	37,238 20 37,258	21,290 19 21,309	
02A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2		
02B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4		
02C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50		
03A	TOTAL MONTHS OF ELIGIBILITY	CN MN TOTAL	1,365,593 680 1,366,273	88,899 9 88,908	193,749 27 193,776	240,559 54 240,613	286,550 224 286,774	321,371 180 321,551	181,910 168 182,078	
03B	AVERAGE PERIOD OF ELIGIBILITY	CN MN TOTAL	0.72 0.75 0.72	0.73 0.75 0.73	0.71 0.75 0.71	0.72 0.75 0.72	0.72 0.75 0.72	0.72 0.75 0.72	0.71 0.74 0.71	
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN MN TOTAL	4.38 4.50 4.38	1.42 1.50 1.42	0.72 0.75 0.72	0.36 0.37 0.36	0.43 0.45 0.43	0.35 0.37 0.35		
05	EXPECTED NUMBER OF SCREENS	CN MN TOTAL	134,168 41 134,209	44,435 5 44,440	32,082 5 32,087	20,023 5 20,028	12,019 9 12,028	16,012 9 16,021	7,452 7 7,459	
06	TOTAL SCREENS RECEIVED	CN MN TOTAL	997 2 999	615 2 617	135 0 135	69 0 69	83 0 83	74 0 74	17 0 17	
07	SCREENING RATIO	CN MN TOTAL	0.01 0.05 0.01	0.01 0.40 0.01	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		N/A								
		CAT	AGE GROUPS							
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
08	TOTAL ELIGIBLES WHO SHOULD	CN		10,145	22,593	20,023	12,019	16,012	7,452	
	RECEIVE AT LEAST ONE	MN		1	3	5	9	9	7	
	INITIAL OR PERIODIC SCREEN	TOTAL		10,146	22,596	20,028	12,028	16,021	7,459	
09	TOTAL ELIGIBLES RECEIVING AT	CN	860	480	134	69	82	74	17	
	LEAST ONE INITIAL OR PERIODIC	MN	1	1	0	0	0	0	0	
	SCREEN	TOTAL	861	481	134	69	82	74	17	
10	PARTICIPANT RATIO	CN	0.01	0.05	0.01	0.00	0.01	0.00	0.00	
		MN	0.03	1.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.05	0.01	0.00	0.01	0.00	0.00	
11	TOTAL ELIGIBLES REFERRED FOR	CN	9	1	1	2	3	0	2	
	CORRECTIVE TREATMENT	MN	0	0	0	0	0	0	0	
		TOTAL	9	1	1	2	3	0	2	
12A	TOTAL ELIGIBLES RECEIVING	CN	83	8	9	13	7	8	19	
	ANY DENTAL SERVICES	MN	0	0	0	0	0	0	0	
		TOTAL	83	8	9	13	7	8	19	
12B	TOTAL ELIGIBLES RECEIVING	CN	8	4	0	0	3	0	0	
	PREVENTIVE DENTAL SERVICES	MN	0	0	0	0	0	0	0	
		TOTAL	8	4	0	0	3	0	0	
12C	TOTAL ELIGIBLES RECEIVING	CN	5	0	0	0	0	1	3	
	DENTAL TREATMENT SERVICES	MN	0	0	0	0	0	0	0	
		TOTAL	5	0	0	0	0	1	3	
13	TOTAL ELIGIBLES ENROLLED IN	CN	158,962	10,145	22,593	27,810	33,387	37,238	21,290	
	MANAGED CARE	MN	76	1	3	6	25	20	19	
		TOTAL	159,038	10,146	22,596	27,816	33,412	37,258	21,309	
14	TOTAL NUMBER OF SCREENING	CN	42	0	20	15	5	1	1	
	BLOOD LEAD TESTS	MN	0	0	0	0	0	0	0	
		TOTAL	42	0	20	15	5	1	1	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		N/A		CAT	AGE GROUPS					
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
01	TOTAL INDIVIDUALS	CN	158,962	10,145	22,593	27,810	33,387	37,238	21,290	
	ELIGIBLE FOR EPSDT	MN	76	1	3	6	25	20	19	
	TOTAL		159,038	10,146	22,596	27,816	33,412	37,258	21,309	
02A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2		
02B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4		
02C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50		
03A	TOTAL MONTHS	CN	1,365,593	88,899	193,749	240,559	286,550	321,371	181,910	
	OF ELIGIBILITY	MN	680	9	27	54	224	180	168	
	TOTAL		1,366,273	88,908	193,776	240,613	286,774	321,551	182,078	
03B	AVERAGE PERIOD	CN	0.72	0.73	0.71	0.72	0.72	0.72	0.71	
	OF ELIGIBILITY	MN	0.75	0.75	0.75	0.75	0.75	0.75	0.74	
	TOTAL		0.72	0.73	0.71	0.72	0.72	0.72	0.71	
04	EXPECTED NUMBER OF	CN		4.38	1.42	0.72	0.36	0.43	0.35	
	SCREENINGS PER	MN		4.50	1.50	0.75	0.37	0.45	0.37	
	ELIGIBLE	TOTAL		4.38	1.42	0.72	0.36	0.43	0.35	
05	EXPECTED NUMBER OF	CN	134,168	44,435	32,082	20,023	12,019	16,012	7,452	
	SCREENS	MN	41	5	5	5	9	9	7	
	TOTAL		134,209	44,440	32,087	20,028	12,028	16,021	7,459	
06	TOTAL SCREENS RECEIVED	CN	997	615	135	69	83	74	17	
		MN	2	2	0	0	0	0	0	
	TOTAL		999	617	135	69	83	74	17	
07	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00	
		MN	0.05	0.40	0.00	0.00	0.00	0.00	0.00	
	TOTAL		0.01	0.01	0.00	0.00	0.01	0.00	0.00	

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: N/A

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	10,145 1 10,146	22,593 3 22,596	20,023 5 20,028	12,019 9 12,028	16,012 9 16,021	7,452 7 7,459	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	860 1 861	480 1 481	134 0 134	69 0 69	82 0 82	74 0 74	17 0 17
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.03 0.01	0.05 1.00 0.05	0.01 0.00 0.01	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	9 0 9	1 0 1	1 0 1	2 0 2	3 0 3	0 0 0	2 0 2
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	83 0 83	8 0 8	9 0 9	13 0 13	7 0 7	8 0 8	19 0 19
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	8 0 8	4 0 4	0 0 0	0 0 0	3 0 3	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	0 0 0	0 0 0	1 0 1	3 0 3
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	158,962 76 159,038	10,145 1 10,146	22,593 3 22,596	27,810 6 27,816	33,387 25 33,412	37,238 20 37,258	21,290 19 21,309
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	42 0 42	0 0 0	20 0 20	15 0 15	5 0 5	1 0 1	1 0 1

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		SENTARA		AGE GROUPS					
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	64,933	3,757	8,778	11,274	14,212	15,608	8,715
		MN	44	0	1	4	14	15	9
		TOTAL	64,977	3,757	8,779	11,278	14,226	15,623	8,724
02A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2
02B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4
02C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
03A	TOTAL MONTHS OF ELIGIBILITY	CN	557,397	32,865	75,185	97,647	121,929	134,632	74,345
		MN	396	0	9	36	126	135	81
		TOTAL	557,793	32,865	75,194	97,683	122,055	134,767	74,426
03B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.71	0.72	0.71
		MN	0.75	0.00	0.75	0.75	0.75	0.75	0.75
		TOTAL	0.72	0.73	0.71	0.72	0.71	0.72	0.71
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	4.38	4.38	1.42	0.72	0.35	0.43	0.35
		MN	0.00	0.00	1.50	0.75	0.37	0.45	0.37
		TOTAL	4.38	4.38	1.42	0.72	0.35	0.43	0.35
05	EXPECTED NUMBER OF SCREENS	CN	52,627	16,456	12,465	8,117	4,974	6,711	3,050
		MN	20	0	2	3	5	7	3
		TOTAL	52,647	16,456	12,467	8,120	4,979	6,718	3,053
06	TOTAL SCREENS RECEIVED	CN	397	229	56	24	44	33	8
		MN	0	0	0	0	0	0	0
		TOTAL	397	229	56	24	44	33	8
07	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.01	0.00	0.00	0.01	0.00	0.00

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: SENTARA

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	3,757 0 3,757	3,757 0 3,757	8,778 1 8,779	8,117 3 8,120	4,974 5 4,979	6,711 7 6,718	3,050 3 3,053
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	346 0 346	180 0 180	55 0 55	24 0 24	43 0 43	33 0 33	8 0 8
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.05 0.00 0.05	0.01 0.00 0.01	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	4 0 4	0 0 0	0 0 0	0 0 0	3 0 3	0 0 0	1 0 1
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	33 0 33	5 0 5	3 0 3	4 0 4	3 0 3	3 0 3	9 0 9
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	4 0 4	2 0 2	0 0 0	0 0 0	2 0 2	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	2 0 2	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	2 0 2
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	64,933 44 64,977	3,757 0 3,757	8,778 1 8,779	11,274 4 11,278	14,212 14 14,226	15,608 15 15,623	8,715 9 8,724
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	14 0 14	0 0 0	9 0 9	3 0 3	2 0 2	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		SENTARA								
		CAT	AGE GROUPS							
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
O1	TOTAL INDIVIDUALS	CN	64,933	3,757	8,778	11,274	14,212	15,608	8,715	
	ELIGIBLE FOR EPSDT	MN	44	0	1	4	14	15	9	
		TOTAL	64,977	3,757	8,779	11,278	14,226	15,623	8,724	
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2		
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4		
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50		
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	557,397	32,865	75,185	97,647	121,929	134,632	74,345	
		MN	396	0	9	36	126	135	81	
		TOTAL	557,793	32,865	75,194	97,683	122,055	134,767	74,426	
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
		MN	0.75	0.00	0.75	0.75	0.75	0.75	0.75	
		TOTAL	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	4.38	1.42	0.72	0.35	0.43	0.35		
		MN	0.00	1.50	0.75	0.37	0.45	0.37		
		TOTAL	4.38	1.42	0.72	0.35	0.43	0.35		
O5	EXPECTED NUMBER OF SCREENS	CN	52,627	16,456	12,465	8,117	4,974	6,711	3,050	
		MN	20	0	2	3	5	7	3	
		TOTAL	52,647	16,456	12,467	8,120	4,979	6,718	3,053	
O6	TOTAL SCREENS RECEIVED	CN	397	229	56	24	44	33	8	
		MN	0	0	0	0	0	0	0	
		TOTAL	397	229	56	24	44	33	8	
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00	
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.01	0.00	0.00	0.01	0.00	0.00	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: SENTARA

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL		3,757 0 3,757	8,778 1 8,779	8,117 3 8,120	4,974 5 4,979	6,711 7 6,718	3,050 3 3,053
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	346 0 346	180 0 180	55 0 55	24 0 24	43 0 43	33 0 33	8 0 8
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.05 0.00 0.05	0.01 0.00 0.01	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	4 0 4	0 0 0	0 0 0	0 0 0	3 0 3	0 0 0	1 0 1
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	33 0 33	5 0 5	3 0 3	4 0 4	3 0 3	3 0 3	9 0 9
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	4 0 4	2 0 2	0 0 0	0 0 0	2 0 2	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	2 0 2	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	2 0 2
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	64,933 44 64,977	3,757 0 3,757	8,778 1 8,779	11,274 4 11,278	14,212 14 14,226	15,608 15 15,623	8,715 9 8,724
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	14 0 14	0 0 0	9 0 9	3 0 3	2 0 2	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		TRIGON								
		C&T	AGE GROUPS							
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	54,376	3,036	7,653	9,702	11,384	12,943	7,560	
		MN	18	0	0	0	6	5	6	
		TOTAL	54,394	3,036	7,653	9,702	11,390	12,948	7,566	
02A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2	
02B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4	
02C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50	
03A	TOTAL MONTHS OF ELIGIBILITY	CN	467,028	26,757	65,506	83,902	97,538	111,663	64,762	
		MN	159	0	0	0	53	45	52	
		TOTAL	467,187	26,757	65,506	83,902	97,591	111,708	64,814	
03B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
		MN	0.74	0.00	0.00	0.00	0.74	0.75	0.72	
		TOTAL	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.42	0.72	0.35	0.43	0.35	
		MN		0.00	0.00	0.00	0.37	0.45	0.36	
		TOTAL		4.38	1.42	0.72	0.35	0.43	0.35	
05	EXPECTED NUMBER OF SCREENS	CN	44,037	13,298	10,867	6,985	3,984	5,565	2,646	
		MN	6	0	0	0	2	2	2	
		TOTAL	44,043	13,298	10,867	6,985	3,986	5,567	2,648	
06	TOTAL SCREENS RECEIVED	CN	333	203	50	32	25	17	5	
		MN	0	0	0	0	0	0	0	
		TOTAL	333	203	50	32	25	17	5	
07	SCREENING RATIO	CN	0.01	0.02	0.00	0.00	0.01	0.00	0.00	
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.02	0.00	0.00	0.01	0.00	0.00	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: TRIGON

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	3,036	7,653	6,985	3,984	5,565	2,648	
		MN	0	0	0	2	2	2	
		TOTAL	3,036	7,653	6,985	3,986	5,567	2,648	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	289	159	50	32	25	17	
		MN	0	0	0	0	0	0	
		TOTAL	289	159	50	32	25	17	
10	PARTICIPANT RATIO	CN	0.01	0.05	0.01	0.00	0.01	0.00	
		MN	0.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.05	0.01	0.00	0.01	0.00	
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	3	0	0	2	0	0	
		MN	0	0	0	0	0	0	
		TOTAL	3	0	0	2	0	0	
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	29	2	5	3	2	3	
		MN	0	0	0	0	0	0	
		TOTAL	29	2	5	3	2	3	
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	2	1	0	0	0	0	
		MN	0	0	0	0	0	0	
		TOTAL	2	1	0	0	0	0	
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	1	0	0	0	0	1	
		MN	0	0	0	0	0	0	
		TOTAL	1	0	0	0	0	1	
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	54,376	3,036	7,653	9,702	11,384	12,943	
		MN	18	0	0	0	6	5	
		TOTAL	54,394	3,036	7,653	9,702	11,390	12,948	
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	20	0	6	9	3	1	
		MN	0	0	0	0	0	0	
		TOTAL	20	0	6	9	3	1	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		TRIGON								
		CAT	AGE GROUPS							
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18		
O1	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	54,376	3,036	7,653	9,702	11,384	12,943	7,560	
		MN	18	0	0	0	6	5	6	
		TOTAL	54,394	3,036	7,653	9,702	11,390	12,948	7,566	
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2		
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4		
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50		
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	467,028	26,757	65,506	83,902	97,538	111,663	64,762	
		MN	159	0	0	0	53	45	52	
		TOTAL	467,187	26,757	65,506	83,902	97,591	111,708	64,814	
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
		MN	0.74	0.00	0.00	0.00	0.74	0.75	0.72	
		TOTAL	0.72	0.73	0.71	0.72	0.71	0.72	0.71	
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.42	0.72	0.35	0.43	0.35	
		MN		0.00	0.00	0.00	0.37	0.45	0.36	
		TOTAL		4.38	1.42	0.72	0.35	0.43	0.35	
O5	EXPECTED NUMBER OF SCREENS	CN	44,037	13,298	10,867	6,985	3,984	5,565	2,646	
		MN	6	0	0	0	2	2	2	
		TOTAL	44,043	13,298	10,867	6,985	3,986	5,567	2,648	
O6	TOTAL SCREENS RECEIVED	CN	333	203	50	32	25	17	5	
		MN	0	0	0	0	0	0	0	
		TOTAL	333	203	50	32	25	17	5	
O7	SCREENING RATIO	CN	0.01	0.02	0.00	0.00	0.01	0.00	0.00	
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
		TOTAL	0.01	0.02	0.00	0.00	0.01	0.00	0.00	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: TRIGON

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN		3,036	7,653	6,985	3,984	5,565	2,646
		MN		0	0	0	2	2	2
		TOTAL		3,036	7,653	6,985	3,986	5,567	2,648
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN	289	159	50	32	25	17	5
		MN	0	0	0	0	0	0	0
		TOTAL	289	159	50	32	25	17	5
10	PARTICIPANT RATIO	CN	0.01	0.05	0.01	0.00	0.01	0.00	0.00
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.05	0.01	0.00	0.01	0.00	0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN	3	0	0	2	0	0	1
		MN	0	0	0	0	0	0	0
		TOTAL	3	0	0	2	0	0	1
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN	29	2	5	3	2	3	4
		MN	0	0	0	0	0	0	0
		TOTAL	29	2	5	3	2	3	4
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN	2	1	0	0	0	0	0
		MN	0	0	0	0	0	0	0
		TOTAL	2	1	0	0	0	0	0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN	1	0	0	0	0	1	0
		MN	0	0	0	0	0	0	0
		TOTAL	1	0	0	0	0	1	0
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN	54,376	3,036	7,653	9,702	11,384	12,943	7,560
		MN	18	0	0	0	6	5	6
		TOTAL	54,394	3,036	7,653	9,702	11,390	12,948	7,566
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN	20	0	6	9	3	1	1
		MN	0	0	0	0	0	0	0
		TOTAL	20	0	6	9	3	1	1

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		CHARTER							
		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	28,347	2,372	4,401	4,990	5,580	6,146	3,567
		MN	14	1	2	2	5	0	4
		TOTAL	28,361	2,373	4,403	4,992	5,585	6,146	3,571
02A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	
02B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	
02C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50	
03A	TOTAL MONTHS OF ELIGIBILITY	CN	243,778	20,728	37,864	43,077	47,951	53,100	30,480
		MN	125	9	18	18	45	0	35
		TOTAL	243,903	20,737	37,882	43,095	47,996	53,100	30,515
03B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.72	0.72	0.72	0.72	0.71
		MN	0.74	0.75	0.75	0.75	0.75	0.00	0.73
		TOTAL	0.72	0.73	0.72	0.72	0.72	0.72	0.71
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN	4.38	1.44	0.72	0.36	0.43	0.35	
		MN	4.50	1.50	0.75	0.37	0.00	0.36	
		TOTAL	4.38	1.44	0.72	0.36	0.43	0.35	
05	EXPECTED NUMBER OF SCREENS	CN	26,658	10,389	6,337	3,593	2,009	2,643	1,248
		MN	13	5	3	2	2	0	1
		TOTAL	26,671	10,394	6,340	3,595	2,011	2,643	1,249
06	TOTAL SCREENS RECEIVED	CN	192	131	22	7	10	20	2
		MN	2	2	0	0	0	0	0
		TOTAL	194	133	22	7	10	20	2
07	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.00	0.01	0.00
		MN	0.15	0.40	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.01	0.00	0.00	0.00	0.01	0.00

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: CHARTER

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	2,372 1 2,373	4,401 2 4,403	3,593 2 3,595	2,009 2 2,011	2,643 0 2,643	1,248 1 1,249	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	159 1 160	98 1 99	22 0 22	7 0 7	10 0 10	20 0 20	2 0 2
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.13 0.01	0.04 1.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	2 0 2	1 0 1	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	16 0 16	1 0 1	1 0 1	4 0 4	1 0 1	1 0 1	6 0 6
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	2 0 2	1 0 1	0 0 0	0 0 0	1 0 1	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	1 0 1
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	28,347 14 28,361	2,372 1 2,373	4,401 2 4,403	4,990 2 4,992	5,580 5 5,585	6,146 0 6,146	3,567 4 3,571
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	5 0 5	0 0 0	3 0 3	2 0 2	0 0 0	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001 RUN DATE: 07/01/2001
REPORTING FOR: CHARTER

	CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
01 TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN	28,347	2,372	4,401	4,990	5,580	6,146	3,567
	MN	14	1	2	2	5	0	4
	TOTAL	28,361	2,373	4,403	4,992	5,585	6,146	3,571
02A STATE PERIODICITY SCHEDULE			6	4	3	2	3	2
02B NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4
02C ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
03A TOTAL MONTHS OF ELIGIBILITY	CN	243,778	20,728	37,864	43,077	47,951	53,100	30,480
	MN	125	9	18	18	45	0	35
	TOTAL	243,903	20,737	37,882	43,095	47,996	53,100	30,515
03B AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.72	0.72	0.72	0.72	0.71
	MN	0.74	0.75	0.75	0.75	0.75	0.00	0.73
	TOTAL	0.72	0.73	0.72	0.72	0.72	0.72	0.71
04 EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.44	0.72	0.36	0.43	0.35
	MN		4.50	1.50	0.75	0.37	0.00	0.36
	TOTAL		4.38	1.44	0.72	0.36	0.43	0.35
05 EXPECTED NUMBER OF SCREENS	CN	26,658	10,389	6,337	3,593	2,009	2,643	1,248
	MN	13	5	3	2	2	0	1
	TOTAL	26,671	10,394	6,340	3,595	2,011	2,643	1,249
06 TOTAL SCREENS RECEIVED	CN	192	131	22	7	10	20	2
	MN	2	2	0	0	0	0	0
	TOTAL	194	133	22	7	10	20	2
07 SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.00	0.01	0.00
	MN	0.15	0.40	0.00	0.00	0.00	0.00	0.00
	TOTAL	0.01	0.01	0.00	0.00	0.00	0.01	0.00

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		CHARTER		AGE GROUPS					
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	2,372 1 2,373	2,372 1 2,373	4,401 2 4,403	3,593 2 3,595	2,009 2 2,011	2,643 0 2,643	1,248 1 1,249
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	159 1 160	98 1 99	22 0 22	7 0 7	10 0 10	20 0 20	2 0 2
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.13 0.01	0.04 1.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	2 0 2	1 0 1	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	16 0 16	1 0 1	1 0 1	4 0 4	1 0 1	1 0 1	6 0 6
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	2 0 2	1 0 1	0 0 0	0 0 0	1 0 1	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	1 0 1
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	28,347 14 28,361	2,372 1 2,373	4,401 2 4,403	4,990 2 4,992	5,580 5 5,585	6,146 0 6,146	3,567 4 3,571
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	5 0 5	0 0 0	3 0 3	2 0 2	0 0 0	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: OPTIMUM

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
O1	TOTAL INDIVIDUALS	CN	11,306	980	1,761	1,844	2,211	2,541	1,448
	ELIGIBLE FOR EPSDT	MN	0	0	0	0	0	0	0
		TOTAL	11,306	980	1,761	1,844	2,211	2,541	1,448
O2A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2
O2B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	97,390	8,549	15,194	15,933	19,132	21,976	12,323
		MN	0	0	0	0	0	0	0
		TOTAL	97,390	8,549	15,194	15,933	19,132	21,976	12,323
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.72	0.72	0.72	0.72	0.71
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.72	0.73	0.72	0.72	0.72	0.72	0.71
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.44	0.72	0.36	0.43	0.35
		MN		0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL		4.38	1.44	0.72	0.36	0.43	0.35
O5	EXPECTED NUMBER OF SCREENS	CN	10,729	4,292	2,536	1,328	796	1,093	507
		MN	0	0	0	0	0	0	0
		TOTAL	10,729	4,292	2,536	1,328	796	1,093	507
O6	TOTAL SCREENS RECEIVED	CN	75	52	7	6	4	4	2
		MN	0	0	0	0	0	0	0
		TOTAL	75	52	7	6	4	4	2
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.01	0.00	0.00	0.01	0.00	0.00

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001 RUN DATE: 07/01/2001
REPORTING FOR: OPTIMUM

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL		980 0 980	1,761 0 1,761	1,328 0 1,328	796 0 796	1,093 0 1,093	507 0 507
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	66 0 66	43 0 43	7 0 7	6 0 6	4 0 4	4 0 4	2 0 2
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.04 0.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	2 0 2	1 0 1	1 0 1	0 0 0
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	11,306 0 11,306	980 0 980	1,761 0 1,761	1,844 0 1,844	2,211 0 2,211	2,541 0 2,541	1,448 0 1,448
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	3 0 3	0 0 0	2 0 2	1 0 1	0 0 0	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: OPTIMUM

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
O1	TOTAL INDIVIDUALS	CN	11,306	980	1,761	1,844	2,211	2,541	1,448
	ELIGIBLE FOR EPSDT	MN	0	0	0	0	0	0	0
		TOTAL	11,306	980	1,761	1,844	2,211	2,541	1,448
O2A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2
O2B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	97,390	8,549	15,194	15,933	19,132	21,976	12,323
		MN	0	0	0	0	0	0	0
		TOTAL	97,390	8,549	15,194	15,933	19,132	21,976	12,323
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.72	0.72	0.72	0.72	0.71
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.72	0.73	0.72	0.72	0.72	0.72	0.71
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.44	0.72	0.36	0.43	0.35
		MN		0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL		4.38	1.44	0.72	0.36	0.43	0.35
O5	EXPECTED NUMBER OF SCREENS	CN	10,729	4,292	2,536	1,328	796	1,093	507
		MN	0	0	0	0	0	0	0
		TOTAL	10,729	4,292	2,536	1,328	796	1,093	507
O6	TOTAL SCREENS RECEIVED	CN	75	52	7	6	4	4	2
		MN	0	0	0	0	0	0	0
		TOTAL	75	52	7	6	4	4	2
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.01	0.00	0.00	0.01	0.00	0.00

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001						
REPORTING FOR:		OPTIMUM		AGE GROUPS						
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	980 0 980	980 0 980	1,761 0 1,761	1,328 0 1,328	796 0 796	1,093 0 1,093	507 0 507	
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	66 0 66	43 0 43	7 0 7	6 0 6	4 0 4	4 0 4	2 0 2	
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.04 0.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00	
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	2 0 2	1 0 1	1 0 1	0 0 0	
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	11,306 0 11,306	980 0 980	1,761 0 1,761	1,844 0 1,844	2,211 0 2,211	2,541 0 2,541	1,448 0 1,448	
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	3 0 3	0 0 0	2 0 2	1 0 1	0 0 0	0 0 0	0 0 0	

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA		FY: 2000 - 2001		RUN DATE: 07/01/2001					
REPORTING FOR:		CARENET		AGE GROUPS					
		CAT	TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
01	TOTAL INDIVIDUALS ELIGIBLE FOR EPSDT	CN MN TOTAL	11,306 0 11,306	980 0 980	1,761 0 1,761	1,844 0 1,844	2,211 0 2,211	2,541 0 2,541	1,448 0 1,448
02A	STATE PERIODICITY SCHEDULE			6	4	3	2	3	2
02B	NUMBER OF YEARS IN AGE GROUP			1	2	3	4	5	4
02C	ANNUALIZED STATE PERIODICITY SCHEDULE			6.00	2.00	1.00	0.50	0.60	0.50
03A	TOTAL MONTHS OF ELIGIBILITY	CN MN TOTAL	97,390 0 97,390	8,549 0 8,549	15,194 0 15,194	15,933 0 15,933	19,132 0 19,132	21,976 0 21,976	12,323 0 12,323
03B	AVERAGE PERIOD OF ELIGIBILITY	CN MN TOTAL	0.72 0.00 0.72	0.73 0.00 0.73	0.72 0.00 0.72	0.72 0.00 0.72	0.72 0.00 0.72	0.72 0.00 0.72	0.71 0.00 0.71
04	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN MN TOTAL	4.38 0.00 4.38	1.44 0.00 1.44	0.72 0.00 0.72	0.36 0.00 0.36	0.43 0.00 0.43	0.35 0.00 0.35	
05	EXPECTED NUMBER OF SCREENS	CN MN TOTAL	10,729 0 10,729	4,292 0 4,292	2,536 0 2,536	1,328 0 1,328	796 0 796	1,093 0 1,093	507 0 507
06	TOTAL SCREENS RECEIVED	CN MN TOTAL	75 0 75	52 0 52	7 0 7	6 0 6	4 0 4	4 0 4	2 0 2
07	SCREENING RATIO	CN MN TOTAL	0.01 0.00 0.01	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

ANNUAL EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20010630

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: CARENET

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	980 0 980	980 0 980	1,761 0 1,761	1,328 0 1,328	796 0 796	1,093 0 1,093	507 0 507
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	66 0 66	43 0 43	7 0 7	6 0 6	4 0 4	4 0 4	2 0 2
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.04 0.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	2 0 2	1 0 1	1 0 1	0 0 0
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	11,306 0 11,306	980 0 980	1,761 0 1,761	1,844 0 1,844	2,211 0 2,211	2,541 0 2,541	1,448 0 1,448
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	3 0 3	0 0 0	2 0 2	1 0 1	0 0 0	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT

NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: CARENET

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
		TOTAL	<1*	1-2	3-5	6-9	10-14	15-18	
O1	TOTAL INDIVIDUALS	CN	11,306	980	1,761	1,844	2,211	2,541	1,448
	ELIGIBLE FOR EPSDT	MN	0	0	0	0	0	0	0
		TOTAL	11,306	980	1,761	1,844	2,211	2,541	1,448
O2A	STATE PERIODICITY SCHEDULE		6	4	3	2	3	2	
O2B	NUMBER OF YEARS IN AGE GROUP		1	2	3	4	5	4	
O2C	ANNUALIZED STATE PERIODICITY SCHEDULE		6.00	2.00	1.00	0.50	0.60	0.50	
O3A	TOTAL MONTHS OF ELIGIBILITY	CN	97,390	8,549	15,194	15,933	19,132	21,976	12,323
		MN	0	0	0	0	0	0	0
		TOTAL	97,390	8,549	15,194	15,933	19,132	21,976	12,323
O3B	AVERAGE PERIOD OF ELIGIBILITY	CN	0.72	0.73	0.72	0.72	0.72	0.72	0.71
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.72	0.73	0.72	0.72	0.72	0.72	0.71
O4	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	CN		4.38	1.44	0.72	0.36	0.43	0.35
		MN		0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL		4.38	1.44	0.72	0.36	0.43	0.35
O5	EXPECTED NUMBER OF SCREENS	CN	10,729	4,292	2,536	1,328	796	1,093	507
		MN	0	0	0	0	0	0	0
		TOTAL	10,729	4,292	2,536	1,328	796	1,093	507
O6	TOTAL SCREENS RECEIVED	CN	75	52	7	6	4	4	2
		MN	0	0	0	0	0	0	0
		TOTAL	75	52	7	6	4	4	2
O7	SCREENING RATIO	CN	0.01	0.01	0.00	0.00	0.01	0.00	0.00
		MN	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		TOTAL	0.01	0.01	0.00	0.00	0.01	0.00	0.00

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDY, "MN" = MEDICALLY NEEDY

Quarterly and Annual EPSDT Participation Report Form HCFA-416 Report (EP-O-083)

QUARTERLY EPSDT PARTICIPATION REPORT
FORM HCFA - 416 (CONT.)
REPORTING FROM 20001001 THRU 20011231

STATE: VIRGINIA FY: 2000 - 2001
REPORTING FOR: CARENET

RUN DATE: 07/01/2001

		CAT	AGE GROUPS						
			TOTAL	<1*	1-2	3-5	6-9	10-14	15-18
08	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL		980 0 980	1,761 0 1,761	1,328 0 1,328	796 0 796	1,093 0 1,093	507 0 507
09	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	CN MN TOTAL	66 0 66	43 0 43	7 0 7	6 0 6	4 0 4	4 0 4	2 0 2
10	PARTICIPANT RATIO	CN MN TOTAL	0.01 0.00 0.01	0.04 0.00 0.04	0.00 0.00 0.00	0.00 0.00 0.00	0.01 0.00 0.01	0.00 0.00 0.00	0.00 0.00 0.00
11	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12A	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	CN MN TOTAL	5 0 5	0 0 0	0 0 0	2 0 2	1 0 1	1 0 1	0 0 0
12B	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	CN MN TOTAL	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
12C	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	CN MN TOTAL	1 0 1	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
13	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	CN MN TOTAL	11,306 0 11,306	980 0 980	1,761 0 1,761	1,844 0 1,844	2,211 0 2,211	2,541 0 2,541	1,448 0 1,448
14	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	CN MN TOTAL	3 0 3	0 0 0	2 0 2	1 0 1	0 0 0	0 0 0	0 0 0

* INCLUDES 12 MONTH VISIT
NOTE: "CN" = CATEGORICALLY NEEDED, "MN" = MEDICALLY NEEDED

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REPORTING FROM THRU DATES	Calculated	DE0002	
2	CURRENT STATE	Calculated	DE0002	
3	REPORTING YEAR	Calculated	DE0002	
4	REPORT NAME	Calculated	DE0002	
5	RUN DATE	Calculated	DE0002	
6	TOTAL	Calculated	DE0002	Refer to Program Specifications

	INDIVIDUALS ELIGIBLE FOR EPSDT			
7	STATE PERIODICITY SCHEDULE	Calculated	DE0002	Refer to Program Specifications
8	NUMBER OF YEARS IN AGE GROUP	Calculated	DE0002	Refer to Program Specifications
9	ANNUALIZED STATE PERIODICITY SCHEDULE	Calculated	DE0002	Refer to Program Specifications
10	TOTAL MONTHS OF ELIGIBILITY	Calculated	DE0002	Refer to Program Specifications
11	AVERAGE PERIOD OF ELIGIBILITY	Calculated	DE0002	Refer to Program Specifications
12	EXPECTED NUMBER OF SCREENINGS PER ELIGIBLE	Calculated	DE0002	Refer to Program Specifications
13	EXPECTED NUMBER OF SCREENINGS	Calculated	DE0002	Refer to Program Specifications
14	TOTAL SCREENS RECEIVED	Calculated	DE0002	Refer to Program Specifications
15	SCREENING RATIO	Calculated	DE0002	Refer to Program Specifications
16	TOTAL ELIGIBLES WHO SHOULD RECEIVE AT LEAST ONE INITIAL OR PERIODIC SCREEN	Calculated	DE0002	Refer to Program Specifications
17	TOTAL ELIGIBLES RECEIVING AT LEAST ONE INITIAL OR PERIODIC SCREEN	Calculated	DE0002	Refer to Program Specifications

18	PARTICIPANT RATIO	Calculated	DE0002	Refer to Program Specifications
19	TOTAL ELIGIBLES REFERRED FOR CORRECTIVE TREATMENT	Calculated	DE0002	Refer to Program Specifications
20	TOTAL ELIGIBLES RECEIVING ANY DENTAL SERVICES	Calculated	DE0002	Refer to Program Specifications
21	TOTAL ELIGIBLES RECEIVING PREVENTIVE DENTAL SERVICES	Calculated	DE0002	Refer to Program Specifications
22	TOTAL ELIGIBLES RECEIVING DENTAL TREATMENT SERVICES	Calculated	DE0002	Refer to Program Specifications
23	TOTAL ELIGIBLES ENROLLED IN MANAGED CARE	Calculated	DE0002	Refer to Program Specifications
24	TOTAL NUMBER OF SCREENING BLOOD LEAD TESTS	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-084 EPSDT Provider Utilization Quarter Summary

General Information

This report lists providers by name and number, number of screens performed during the previous quarter, screening components which required treatment, the number of treatments initiated (pay and non-pay), and the total cost of screenings. Totals are shown for each City/County, as well as the state as a whole.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT PROVIDER UTILIZATION QUARTER SUMMARY (EPQ086)
Confidential:	No
Sequence:	City/County Provider Name and Number
Control Breaks:	City/County

EPSDT Provider Utilization Quarter Summary (EP-O-084)

EPQ086
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT PROVIDER UTILIZATION
* * * QUARTER SUMMARY * * *

CITY/COUNTY: XXXXXXXXXXXXXXXX
①

NAME ②	PROVIDER	NUMBER ③	# SCREENS PERFORMED	SCREEN COST	TREATMENTS INITIATED	COST OF TREATMENT
XXXXXX	XXXX	1234567890	④ 9	⑤ .00	⑥ 0	⑦ .00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
XXXXXX	XXXX	1234567890	9	.00	0	.00
***** TOTALS FOR RICHMOND CITY:			⑧ 999	.00	0	00.00
***** TOTALS FOR STATE:			⑨ 999	.00	0	00.00

* * * * * E N D O F R E P O R T * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	PROVIDER NAME	Provider Name	DE4085	
3	PROVIDER NUMBER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	# SCREENS PERFORMED	Calculated	DE0002	Refer to Program Specifications
5	SCREEN COST	Calculated	DE0002	Refer to Program Specifications

6	TREATMENTS INITIATED	Calculated	DE0002	Refer to Program Specifications
7	COST OF TREATMENT	Calculated	DE0002	Refer to Program Specifications
8	TOTALS FOR CITY/COUNTY	Calculated	DE0002	Refer to Program Specifications
9	TOTAL FOR STATE	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-086 Year-to-Date Client Status Report by Age

General Information

This is a cumulative report broken down by age-group showing: 1) Number of Enrollees on the EPSDT Master File (open & closed case); 2) Number of Eligible Enrollees (as of run date); 3) Number of Clients Screened (and eligible as of run date); 4) Number of Enrollees Negatively Outreached (and eligible as of run date); 5) Number of Screening Encounters - categorized by Health Referred, Total Referred, Other Problems, No Problems, and Total Encounters; 6) Total Negative Outreaches. (Negatively Outreached enrollees are enrollees who have refused EPSDT Services.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT PROVIDER UTILIZATION, YEAR-TO-DATE CLIENT STATUS REPORT BY AGE (EPM060)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Year-to-Date Client Status Report by Age (EP-O-086)

EPM060 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: 12/31/1999 EPSDT PROVIDER UTILIZATION
RUN DATE: 01/01/2000 01:01 YEAR-TO-DATE CLIENT STATUS REPORT BY AGE AS OF 12/31/99

NUMBER OF:	UNDER 1	1-5	6-12	13-17	18-20	TOTAL	OVER 20	GRAND TOTAL
① CLIENTS ON FILE (OPEN AND CLOSED)	3,719	16,855	18,493	8,929	3,886	51,882	3,653	55,535
② CLIENTS ELIGIBLE	3,705	16,738	18,361	8,863	3,846	51,513	3,653	55,166
③ CLIENTS ELIGIBLE AND NOT DUE	1	1,674	2,662	1,161	176	5,674	53	5,727
④ CLIENTS ELIGIBLE AND DUE/PRIOR DUE	1,089	5,316	5,510	2,599	1,344	15,858	2,966	18,824
⑤ CLIENTS ELIGIBLE AND NEGATIVELY OUTREACHED	2,615	9,748	10,189	5,103	2,326	29,981	634	30,615
⑥ CLIENTS REFERRED (EXCLUDING DENTAL)	587	2,941	883	254	50	4,715	18	4,733

YEAR-TO-DATE SCREENING STATUS REPORT BY AGE AS OF 12/31/99

⑦ HEALTH REFERRED	1,689	10,006	3,516	1,733	351	17,295	248	17,543
⑧ DENTAL REFERRED	42	711	430	144	28	1,355	13	1,368
⑨ NO PROBLEMS	5,156	5,934	1,346	520	56	13,012	7	13,019
⑩ TOTAL ENCOUNTERS	5,743	8,875	2,229	774	107	17,728	25	17,753
⑪ TOTAL NEGATIVE OUTREACHES	2,739	10,290	10,393	5,179	2,364	30,965	425	31,390

* * * * * E N D O F R E P O R T * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLIENTS ON FILE (OPENED AND CLOSED)	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
2	CLIENTS ELIGIBLE	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
3	CLIENTS ELIGIBLE AND NOT DUE	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications

4	CLIENTS ELIGIBLE AND DUE/PRIOR DUE	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
5	CLIENTS ELIGIBLE AND NEGATIVELY OUTREACHED	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
6	CLIENTS REFERRED (EXCLUDING DENTAL)	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
7	HEALTH REFERRED	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
8	DENTAL REFERRED	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
9	NO PROBLEMS	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
10	TOTAL ENCOUNTERS	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications
11	TOTAL NEGATIVE OUTREACHES	Calculated	DE0002	Totals are broken out by the following age groupings: UNDER 1, 1-5, 6-12, 13-17, and 18-20, TOTAL (Under 21), OVER 20, and GRAND TOTAL. Refer to Program Specifications

Output Reports EP-O-092-01 EPSDT Lead Screening Provider Notification and Follow Up Report

General Information

Uses input from EPM092 (EP-F-100) to print in report format all of the information contained in letters EP-O-092-03 and EP-O-092-04.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	25 Pages
Number of Copies:	1
Output Form:	DARS
Retention:	N/A
Distribution:	DMAS
Program:	Create Report EP-O-092-01 (EPM093)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Provider Notification and Follow Up Report (EP-O-092-01)

EPM093
AS OF:MM/DD/YYYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT LEAD SCREENING PROVIDER NOTIFICATION/FOLLOW-UP

R
P

(1) (2)
PROVIDER ID: 1234567890 NAME: XX
PROVIDER SERVICING ADDRESS : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)
XX (4)
XX (5)

RECIPIENT ID (6)	NAME (7)	AGE (MONTHS) (8)	NOTIFICATION/FOLLOW-UP TYPE (9)
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99	XXXXXXXXXXXXXXXXXXXX

NINE MONTH NOTIFICATION : 99,999 (10)
FIFTEEN MONTH FOLLOW-UP : 99,999 (11)
TWENTY ONE MONTH NOTIFICATION : 99,999 (12)
TWENTY SEVEN MONTH FOLLOW-UP : 99,999 (13)

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * *



EPSDT Lead Screening Provider Notification and Follow Up Report (EP-O-092-01)

EPM093
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT LEAD SCREENING PROVIDER NOTIFICATION/FOLLOW-UP

RE:
PA:

TOTAL NUMBER OF NINE MONTH NOTIFICATIONS : 999,999 (14)
TOTAL NUMBER OF FIFTEEN MONTH FOLLOW-UPS : 999,999 (15)
TOTAL NUMBER OF TWENTY ONE MONTH NOTIFICATIONS : 999,999 (16)
TOTAL NUMBER OF TWENTY SEVEN MONTH FOLLOW-UPS : 999,999 (17)
TOTAL NUMBER OF PROVIDERS NOTIFIED : 999,999 (18)

*** END OF REPORT ***

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * *

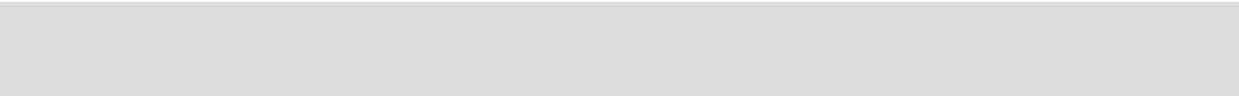
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	NAME	Provider Name	DE4085	
3	First Line of PROVIDER SERVICING ADDRESS	Provider Address Line	DE4097	
4	Second Line of PROVIDER SERVICING ADDRESS	Provider Attention Name	DE4096	If Provider Address Additional Name is not populated, City/State/ZIP (DE4682) is printed here.

5	Third Line of PROVIDER SERVICING ADDRESS		DE0000	If Provider Address Additional Name is populated, City/State/ZIP (DE4682) is printed here, otherwise, DE4682 is printed in 2ND LINE OF PROVIDER ADDRESS and spaces are printed in 3RD LINE OF PROVIDER ADDR.
6	RECIPIENT ID	Enrollee Permanent Identification Number	DE3093	
7	RECIPIENT NAME	Enrollee Full Name	DE3003	
8	AGE(MONTHS)	Calculated	DE0002	Computed as age in months between report 'as-of' date and enrollee birth date on EP-F-001
9	NOTIFICATION/FOLLOW-UP TYPE	Calculated	DE0002	Valid Values: 09 MONTH NOTIFICATION 15 MONTH FOLLOW-UP 21 MONTH NOTIFICATION 27 MONTH FOLLOW-UP depending on 'AGE (MONTHS)'. .
10	NINE MONTH NOTIFICATION	Calculated	DE0002	Total of all '09 MONTH NOTIFICATION' TYPES for previous provider.2
11	FIFTEEN MONTH FOLLOW-UP	Calculated	DE0002	Total of all '15 MONTH FOLLOW-UP' TYPES for previous provider.
12	TWENTY-ONE MONTH NOTIFICATION	Calculated	DE0002	Total of all '21 MONTH NOTIFICATION' TYPES for previous provider.
13	TWENTY SEVEN MONTH FOLLOW-UP	Calculated	DE0002	Total of all '27 MONTH FOLLOW-UP' TYPES for previous provider.
14	TOTAL NUMBER OF NINE MONTH NOTIFICATIONS	Calculated	DE0002	Total for all providers printed on the report.
15	TOTAL NUMBER OF FIFTEEN MONTH FOLLOW-UPS	Calculated	DE0002	Total for all providers printed on the report.
16	TOTAL NUMBER OF TWENTY ON MONTH NOTIFICATIONS	Calculated	DE0002	Total for all providers printed on the report.
17	TOTAL NUMBER OF TWENTY SEVEN MONTH FOLLOW-UPS	Calculated	DE0002	Total for all providers printed on the report.
18	TOTAL NUMBER OF	Calculated	DE0002	Number of unique provider IDs



	PROVIDERS NOTIFIED		printed on the report.
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Output Reports EP-O-092-02 EPSDT Lead Screening Providers Only in Managed Care Tracking Report

General Information

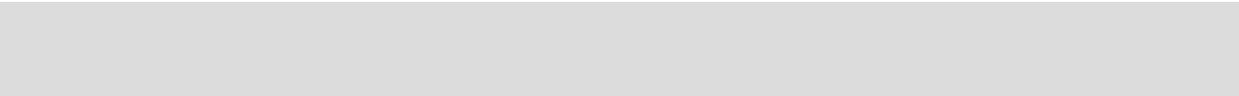
Uses input from EPM092 (EP-F-100) to print in report format all of the information contained in letters EP-O-092-03 and EP-O-092-04.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	500 Pages
Number of Copies:	1
Output Form:	DARS
Retention:	N/A
Distribution:	DARS
Program:	Create Report EP-O-092-02 (EPM094)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Providers Only in Managed Care Tracking Report (EP-O-092-02)



	OF RECIPIENTS			Detail Information lines printed on the report.
--	---------------	--	--	---



Output Reports EP-O-092-03 EPSDT Lead Screening Notification Letter to Provider

General Information

Notification letter to Providers notifying them concerning their patient (enrollees) 09 or 21 months old advising of an approaching deadline for receiving a blood lead level test.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	200 Letters
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	WorkflowOne for printing
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Notification Letter to Provider (EP-O-092-03)

XXXXXXXX 99, 9999

Page: 99999

- (1)XXXXX X XXXXX
- (2)XXXX 9999
- (3)9999 XXXXXX XX
XXXXXXX, XX 9999-99999

(4)RE : XXXXXXXXXXXXXXXXXXXX XXX XXX

Dear Health Care Provider:

Elevated blood lead levels (EBLLs) affect an estimated 13,800 children under age six in the Commonwealth of Virginia. We are concerned because lead interferes with normal brain development and is associated with permanently reduced IQ, learning disabilities and behavioral disorders.

EPSDT Requirements for Lead Testing:

As part of the definition of Early Periodic Screening Diagnosis and Treatment (EPSDT) services, the Medicaid statute requires coverage for children to include both screening and blood lead tests as appropriate for age and risk factors. All children who are enrolled in Medicaid are considered categorically at risk for blood lead poisoning and must be tested for lead poisoning. The Centers for Medicare and Medicaid services (CMS) require that all Medicaid enrolled children receive a blood lead test at 12 months and 24 months of age. Children enrolled in Medicaid between the ages of 24 months and 72 months must also receive a blood lead test if they have not been previously screened for lead poisoning or if the current medical record is insufficient to prove that a lead test has been performed on the child.

Our records indicate that your patients as listed below are due for a blood lead test. Please contact the families listed below to schedule an EPSDT well child visit and mandatory lead test. If you have questions regarding this letter you may contact the Maternal and Child Health Division at 804-786-6134.

Truly yours,

Maternal and Child Health Services
Department of Medical Assistance Services

EPSDT Lead Screening Notification Letter to Provider (EP-O-092-03)

XXXXXXXX 99, 9999

Page: 99999

(5) ENROLLEE NAME	(6) MEDICAID ID	(7) AGE (Months)
-----	-----	-----
XXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX	99999999999999	999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ADDITIONAL NAME ADDRESS	Provider Address Line	DE4097	
3	PROVIDER STREET ADDRESS	Provider Attention Name	DE4096	
4	RE:	Provider Name	DE4085	
5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
7	AGE (MONTH)	Calculated	DE0002	Valid Values 09 and 21. Computed as difference in months between report 'as-of' date and enrollee birth date on EP-F-001.

Output Reports EP-O-092-04 EPSDT Lead Screening Follow-up Letter to Provider

General Information

Notification letter to Providers notifying them concerning their patient (enrollees) 15 or 27 months old advising of a missed deadline for receiving a blood lead level test.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	200 Letters
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	WorkflowOne for printing
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Follow-up Letter to Provider (EP-O-092-04)

(1)XXXXX X XXXXX
 (2)XXXX 9999
 (3)9999 XXXXXX XX
 XXXXXXX, XX 9999-99999

(4)RE : XXXXXXXXXXXXXXXXXXXX XXX XXX

Dear Health Care Provider:

Elevated blood lead levels (EBLLs) affect an estimated 13,800 children under the age of six in the Commonwealth of Virginia. We are concerned because lead interferes with normal brain development and is associated with permanently reduced IQ, learning disabilities and behavioral disorders. This letter serves to encourage follow-up efforts on the behalf of your patients who are due for a mandatory lead screening.

EPSDT Requirements for Lead Testing:

As part of the definition of Early Periodic Screening Diagnosis and Treatment (EPSDT) services, the Medicaid statute requires coverage for children to include both screening and blood lead tests as appropriate for age and risk factors. All children who are enrolled in Medicaid are considered categorically at risk for blood lead poisoning and must be tested for lead poisoning. The Centers for Medicare and Medicaid services (CMS) require that all Medicaid enrolled children receive a blood lead test if they have not been previously screened for lead poisoning or if the current medical record is insufficient to prove that a lead test has been performed on the child.

Our records indicate that your patients as listed below are due for a well child visit and a blood lead test. The DMAS claim file does not indicate that a blood lead test was provided to these patients. Please contact the families listed below to schedule an EPSDT well child visit and mandatory lead test. If you have questions regarding this letter you may contact the Maternal and Child Health Division at 804-786-6134.

Truly yours,

Maternal and Child Health Services
 Department of Medical Assistance Services

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ADDITIONAL ADDRESS NAME	Provider Attention Name	DE4096	
3	PROVIDER	Provider Address Line	DE4097	

	STREET ADDRESS			
4	RE:	Provider Name	DE4085	
5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
7	AGE(MONTHS)	Calculated	DE0002	

Output Reports EP-O-092-05 EPSDT Lead Screening Notification Letter to Enrollee

General Information

Notification letter to enrollees 09 or 21 months old advising of an approaching deadline for receiving a blood lead level test.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	500 Letters
Number of Copies:	1
Output Form:	letter
Retention:	N/A
Distribution:	WorkflowOne for printing
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Notification Letter to Enrollee (EP-O-092-05)

(1)XXXXXXXX 99, 9999	(3)Caseworker No: ~~~~~
(2)XXXXX X XXXXX	(5)City/County Code: ~~~
(4)XXXX/C999	(7)Enrollee: ~~~~~
(6)9999 XXXXXX XX	(9)Case: ~~~~~
(8)XXXXXXXX, XX 9999-99999	

RE : Elevated Blood Lead Level Testing

Dear Medicaid Enrollee:

Elevated blood lead levels (EBLLs) affect an estimated 13,800 children under the age of six in the Commonwealth of Virginia. The Virginia Department of Medical Assistance Services is concerned because a high lead level in the blood of children interferes with normal brain development and is associated with permanently reduced IQ, learning disabilities and behavioral disorders.

As part of Medicaid's Early Periodic Screening Diagnosis and Treatment program, The Centers for Medicare and Medicaid Services requires that all children who are enrolled in Medicaid receive a blood lead level test at ages twelve and twenty-four months.

Our medical services records indicate that your child is due for a blood lead level test within the next three months. Please contact your regular medical services provider to schedule an appointment for this test.

As an additional service, the Virginia Department of Medical Assistance Services will again examine its medical service records after the required test date to ensure that the test was conducted. If no record of testing is found, a reminder notice will be sent to you. If you have questions regarding this letter you may contact the Maternal and Child Health Division at 804-786-6134.

Truly yours,

Maternal and Child Health Services
Department of Medical Assistance Services

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(LETTER DATE)	Calculated	DE0002	
2	(RECIPIENT NAME)	Enrollee Full Name	DE3003	
3	CASEWORKER NO	Case Worker Number	DE3431	
4	(ENROLLEE ADDITIONAL ADDRESS)	Enrollee Additional Address Name	DE3114	
5	CITY/COUNTY	Case Administrative	DE3039	

	CODE	FIPS Code		
6	(RECIPIENT STREET ADDRESS)	Provider Address City Name	DE4130	
7	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
8	(RECIPIENT CITY, STATE, ZIP)	Enrollee City Name	DE3116	
9	CASE	Case Identification Number	DE3043	

Output Reports EP-O-092-06 EPSDT Lead Screening Follow-up Letter to Enrollee

General Information

Notification letter to enrollees 15 or 27 months old advising of a missed deadline for receiving a blood lead level test.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	500 Letters
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	WorkflowOne for printing
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EPSDT Lead Screening Follow-up Letter to Enrollee (EP-O-092-06)

(1)XXXXXXXX 99, 9999

(2)XXXXXX XXXXXXXX
(4)XXXX/C999
(6)999 E XXXXXXXX XX
(8)XXXXXXXX, XX 9999-99999

(3)Caseworker No: ~~~~~
(5)City/County Code: ~~~
(7)Enrollee: ~~~~~
(9)Case: ~~~~~

RE : Elevated Blood Lead Level Testing

Dear Medicaid Enrollee:

Elevated blood lead levels (EBLLs) affect an estimated 13,800 children under the age of six in the Commonwealth of Virginia. The Virginia Department of Medical Assistance Services is concerned because a high lead level in the blood of children interferes with normal brain development and is associated with permanently reduced IQ, learning disabilities and behavioral disorders.

As part of Medicaid's Early Periodic Screening Diagnosis and Treatment program, The Centers for Medicare and Medicaid Services requires that all children who are enrolled in Medicaid receive a blood lead level test at ages twelve and twenty-four months.

Our medical services records indicate that your child was due for a blood lead level test three months ago. Please contact your regular medical services provider to schedule an appointment for this test. If you have questions regarding this letter you may contact the Maternal and Child Health Division at 804-786-6134.

Truly yours,

Maternal and Child Health Services
Department of Medical Assistance Services

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(LETTER DATE)	Calculated	DE0002	
2	(RECIPIENT NAME)	Enrollee Full Name	DE3003	
3	CASEWORKER NO	Case Worker Number	DE3431	
4	(ENROLLEE ADDITIONAL ADDRESS NAME)	Enrollee Additional Address Name	DE3114	
5	CITY/COUNTY	Case Administrative	DE3039	

	CODE	FIPS Code		
6	(RECIPIENT STREET ADDRESS)	Enrollee Street Address	DE3115	
7	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
8	(RECIPIENT CITY, STATE, ZIP)	Enrollee City Name	DE3116	
9	CASE	Case Identification Number	DE3043	

Output Reports EP-O-094 EPSDT Month-to-Date Enrollee Status Report

General Information

This is a cumulative report which reflects the total number of referrals and the number of referral treatments initiated.

Subsystem:	EPSDT
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	EPSDT MONTH-TO-DATE ENROLLEE STATUS REPORT (EPM067)
Confidential:	No
Sequence:	City/County
Control Breaks:	N/A

EPSDT Month-to-Date Enrollee Status Report (EP-O-094)

EPM067
AS OF: 01/01/2000
RUN DATE: 01/01/2000 10:25

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
EPSDT MONTH-TO-DATE ENROLLEE STATUS REPORT

① CITY/COUNTY	② NUMBER OF REFERRALS	③ TREATMENT INITIATED	④ TOTAL COST TREATMENTS
ALBERMARLE	0	0	0.00
ALBERTA	1	0	0.00
ALLEGHENY	0	0	0.00
BRUNSWICK	1	0	0.00
CHESTERFIELD	0	0	0.00
DINWIDDIE	0	0	0.00
EDWARDS	0	0	0.00
FARMSVILLE	1	0	0.00
GOOCHLAND	0	0	0.00
HENRICO	1	0	37.00
JACKSON	24	56	4263.36
LAWRENCEVILLE	121	107	1959.00
NOTTOWAY	245	109	3029.68
PETERSBURG	126	207	2585.50
RICHMOND	138	219	437.00
SURRY	8	26	145.00
WILLIAMSBURG	3	31	938.79
STATE TOTAL	⑤ 669	752	13,357.33

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	NUMBER OF REFERRALS	Calculated	DE0002	Refer to Program Specifications
3	TREATMENT INITIATED	Calculated	DE0002	Refer to Program Specifications
4	TOTAL COST TREATMENTS	Calculated	DE0002	Refer to Program Specifications
5	STATE TOTALS	Calculated	DE0002	Refer to Program Specifications

Output Reports EP-O-100-3 Recent Next Screen Dates Recomputed

General Information

This report provides a weekly listing of screenings with next screening due dates that were recomputed as a result of screening claims being posted to the EPSDT Screening and Appointment Tracking File, EP-F-002.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	DMAS - Division of Program Operations, EPSDT Supervisor
Program:	RECENT NEXT SCREEN DATES RE-COMPUTED (EPW100)
Confidential:	Yes
Sequence:	Enrollee Original ID Number
Control Breaks:	N/A

Recent Next Screen Dates Recomputed (EP-O-100-3)

EPW100
 RUN: 01/01/2000 01:01:01
 CYCLE: 01/01/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 RECENT NEXT SCREEN DATES RECOMPUTED

RE
 PA

ENROLLEE ID ①	BIRTH DATE ②	SCREEN TYPE ③	LAST SCREEN ④	NEXT SCREEN (OLD) ⑤	NEXT SCREEN (NEW) ⑥
0111111111102	19931109	M	19940111	19940109	19940309
0122222222205	19931012	M	19940111	19940212	19940212
0133333333302	19920111	M	19940111	19940111	19950111
0144444444403	19931112	M	19940113	19940112	19940312
0155555555501	19840108	H	19940110	19940108	19960108
0155555555501	19840108	M	19940110	19940108	19960108
0155555555501	19840108	V	19940110	19940108	19960108

**** END OF REPORT ****

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	BIRTHDATE	Enrollee Birth Date	DE3005	
3	SCREEN TYPE	EPSDT Screen Type	DE8101	
4	LAST SCREEN	EPSDT Date of Last Screen	DE8006	
5	NEXT SCREEN (OLD)	EPSDT Date of Next Screen	DE8007	
6	NEXT SCREEN (NEW)	EPSDT Date of Next Screen	DE8007	

Output Reports EP-O-920 The Weekly EPSDT/FAMIS Outreach Report

General Information

This report provides a listing of all enrollees who were enrolled during the previous week or any other specific predetermined period. These enrollees will be under the age of 21, FAMIS, FAMIS Plus or EPSDT Eligible and enrolled in specific Aid Categories. The report may be used to validate the EPSDT/FAMIS Mailing Address File, because the file is transmitted to an outside mailing vendor for generating outreach notifications and is unavailable prior to submission.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	On-Demand
Retention:	To Be Determined
Distribution:	DMAS
Program:	EPSDT, FAMIS and FAMIS PLUS Initial Outreach Processing (EPW020)
Confidential:	Yes
Sequence:	Enrollee Case Identification Number (DE 3043)
Control Breaks:	N/A

The Weekly EPSDT/FAMIS Outreach Report (EP-O-920)

EPW020
AS OF:10/31/2003

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
INITIAL EPSDT/FAMIS OUTREACH REPORT

REPORT NO: EP-O-920
PAGE NUMBER: 1

RUN DATE: 12/22/2004 13:06
ENROLLMENT PERIOD: 20030801 - 20031031 (1)

ENROLLEE ID/ CASE ID	ENROLLEE NAME/ CASE NAME	MAILING ADDRESS	FIPS CASE CODE WORKER	NEW ELIG BEG DATE	OLD ELIG END DATE	D O B	AID CATG
(2) 666666666666 666666666666	(5) FHSC TESTCASE1 (6) FHSC TESTREPO1	P.O. BOX 123 TESTTOWN VA 23000-0111	(12) 001 A532	20030801	(15) 20020331	19990921	(17) 091
333333333331 666666666661	FHSC TESTCASE2 (4) *DUP* FHSC TESTREPO1	P.O. BOX 123 TESTTOWN VA 23000-0111	001 A532	(13) 20030905	20010430	20030905	091
777777777771 (3) 777777777776	FHSC TESTCASE3 FHSC TESTREPO3	C/O FHSC TESTCASE3 HIPPA BOX 169 CC TEST COUNTY VA 23222-0333	003 A2792	20030901	20020331	19960126	092

*** END OF REPORT ***

*** C O N F I D E N T I A L I N F O R M A T I O N ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLMENT PERIOD	Calculated	DE0002	This field can be populated in 2 ways. The initial reporting period begin and end date will be entered manually into the System Parameter table. This initial date range will be furnished by DMAS. The weekly reporting begin date will be extracted from the EPSDT Date Control File, EP-F-009. The weekly reporting end date will be calculated by adding 6 calendar days to the weekly reporting begin date.
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	CASE ID	Case Identification Number	DE3043	
4	Duplicate Case Information Indicator	Calculated	DE0002	The literal *DUP* will be placed into this field whenever the Case ID is a duplicate of a previous record. Duplicate records will be listed on this report, but will not be written to the EPSDT/FAMIS Mailing Address Record. Only one outreach mailing

				should be forwarded to an address.
5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	CASE NAME	Case Name	DE3046	
7	MAILING ADDRESS (1)	Enrollee Additional Address Name	DE3114	
8	MAILING ADDRESS (2)	Enrollee Street Address	DE3115	
9	MAILING ADDRESS (CITY)	Enrollee City Name	DE3116	
10	MAILING ADDRESS (STATE)	Enrollee State Code	DE3117	
11	MAILING ADDRESS (ZIP)	Enrollee ZIP Code	DE3118	
12	FIPS CODE	Case Administrative FIPS Code	DE3039	
13	CASE WORKER	Case Worker Number	DE3431	
14	NEW ELIG BEG DATE	Eligibility Date Added	DE3037	This is the enrollee's most recent or newest enrollment date. It is the date the Case Worker entered the enrollment.
15	OLD ELIG END DATE	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 15.1, 15.2 and 15.3
15.1	OLD ELIG END DATE	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date (DE 3452) is populated, 'OLD ELIG END DATE' contains Eligibility Cancel Date (DE 3452).
15.2	OLD ELIG END DATE	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Date (DE 3452) is not populated and Eligibility End Date (DE 3011) is populated, 'OLD ELIG END DATE' contains Eligibility End Date (DE 3011).
15.3	OLD ELIG END DATE	Eligibility Date Added	DE3037	If neither 'Eligibility Cancel Date (DE 3453) nor Eligibility End Date' (DE 3011) is populated, 'OLD ELIG END DATE' contains Eligibility Date Added (DE 3037).
16	DOB	Enrollee Birth Date	DE3005	
17	AID CATG	Enrollee Eligibility Aid Category	DE3009	

Output Reports EP-O-930 The Monthly Birthdate EPSDT/FAMIS Outreach Report

General Information

This report will provide a listing of all enrollees, less than 21 years of age, who will be celebrating a birthday in the upcoming month. Eligible's currently enrolled in Medicaid, FAMIS and FAMIS Plus will be included in the population. The report will additionally include children who celebrated birthdays during the previous month, but were ineligible during the previous month's reporting cycle and have since been re-enrolled. The report may be used to validate the EPSDT/FAMIS Mailing Address File, because the file is transmitted to an outside vendor for generating notices in the form of postcards and is unavailable prior to submission.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	On-Demand (DARS)
Retention:	To Be Determined
Distribution:	DMAS
Program:	EPSDT/FAMIS Monthly Birth date Outreach Process (EPM050)
Confidential:	Yes
Sequence:	Enrollee Case Identification Number (DE 3043)
Control Breaks:	N/A

The Monthly Birthdate EPSDT/FAMIS Outreach Report (EP-O-930)

EPMD50
AS OF:10/17/2003

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MONTHLY BIRTHDATE EPSDT/FAMIS OUTREACH REPORT

REPORT NO:
PAGE NUMBER

RUN DATE: 10/17/2003 13:06
REPORTING MONTH: NOVEMBER 2003

ENROLLEE ID/ CASE ID	ENROLLEE NAME/ CASE NAME	MAILING ADDRESS	FIPS CASE CODE WORKER	NEW ELIG BEG DATE	OLD ELIG END DATE	D
666666666666 666666666661	FHSC TESTCASE1 FHSC TESTREP01	P.O. BOX 123 TESTTOWN VA 23000-0111	01 A5322	200301		19
333333333331 666666666661	FHSC TESTCASE2 FHSC TESTREP01	P.O. BOX 123 TESTTOWN VA 23000-0111	001 A5322	20030905		20
777777777771 777777777776	FHSC TESTCASE3 FHSC TESTREP03	C/O FHSC TESTCASE3 HIPPA BOX 169 CC TEST COUNTY VA 23222-0333	003 A2792	20030901		19
999999999991 999999999996	FHSC TESTCASE4 FHSC TESTREP04	C/O FHSC TESTCASE4 DMAS BOX 001 TEST TOWNSHIP VA 21200-0372	019 A0701	20030921	20030331	19

*** END OF REPORT ***

*** C O N F I D E N T I A L I N F O R M A T I O N ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REPORTING MONTH	Calculated	DE0002	This field contains the name of the upcoming month that is being reported. Most of the enrollees listed on this report will have birthdays during this month.
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	CASE ID	Case Identification Number	DE3043	
4	Duplicate Case ID Indicator	Calculated	DE0002	The literal *DUP* will be placed into this field whenever the Case ID is a duplicate of a previous record. Duplicate records will be listed on this report,

				but will not be written to the EPSDT/FAMIS Mailing Address Record. Only one outreach mailing will be forwarded to an address.
5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	CASE NAME	Case Name	DE3046	
7	MAILING ADDRESS (1)	Enrollee Additional Address Name	DE3114	
8	MAILING ADDRESS (2)	Enrollee Street Address	DE3115	
9	MAILING ADDRESS (CITY)	Enrollee City Name	DE3116	
10	MAILING ADDRESS (STATE)	Enrollee State Code	DE3117	
11	MAILING ADDRESS (ZIP)	Enrollee ZIP Code	DE3118	
12	FIPS CODE	Case Administrative FIPS Code	DE3039	
13	CASE WORKER	Case Worker Number	DE3431	
14	NEW ELIG BEG DATE	Eligibility Date Added	DE3037	This is the enrollee's most recent or newest enrollments add date. It is the date the Case Worker entered the enrollment.
15	OLD ELIG END DATE	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 15.1, 15.2 and 15.3.
15.1	OLD ELIG END DATE	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date (DE 3452) is populated, 'OLD ELIG END DATE' contains Eligibility End Date (DE 3452).
15.2	OLD ELIG END DATE, or	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Date (DE 3452) is not populated and Eligibility End Date (DE 3011) is populated, 'OLD ELIG END DATE' contains Eligibility End Date (DE 3011).
15.3	OLD ELIG END DATE	Eligibility Date Added	DE3037	If neither 'Eligibility Cancel Date (DE 3453) nor Eligibility End Date' (DE 3011) is populated, 'OLD ELIG END DATE' contains Eligibility Date Added (DE 3037).
16	DOB	Enrollee Birth Date	DE3005	

17	Missed Birthday Indicator	Calculated	DE0002	The literal '***' will be placed into this field whenever the DOB reflects a birthday that occurred in the previous reporting month. The purpose of this field is to indicate a missed birthday, because the enrollee was not eligible during the previous reporting month.
18	AID CATG	Enrollee Eligibility Aid Category	DE3009	

Output Reports MI-O-001 MICC File Purge Report

General Information

This report provides totals of MICC records that were read and purged from the MICC Master File. The MICC Purge process is designed to run monthly and removes all MICC records from the MICC Master File that have an Activity Date more than (5) years from the Purge Run Date. Records that are purged from the MICC Master are archived to a tape file.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA - Archive
Program:	MICC FILE PURGE REPORT (MIM001)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MICC Maternity Risk Screen (MI-I-001)

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNITY RISK SCREEN**

The risk screen is designed to identify high risk pregnant women as defined by the BabyCare program. Identify risks as listed below that apply to the client and make the appropriate referral(s). Please do not alter or add risks to the form. Additional information should be documented in the progress notes in the client's medical record.

Client Name ①	Medicaid # ②	EDC ③	
Client's Address ④	Phone # ⑤		

A. MEDICAL RISKS		SUBSTANCE ABUSE	# days/ week used	# times/ day used
1.	⑥	Hypertension, chronic or preg. induced	8. Alcohol ⑭	⑮
2.	⑦	Gestational diabetes/diabetes	9. Cocaine/crack ⑯	⑰
3.	⑧	Multiple gestation (twins, triplets)	10. Narcotics/heroin ⑰	⑱
4.	⑨	Previous preterm birth < 5½ lbs.	11. Marijuana/hashish ⑳	㉑
5.	⑩	Advanced maternal age, > 35 yr	12. Sedatives/tranquilizers ㉒	㉓
6.	⑪	Medical condition, the severity of which affects pregnancy, document below	13. Amphetamines/diet pills ㉔	㉕
	⑫		14. Inhalants/glue ㉖	㉗
7.	⑬	Previous fetal death	15. Tobacco/cigarettes ㉘	㉙
			16. Other drug, please specify ㉚	㉛
			⑳	㉜

B. SOCIAL RISKS					
1.	⑳	Teenager 18 years or younger	4.	㉞	Abuse, neglect during pregnancy
2.	㉑	Non-compliant with medical directions or appointments	5.	㉟	Shelter, homeless or migrant
3.	㉒	Mental retardation or history of emotional/mental problems			

C. NUTRITIONAL RISKS					
1.	㉓	Pregnancy underweight/overweight Inadequate or excessive weight gain	3.	㉟	Poor diet or pica
2.	㉔	Obstetrical or medical condition requiring diet modification, document condition below	4.	㊱	Teenager 18 years or younger

REFERRALS

1. ④② Care Coordination 2. ④③ Nutritional Counseling 3. ④④ Homemaker 4. ④⑤ Parenting/Childbirth Class

5. ④⑥ Glucose Monitor with nutrition counseling 6. ④⑦ Smoking Cessation 7. ④⑧ Substance Abuse Treatment

8. ④⑨ No Care Coordination ⑤①

PROVIDERS COMMENTS/SUGGESTIONS ⑤①

SIGNATURE/TITLE ⑤② _____ SCREENING DATE ⑤③ ___ / ___ / ___

SIGNATURE PRINTED ⑤④ _____ NPI # ⑤⑤ _____

Referral to High Risk Care Coordination

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL NUMBER OF RECORDS READ	Calculated	DE0002	Refer to Program Specifications
2	NUMBER OF MATERNAL RECORDS READ	Calculated	DE0002	Refer to Program Specifications
3	NUMBER OF INFANT RECORDS READ	Calculated	DE0002	Refer to Program Specifications
4	TOTAL NUMBER OF RECORDS PURGED	Calculated	DE0002	Refer to Program Specifications
5	NUMBER OF MATERNAL RECORDS PURGED	Calculated	DE0002	Refer to Program Specifications
6	NUMBER OF INFANT RECORDS PURGED	Calculated	DE0002	Refer to Program Specifications
7	TOTAL NUMBER OF RECORDS KEPT	Calculated	DE0002	Refer to Program Specifications
8	NUMBER OF MATERNAL RECORDS KEPT	Calculated	DE0002	Refer to Program Specifications
9	NUMBER OF INFANT RECORDS KEPT	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-002 Acknowledgement/Authorization Report Letters

General Information

This audit trail provides MICC Providers with a listing of eligible's authorized to receive their services. The providers are authorized to bill Medicaid for services rendered.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	AUTHORIZED MICC RECIPIENTS BY PROVIDER/ CONTROL TOTALS/ AUDIT TRAIL (MIM002)
Confidential:	Yes
Sequence:	Provider ID Number
Control Breaks:	N/A

MICC Infant Risk Screen (MI-I-002)

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
INFANT RISK SCREEN

Research supports the fact that indigent mothers and their high risk infants often need a combination of medical and non-medical services to assure positive infant health. The risk screen is designed to identify high risk infants as defined by the BabyCare program. Identify risks as listed below that apply to the client and make the appropriate referral(s). Please do not alter or add risks to the form. Additional information should be documented in the progress notes in the client's medical record.

Client Name 1	Medicaid # 2
Parent/Guardian Name 3	
Client's Address 4	Phone # 5

A. MEDICAL RISKS

1.	6	Diagnosed developmentally delayed/ neurologically impaired	6.	11	Medical high risk infant and pediatric care needed, but not available 24 hours a day
2.	7	Diagnosed medically significant genetic condition (including sickle cell disease)	7.	12	Medical condition(s) the severity of which requires care coordination (document medical condition below)
3.	8	Birth weight 1750 grams (3 lbs., 14 oz.), or less	8.	13	Born exposed to an illegal drug
4.	9	Chronic illness	9.	14	Failure to thrive or flattening of growth curve
5.	10	Diagnosed with fetal alcohol syndrome (FAS)			

B. SOCIAL RISKS

1.	15	Parent/guardian unable to communicate due to language barriers (e.g. non-English speaking, illiterate)	6.	20	Shelter, homeless or migrant worker
2.	16	Maternal absence (illness, incarceration abandonment)	7.	21	Mother 18 years or younger
3.	17	Parental substance abuse/addiction (only include father if living in home)	8.	22	History of suspected abuse/or neglect
4.	18	Caregiver's handicap presents risk to infant (physically impaired, hearing impaired, vision impaired)	9.	23	Non compliant with follow-up visits/screening visits and medical direction for <u>this infant</u>
5.	19	Caregiver mental illness/mental retardation			

C. NUTRITIONAL RISKS

1.	24	Congenital abnormalities affecting ability to feed or requiring special feeding techniques; poor sucking, severe or continuing diarrhea or vomiting; other conditions requiring diet modification	2.	25	Inadequate diet
----	-----------	---	----	-----------	-----------------

REFERRAL:	1. 26	Care Coordination	
	2. 26	No Care Coordination What services will the recipient receive?	27

PROVIDER COMMENTS/SUGGESTIONS: **28**

PROVIDER'S SIGNATURE & TITLE 29	SCREENING DATE 30
NAME AND TITLE PRINTED 31	NPI #: _____

REFERRAL TO HIGH-RISK CARE COORDINATION **32**

DMAS-17 rev. 1/07

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	(PROVIDER NAME)	Provider Name	DE4085	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	MICC TYPE	Case Management (MICC) Type	DE8401	
6	MICC BEGIN DATE	Case Management (MICC) Begin Date	DE8403	
7	MICC END DATE	Case Management (MICC) End Date	DE8489	
8	PROVIDER TOTAL	Calculated	DE0002	Refer to Program Specifications
9	GRAND TOTAL	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-003 Acknowledgement/Authorization Report Letters - Control Totals

General Information

This report provides control counts for the authorization letters sent to providers.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days Active
Distribution:	FA - Archive
Program:	AUTHORIZED MICC RECIPIENTS BY PROVIDER/ CONTROL TOTALS/ AUDIT TRAIL (MIM002)
Confidential:	No
Sequence:	Enrollee ID Number
Control Breaks:	N/A

MICC Maternal and Infant Care Coordination Record (MI-I-003)

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MATERNAL and INFANT CARE COORDINATION RECORD**

Instructions for Completing Form

1. Enter Recipient's Last Name. **Required.**
 2. Enter Recipient's First Name. **Required.**
 3. Enter Recipient's Middle Initial. **Required.**
 4. - 7. Enter Recipient's Address. **Required.**
 8. Enter Recipient's Medicaid ID Number. (NOTE: Enter the infant's number, not mother's, if recipient is an infant) **Required.**
 9. Enter the Birthdate of the Recipient in MM-DD-YY format. **Required.**
 10. Circle the appropriate code for the Recipient's Occupation: **Required.**
 - 0 None (Attends school)
 - 1 Not heavy work (Any work outside the home, or in the home for pay, full time or part time, not included under heavy work.)
 - 2 Heavy work (Any work involving strenuous physical effort)
 - 9 Unknown
 11. Circle the appropriate code for the Recipient's Marital Status: **Required.**
 - 0 Married
 - 1 Unmarried (single, separated or divorced)
 - 9 Unknown
 12. Circle the highest Education Level reached by the Recipient: **Required.**
 - 0 High School graduate or higher
 - 1 9th to 12th grade
 - 2 8th grade or less
 - 9 Unknown
 13. Enter the number of Live Births the mother has had
 14. Enter the number of Abortions the mother has had
 15. Enter the number of Miscarriages the mother has had
 16. Enter the number of Stillbirths the mother has had
 17. Enter the Estimated Date of Confinement (EDC) in MM-DD-YY format. **Required.**
 18. Enter the number of Weeks gestation at which prenatal care began. **Required.**
 19. Enter the MICC Provider/Agency Name. **Required.**
 20. Enter the MICC Provider's ID Number. **Required.**
 21. Enter the date of the initial MICC contact (collateral or face-to-face) in MM-DD-YY format. **Required.**
22. - 62. Assessments
- Check "YES" if the indicated problem is a risk for the recipient. Check "NO" if it is not. (NOTE: Items in italics apply to pregnant women only. Items in normal type apply to both women and infants. Items in bold type apply only to infants.)
63. - 80. Substance Abuse Usage
- Enter the number of days per week and the number of times per day the recipient uses or used each substance.
- If the recipient does not use the substance, leave the lines blank. If an entry is made in field 71 (Other), the name of the substance/drug must be listed.
81. If assessment is not able to be completed after several contact attempts, please document in this section the final contact attempt date (collateral or face-to-face). Enter the final date (MM-DD-YY) of the MICC contact attempt. The date in section 21 will be the date that DMAS will begin MICC eligibility and the date in section 81 will be the date DMAS closes the recipient to MICC. These dates will be used as the dates that DMAS can be billed for MICC care coordination. Please wait for DMAS notification prior to billing for care coordination. **Required.**
 82. Check this box if the client or the parent/caregiver has refused enrollment to MICC.
 83. Coordinator's Signature. **Required.** Date. The MICC Coordinator must enter the date the form was completed. **Required.**

For more complete information on BabyCare policy and procedures, please refer to the BabyCare Manual.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL RECORDS READ	Calculated	DE0002	Refer to Program Specifications

2	TOTAL RECORDS BYPASSED	Calculated	DE0002	Refer to Program Specifications
3	TOTAL RECORDS PROCESSED	Calculated	DE0002	Refer to Program Specifications
4	ACKNOWLEDGEMENT/AUTHORIZATION LETTERS WRITTEN	Calculated	DE0002	Refer to Program Specifications
5	TOTAL ENROLLEES LISTED	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-004 Cancelled Maternal Enrollees with MICC - Audit Trail

General Information

This audit trail lists those enrollees whose MICC coverage was cancelled.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CANCELLED AND HMO MATERNAL ENROLLEES WITH MICC, AUDIT TRAIL (MIM004)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	Enrollee ID Number

Cancelled Maternal Enrollees with MICC - Audit Trail (MI-O-004)

MIM004
AS OF: 01/01/2000
RUN DATE 01/31/2000 12:30

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CANCELLED MATERNAL ENROLLEES WITH MICC

REP
PA

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

----- MICC -----						
ENROLLEE-ID	ENROLLEE NAME	PROVIDER	CASE BEGIN	CASE END	TYPE	
① 999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	⑥ M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	M	

MICC RECORDS ENDED IN JANUARY BECAUSE ENROLLEE IS CANCELLED ⑧ 999

MICC RECORDS ENDED IN JANUARY BECAUSE ENROLLEE IS HMO ENROLLED ⑨ 999

MICC RECORDS ENDED IN JANUARY BECAUSE ENROLLEE IS 60 DAYS PAST DELIVERY ⑩ 999

MICC RECORDS ENDED IN JANUARY BECAUSE ENROLLEE ENROLLED IN PD080 ⑪ 999

*** END OF REPORT ***

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	CASE BEGIN	Case Management (MICC) Begin Date	DE8403	
5	CASE END	Case Management (MICC) End Date	DE8489	

6	TYPE	Case Management (MICC) Type	DE8401	
7	CANCEL REASON	Case Management (MICC) Cancel Reason	DE8486	
8	MICC RECORDS ENDED BECAUSE ENROLLEE IS CANCELLED	Calculated	DE0002	Refer to Program Specifications
9	MICC RECORDS ENDED BECAUSE ENROLLEE IS HMO ENROLLED	Calculated	DE0002	Refer to Program Specifications
10	MICC RECORDS ENDED BECAUSE ENROLLEE IS 60 DAYS PAST DELIVERY DATE	Calculated	DE0002	Refer to Program Specifications
11	MICC RECORDS ENDED BECAUSE ENROLLEE ENROLLED IN PD080	Calculated	DE0002	Refer to Program Specifications.

Output Reports MI O 005 MICC Infant Enrollees Cancelled For Age Over Two Years Audit Trail

General Information

This audit trail lists those infants enrolled in MICC whose coverage was cancelled because they reached two years of age.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CANCELLED AND HMO MATERNAL ENROLLEES WITH MICC, AUDIT TRAIL (MIM004)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	Enrollee ID Number

MICC Infant Enrollees Cancelled For Age Over Two Years - Audit Trail (MI-O-005)

MIM004
AS OF: 01/01/2000
RUN DATE: 01/31/2000

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC INFANT ENROLLEES CANCELLED FOR AGE OVER TWO YEARS

RE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

AUDIT TRAIL

ENROLLEE-ID	ENROLLEE NAME	PROVIDER	CASE BEGIN	CASE END	TY
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	I
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	I
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	I
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X 0123456789	99/99/9999	99/99/9999	I

⑧ 2 YEAR OLD ENROLLEES CANCELLED IN XXXXXXXXXX 999,999,999

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	CASE BEGIN	Case Management (MICC) Begin Date	DE8403	
5	CASE END	Case Management (MICC) End Date	DE8489	

6	TYPE	Case Management (MICC) Type	DE8401	
7	BIRTH DATE	Enrollee Birth Date	DE3005	
8	2 YEAR OLD ENROLLEES CANCELLED	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-007 MICC Audit Trail - Control Totals

General Information

This audit trail provides control totals and output counts of all additions, updates, closures and deletions to the MICC Master File over the last 30 days.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA - Archive
Program:	CANCELLED AND HMO MATERNAL ENROLLEES WITH MICC, AUDIT TRAIL (MIM004)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MICC Audit Trail - Control Totals (MI-O-007)

MIM004
AS OF: 01/31/2000
RUN DATE : 02/09/2000 12:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC AUDIT TRAIL

REPO
PAGE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR CONTROL TOTALS

①	OUTCOME REPORT EXTRACT RECORDS WRITTEN	106
②	ALPHA REPORT EXTRACT RECORDS WRITTEN	94

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	OUTCOME REPORT EXTRACT RECORDS WRITTEN	Calculated	DE0002	Refer to Program Specifications
2	ALPHA REPORT EXTRACT RECORDS WRITTEN	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-008 MICC Outcome Report - Audit Trail

General Information

This audit trail lists MICC enrollees who require Outcome Reports, which resulted in generation of Outcome Report Request letters to their servicing providers.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	OUTCOME REPORT - AUDIT TRAIL (MIM007)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Provider ID Number

MICC Outcome Report - Audit Trail (MI-O-008)

MIM007
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
OUTCOME REPORT

RE
PA

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

PROVIDER: 0123456789 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ENROLLEE ID	ENROLLEE NAME	MICC TYPE	MICC END DATE	MICC END REASON
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		99/99/9999	99

***** CONFIDENTIAL INFORMATION *****

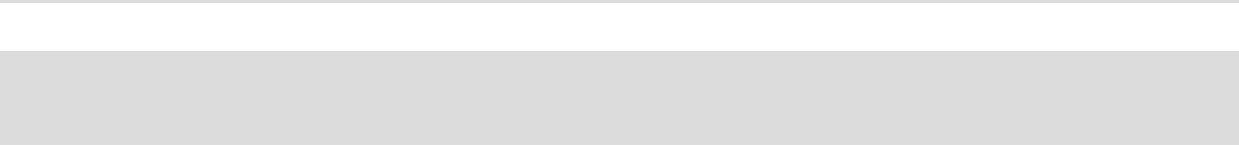
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	(PROVIDER NAME)	Provider Name	DE4085	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	MICC TYPE	Case Management (MICC) Type	DE8401	
6	MICC END DATE	Case Management (MICC) End Date	DE8489	
7	MICC END	Case Management	DE8486	



	REASON	(MICC) Cancel Reason		
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Output Reports MI-O-010 MICC Outcome Report - Control Totals

General Information

This report reflects totals for outcome report letters written.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA - Archive
Program:	OUTCOME REPORT - AUDIT TRAIL (MIM007)
Confidential:	No
Sequence:	N/A
Control Breaks:	Provider ID Number

MICC Outcome Report - Control Totals (MI-O-010)

MIM007
 AS OF: 01/01/2000
 RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTCOME REPORT

REPORT
 PAGE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

CONTROL TOTALS

EXTRACT RECORDS READ: 999,999,999
 TOTAL ENROLLEES LISTED: 999,999,999
 TOTAL LETTERS: 999,999,999

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations
---	------------	-------------------	---------	---------------------

			ID	
1	EXTRACT RECORDS READ	Calculated	DE0002	Refer to Program Specifications
2	TOTAL ENROLLEES LISTED	Calculated	DE0002	Refer to Program Specifications
3	TOTAL LETTERS	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-011 MICC Maternal Enrollees By MICC Type

General Information

Lists all active MICC Maternity enrollees.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	MICC MATERNAL ENROLLEES BY MICC TYPE (MIM011)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Enrollee Name

MICC Maternal Enrollees By MICC Type (MI-O-011)

MIMO11
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC MATERNAL ENROLLEES BY MICC TYPE

REPORT NO
PAGE NO

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR
PROVIDER: 0123456789 ACCOMACK HEALTH CLINIC
MICC TYPE: MATERNAL

ENROLLEE NAME		ENROLLEE ID	SOCIAL SECURITY	MICC BEGIN DATE	DATE OF BIRTH
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999

MATERNAL MICC : 999,999,999
PROVIDER TOTAL : 999,999,999

- * - ENROLLEE IS LESS THAN 15 YEARS OF AGE ON THE BEGIN DATE
- ** - THE BEGIN DATE IS MORE THAN 12 MONTHS IN THE PAST
- *** - ENROLLEE IS LESS THAN 15 YEARS OF AGE ON THE BEGIN DATE & THE BEGIN DATE IS MORE THAN 12 MONTHS IN THE PAST

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	(PROVIDER NAME)	Provider Name	DE4085	
3	MICC TYPE	Case Management (MICC) Type	DE8401	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

6	SOCIAL SECURITY	Enrollee Social Security Number (SSN)	DE3034	
7	MICC BEGIN DATE	Case Management (MICC) Begin Date	DE8403	
8	DATE OF BIRTH	Enrollee Birth Date	DE3005	
9	CITY COUNTY	MMIS Locality Code based on Postal Code	DE5254	
10	MATERNAL MICC	Calculated	DE0002	Refer to Program Specifications
11	PROVIDER TOTAL (MATERNAL & INFANT)	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-012 MICC Infant Enrollees By MICC Type

General Information

Lists all active MICC Infant enrollees.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	MICC MATERNAL ENROLLEES BY MICC TYPE (MIM011)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Infant Enrollees By MICC Type (MI-O-012)

MIMO11
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC INFANT ENROLLEES BY MICC TYPE

REPORT NO
PAGE NO

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

PROVIDER: 0123456789 ALBEMARLE HEALTH CLINIC

MICC TYPE: INFANT

ENROLLEE NAME		ENROLLEE ID	SOCIAL SECURITY	MICC BEGIN DATE	DATE OF BIRTH
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	X	999999999999	999999999	99/99/9999	99/99/9999

PROVIDER TOTAL: 999,999,999

- * - ENROLLEE IS LESS THAN 15 YEARS OF AGE ON THE BEGIN DATE
- ** - THE BEGIN DATE IS MORE THAN 12 MONTHS IN THE PAST
- *** - ENROLLEE IS LESS THAN 15 YEARS OF AGE ON THE BEGIN DATE & THE BEGIN DATE IS MORE THAN 12 M

***** CONFIDENTIAL INFORMATION *****

MICC Infant Enrollees By MICC Type (MI-O-012)

MIM011
 AS OF: 01/01/2000
 RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC ENROLLEES BY MICC TYPE

RE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

CONTROL TOTALS

11	TOTAL MICC ENROLLEES:	94
	INFANT:	60 12
13	MATERNAL:	34 14
	MATERNAL UNDER 15 YRS OLD:	0
15	MATERNAL OVERDUE OUTCOME:	3
	TOTAL PROVIDERS:	1 16

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	(PROVIDER NAME)	Provider Name	DE4085	
3	MICC TYPE	Case Management (MICC) Type	DE8401	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
6	SOCIAL SECURITY	Enrollee Social Security Number (SSN)	DE3034	
7	MICC BEGIN	Case Management	DE8403	

	DATE	(MICC) Begin Date		
8	DATE OF BIRTH	Enrollee Birth Date	DE3005	
9	CITY COUNTY	MMIS Locality Code based on Postal Code	DE5254	
10	PROVIDER TOTAL	Calculated	DE0002	Refer to Program Specifications
11	TOTAL MICC ENROLLEES	Calculated	DE0002	Refer to Program Specifications
12	INFANT	Calculated	DE0002	Refer to Program Specifications
13	MATERNAL	Calculated	DE0002	Refer to Program Specifications
14	MATERNAL UNDER 15 YRS OLD	Calculated	DE0002	Refer to Program Specifications
15	MATERNAL OVERDUE OUTCOME	Calculated	DE0002	Refer to Program Specifications
16	PROVIDER TOTAL	Calculated	DE0002	

Output Reports MI-O-013 MICC Overdue Outcome Report - Audit Trail

General Information

This audit trail lists overdue outcome letters produced.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	MICC OVERDUE OUTCOME REPORT - AUDIT TRAIL (MIM013)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Enrollee ID Number

MICC Overdue Outcome Report - Audit Trail (MI-O-013)

MIM013
 AS OF: 01/31/2000
 RUN DATE: 02/04/2000 10:33

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC OVERDUE OUTCOME REPORT

REP
 P

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL
 PROVIDER: 0123456789 ALBEMARLE HEALTH CLINIC

ENROLLEE ID	ENROLLEE NAME	MICC TYPE	MICC BEGIN DATE	MICC END DATE
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	X	99/99/9999	99/99/9999
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	X	99/99/9999	99/99/9999
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX X	X	99/99/9999	99/99/9999

8 ENROLLEES LISTED: 999,999,999

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
2	(PROVIDER NAME)	Provider Name	DE4085	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	ENROLLEE NAME	Enrollee Full Name	DE3003	
5	MICC TYPE	Case Management (MICC) Type	DE8401	
6	MICC BEGIN DATE	Case Management (MICC) Begin Date	DE8403	
7	MICC END DATE	Case Management	DE8489	

		(MICC) End Date		
8	ENROLLEES LISTED	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-014 MICC Overdue Outcome Report - Control Totals

General Information

This report reflects totals for the overdue outcome letters that were produced.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA - Archive
Program:	MICC OVERDUE OUTCOME REPORT - AUDIT TRAIL (MIM013)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MICC Overdue Outcome Report - Control Totals (MI-O-014)

MIM013
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC OVERDUE OUTCOME REPORT

RE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

CONTROL TOTALS

① EXTRACT RECORDS READ: 999,999,999
② TOTAL ENROLLEES LISTED: 999,999,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EXTRACT RECORDS READ	Calculated	DE0002	Refer to Program Specifications
2	TOTAL ENROLLEES LISTED	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-015 MICC On-line Updates - Audit Trail

General Information

This report captures all changes made in the on-line system to the MICC Master File over the past 30 Days. The before and after data fields are reflective of data that was entered and/or updated on screens: MI-S-002, MI-S-003, MI-S-004, MI-S-005, MI-S-006 and MI-S-007. This data was originally keyed into the system via Inputs: MI-I-001, MI-I-002, MI-I-003, MI-S-004 and MI-S-005.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA - Archive
Program:	MICC ONLINE UPDATES AUDIT TRAIL (MIM015)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Enrollee ID Number

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

REPO

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR

AUDIT TRAIL

9

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
9999999999999999	M	MM/DD/YY	HH:MM:SS	9999	Z9999	Z99Z	RISK SEGMENT(S) :	

- ENROLLEE ID
- RECORD NUMBER
- PURGE DATE
- PROVIDER ID
- DATE COMPLETED
- LAST ACTIVITY DATE
- LAST ACTIVITY CODE
- EXPECTED DELIVERY DATE
- PROVIDER- SIGN-IND
- MEDICAL-HYPERTENSION
- MEDICAL-DIABETES
- MEDICAL-MULT-GEST
- MEDICAL-PREV-LOW-WT
- MEDICAL-ADVANCED-AGE
- MEDICAL-CASE-CORD
- MEDICAL-FETAL-DEATH
- SOCIAL-TEENAGER < 15 YRS.
- SOCIAL-NON-COMP
- SOCIAL-RETARD./EMOT. PRBLM
- SOCIAL-ABUSE
- SOCIAL-SHELTER
- NUTRIT-WEIGHT
- NUTRIT-DIET MOD
- NUTRIT-POOR DIET

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

REP

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							NUTRIT-TEENAGER	
							REFER-CARE-CORD	
							REFER-NUTRIT	
							REFER-HOMEMAKER	
							REFER-PARENT-CLASS	
							REFER-GLUCOSE-MONI	
							REFER-SMOKING	
							REFER-SUBST-ABUSE	
							REFER-NO-CARE-CORD	
							ABUSE-ALCOHOL-W	
							ABUSE-COCAINE-W	
							ABUSE-MARCOTICS-W	
							ABUSE-MARIJUANA-W	
							ABUSE-SEDATIVES-W	
							ABUSE-AMPHETAMINE-W	
							ABUSE-INHALANTS-W	
							ABUSE-OTHER-W	
							ABUSE-ALCOHOL-D	
							ABUSE-COCAINE-D	
							ABUSE-MARCOTICS-D	
							ABUSE-MARIJUANA-D	
							ABUSE-SEDATIVES-D	
							ABUSE-AMPHETAMINE-D	
							ABUSE-INHALANTS-D	
							ABUSE-TOBACCOS-D	
							ABUSE-OTHER-D	

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

REPORT

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
---------	-------------	------	------	----------	---------	-----------	-------------------	----------

ABUSE-TYPE-DESC-W
ABUSE-TYPE-DESC-D
MEDICAL-COND-COMMENT
REFER-SERVICES-DESC

MICC SEGMENT:

MICC PROVIDER
DATE-OPENED
LAST-ACTDATE
LAST-ACTCODE
EXPECT-DEL-DATE
COORD-SIGNATURE
MARITAL
EDUCATION
OCCUPATION
PRIOR-LIVEBIRTHS
PRIOR-ABORTIONS
PRIOR-MISCARRIAGES
PRIOR-STILLBIRTHS
WEEKS-GESTATION
SIGNIFICANT-FINDS
PSYCHO-POOR-SUPT
PSYCHO-RELIGIOUS
PSYCHO-CONFLICT
PSYCHO-HLTH-NEEDS
PSYCHO-FOOD-FUNDS
PSYCHO-FOOD-STMP
PSYCHO-POOR-MOTIV
PSYCHO-CHILD-CARE

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

RE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							PSYCHO-HOUSING	
							PSYCHO-TRANSPORT	
							PSYCHO-SCHOOL	
							PSYCHO-EMPLOYMENT	
							PSYCHO-HOMELESS	
							PSYCHO-NEGLECT	
							PSYCHO-MENTAL	
							PSYCHO-MULT-PROV	
							MEDICAL-POOR-PREV	
							MEDICAL-MULTI-GEST	
							MEDICAL-BIRTH-WT	
							MEDICAL-GENETIC	
							MEDICAL-COND	
							MEDICAL-PREV-DEATH	
							MEDICAL-ADV-AGE	
							NUTRIR-OVER-WT	
							NUTRIT-UNDER-WT	
							NUTRIR-POOR-GAIN	
							NUTRIT-EXCESSIVE-GAIN	
							NUTRIT-DIET-COND	
							NUTRIT-SPEC-DIET	
							NUTRIT-NAUSEA	
							NUTRIT-POOR-DIET	
							NUTRIT-POOR-COOK	
							NUTRIT-TEENAGER	
							NUTRIT-ANEMIA	
							ABUSE-ALCOHOL-PW	
							ABUSE-COCAINE-PW	

* * * * C O N F I D E N T I A L I N F O R M A T I O N * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

REPO

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
---------	-------------	------	------	----------	---------	-----------	-------------------	----------

ABUSE-NARCOTICS-PW
ABUSE-MARIJUANA-PW
ABUSE-SEDATIVES-PW
ABUSE-AMPHETAMINE-PW
ABUSE-INHALANTS-PW
ABUSE-TOBACCOS-PW
ABUSE-OTHER-PW
ABUSE-ALCOHOL-PD
ABUSE-COCAINE-PD
ABUSE-NARCOTICS-PD
ABUSE-MARIJUANA-PD
ABUSE-SEDATIVES-PD
ABUSE-AMPHETAMINE-PD
ABUSE-INHALANTS-PD
ABUSE-TOBACCOS-PD
ABUSE-OTHER-PD
ABUSE-ALCOHOL-CW
ABUSE-COCAINE-CW
ABUSE-NARCOTICS-CW
ABUSE-MARIJUANA-CW
ABUSE-SEDATIVES-CW
ABUSE-AMPHETAMINE-CW
ABUSE-INHALANTS-CW
ABUSE-TOBACCOS-CW
ABUSE-OTHER-CW
ABUSE-ALCOHOL-CD

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC ONLINE UPDATES

REPO

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							ABUSE-COCAINE-CD	
							ABUSE-NARCOTICS-CD	
							ABUSE-MARIJUANA-CD	
							ABUSE-SEDATIVES-CD	
							ABUSE-AMPHETAMINE-CD	
							ABUSE-INHALANTS-CD	
							ABUSE-TOBACCOS-CD	
							ABUSE-OTHER-CD	
							ABUSE-TYPE-DESC-PW	
							ABUSE-TYPE-DESC-PD	
							ABUSE-TYPE-DESC-CW	
							ABUSE-TYPE-DESC-CD	
							OUTCOME SEGMENT	

							OUTCOME- PROVIDER	
							DATE-CLOSED	
							LAST-ACTDATE	
							LAST-ACTCODE	
							COORD-SIGN	
							REASON-1	
							OUTCOME-1	
							REASON-2	
							OUTCOME-2	
							REASON-3	
							OUTCOME-3	
							APGAR1-1MIN	
							APGAR1-5MIN	
							BIRTH1-WGHT	
							BIRTH1-DOB	

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
AS OF: 01/01/2000
RUN DATE: 01/01/2000 01:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC ONLINE UPDATES

RE

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							APGAR2-1MIN	
							APGAR2-5MIN	
							BIRTH2-WGHT	
							BIRTH2-DOB	
							APGAR3-1MIN	
							APGAR3-5MIN	
							BIRTH3-WGHT	
							BIRTH3-DOB	
							WEEKS-GESTATION	
							INFANT-RISK-COMP	
							INFANT-AT-RISK	
							INFANT-REFERRED	
							INFANT-MORBIDITY	
							INFANT-EP SDT	
							INFANT-WIC	
							WEEKS-CARE-BEGAN	
							PRENATAL-VISITS	
							WIC	
							FAMILY-PLANNING	
							NEEDS-CHILDCARE	
							NEEDS-FOODSTMP	
							NEEDS-HOUSING	
							NEEDS-NUTRIT	
							NEEDS-HOMEMAKER	
							NEEDS-HOMEHLTH	

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY MICC ONLINE UPDATES
RUN DATE: MM/DD/CCYY HH:MM

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							NEEDS-EMPLOYMT	
							NEEDS-SCHOOL	
							NEEDS-COUNSEL	
							NEEDS-JOB-TRAIN	
							NEEDS-TRANSPORT	
							NEEDS-SABUSE-TREAT	
							NEEDS-SMOKING-CESS	
							NEEDS-GLUCOSE-MONITOR	
							NEEDS-PARENTING	
							ABUSE-ALCOHOL-W	
							ABUSE-COCAINE-W	
							ABUSE-NARCOTICS-W	
							ABUSE-MARIJUANA-W	
							ABUSE-SEDATIVES-W	
							ABUSE-AMPHETAMINE-W	
							ABUSE-INHALANTS-W	
							ABUSE-TOBACCOS-W	
							ABUSE-OTHER-W	
							ABUSE-ALCOHOL-D	
							ABUSE-COCAINE-D	
							ABUSE-NARCOTICS-D	
							ABUSE-MARIJUANA-D	
							ABUSE-SEDATIVES-D	
							ABUSE-AMPHETAMINE-D	
							ABUSE-INHALANTS-D	
							ABUSE-TOBACCOS-D	
							ABUSE-OTHER-D	

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC On-line Updates - Audit Trail (MI-O-015)

MIM015
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC ONLINE UPDATES

REP

DELIVER TO: PROGRAM OPERATIONS, MICC COORDINATOR AUDIT TRAIL

MICC ID	RECORD TYPE	DATE	TIME	ACT CODE	OPER ID	TRAN CODE	FIELD DESCRIPTION	OLD DATA
							ABUSE-TYPE-DESC-W	
							ABUSE-TYPE-DESC-D	

TOTAL RECORDS ADDED
 ⑫ CHANGE
 DELETE

⑭ THE MICC MASTER FILE INCREASED BY 1 R

* * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MICC ID	Enrollee Permanent Identification Number	DE3093	
2	RECORD TYPE	Case Management (MICC) Type	DE8401	
3	RECORD DATE	Maternal Risk Screen Provider Signature Indicator	DE8410	
4	TIME	MICC Segment Counter	DE8399	
5	ACT CODE	Log Action Type	DE5702	
6	OPER ID	Log Operator Identification	DE5706	
7	TRAN CODE	Log Action Type	DE5702	

8	FIELD DESCRIPTION		DE0000	The description of the field on the MICC Master File.
9	OLD DATA		DE0000	The 'Before' record (prior to update).
10	NEW DATA		DE0000	The 'After' record (after the update).
11	TOTAL RECORDS ADDED	Calculated	DE0002	Refer to Program Specifications
12	CHANGED	Calculated	DE0002	Refer to Program Specifications
13	DELETED	Calculated	DE0002	Refer to Program Specifications
14	THE MICC MASTER FILE INCREASED BY X# of RECORDS	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-016 MICC Acknowledgement/ Authorization Letter

General Information

This letter is sent to providers to inform them of all new MICC eligible's that have been authorized for services.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	002
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	MICC Provider
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider ID Number
Control Breaks:	N/A

MICC Acknowledgement/Authorization Letter (MI-O-016)

(1)
XXXXXXXXXX 99, 9999

(2)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXX, XX 99999-9999
(5) (6) (7)

Provider ID: 1234567890
(8)

Dear MICC Provider: XXXXXXXXXXXXXXXXXXXXXXXX (9)

The Department of Medical Assistance Service (DMAS) has reviewed the necessary documentation for authorization of Maternal and Infant Care Coordination (MICC) services for the recipient noted below. You may now bill Medicaid for MICC services rendered to this recipient using the listed begin date. Please place this letter in the recipient's medical records.

When you are no longer providing services for this recipient, please submit the Pregnancy or Infant Outcome Report within thirty (30) days of case closure. Please send this information to:

Department of Medical Assistance Services
Attention: BabyCare
600 East Broad Street, Suite 1300
Richmond, Virginia, 23219

Fax: 804-786-5799

DMAS will send the Care Coordinator a notification once the Outcome Report is reviewed, and at that time the final claim may be submitted.

Questions regarding BabyCare should be directed to DMAS at (804) 786-6134.

(10)	(11)	(12)
ENROLLEE NAME	MEDICAID ID NUMBER	MICC BEGIN DATE
-----	-----	-----
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999999999999	MM/DD/CCYY

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated	0002	Refer to Program Specifications
2	PROVIDER NAME	Provider Name	DE4085	
3	MICC PROVIDER ADDRESS LINE 1	Provider Attention Name	DE4096	
4	MICC PROVIDER ADDRESS LINE 2	Provider Address Line	DE4097	

5	MICC PROVIDER CITY	Provider Address City Name	DE4130	
6	MICC PROVIDER STATE	Provider Address State	DE4098	
7	MICC PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
8	MICC PROVIDER ID	National Provider Identifier	DE4700	
9	MICC PROVIDER NAME	Provider Name	DE4085	
10	MICC ENROLLEE NAME	Enrollee Full Name	DE3003	
11	MICC ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	MICC BEGIN DATE	Case Management (MICC) Begin Date	DE8403	

Output Reports MI-O-017 MICC Notice of Change in Enrollment

General Information

This letter informs MICC providers of those eligible's, under his/her care whose enrollment has changed.

Subsystem:	EPSDT
Frequency:	Monthly
Volume:	Variable
Number of Copies:	002
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	MICC Provider
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider ID
Control Breaks:	N/A

MICC Notice of Change in Enrollment (MI-O-017)

JANUARY 31, 2000

ALBEMARLE HEALTH CLINIC
PO BOX 7546
CHARLOTTESVILLE VIRGINIA 22906-7546

PROV # 004975227

DEAR MICC PROVIDER:

OUR RECORDS INDICATE A CHANGE IN MICC ENROLLMENT DUE TO A TRANSFER OR ELIGIBILITY CHANGE FOR THE ENROLLEE(S) LISTED BELOW.

IF MATERNAL AND INFANT CARE COORDINATION SERVICES ARE IN EFFECT THROUGH YOUR AGENCY FOR THESE ENROLLEE(S), PLEASE NOTIFY THE MATERNAL AND CHILD HEALTH AT (800) 421-7376 TO REINSTATE THE ENROLLEE. THIS PROCESS IS NECESSARY TO OBTAIN REIMBURSEMENT FOR SERVICES.

IF THIS CASE HAS BEEN CLOSED, PLEASE SUBMIT THE CARE COORDINATION PREGNANCY OR INFANT OUTCOME REPORT ON THE INDIVIDUAL(S) NOTED TO:

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BABYCARE
600 EAST BROAD STREET
SUITE 1300
RICHMOND, VIRGINIA 23219

UPON RECEIPT OF THE OUTCOME REPORT BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES, THE CARE COORDINATOR WILL BE SENT A NOTIFICATION OF RECEIPT. NO PAYMENT WILL BE MADE FOR THE FINAL MONTH OF CARE UNTIL THE OUTCOME REPORT HAS BEEN RECEIVED.

PLEASE DISREGARD THIS REQUEST IF THE OUTCOME REPORT HAS ALREADY BEEN SUBMITTED. QUESTIONS REGARDING BABYCARE SHOULD BE DIRECTED TO THE MATERNAL AND CHILD HEALTH (MCH) HELPLINE AT (800) 421-7376.

MATERNAL AND CHILD HEALTH UNIT

ENROLLEE NAME MEDICAID ID NUMBER

BISHOP, KIMBERLY L 003-023340-01-1

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE OF LETTER		DE0000	The date the letter was generated.
2	MICC PROVIDER NAME	Provider Name	DE4085	
3	MICC PROVIDER ADDRESS	Provider Attention Name	DE4096	
4	MICC PROVIDER CITY NAME	Provider Address City Name	DE4130	

5	MICC PROVIDER STATE NAME	Provider Address State	DE4098	
6	MICC PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
7	MICC PROVIDER ID NUMBER	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
8	MICC PROVIDER NAME	Provider Name	DE4085	
9	MICC ENROLLEE NAME	Enrollee Full Name	DE3003	
10	MICC ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

Output Reports MI-O-018 Baby Care Eligibility Screening Report

General Information

This report lists all MICC enrollees who have been screened for MICC Services by a specific provider within the reported quarterly period. The report also indicates if the Enrollee has been screened, is at risk and/or enrolled in Baby Care.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	Variable
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	N/A
Program:	BABYCARE ELIGIBILITY SCREENING REPORT (MIQ300)
Confidential:	Yes
Sequence:	City/County Provider ID
Control Breaks:	Provider ID

BabyCare Eligibility Screening Report (MI-O-018)

MIQ300
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BABY-CARE ELIGIBILITY SCREENING REPORT

REPORT
PAGE

CITY/COUNTY: 999 XXXXXXXX (CITY)
SCREENING PROVIDER ID: 1234567890
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
999 XXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX, XX 99999-9999

PROGRAM TYPE	MEDICAID ENROLLEE ID	NAME	RISK	ENROL
M	999-9999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	No	No
I	999-9999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes	Ye
M	999-9999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes	Ye
M	999-9999999-99-9	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Yes	Ye

Subtotals
State Totals (on last page)

3
3

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY CODE	MMIS Locality Code based on Postal Code	DE5254	
2	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
3	SCREENING PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	(PROVIDER NAME)	Provider Name	DE4085	
5	(PROVIDER ADDRESS)	Provider Attention Name	DE4096	

6	(PROVIDER CITY)	Provider Address City Name	DE4130	
7	(PROVIDER STATE)	Provider Address State	DE4098	
8	(PROVIDER ZIP)	Provider Address ZIP Code	DE4099	
9	PROGRAM TYPE	Case Management Pending Enrollment Indicator	DE8406	
10	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
11	ENROLLEE NAME	Enrollee Full Name	DE3003	
12	ENROLLEE RISK	Calculated	DE0002	Refer to Program Specifications
13	ENROLLEE ENROLLED	Calculated	DE0002	Refer to Program Specifications
14	TOTAL NUMBER OF ELIGIBLES AT RISK	Calculated	DE0002	Refer to Program Specifications
15	TOTAL NUMBER of ELIGIBLES IN MICC	Calculated	DE0002	Refer to Program Specifications
16	STATE TOTAL OF ENROLLEES AT RISK	Calculated	DE0002	Refer to Program Specifications
17	STATE TOTAL OF ENROLLEES IN MICC	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-019 Baby Care Expanded Services Report

General Information

This listing indicates the expanded services received by MICC Enrollees within the reported quarterly time period. The services rendered reflect adjudicated Claims that were paid during the report period.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	Variable
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	N/A
Program:	BABYCARE EXPANDED SERVICES REPORT (MIQ310)
Confidential:	Yes
Sequence:	City/County Provider ID
Control Breaks:	Provider ID

BabyCare Expanded Services Report (MI-O-019)

MIQ310
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BABY-CARE RENDERED SERVICES REPORT

REPORT
PAGE

CITY/COUNTY: 990 XXXXXXXXX(CITY)
SCREENING PROVIDER ID: 1234567890
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
99999 XXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX, XX 99999-9999

MEDICAID ENROLLEE ID	NAME	CARE COORDINATION	EXPANDED NUTRITION	SER HOMEMAKER
99-999-99999999	XXXXXX, XXXXXXXXXXXXXXXX	Yes		No
99-999-99999999	XXXXXX, XXXXXXXXXXXXXXXX	Yes	Yes	Yes
99-999-99999999	XXXXXX, XXXXXXXXXXXXXXXX	Yes	Yes	Yes
99-999-99999999	XXXXXX, XXXXXXXXXXXXXXXX	Yes	Yes	Yes
Subtotals		4	3	3
State Totals (on last page)		4	3	3

***** CONFIDENTIAL INFORMATION

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY (CODE)	MMIS Locality Code based on Postal Code	DE5254	
2	(CITY/COUNTY NAME)	Locality Region Type Address Name	DE5264	
3	SCREENING PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	(PROVIDER NAME)	Provider Name	DE4085	
5	(PROVIDER ADDRESS)	Provider Attention Name	DE4096	

6	(PROVIDER CITY)	Provider Address City Name	DE4130	
7	(PROVIDER STATE)	Provider Address State	DE4098	
8	(PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	ENROLLEE NAME	Enrollee Full Name	DE3003	
11	CARE COORDINATION INDICATION	Calculated	DE0002	Refer to Program Specifications
12	NUTRITION SERVICES INDICATION	Calculated	DE0002	Refer to Program Specifications
13	HOMEMAKER SERVICES INDICATION	Calculated	DE0002	Refer to Program Specifications
14	EDUCATION SERVICES INDICATION	Calculated	DE0002	Refer to Program Specifications
15	TOTAL NUMBER OF ENROLLEES UNDER CARE COORDINATION	Calculated	DE0002	Refer to Program Specifications
16	TOTAL NUMBER OF ENROLLEES RECEIVING NUTRITION SERVICES	Calculated	DE0002	Refer to Program Specifications
17	TOTAL NUMBER OF ENROLLEES RECEIVING HOMEMAKER SERVICES	Calculated	DE0002	Refer to Program Specifications
18	TOTAL NUMBER OF ENROLLEES RECEIVING EDUCATION SERVICES	Calculated	DE0002	Refer to Program Specifications
19	STATE TOTAL OF CARE COORDINATION	Calculated	DE0002	Refer to Program Specifications

	SERVICES			
20	STATE TOTAL OF NUTRITION SERVICES	Calculated	DE0002	Refer to Program Specifications
21	STATE TOTAL OF HOMEMAKER SERVICES	Calculated	DE0002	Refer to Program Specifications
22	STATE TOTAL OF EDUCATION SERVICES	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-020 Baby Care Provider Report

General Information

This listing indicates the Active Providers who have billed for MICC Services within the last six months.

Subsystem:	EPSDT
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	Variable
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	N/A
Program:	MICC ACTIVE PROVIDER REPORT (MIQ320)
Confidential:	No
Sequence:	City/County Provider ID
Control Breaks:	City/County Provider ID

BabyCare Provider Report (MI-O-020)

MIQ320 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: 12/31/1999 BABY-CARE PROVIDER REPORT
RUN DATE: 01/01/2000 01:01

(1) (2)
CITY/COUNTY: 001 ALBERTA COUNTY

(3) (4) (5) (6) (7) (8) (9) (10) (11) (12)
PROVIDER CLASS SPECIALTY
ID NAME ADDRESS/PHONE TYPE CODE(S) STA SER

1234567890 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 999-XXXXXXXX 999-XXXXXXXXXXXXXXXXX ACT
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XX 99999-9999
(999) 999-9999

1234567890 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX 999-XXXXXXXX 999-XXXXXXXXXXXXXXXXX INA
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX
XX 99999-9999
(999) 999-9999

ACTIVE INACTIVE TOT
SUBTOTALS 999 (15) 999 (16) 9
STATE TOTALS (on last page) 999 (18) 999 (19) 9

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY (CODE)	MMIS Locality Code based on Postal Code	DE5254	
2	(CITY/COUNTY NAME)	Locality Region Type Address Name	DE5264	
3	PROVIDER ID	National Provider Identifier	DE4700	This field may contain the Provider's nine digit Legacy ID or the Provider's ten digit National Provider Identifier (NPI). The NPI, when available, will always take precedence over the Provider's Legacy ID.
4	NAME	Provider Name	DE4085	
5	ADDRESS	Provider Attention Name	DE4096	
6	(STREET)	Provider Address Line	DE4097	

7	(CITY)	Provider Address City Name	DE4130	
8	(STATE)	Provider Address State	DE4098	
9	(ZIP CODE)	Provider Address ZIP Code	DE4099	
10	PHONE	Provider Phone Number	DE4090	
11	CLASS TYPE	Provider Type	DE4006	
12	SPECIALTY CODE	Provider Specialty Code	DE4007	
13	STATUS	Calculated	DE0002	Refer to Program Specifications
14	SERVICE DATE (LAST)	Claim Service From Date	DE2010	
15	SUBTOTALS ACTIVE	Calculated	DE0002	Refer to Program Specifications
16	SUBTOTALS INACTIVE	Calculated	DE0002	Refer to Program Specifications
17	SUBTOTALS TOTAL (ACTIVE AND INACTIVE)	Calculated	DE0002	Refer to Program Specifications
18	STATE TOTALS ACTIVE	Calculated	DE0002	Refer to Program Specifications
19	STATE TOTALS INACTIVE	Calculated	DE0002	Refer to Program Specifications
20	STATE TOTALS TOTAL (ACTIVE AND INACTIVE)	Calculated	DE0002	Refer to Program Specifications

Output Reports MI-O-021 MICC Closure Notification Letter

General Information

This letter is sent to providers to inform them of all MICC enrollees who are no longer authorized to receive services.

Subsystem:	EPSDT
Frequency:	Weekly
Volume:	Variable
Number of Copies:	02
Output Form:	OnDemand
Retention:	60 Days Active
Distribution:	MICC Provider
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MICC Closure Notification Letter (MI-O-021)

(1)
XXXXXXXXXX 99, 9999

(2)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXXXXXXXX, XX 99999-9999
(5) (6) (7)

PROVIDER ID: 1234567890
(8)

(9)
DEAR MICC PROVIDER: XXXXXXXXXXXXXXXXXXXXXXXX

The Department of Medical Assistance Services (DMAS) has closed the recipient below to Maternal Infant Child Coordination (MICC) services. Please place this letter in the recipient's medical records. You may bill for the last month of MICC services at this time.

If you have not submitted the Pregnancy or Infant Outcome Report to DMAS, please submit the form to the address below and DMAS will send the Care Coordinator a final notification.

If you believe you have received this letter in error, please notify DMAS at the contact below:

Department of Medical Assistance Services
Attention: BabyCare
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

Fax: 804-786-5799

Questions regarding BabyCare should be directed to DMAS at (804) 786-6134.

(10) (11) (12)
ENROLLEE NAME MEDICAID ID NUMBER MICC END DATE

XXXXXXXXXXXXXXXXXXXX 999999999999 MM/DD/CCYY

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated	DE0002	
2	PROVIDER NAME	Provider Name	DE4085	
3	MICC PROVIDER	Provider Attention	DE4096	

	ADDRESS LINE 1	Name		
4	MICC PROVIDER ADDRESS LINE 2	Provider Address Line	DE4097	
5	MICC PROVIDER CITY	Provider Address City Name	DE4130	
6	MICC PROVIDER STATE	Provider Address State	DE4098	
7	MICC PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
8	MICC PROVIDER ID	National Provider Identifier	DE4700	
9	MICC PROVIDER NAME	Provider Name	DE4085	
10	MICC ENROLLEE NAME	Enrollee Full Name	DE3003	
11	MICC ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	MICC END DATE	Case Management (MICC) End Date	DE8489	

Output Reports MI-O-900 MICC Case Management Conversion Report

General Information

This report is produced for Case Management Segments on the Current Recipient Master File that were extracted for file conversion to the new MICC Master File. ACS will use this report for referencing and monitoring the volume of MICC enrollees and as a guide for setting parameters for retrieving the correct Provider information from the Claims History Database.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CONVERT CASE MANAGEMENT ON ENROLLEE ELIGIBILITY MASTER (MIC001)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Case Management Conversion Report (MI-O-900)

MIC001
AS OF : 06/01/2001
RUN DATE: 06/01/2001 02:40

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC CASE MANAGEMENT CONVERSION
VALIDATION REPORT

REPORT NO: MI-O-900
PAGE NO: 1

	Enrollee ID ①	Enrollee Name ②	MICC TYPE ③	Provider ID ④	Begin Date ⑤	End Date ⑥	Exp Del Date (Last) ⑦	End Reason ⑧	Num Seg
Before Image:					05/23/98	08/24/99	07/31/99		02
After Image:					05/23/1998	08/24/1999	07/31/1999		02
Before Image:					03/11/96	02/12/97	11/07/99		01
After Image:					03/11/1996	02/12/1997	11/07/1999		01
Before Image:					06/20/98	11/03/99	01/12/00		01
After Image:					06/20/1998	11/03/1999	01/12/2000		01
Before Image:					05/23/98	04/24/99	02/18/99		01
After Image:					05/23/1998	04/24/1999	02/18/1999		01
Before Image:					08/19/98	08/31/00			01
After Image:					08/19/1998	08/31/2000			01
Before Image:					02/09/96	08/10/96	06/30/96		01
After Image:					02/09/1996	08/10/1996	06/30/1996		01
Before Image:					08/15/97	06/15/98	04/13/98		06
After Image:					08/15/1997	06/15/1998	04/13/1998		06
Before Image:					05/23/98	03/24/99	01/10/99		05
After Image:					05/23/1998	03/24/1999	01/10/1999		05
Before Image:					07/13/95	03/10/99	01/22/99		01
After Image:					07/13/1995	03/10/1999	01/22/1999		01

***** CONFIDENTIAL INFORMATION *****

MICC Case Management Conversion Report (MI-O-900)

MIC001 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF : 06/01/2001 MICC CASE MANAGEMENT CONVERSION
RUN DATE: 06/01/2001 02:40 VALIDATION REPORT - TOTALS

REPORT

TOTAL NUMBER OF MASTER RECORDS CONVERTED	⑩ 33,228
TOTAL NUMBER OF MICC SEGMENTS READ	⑪ 34,542
TOTAL NUMBER OF MATERNAL SEGMENTS READ	⑫ 19,058
TOTAL NUMBER OF INFANT SEGMENTS READ	⑬ 15,484
TOTAL NUMBER OF MATERNAL SEGMENTS WRITTEN TO CASE MGMT EXTRACT	13,500
TOTAL NUMBER OF INFANT SEGMENTS WRITTEN TO CASE MGMT EXTRACT	11,353
TOTAL NUMBER OF MASTER RECORDS READ	⑯ 2,561,464
TOTAL NUMBER OF MASTER RECORDS BYPASSED	2,528,236

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC Case Management Conversion Report (MI-O-900)

MIC001 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC CASE MANAGEMENT CONVERSION
 RUN DATE: 06/01/2001 02:40 PROVIDER ERROR REPORT

REPO

	Enrollee ID (18)	Enrollee Name (19)	MICC Provider TYPE ID (20) (21)	Begin Date (22)	End Date (23)	Exp Deliv Date (Last) (24)	En
Before Image:				05/23/98	08/24/99	07/31/99	02
After Image:				05/23/1998	08/24/1999	07/31/1999	02
Before Image:				03/11/96	02/12/97	11/07/99	01
After Image:				03/11/1996	02/12/1997	11/07/1999	01
Before Image:				06/20/99	02/28/00	01/12/00	01
After Image:				06/20/1999	02/28/2000	01/12/2000	01
Before Image:				05/23/98	04/24/99		01
After Image:				05/23/1998	04/24/1999		01

***** CONFIDENTIAL INFORMATION *****

	DATE			
7	MI-CASE-MGMT-EXTR-DEL-DATE	Case Management (MICC) Expected Delivery Date	DE8739	
8	MI-CASE-MGMT-EXTR-END-REASON	Case Management (MICC) Cancel Reason	DE8486	
9	MI-NUM-OF-CASE-MGMT-SEGS	Calculated	DE0002	This field will represent the number of Case Management Segments or occurrences that an enrollee has on the Current Recipient Master File. It is represented as R-CASE-MGMT-OCCURS, DE 153.5.
10	Total Number of Master Records Converted	Calculated	DE0002	This field represents the total count of records read on the Recipient Master File that contained MICC Segments and were converted.
11	Total Number of MICC Segments Read	Calculated	DE0002	This field represents the total number of MICC segments that were read for conversion. Included in this accumulation are both maternal and infant cases.
12	Total Number of Maternal Segments Read	Calculated	DE0002	This field represents the total number of Maternal MICC Segments that were read.
13	Total Number of Infant Segments Read	Calculated	DE0002	This total represents the number of Infants Segments that were read.
14	Total Number of Maternal Segments Written to the Case Management Extract	Calculated	DE0002	This field represents the total number of Maternal Segments written to the Case Management File that did not contain any errors.
15	Total Number of Infant Segments Written to the Case Management Extract	Calculated	DE0002	This field represents the total number of Infant Segments written to the Case Management File that did not contain any errors.
16	Total Number of Master Records Read	Calculated	DE0002	This is the Total Number of Records Read on the Recipient Eligibility Master.
17	Total Number of Master Records Bypassed	Calculated	DE0002	This field represents the total number of Recipient Master Records that were bypassed because there were no MICC Segments present.

18	MI-CASE-MGMT-ERR-ID	Enrollee Permanent Identification Number	DE3093	
19	MI-CASE-MGMT-ERR-NAME	Enrollee Full Name	DE3003	
20	MI-CASE-MGMT-ERR-TYPE	Case Management (MICC) Type	DE8401	
21	MI-CASE-MGMT-ERR-PROV-ID	Case Management (MICC) Provider Number	DE8400	This output was generated during the VaMMIS Implementation Phase and the 9-digit Legacy Provider was ID used in this field.
22	MI-CASE-MGMT-ERR-BEGDATE	Case Management (MICC) Begin Date	DE8403	
23	MI-CASE-MGMT-ERR-ENDDATE	Case Management (MICC) End Date	DE8489	
24	MI-CASE-MGMT-ERR-EDC	Case Management (MICC) Expected Delivery Date	DE8739	
25	MI-CASE-MGMT-ERR-END-REASON	Case Management (MICC) Cancel Reason	DE8486	
26	MI-NUM-OF-CASE-MGMT-SEGS	Calculated	DE0002	
27	FIELD ERROR	Calculated	DE0002	This field describes the field that was in error.
28	Total Number of MICC Segments Read With Provider Errors	Calculated	DE0002	This accumulated total represents the number of MICC Segments, Infant and Maternal that contained a provider error.
29	Total Number of Maternal Segments Read With Provider Errors	Calculated	DE0002	This accumulated total reflects all Maternal Segments that were read that contained a provider error.
30	Total Number of Infant Segments Read With Provider Errors	Calculated	DE0002	This accumulated total reflects all Infant Segments that were read that contained a provider error.
31	Total Number of Maternal Segments Written to Case Mgmt Extract With Provider Errors	Calculated	DE0002	This accumulated total reflects all Maternal Segments that were written to the Extract File that contained an error.
32	Total Number of	Calculated	DE0002	This accumulated total reflects all

	Infant Segments Written to Case Mgmt Extract With Provider Errors			Infant Segments that were written to the Extract File that contained an error.
33	Total Number of Segments Written to Case Mgmt Extract	Calculated	DE0002	This accumulated total reflects all Segments that were written to the Extract File.

Output Reports MI-O-910 MICC Master File Conversion - Validation Report

General Information

This report is produced for records on the Current MICC Master File that were extracted for file conversion to the new MICC Master File. The records will be initially converted and written to the MICC Master Extract File, MI-F-910. They will then be merged with converted records on the MICC Case Management Extract File, MI-F-900 to create the new MICC Master File, MI-F-001. ACS will use this report for referencing and monitoring the volume of enrollees currently enrolled in Baby Care and to ensure the integrity of the converted data.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CONVERT EXISTING MICC MASTER FILE (MIC002)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002
 AS OF : 06/01/2001
 RUN DATE: 06/01/2001 02:40

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC MASTER FILE CONVERSION
 VALIDATION REPORT

REPO

FIELD NAME ^①	SOURCE FILE : MI-F-01 ^②	CURRENT VA DE	^③ BEFORE IMAGE	TARGET FILE : MI-F-001 ^④	NEW VA DE	AFT	IMA
MATERNAL RECORD							
RECORD TYPE		199.01			1	8401	
MEDICAID ID		199.02	120188880840			3093	1201888808
ENROLLEE LAST NAME		199.031		ADAMS		N/A	
ENROLLEE FIRST NAME		199.032		JENNIFER		N/A	
ENROLLEE MI		199.033		L		N/A	
ENROLLEE NAME SUFFIX		199.034				N/A	
ENROLLEE BIRTH DATE		199.04		19620522		N/A	
ENROLLEE SSN		199.05		132094585		N/A	
CITY COUNTY CODE		199.06		760		N/A	
RACE		199.07		1		N/A	
SEX		199.08		2		N/A	
PURGE DATE		199.081		0		8396	
RISK PROVIDER ID		199.09		3490099		8408	0034900
RISK COMPLETION DATE		199.10		991030		8409	199910
RISK LAST ACTIVITY DATE		199.11		991110		8094	199911
RISK LAST ACTIVITY CODE		199.12		A		8095	
MATERNAL EXPECTED DELIVERY DATE		199.13		000321		8412	200003
MATERNAL RISK MEDICAL CONDITIONS							
HYPERTENSION		199.1401			1	8563	
DIABETES		199.1402			0	8564	
MULTIPLE GESTATION		199.1403			0	8565	
PREVIOUS LOW WEIGHT		199.1404			0	8566	
ADVANCED MATERNAL AGE		199.1405			0	8567	
CASE COORDINATION		199.1406			0	8568	
FETAL DEATH		199.1407			0	8569	
MATERNAL RISK MEDICAL COND COMMENT		N/A		N/A		(spaces)	(space)

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

REPORT N

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AFT IMA
MATERNAL RISK SOCIAL CONDITIONS				
TEENAGER	199.1501	0	8571	
NON COMPLIANT	199.1502	0	8572	
MENTALLY RETARDED	199.1503	0	8573	
ABUSE	199.1504	1	8574	
SHELTER	199.1505	1	8575	
MATERNAL RISK NUTRITIONAL CONDITIONS				
WEIGHT	199.1601	1	8576	
DIET MODIFICATION	199.1602	0	8577	
POOR DIET	199.1603	0	8578	
TEENAGER	199.1604	0	8579	
MATERNAL RISK REFERRAL CONDITIONS				
CARE COORDINATION	199.1031	0	8519	
NUTRITIONAL	199.1032	0	8520	
HOMEMAKER	199.1033	1	8521	
PARENT CLASS	199.1034	0	8522	
GLUCOSE MONITOR	199.1035	0	8523	
SMOKING	199.1036	0	8524	
SUBSTANCE ABUSE	199.1037	0	8525	
NO CARE COORDINATION	199.1038	0	8526	
MATERNAL RISK REFERRAL COND COMMENT	199.99	TEST FIELD	8394	TEST FIE
MATERNAL RISK SUBSTANCE ABUSE				
WEEKLY FREQUENCY				
ALCOHOL	199.9921	00	8722	
COCAINE	199.9922	00	8723	
NARCOTICS	199.9923	00	8724	
MARIJUANA	199.9924	00	8725	
SEDATIVES	199.9925	00	8726	
AMPHETAMINES	199.9926	00	8727	
INHALANTS	199.9927	00	8728	
TOBACCO	199.9928	00	8729	
OTHER	199.9929	00	8730	

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AF IM
DAILY FREQUENCY				
ALCOHOL	199.9901	00	8713	
COCAINE	199.9902	00	8714	
NARCOTICS	199.9903	00	8715	
MARIJUANA	199.9904	00	8716	
SEDATIVES	199.9905	00	8717	
AMPHETAMINES	199.9906	00	8718	
INHALANTS	199.9907	00	8719	
TOBACCO	199.9908	00	8720	
OTHER	199.9909	00	8721	
WEEKLY SUBSTANCE ABUSE DESC	199.9933	TEST FIELD	8734	TEST FI
DAILY SUBSTANCE ABUSE DESC	199.9934	TEST FIELD	8733	TEST FI
MATERNAL RISK SCREEN PROVIDER SIGN	N/A	N/A	8410	(spa
MATERNAL MICC PROVIDER-1	199.17	3889838	8416	003889
MATERNAL MICC DATE OPENED-1	199.18	0	8417	
MATERNAL MICC PROVIDER-2	199.17	0	8416	
MATERNAL MICC DATE OPENED-2	199.18	0	8417	
MATERNAL MICC PROVIDER-3	199.17	0	8416	
MATERNAL MICC DATE OPENED-3	199.18	0	8417	
MATERNAL MICC LAST ACTIVITY DATE	199.19	990105	8096	19990
MATERNAL MICC LAST ACTIVITY CODE	199.20	C	8097	
MATERNAL MICC EXP DEL DATE	199.13	990401	8495	19990
MATERNAL MICC MARITAL STATUS	199.21	0	8418	
MATERNAL MICC EDUCATION	199.22	1	8419	
MATERNAL MICC OCCUPATION	199.23	1	8420	
MATERNAL MICC PRIOR LIVE BIRTHS	199.24	2	8421	
MATERNAL MICC PRIOR ABORTIONS	199.25	0	8422	
MATERNAL MICC PRIOR MISCARRIAGES	199.2501	0	8490	
MATERNAL MICC PRIOR STILLBIRTHS	199.26	0	8403	
MATERNAL MICC WEEKS GESTATION	199.27	20	8424	
MATERNAL MICC SIGNIFICANT FINDINGS	N/A	N/A	8731	(spa
MATERNAL MICC COORD SIGNATURE	N/A	N/A	8383	(spa

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE
MATERNAL MICC PSYCHOSOCIAL CONDITIONS			
POOR PREVIOUS PREGNANCY	199.2801	1	8580
POOR SUPPORT SYSTEM	199.2802	0	8581
ANXIETY	199.2803	0	8582
DRUGS	199.2804	0	8583
ALCOHOL	199.2805	0	8584
TOBACCO	199.2806	0	8585
RELIGIOUS	199.2807	9	8586
CONFLICT	199.2808	0	8587
HEALTH NEEDS	199.2809	0	8588
FOOD FUNDS	199.2810	0	8589
FOOD STAMPS	199.2811	0	8590
POOR PLANNING ABILITY	199.2812	0	8591
POOR MOTIVATION	199.2813	0	8592
CHILD CARE NEEDS	199.2814	1	8593
HOUSING	199.2815	0	8594
TRANSPORT	199.2816	0	8595
SCHOOL	199.2817	0	8596
EMPLOYMENT	199.2818	0	8597
HOMELESS	199.2819	0	8598
NEGLECT	199.2820	0	8599
MENTAL	199.2821	0	8600
MULTIPLE PROVIDERS	199.2909	0	8609
MATERNAL MICC MEDICAL CONDITIONS			
MULTIPLE GESTATIONS	199.2901	0	8601
PRIOR PRE-TERM/ LOW BIRTH WEIGHT	199.2902	0	8602
GENETIC DISORDER	199.2903	0	8603
CHRONIC MEDICAL CONDITIONS	199.2904	1	8604
LACK OF KNOWLEDGE	199.2905	0	8605
PREVIOUS FETAL DEATH	199.2906	9	8606
LIMITED ACCESS TO CARE	199.2907	0	8607
ADVANCED MATERNAL AGE	199.2908	0	8608

***** C O N F I D E N T I A L I N F O R M A T I O N *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE
MATERNAL MICC NUTRITIONAL CONDITIONS			
PRE-PREGNANCY OVERWEIGHT	199.3001	0	8610
PRE-PREGNANCY UNDERWEIGHT	199.3002	0	8611
INADEQUATE WEIGHT GAIN	199.3003	0	8612
EXCESSIVE WEIGHT GAIN	199.3004	0	8613
MEDICAL COND AFFECTS DIET	199.3005	1	8614
SPECIAL DIET/FORMULA	199.3006	0	8615
NAUSEA	199.3007	0	8616
CRAVINGS	199.3008	0	8617
POOR BASIC DIET INFO	199.3009	0	8618
POOR COOKING FACILITIES	199.3010	9	8619
TEENAGER	199.3011	0	8620
ANEMIA	199.3012	0	8621
MATERNAL MICC PRIOR SUBSTANCE ABUSE			
WEEKLY FREQUENCY			
ALCOHOL	199.1081	00	8554
COCAINE	199.1082	00	8555
NARCOTICS	199.1083	00	8556
MARIJUANA	199.1084	00	8557
SEDATIVES	199.1085	00	8558
AMPHETAMINES	199.1086	00	8559
INHALANTS	199.1087	00	8560
TOBACCO	199.1088	10	8561
OTHER	199.1089	00	8562
DAILY FREQUENCY			
ALCOHOL	199.1071	00	8545
COCAINE	199.1072	00	8546
NARCOTICS	199.1073	00	8547
MARIJUANA	199.1074	00	8548
SEDATIVES	199.1075	00	8549
AMPHETAMINES	199.1076	00	8550

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AFTER IMAGE
INHALANTS	199.1077	00	8551	0
TOBACCO	199.1078	00	8552	0
OTHER	199.1079	00	8553	0
MATERNAL MICC CURRENT SUBSTANCE ABUSE				
WEEKLY FREQUENCY				
ALCOHOL	199.1051	00	8527	0
COCAINE	199.1052	00	8528	0
NARCOTICS	199.1053	00	8529	0
MARIJUANA	199.1054	00	8530	0
SEDATIVES	199.1055	00	8531	0
AMPHETAMINES	199.1056	00	8532	0
INHALANTS	199.1057	00	8533	0
TOBACCO	199.1058	00	8534	0
OTHER	199.1059	00	8535	0
DAILY FREQUENCY				
ALCOHOL	199.1061	00	8536	0
COCAINE	199.1062	00	8537	0
NARCOTICS	199.1063	00	8538	0
MARIJUANA	199.1064	00	8539	0
SEDATIVES	199.1065	00	8540	0
AMPHETAMINES	199.1066	00	8541	0
INHALANTS	199.1067	00	8542	0
TOBACCO	199.1068	00	8543	0
OTHER	199.1069	00	8544	0
PRIOR WEEKLY SUBSTANCE ABUSE DESC	199.9938	TEST DATA	8736	TEST DATA
PRIOR DAILY SUBSTANCE ABUSE DESC	199.9937	TEST DATA	8737	TEST DATA
CURRENT WEEKLY SUBSTANCE ABUSE DESC	199.9936	TEST DATA	8756	TEST DATA
CURRENT DAILY SUBSTANCE ABUSE DESC	199.9935	TEST DATA	8755	TEST DATA
MATERNAL MICC SIGNIFICANT FINDS	N/A	N/A	8731	(space

* * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AL ID
MATERNAL OUTCOME PROVIDER-1	199.31	3490099	8416	00349
MATERNAL OUTCOME DATE CLOSED-1	199.32	000522	8426	2000
MATERNAL OUTCOME PROVIDER-2	199.31	0	8416	
MATERNAL OUTCOME DATE CLOSED-2	199.32	0	8426	
MATERNAL OUTCOME PROVIDER-3	199.31	0	8416	
MATERNAL OUTCOME DATE CLOSED-3	199.32	0	8426	
MATERNAL OUTCOME LAST ACTIVITY DATE	199.33	000520	8098	2000
MATERNAL OUTCOME LAST ACTIVITY CODE	199.34	A	8099	
MATERNAL OUTCOME REASON-1	199.35	1	8430	
MATERNAL OUTCOME OUTCOME-1	199.36	1	8431	
MATERNAL OUTCOME REASON-2	199.35	0	8430	
MATERNAL OUTCOME OUTCOME-2	199.36	0	8431	
MATERNAL OUTCOME REASON-3	199.35	0	8430	
MATERNAL OUTCOME OUTCOME-3	199.36	0	8431	
MATERNAL OUTCOME BIRTH1-LBS.	199.37	05	8432	
MATERNAL OUTCOME BIRTH1-OZS.	199.37	20	8432	
MATERNAL OUTCOME BIRTH1-DOB	199.38	991102	8433	1999
MATERNAL OUTCOME APGAR1-1MIN.	199.39	31	8434	
MATERNAL OUTCOME APGAR1-5MIN.	199.40	43	8435	
MATERNAL OUTCOME BIRTH2-LBS.	199.41	00	8436	
MATERNAL OUTCOME BIRTH2-OZS.	199.41	00	8436	
MATERNAL OUTCOME BIRTH2-DOB	199.42	000000	8437	0000
MATERNAL OUTCOME APGAR2-1MIN.	199.43	00	8438	
MATERNAL OUTCOME APGAR2-5MIN.	199.44	00	8439	
MATERNAL OUTCOME BIRTH3-LBS.	199.95	00	8390	
MATERNAL OUTCOME BIRTH3-OZS.	199.95	00	8390	
MATERNAL OUTCOME BIRTH3-DOB	199.96	000000	8391	0000
MATERNAL OUTCOME APGAR3-1MIN.	199.97	00	8392	

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AFT IMA
AMPHETAMINES	199.1026	00	8515	
INHALANTS	199.1027	00	8516	
TOBACCO	199.1028	00	8517	
OTHER	199.1029	00	8518	
DAILY FREQUENCY				
ALCOHOL	199.1011	00	8501	
COCAINE	199.1012	00	8502	
NARCOTICS	199.1013	00	8503	
MARIJUANA	199.1014	00	8504	
SEDATIVES	199.1015	00	8505	
AMPHETAMINES	199.1016	00	8506	
INHALANTS	199.1017	00	8507	
TOBACCO	199.1018	00	8508	
OTHER	199.1019	00	8509	
WEEKLY SUBSTANCE ABUSE DESC AT DEL	199.9932	TEST DATA	8387	TEST D
DAILY SUBSTANCE ABUSE DESC AT DEL	199.9931	TEST DATA	8386	TEST D

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	RE AF IM
INFANT RECORD				
RECORD TYPE	199.01	1	8401	
MEDICAID ID	199.02	120188823450	3093	12018882345
RECORD NUMBER	199.021	01	8397	
PURGE DATE		000000		000000
RISK PROVIDER ID	199.56	3490099	8451	0034900
RISK COMPLETION DATE	199.57	990630	8452	199906
RISK LAST ACTIVITY DATE	199.58	990713	8088	199907
RISK LAST ACTIVITY CODE	199.59	A	8089	
INFANT RISK PROVIDER SIGN INDICATOR	N/A	N/A	8411	(space)
INFANT RISK REFERRAL CONDITIONS				
CASE COORDINATION	199.6301	0	8657	
NO CARE COORDINATION	199.6302	0	8658	
NO CARE COORDINATION DESCRIPTION	199.9939	TEST	8499	TE
INFANT MEDICAL CONDITION COMMENT	N/A	N/A	8496	(space)
INFANT RISK MEDICAL CONDITIONS				
DEVELOPMENTAL DELAY	199.6001	1	8639	
GENETIC	199.6002	0	8638	
LOW BIRTH WEIGHT	199.6003	0	8639	
CHRONIC ILLNESS	199.6004	0	8640	
FETAL ALCOHOL SYNDROME	199.6005	0	8641	
HIGH RISK	199.6006	0	8642	
CARE COORDINATION	199.6007	0	8643	
DRUG EXPOSED	199.6008	0	8644	
FAIL TO THRIVE	199.6009	0	8645	
INFANT RISK SOCIAL CONDITIONS				
LANGUAGE BARRIER	199.6101	0	8646	
MATERNAL ABSENCE	199.6102	0	8647	
PARENTAL ADDICTION	199.6103	0	8648	

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE
PHYSICALLY HANDICAPPED CAREGIVER	199.6104	1	8649
MENTALLY HANDICAPPED CAREGIVER	199.6105	1	8650
HOMELESS	199.6106	0	8651
UNDER 18	199.6107	0	8652
SUSPECTED ABUSE	199.6108	0	8653
NON COMPLIANT	199.6106	0	8654
INFANT RISK NUTRITIONAL CONDITIONS			
CONGENITAL	199.6201	1	8655
INADEQUATE DIET	199.6202	0	8656
INFANT MICC PROVIDER-1	199.64	6868886	8457
INFANT MICC DATE OPENED-1	199.65	0	8458
INFANT MICC PROVIDER-2	199.64	0	8457
INFANT MICC DATE OPENED-2	199.65	0	8458
INFANT MICC PROVIDER-3	199.64	0	8457
INFANT MICC DATE OPENED-3	199.65	0	8458
INFANT MICC LAST ACTIVITY DATE	199.66	990809	8090
INFANT MICC LAST ACTIVITY CODE	199.67	A	8091
INFANT MICC CARETAKER INFORMATION			
CARETAKER NAME	199.68		N/A
LAST NAME	199.681	DAVIS	N/A
FIRST NAME	199.682	ABAGAIL	N/A
MIDDLE NAME	199.683	MARIE	N/A
SUFFIX	199.684		N/A
CARETAKER MEDICAID ID	199.02	135087373422	8407
MARITAL STATUS	199.70	0	8461
EDUCATION	199.69	0	8460
RELATIONSHIP	199.71	1	8462
OCCUPATION	N/A	N/A	8500
INFANT MICC SIGNIFICANT FINDINGS	N/A	N/A	8732

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE	AF IM
INFANT MICC PSYCHOSOCIAL CONDITIONS				
POOR SUPPORT SYSTEM	199.7202	0	8660	
ANXIETY	199.7203	0	8661	
DRUGS	199.7204	0	8662	
ALCOHOL	199.7205	0	8663	
TOBACCO	199.7206	0	8664	
RELIGIOUS	199.7207	0	8665	
CONFLICT	199.7208	1	8666	
HEALTH NEEDS	199.7209	0	8667	
FOOD FUNDS	199.7211	0	8668	
FOOD STAMPS	199.7212	0	8669	
MATERNAL ABSENCE	199.7213	0	8670	
PROTECTIVE SERVICE	199.7214	0	8671	
POOR BONDING	199.7215	0	8672	
MENTAL RETARD	199.7216	0	8673	
CHILD CARE	199.7217	1	8674	
HOUSING	199.7218	0	8675	
TRANSPORT	199.7219	0	8676	
SCHOOL	199.7221	0	8677	
HOMELESS	199.7222	0	8676	
NEGLECT	199.7223	0	8679	
POOR PLANNING	199.7224	0	8635	
UNMOTIVATED CAREGIVER	199.7225	0	8681	
CAREGIVER HANDICAP	199.7309	0	8690	
MULTIPLE PROVIDERS	199.7311	0	8691	
INFANT MICC MEDICAL CONDITIONS				
POOR PREVIOUS PARENTING EXP	199.7201	0	8659	
APNEA	199.7301	0	8682	
SIBLING MORTALITY	199.7302	0	8683	
GENETIC DISORDER	199.7303	0	8684	
CHRONIC ILLNESS	199.7304	0	8685	
LACK OF RISK EDGE	199.7305	0	8686	
DRUG EXPOSURE	199.7306	0	8687	
LIMITED ACCESS TO CARE	199.7307	0	8688	
DEVELOPMENTAL DELAY	199.7308	0	8689	

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF: 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE
LOW BIRTH WEIGHT	199.7312	0	8692
MEDICAL COND AFFECTING INFANT	N/A	N/A	8488
INFANT MICC NUTRITIONAL CONDITIONS			
POOR USE OF WIC	199.7401	1	8693
POOR DIET INFO	199.7402	0	8694
BREAST FEEDING PROBLEMS	199.7403	0	8695
POOR USE OF FORMULA	199.7404	0	8696
NEEDS DIET MODIFICATION	199.7405	0	8697
POOR SUCKING	199.7406	0	8698
ACUTE ILLNESS DIET NEEDS	199.7407	0	8699
POOR/EXCESSIVE WEIGHT GAIN	199.7408	1	8086
ANEMIA	199.7409	0	8623
SPECIAL FORMULA PRESCRIBED	N/A	N/A	8636
POOR COOKING FACILITIES	N/A	N/A	8492
INADEQUATE WEIGHT GAIN	N/A	N/A	8450
EXCESSIVE WEIGHT GAIN	N/A	N/A	8622
TEENAGER	N/A	N/A	8493
MEDICAL CONDITION AFFECTS DIET	N/A	N/A	8494
INFANT MICC SIGNIFICANT FINDINGS	N/A	N/A	8732
INFANT OUTCOME PROVIDER-1	199.75	3646421	8466
INFANT OUTCOME DATE COMPLETED-1	199.76	991215	8467
INFANT OUTCOME PROVIDER-2	199.75	0	8466
INFANT OUTCOME DATE COMPLETED-2	199.76	0	8467
INFANT OUTCOME PROVIDER-3	199.75	0	8466
INFANT OUTCOME DATE COMPLETED-3	199.76	0	8467
INFANT OUTCOME LAST ACTIVITY DATE	199.77	000120	8098
INFANT OUTCOME LAST ACTIVITY CODE	199.78	A	8093
INFANT OUTCOME BIRTH LBS	199.79	12	8468
INFANT OUTCOME BIRTH OZS	199.79	10	8468
INFANT OUTCOME APGAR 1MIN	199.80	99	8469
INFANT OUTCOME APGAR 5MIN	199.81	99	8470

***** CONFIDENTIAL INFORMATION *****

MICC Master File Conversion - Validation Report (MI-O-910)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF : 06/01/2001 MICC MASTER FILE CONVERSION
 RUN DATE: 06/01/2001 02:40 VALIDATION REPORT

FIELD NAME	CURRENT VA DE	BEFORE IMAGE	NEW VA DE
INFANT OUTCOME RECEIVE MICC	199.82	6	8471
INFANT OUTCOME AGE DEATH MONTHS	199.83	00	8472
INFANT OUTCOME AGE DEATH WEEKS	199.83	00	8472
INFANT OUTCOME CAUSE DEATH	199.84	0	8473
INFANT OUTCOME TOTAL VISITS	199.85	00	8474
INFANT OUTCOME CARE BEGAN	199.86	00	8475
INFANT OUTCOME MATERNAL MICC	199.87	0	8476
INFANT OUTCOME INFANT HEALTH	199.88	0	8477
INFANT OUTCOME LIVING	199.89	0	8478
INFANT OUTCOME EPSDT	199.90	00	8479
INFANT OUTCOME WIC	199.91	0	8480
INFANT OUTCOME HEIGHT - FT.	199.92	00	8481
INFANT OUTCOME HEIGHT - IN.	199.92	00	8481
INFANT OUTCOME WEIGHT - LBS.	199.93	00	8482
INFANT OUTCOME WEIGHT - OZS.	199.93	00	8482
INFANT OUTCOME CLIENT NEEDS			
CHILD CARE	199.9401	2	8624
FOOD STAMPS	199.9402	1	8625
HOUSING	199.9403	1	8627
NUTRITION-COUNSELING	199.9404	2	8628
PARENT EDUCATION	199.9405	2	8629
HOME HEALTH	199.9406	2	8630
EMPLOYMENT	199.9407	2	8631
COUNSELING	199.9408	2	8632
SCHOOL ENROLLMENT	199.9409	1	8633
JOB TRAINING	199.9411	1	8634
TRANSPORTATION	199.9412	9	8712

***** END OF REPORT *****
 * * * * * C O N F I D E N T I A L I N F O R M A T I O N * * * * *

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Field Name	Calculated	DE0002	This field will contain the name of the data element on the Current MICC Master File that is being converted.
2	Current VA DE	Calculated	DE0002	This field will contain the data element number of the field on the Current MICC Master File that is being converted.
3	Before Image	Calculated	DE0002	This field will represent the contents of the data element being converted on the MICC Master File.
4	New VA DE	Calculated	DE0002	This field will contain the data element number of the field on the New MICC Master File.

5	After Image	Calculated	DE0002	This field represents the contents of the data element that was converted and now resides on the Current MICC Master File.
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Output Reports MI-O-911 MICC Master File Conversion - Exception Report

General Information

This report is produced for records on the Current MICC Master File that contained an error on one or more fields during extraction for file conversion to the new MICC Master File. ACS will use this report for referencing and monitoring the volume of enrollees currently enrolled in Baby Care and to ensure the integrity of the converted data.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CONVERT EXISTING MICC MASTER FILE (MIC002)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Master File Conversion - Exception Report (MI-O-911)

MIC002
AS OF : 06-01-2001
RUN DATE: 06-01-2001 03:01

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC MASTER FILE CONVERSION
EXCEPTION REPORT

REF

ENROLLEE ID ¹	SQ ²	RECORD TYPE ³	ERROR FIELD ⁴	SOURCE FILE : MI-F-01	CURRENT VA DE ⁵	BEFORE IMAGE ⁶	TARGET FILE : M	NEW VA DE ⁷
		01 Maternal	Risk Provider ID		199.09	9900021		8408
		01 Maternal	Medical Risk - HYPERTENSION		199.1401	space		8563
		01 Maternal	Substance Abuse (W) - ALCOHOL		199.9921	XX		8722
		02 Maternal	Substance Abuse (W) - ALCOHOL		199.9921	XX		8722
		01 Infant	Risk Completion Date		199.57	810622		8542
		01 Infant	Risk Provider ID		199.56	9900021		8541
		01 Infant	Outcome Needs - Child Care		199.9401	0		8624
		01 Maternal	Outcome Needs - Homemaker		199.5506	0		8427

TOTAL NUMBER OF MATERNAL RECORDS PRINTED ON REPT. 003 ⁰⁹
TOTAL NUMBER OF INFANT RECORDS PRINTED ON REPT. 003 ¹⁰
TOTAL NUMBER OF MATERNAL AND INFANT PRINTED ON REPT. 006 ¹¹

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

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	SQ	MICC Sequence Number	DE8397	
3	Record Type	Case Management (MICC) Type	DE8401	
4	Error Field	Calculated	DE0002	This field represents the name of the field on the Current MICC Master File that contained an error.
5	Current VA DE	Calculated	DE0002	This field represents the Data Element Number of the field being converted on the Current MICC Master File that contained an error.
6	Before Image	Calculated	DE0002	This field represents the contents of the data element in error that is being converted on the MICC Master File.

7	New VA DE	Calculated	DE0002	This field is the Data Element Number of the field being converted that is in error and is being converted to the new MICC Master File.
8	After Image	Calculated	DE0002	This field represents the contents of the data element that was in error, converted and now resides on the Current MICC Master File.
9	TOTAL NUMBER OF MATERNAL RECORDS PRINTED ON REPT	Calculated	DE0002	This field represents the number of maternal records listed on the report. It is an unduplicated count. This field is incremented each time the Enrollee ID number and the Sequence Number changes.
10	TOTAL NUMBER OF INFANT RECORDS PRINTED ON REPT.	Calculated	DE0002	This field represents the number of INFANT records listed on the report. It is an unduplicated count. This field is incremented each time the Enrollee ID number and the Sequence Number changes.
11	TOTAL NUMBER OF MATERNAL AND INFANT PRINTED ON REPT.	Calculated	DE0002	The combined total of fields 09 and 10.

Output Reports MI-O-912 MICC Master File Conversion - Control Totals Report

General Information

This report lists total count statistics for all records, on the Current MICC Master File, that were read, found to be in error and converted from the Current MICC Master File to the new MICC Master File. This report will be used to monitor and validate conversion of the MICC Master File.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	CONVERT EXISTING MICC MASTER FILE (MIC002)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MICC Master File Conversion - Control Totals Report (MI-O-912)

MIC002 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF : 06-01-2001 MICC MASTER FILE CONVERSION
RUN DATE: 06-01-2001 03:01 CONTROL TOTALS REPORT

RE

TOTAL NUMBER OF MICC MASTER RECORDS READ	44,1
TOTAL NUMBER OF MATERNAL RECORDS READ	25,0
TOTAL NUMBER OF INFANT RECORDS READ	18,0
TOTAL NUMBER OF MATERNAL RECORDS READ WITH ERRORS	7,2
TOTAL NUMBER OF INFANT RECORDS READ WITH ERRORS	4,0
TOTAL NUMBER OF MICC MASTER RECORDS READ WITH ERRORS	11,2
TOTAL NUMBER OF MATERNAL RECORDS READ (CORRECTED)	
TOTAL NUMBER OF INFANT RECORDS READ (CORRECTED)	
TOTAL NUMBER OF RECORDS CONVERTED	44,1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Number of MICC Master Records Read	Calculated	DE0002	The field represents the total number of records read on the Current MICC Master File for conversion.
2	Total Number of Maternal Records Read	Calculated	DE0002	The field represents the total number of MICC records read for conversion that are Maternal.
3	Total Number of Infant Records Read	Calculated	DE0002	This field represents the total number of MICC records read that are Infant records.
4	Total Number of Maternal Records Read With Errors	Calculated	DE0002	This calculated field represents the total number of Maternal records that contained errors during the conversion process.
5	Total Number of	Calculated	DE0002	This calculated field represents the

	Infant Records Read With Errors			total number of Infant records that contained errors during the conversion process.
6	Total Number of Records Converted	Calculated	DE0002	This calculated field represents the total number of MICC records that were converted to the new MICC Master File format.

Output Reports MI-O-920 MICC Merge Validation Report

General Information

This report lists those records from the converted Case Management Extract File that were merged with records on the Converted MICC Master Extract File. ACS will use this report for referencing and monitoring the volume of MICC enrollees.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	MERGE CASE MANAGEMENT AND NEW MICC MASTER/READ CLAIMS HIST FOR EXPANDED SVCS (MIC003)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Merge Validation Report (MI-O-920)

MIC003
AS OF : 06-01-2001
RUN DATE: 06-01-2001 02:40

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC MERGE VALIDATION REPORT

REPO

	Enrollee ID	MICC TYPE	Provider ID	Begin/Risk Date Report	End /Outcome Date Rpt Date	Exp Del Date
Case Mgmt	(1)	(2)	(3)	(4)	(5)	(6)
MICC Master		(8)			(11)	(12)
Case Mgmt	(7)	M	(9)	(10)		
MICC Master		M				
Case Mgmt		M				
MICC Master		M				
Case Mgmt		M				
MICC Master		M				
Case Mgmt		I				
MICC Master		I				
Case Mgmt		M				
MICC Master		M				

***** CONFIDENTIAL INFORMATION *****

	EXP-DEL	Delivery/Delivery Date		
7	MICC-CEXTR- PERM-ID	Enrollee Permanent Identification Number	DE3093	
8	MICC-CEXTR- TYPE	Case Management (MICC) Type	DE8401	
9	MRS/IRS- CEXTR-PROV- TYPE	Maternal Risk Provider Identification	DE8408	
10	MRS/IRS- CEXTR-DATE- COMPLETED	Maternal Risk Report Date	DE8409	
11	MOS/IOS- CEXTR-DATE- COMPLETED	Maternal Outcome Report Date	DE8429	
12	MRS-CEXTR- EXP-DEL-DATE	Maternal Risk Expected Delivery Date	DE8412	
13	TOTAL CASE MGMT RECS READ	Calculated	DE0002	This field represents the total number of records read on the Converted Case Management File, MI-F-900, during the processing by program, MIC003.
14	TOTAL NUM OF MICC MASTER RECS READ	Calculated	DE0002	This field represents the total number of records read on the MICC Master Extract File, MI-F-910, during processing by program, MIC003.
15	TOTAL NBR OF CASE MGMT RECS NOT MATCHED	Calculated	DE0002	This field represents the total number of records on the Converted Case Management File, MI-F-900 that could not be matched to a corresponding record on the MICC Master Extract File, MI-F-910 during processing by program MIC003.
16	TOTAL NBR OF MICC MASTER RECS NOT MATCHED	Calculated	DE0002	This field represents the total number of records on the Converted MICC Master File, MI-F-910 that could not be matched to a corresponding record on the Case Management Extract File, MI-F-900, during program processing of MIC003.
17	TOTAL NUMBER OF RECORDS MATCHED	Calculated	DE0002	This field represents the total number of record matches performed by program, MIC003, during the conversion process.

Output Reports MI-O-921 MICC Merge Exception Report

General Information

This report lists the records on the Converted Case Management Extract File that could not be matched to a record on the Converted MICC Master Extract File. ACS will use this report for referencing and monitoring the volume of MICC enrollees.

Subsystem:	EPSDT
Frequency:	N/A
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	MERGE CASE MANAGEMENT AND NEW MICC MASTER/READ CLAIMS HIST FOR EXPANDED SVCS (MIC003)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

MICC Merge Exception Report (MI-O-921)

MIC003
AS OF : 06-01-2001
RUN DATE: 06-01-2001 02:40

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MICC MERGE EXCEPTION REPORT

REPO

①	Enrollee ID	②	MICC TYPE	③	Provider ID	④	Begin Date	⑤	End Date	⑥	Exp Del Date (Last)	En Re
Case Management:	[REDACTED]		M		[REDACTED]		05/23/1998		08/24/1999		07/31/1999	02
Case Management:	[REDACTED]		M		[REDACTED]		03/11/1996		02/12/1997		11/07/1999	01
Case Management:	[REDACTED]		M		[REDACTED]		06/20/1998		11/03/1999		01/12/2000	01
Case Management:	[REDACTED]		M		[REDACTED]		02/09/1996		08/10/1996		06/30/1996	01
Case Management:	[REDACTED]		M		[REDACTED]		08/15/1997		06/15/1998		04/13/1998	01
Case Management:	[REDACTED]		M		[REDACTED]		05/23/1998		03/24/1999		01/10/1999	05
Case Management:	[REDACTED]		M		[REDACTED]		07/13/1995		03/10/1999		01/22/1999	01

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

***** CONFIDENTIAL INFORMATION *****

MICC Merge Exception Report (MI-O-921)

MIC003
 AS OF : 06-01-2001
 RUN DATE: 06-01-2001 02:40

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 MICC MERGE EXCEPTION REPORT

REP

	Enrollee ID ⁸	MICC TYPE ⁹	Provider ID (Risk) ¹⁰	Risk Rpt Date ¹¹	Outcome Date ¹²	Exp Del Date (Risk) ¹³
MICC Master:	[REDACTED]	M	[REDACTED]	05/23/1998	08/24/1999	07/31/1999
MICC Master:	[REDACTED]	I	[REDACTED]	03/11/1996	02/12/1998	
MICC Master:	[REDACTED]	M	[REDACTED]	06/20/1998	11/03/1999	01/12/2000
MICC Master:	[REDACTED]	M	[REDACTED]	02/09/1996	08/10/1996	06/30/1996
MICC Master:	[REDACTED]	M	[REDACTED]	08/15/1997	06/15/1998	04/13/1998
MICC Master:	[REDACTED]	I	[REDACTED]	05/23/1998	03/24/2000	
MICC Master:	[REDACTED]	M	[REDACTED]	07/13/1995	03/10/1999	01/22/1999

***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MI-CASE-MGMT-EXTR-ID	Enrollee Permanent Identification Number	DE3093	
2	MI-CASE-MGMT-EXTR-REC-TYPE	Case Management (MICC) Type	DE8401	
3	MI-CASE-MGMT-EXTR-PROV-ID	Case Management (MICC) Provider Number	DE8400	This output was generated during the VaMMIS Implementation Phase and the 9-digit Legacy Provider was ID used in this field.
4	MI-CASE-MGMT-BEG-DATE	Case Management (MICC) Begin Date	DE8403	
5	MI-CASE-MGMT-EXTR-END-DATE	Case Management (MICC) End Date	DE8489	

6	MI-CASE-MGMT-EXTR-EXP-DEL	Case Management (MICC) Expected Delivery Date	DE8739	
7	MI-CASE-MGMT-EXTR-END-RSN	Case Management (MICC) Cancel Reason	DE8486	
8	MICC-CEXTR-PERM-ID	Enrollee Permanent Identification Number	DE3093	
9	MICC-CEXTR-TYPE	Case Management (MICC) Type	DE8401	
10	MI-CEXTR-PROVIDER	Maternal Risk Provider Identification	DE8408	This output was generated during the VaMMIS Implementation Phase and the 9-digit Legacy Provider was ID used in this field.
11	MICC-CEXTR-DATE-COMPLETED	Maternal Risk Report Date	DE8409	
12	MICC-CEXTR-DATE-CLOSED	Maternal Outcome Report Date	DE8429	
13	MRS-CEXTR-EXP-DEL-DATE	Maternal Risk Expected Delivery Date	DE8412	