

Financial Outputs

03/29/2016

Output Reports AS-O-010 Out Bound Electronic UAI Response to Web Interface

General Information

Outbound Response file to Web Interface which generates an Outbound XML Response.

Subsystem:	Financial
Frequency:	DAILY
Volume:	Variable
Number of Copies:	N/A
Output Form:	XML
Retention:	N/A
Distribution:	External
Program:	Direct Electronic Submission of UAI data from Providers (ASD100)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Out Bound Electronic UAI Response to Web Interface (AS-O-010)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	OUT-VENDOR-ID	Electronic UAI - Vendor Id	DE1201	
2	OUT-VENDOR-FILE-TRANS-DT		DE0000	Incoming File Transmission Date
3	OUT-VENDOR-UNIQUE-IND		DE0000	Unique Identifier per UAI (associated with the File Transmission Date)
4	OUT-RECPT-SSN	Person Identifier Value	DE3955	Recipient SSN

5	OUT-ENROLL-ID	Person Identifier Value	DE3955	
6	OUT-ENROLL-NAME		DE0000	
7	OUT-ASSMT-DATE	Assessment Date	DE1023	
8	OUT-MEDICAID-AUTHRZ	PAS Medicaid Authorization Code	DE1157	
9	OUT-ASSMT-FLAG		DE0000	
10	OUT-ASSMT-STATUS	Assessment Approval Code	DE1421	
11	OUT-ASSMT-CNTL-NUMBER	Assessment Control Number	DE1279	
12	OUT-LVL1-SCR-PROV-NUM1	National Provider Identifier	DE4700	
12	OUT-LVL1-SCR-PROV-NUM2	National Provider Identifier	DE4700	
14	OUT-LVL2-SCR-PROV-NUM1	National Provider Identifier	DE4700	
14	OUT-NO-OF-ERROR-MSG		DE0000	
15	OUT-ERROR-MSG-TEXT	Error Message Text	DE0026	This occurs 160 times
16	OUT-FUTURE-USE2		DE0000	
17	XSDValidationError		DE0000	This field is present only on an outbound XML schema and its length is 400 bytes.

Output Reports AS-O-011 Inbound Electronic UAI Audit Trail Report with Response

General Information

This report will list each of the individual Electronic UAI requests that come in on any given day and its corresponding outbound response.

Subsystem:	Financial
Frequency:	DAILY
Volume:	Variable
Number of Copies:	1
Output Form:	Ondemand - DARS
Retention:	7 Years
Distribution:	DMAS-Long Term Care
Program:	Direct Electronic Submission of UAI data from Providers (ASD100)
Confidential:	Yes
Sequence:	Vendor ID, Vendor Submitted Transmission Date, Vendor Submitted Unique Identifier
Control Breaks:	N/A

Inbound Electronic UAI - Audit Trail Report with Response (AS-O-011)

Inbound Electronic UAI - Audit Trail Report with Response (AS-O-011)

ASD100
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ELECTRONIC UAI - INCOMING/OUTGOING INFO

RE
PA

** UAI - PHYSICAL HEALTH ASSESSMENT **

HOSPITAL	X	(162)	NURSING FAC	X	(163)	ADULT CARE	X	(164)	LIVING WILL	X	(165)	DUR PWR	X	(166)			
OTHR ADV DIR	X	(167)	DX1	XX	(168)	DX2	XX	(169)	DX3	XX	(170)	TOT MEDICIN	XX	(171)	TAKE MEDICIN	X	(172)
VISION	X	(173)	HEARING	X	(174)	SPEECH	X	(175)	JOINT MOTION	X	(176)						
FRACTURES	XXX	(177)	MISSNG LIMBS	XXX	(178)	PARA/PAREISIS	XXX	(179)	HEIGHT	XXX	(180)						
WEIGHT	XXX	(181)	WT GAIN/LOSS	X	(182)	OCCUPATIONAL	X	(183)	PHYSICAL	X	(184)						
REALITY/REMO	X	(185)	RESPIRATORY	X	(186)	SPEECH	X	(187)	OTHR MED SRV	X	(188)						
PRES ULCERS	X	(189)	BOWEL TRNG	X	(190)	DIALYSIS	X	(191)	WOUND DRESNG	X	(192)						
EYE CARE	X	(193)	GLUCOSE	X	(194)	INJECTIONS	X	(195)	OXYGEN	X	(196)						
RADIATION	X	(197)	RESTRAINTS	X	(198)	ROM EXERCISE	X	(199)	TRACH CARE	X	(200)						
VENTILATOR	X	(201)	OTHER PROCED	X	(202)	NURSNG NEEDS	X	(203)									

** UAI - PSYCHO-SOCIAL ASSESSMENT **

ORIENTATION	X	(204)	SHORT-TERM	X	(205)	LONG-TERM	X	(206)	JUDGEMENT	X	(207)
BEHAVIOR PAT	X	(208)	MMSE SCORE	XX	(209)	HOSP/ALCOHOL	X	(210)			

** UAI - ASSESSMENT SUMMARY **

CAREGIVER	X	(211)	CAREGVR LIVE	X	(212)	CAREGVR HELP	X	(213)	CAREGVR BURD	X	(214)
FINANCES	X	(215)	HOME/ENVIRON	X	(216)	ADLS	X	(217)	IADLS	X	(218)
ASST DEVICE	X	(219)	MEDICAL CARE	X	(220)	NUTRITION	X	(221)	COGNITVE/EMO	X	(222)
CAREGVR SUPP	X	(223)									

Inbound Electronic UAI - Audit Trail Report with Response (AS-O-011)

ASD100
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ELECTRONIC UAI - INCOMING/OUTGOING INFO

RE
PA

VENDOR:XXXXX FILE TRANS DATE:999999999 UNIQUE/ID NO:9999 ASMT TYPE:XXXXXXXXXXXXXXXXX REC NO:99999 INFO: XXX

ERROR NUMBER	ERROR DESCRIPTION
99999	XX
(300)	(301)

NO.OF ERRORS 9999 (302)

Inbound Electronic UAI - Audit Trail Report with Response (AS-O-011)

ASD100
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 ELECTRONIC UAI - INCOMING/OUTGOING INFO

TOTAL RECORDS READ: 99999 (303)
 ASMT SUCCESSFUL : 99999 (304)
 ASMT DENIED : 99999 (305)
 ASMT SKIPPED : 99999 (306)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	VENDOR	Electronic UAI - Vendor Id	DE1201	
2	FILE TRANS DATE		DE0000	
3	UNIQUE/ID NO		DE0000	Unique Identifier per EUAI (associated with the File Transmission Date)
4	ASMT TYPE		DE0000	RE-ASSESSMENT, SHORT TERM, FULL TERM
5	REC NO		DE0000	Incoming Record Count Number
6	INFO		DE0000	If process adds one day Eligibility/Coverage, program prints "RECIPIENT/ELIGIBILITY ADDED" . If process adds one day Coverage, program prints "ONE DAY COVERAGE ADDED" . If none of the above, program prints spaces.
7	ACN	Assessment Control Number	DE1279	
8	REASSESSMENT	Reassessment Flag	DE1392	
9	ASMT STATUS		DE0000	prints one of the following: APPROVED or DENIED or FHSC INTRL ERROR
10	SSN	Person Identifier Value	DE3955	
11	SOURCE CODE	Assessment Source Code	DE1022	
12	ASMT DATE	Assessment Date	DE1023	
13	NAME		DE0000	Last and First Name

14	ENROLLEE ID		DE0000	Incoming Enrollee Id
15	CITY/COUNTY	Enrollee City Name	DE3116	
16	ADDR	Enrollee Additional Address Name	DE3114	
17	(Street Name)	Enrollee Street Address	DE3115	
18	(City)	Enrollee City Name	DE3116	
19	(State)	Enrollee State Code	DE3117	
20	(Zip Code)	Enrollee ZIP Code	DE3118	
21	MEDICAID ELIG	PAS Medicaid Eligibility Code	DE1161	
22	MEDICAID APPL	PAS Medicaid Application Code	DE1156	
23	AUX. GRANT	PAS Auxiliary Grant Applied Code	DE1159	
24	MEDICAID AUTH	PAS Medicaid Authorization Code	DE1157	
25	TARG CSE MGT	PAS Case Management Code	DE1352	
26	SRVC AVAIL	PAS Service Availability Code	DE1160	
27	LENGTH STAY	PAS Length of Stay Code	DE1158	
28	LVL I SCR 1	Provider Identification Number	DE4002	
29	LVL I SCR 2	Provider Identification Number	DE4002	
30	LVL II ASSMT	PAS Level II Assessment Determination Code	DE1165	
31	LVL II SCR	Provider Identification Number	DE4002	
32	PATIENT EXP	PAS Patient Expired Code	DE1350	
33	PHY AUTH DTE	PAS Level I Physician Authorization Date	DE1346	
34	M/I		DE0000	
35	M/R		DE0000	
36	DUAL DIAGNOS		DE0000	
37	BIRTH DATE	Enrollee Birth Date	DE3005	Short Assessment
38	GENDER	Enrollee Sex Code	DE3007	Short Assessment

39	MARITAL STAT	Enrollee Marital Status	DE3016	Short Assessment
40	RACE	Enrollee Race Code	DE3006	Short Assessment
41	COMM OF NEEDS	UAI Communication of Needs Code	DE1211	Short Assessment
42	RESIDENCE	UAI Usually Live Physical Environment Code	DE1212	Short Assessment
43	BATHING	UAI Functional Status - Bathing Code	DE1213	Short Assessment
44	DRESSING	UAI Functional Status - Dressing Code	DE1214	Short Assessment
45	TOILETING	UAI Functional Status - Toileting Code	DE1215	Short Assessment
46	TRANSFERRING	UAI Functional Status - Transferring Code	DE1216	Short Assessment
47	EATING/FEED	UAI Functional Status - Eating / Feeding Code	DE1217	Short Assessment
48	BOWEL	UAI Functional Status - Bowel Code	DE1218	Short Assessment
49	BLADDER	UAI Functional Status - Bladder Code	DE1219	Short Assessment
50	WALKING	UAI Functional Status - Walking Code	DE1220	Short Assessment
51	WHEELING	UAI Functional Status - Wheeling Code	DE1221	Short Assessment
52	STAIRCLIMB	UAI Functional Status - Stair Climbing Code	DE1222	Short Assessment
53	MOBILITY	UAI Functional Status - Mobility Code	DE1223	Short Assessment
54	MEAL PREPARE	UAI Functional Status - Meal Preparation Code	DE1224	Short Assessment
55	HOUSEKEEPING	UAI Functional Status - Housekeeping Code	DE1225	Short Assessment
56	LAUNDRY	UAI Functional Status - Laundry Code	DE1226	Short Assessment
57	MONEY MGMT	UAI Functional Status - Money Management Code	DE1227	Short Assessment
58	TRANSPORT	UAI Functional Status - Transportation Code	DE1228	Short Assessment
59	SHOPPING	UAI Functional Status - Shopping Code	DE1229	Short Assessment
60	USING PHONE	UAI Functional Status -	DE1230	Short Assessment

		Using Phone Code		
61	HOME MAINT	UAI Functional Status - Home Maintenance Code	DE1231	Short Assessment
62	HOSPITAL	UAI Medical Admissions - Hospital Code	DE1318	Short Assessment
63	NURSING FAC	UAI Medical Admissions - Nursing Facility Code	DE1319	Short Assessment
64	ADULT RESIDE	UAI Medical Admissions - Adult Care Residence Code	DE1320	Short Assessment
65	LIVING WILL	UAI Advanced Directives - Living Will Code	DE1321	Short Assessment
66	DURABLE POWR	UAI Advanced Directives - Durable Power of Attorney for Health Care Code	DE1322	Short Assessment
67	OTHER	UAI Advanced Directives - Other Code	DE1323	Short Assessment
68	TOTAL MEDICIN	UAI Medication Profile - Number Of Medications	DE1233	Short Assessment
69	TAKE MEDICIN	UAI Medication Profile - Administer Medication Code	DE1234	Short Assessment
70	DX1	UAI Medication Profile - Medical Diagnosis Code	DE1232	Short Assessment
71	DX2	UAI Medication Profile - Medical Diagnosis Code	DE1232	Short Assessment
72	DX3	UAI Medication Profile - Medical Diagnosis Code	DE1232	Short Assessment
73	ORIENTATION	UAI Cognitive Function - Orientation Code	DE1266	Short Assessment
74	SHORT TERM	UAI Cognitive Function - Short Term Memory Loss Code	DE1324	Short Assessment
75	LONG TERM	UAI Cognitive Function - Long Term Memory Loss Code	DE1325	Short Assessment

76	JUDGEMENT	UAI Cognitive Function - Judgment Problem Code	DE1326	Short Assessment
77	BEHAVIOR PAT	UAI Behavior Pattern Code	DE1267	Short Assessment
78	MMSE SCORE	UAI Cognitive Function - MMSE Score	DE1327	Short Assessment
80	GENERATED ENROLL ID	Person Identifier Value	DE3955	
100	BIRTH DATE	Enrollee Birth Date	DE3005	Full Assessment
101	GENDER	Enrollee Sex Code	DE3007	Full Assessment
102	MARITAL STAT	Enrollee Marital Status	DE3016	Full Assessment
103	RACE	Enrollee Race Code	DE3006	Full Assessment
104	COM OF NEEDS	UAI Communication of Needs Code	DE1211	Full Assessment
105	ADULT DAYCAR	UAI Medical Admissions - Adult Care Residence Code	DE1320	Full Assessment
106	ADULT PROTEC	UAI Current Formal Service - Adult Protective Code	DE1281	Full Assessment
107	CASE MGMT	UAI Current Formal Service - Case Management Code	DE1282	Full Assessment
108	CHORE/COMPAN	UAI Current Formal Service - Chore, Companion, Homemaker Code	DE1283	Full Assessment
109	CONGREGATE	UAI Current Formal Service - Congregate Meals, Senior Center Code	DE1284	Full Assessment
110	FINANCE MGMT	UAI Current Formal Service - Financial Management, Counseling Code	DE1285	Full Assessment
111	FRNDLY VISIT	UAI Current Formal Service - Friendly Visitor, Telephone Reassurance Code	DE1286	Full Assessment
112	HABILITATION	UAI Current Formal Service - Habilitation, Supported Employ-	DE1287	Full Assessment

		ment Code		
113	HOME DELIVER	UAI Current Formal Service - Home Delivered Meals Code	DE1288	Full Assessment
114	HOME HEALTH	UAI Current Formal Service - Home Health, Rehabilitation Code	DE1289	Full Assessment
115	HOME REPAIRS	UAI Current Formal Service - Home Repairs, Weatherization Code	DE1290	Full Assessment
116	HOUSING	UAI Current Formal Service - Housing Code	DE1291	Full Assessment
117	LEGAL	UAI Current Formal Service - Legal Code	DE1292	Full Assessment
118	MENTAL HLTH	UAI Current Formal Service - Mental Health (Inpatient, Outpatient) Code	DE1293	Full Assessment
119	MENTAL RETRD	UAI Current Formal Service - Mental Retardation Code	DE1294	Full Assessment
120	PERSONAL CARE	UAI Current Formal Service - Personal Care Code	DE1295	Full Assessment
121	RESPIRE	UAI Current Formal Service - Respite Code	DE1296	Full Assessment
122	SUBST ABUSE	UAI Current Formal Service - Substance Abuse Code	DE1297	Full Assessment
123	TRANSPORT	UAI Current Formal Service - Transportation Code	DE1298	Full Assessment
124	VOCATIONAL	UAI Current Formal Service - Vocational Rehab , Job Counseling Code	DE1299	Full Assessment
125	OTHER SRVCS	UAI Current Formal Service - Other Code	DE1300	Full Assessment
126	LEGAL GUARD	UAI Current Formal Service - Legal Code	DE1292	Full Assessment
127	PWR OF ATTY	UAI Financial Resources - Power of	DE1302	Full Assessment

		Attorney Rep- representative Code		
128	REP PAYEE	UAI Financial Resources - Payee Representative Code	DE1303	Full Assessment
129	OTHER REP	UAI Financial Resources - Other Rep- representative Code	DE1304	Full Assessment
130	AUX GRANT	UAI Financial Resources - Auxiliary Grant Benefits Code	DE1305	Full Assessment
131	FOOD STAMPS	UAI Financial Resources - Food Stamps Benefits Code	DE1306	Full Assessment
132	FUEL ASSIST	UAI Financial Resources - Fuel Assistance Benefits Code	DE1307	Full Assessment
133	GEN RELIEF	UAI Financial Resources - General Relief Benefits Code	DE1308	Full Assessment
134	STATE/LOCAL	UAI Financial Resources - State and Local Hospitalization Benefits Code	DE1309	Full Assessment
135	SUBSIDZD HSE	UAI Financial Resources - Sub- sidized Housing Bene- fits Code	DE1310	Full Assessment
136	TAX RELIEF	UAI Financial Resources - Tax Relief Benefits Code	DE1311	Full Assessment
137	MCARE INSURE	UAI Financial Resources - Medicare Insurance Code	DE1312	Full Assessment
138	MCAID INSURE	UAI Financial Resources - Medicaid Insurance Code	DE1313	Full Assessment
139	MCAID PENDNG	UAI Financial Resources - Medicaid Pending Insurance Code	DE1315	Full Assessment
140	MC QMB/SLMB	UAI Financial Resources - Medicaid	DE1316	Full Assessment

		QMB, SLMB Insurance Code		
141	ALL OTHR INS	UAI Financial Resources - Other Public, Private Insurance Code	DE1317	Full Assessment
142	RESIDENCE	UAI Usually Live Physical Environment Code	DE1212	Full Assessment
143	BATHING	UAI Functional Status - Bathing Code	DE1213	Full Assessment
144	DRESSING	UAI Functional Status - Dressing Code	DE1214	Full Assessment
145	TOILETING	UAI Functional Status - Toileting Code	DE1215	Full Assessment
146	TRANSFERRING	UAI Functional Status - Transferring Code	DE1216	Full Assessment
147	EATING/FEED	UAI Functional Status - Eating / Feeding Code	DE1217	Full Assessment
148	BOWEL	UAI Functional Status - Bowel Code	DE1218	Full Assessment
149	BLADDER	UAI Functional Status - Bladder Code	DE1219	Full Assessment
150	WALKING	UAI Functional Status - Walking Code	DE1220	Full Assessment
151	WHEELING	UAI Functional Status - Wheeling Code	DE1221	Full Assessment
152	STAIRCLIMB	UAI Functional Status - Stair Climbing Code	DE1222	Full Assessment
153	MOBILITY	UAI Functional Status - Mobility Code	DE1223	Full Assessment
154	MEAL PREPARE	UAI Functional Status - Meal Preparation Code	DE1224	Full Assessment
155	HOUSEKEEPING	UAI Functional Status - Housekeeping Code	DE1225	Full Assessment
156	LAUNDRY	UAI Functional Status - Laundry Code	DE1226	Full Assessment
157	MONEY MGMT	UAI Functional Status - Money Management Code	DE1227	Full Assessment
158	TRANSPORT	UAI Functional Status - Transportation Code	DE1228	Full Assessment
159	SHOPPING	UAI Functional Status - Shopping Code	DE1229	Full Assessment

160	USING PHONE	UAI Functional Status - Using Phone Code	DE1230	Full Assessment
161	HOME MAINT	UAI Functional Status - Home Maintenance Code	DE1231	Full Assessment
162	HOSPITAL	UAI Medical Admissions - Hospital Code	DE1318	Full Assessment
163	NURSING FAC	UAI Medical Admissions - Nursing Facility Code	DE1319	Full Assessment
164	ADULT CARE	UAI Medical Admissions - Adult Care Residence Code	DE1320	Full Assessment
165	LIVING WILL	UAI Advanced Directives - Living Will Code	DE1321	Full Assessment
166	DUR PWR	UAI Advanced Directives - Durable Power of Attorney for Health Care Code	DE1322	Full Assessment
167	OTHR ADV DIR	UAI Advanced Directives - Other Code	DE1323	Full Assessment
168	DX1	UAI Medication Profile - Medical Diagnosis Code	DE1232	Full Assessment
169	DX2	UAI Medication Profile - Medical Diagnosis Code	DE1232	Full Assessment
170	DX3	UAI Medication Profile - Medical Diagnosis Code	DE1232	Full Assessment
171	TOT MEDICIN	UAI Medication Profile - Number Of Medications	DE1233	Full Assessment
172	TAKE MEDICIN	UAI Medication Profile - Administer Medication Code	DE1234	Full Assessment
173	VISION	UAI Sensory Function - Vision Code	DE1235	Full Assessment
174	HEARING	UAI Sensory Function - Hearing Code	DE1236	Full Assessment
175	SPEECH	UAI Sensory Function - Speech Code	DE1237	Full Assessment

176	JOINT MOTION	UAI Sensory Function - Joint Motion Code	DE1238	Full Assessment
177	FRACTURES	UAI Sensory Function - Fractures / Dislocations Code	DE1239	Full Assessment
178	MISSNG LIMBS	UAI Sensory Function - Missing Limbs Code	DE1240	Full Assessment
179	PARA/PAREISIS	UAI Sensory Function - Paralysis / Paresis Code	DE1241	Full Assessment
180	HEIGHT	Assessment Patient's Height	DE1242	Full Assessment
181	WEIGHT	Assessment Patient's Weight	DE1243	Full Assessment
182	WT GAIN/LOSS	Assessment Patient's Recent Weight Gain Or Loss Code	DE1244	Full Assessment
183	OCCUPATIONAL	UAI Current Medical Services - Occupational Therapy Code	DE1245	Full Assessment
184	PHYSICAL	UAI Current Medical Services - Physical Therapy Code	DE1246	Full Assessment
185	REALITY/REMO	UAI Current Medical Services - Reality / Remotivation Therapy Code	DE1247	Full Assessment
186	RESPIRATORY	UAI Current Medical Services - Respiratory Therapy Code	DE1248	Full Assessment
187	SPEECH	UAI Current Medical Services - Speech Therapy Code	DE1249	Full Assessment
188	OTHR MED SRV	UAI Current Medical Services - Other Therapies Code	DE1250	Full Assessment
189	PRES ULCERS	UAI Current Medical Services - Pressure Ulcers Code	DE1251	Full Assessment
190	BOWEL TRNG	UAI Current Medical Services - Bowel / Bladder Training Code	DE1252	Full Assessment
191	DIALYSIS	UAI Current Medical	DE1253	Full Assessment

		Services - Dialysis Code		
192	WOUND DRESNG	UAI Current Medical Services - Dressing Wound Care Code	DE1254	Full Assessment
193	EYE CARE	UAI Current Medical Services - Eye Care Code	DE1255	Full Assessment
194	GLUCOSE	UAI Current Medical Services - Glucose / Blood Sugar Code	DE1256	Full Assessment
195	INJECTIONS	UAI Current Medical Services - Injections / IV Therapy Code	DE1257	Full Assessment
196	OXYGEN	UAI Current Medical Services - Oxygen Code	DE1258	Full Assessment
197	RADIATION	UAI Current Medical Services - Radiation / Chemotherapy Code	DE1259	Full Assessment
198	RESTRAINTS	UAI Current Medical Services - Restraints Code	DE1260	Full Assessment
199	ROM EXERCISE	UAI Current Medical Services - Range Of Motion Exercise Code	DE1261	Full Assessment
200	TRACH CARE	UAI Current Medical Services - Trach Care / Suctioning Code	DE1262	Full Assessment
201	VENTILATOR	UAI Current Medical Services - Ventilator Code	DE1263	Full Assessment
202	OTHER PROCED	UAI Current Medical Services - Other Special Procedures Code	DE1264	Full Assessment
203	NURSNG NEEDS	UAI Ongoing Medical Nursing Needs Code	DE1265	Full Assessment
204	ORIENTATION	UAI Cognitive Function - Orientation Code	DE1266	Full Assessment
205	SHORT-TERM	UAI Cognitive Function - Short Term Memory Loss Code	DE1324	Full Assessment
206	LONG-TERM	UAI Cognitive Function - Long Term Memory	DE1325	Full Assessment

		Loss Code		
207	JUDGEMENT	UAI Cognitive Function - Judgment Problem Code	DE1326	Full Assessment
208	BEHAVIOR PAT	UAI Behavior Pattern Code	DE1267	Full Assessment
209	MMSE SCORE	UAI Cognitive Function - MMSE Score	DE1327	Full Assessment
210	HOSP/ALCOHOL	UAI Alcohol, Drug Use Hospitalization Code	DE1328	Full Assessment
211	CAREGIVER	UAI Informal Caregiver Code	DE1268	Full Assessment
212	CAREGVR LIVE	UAI Informal Caregiver Proximity (Live) Code	DE1329	Full Assessment
213	CAREGVR HELP	UAI Informal Caregiver Help Code	DE1269	Full Assessment
214	CAREGVR BURD	UAI Informal Caregiver Patient Burden on Caregiver Code	DE1330	Full Assessment
215	FINANCES	UAI Unmet Needs - Finances Code	DE1271	Full Assessment
216	HOME/ENVIRON	UAI Unmet Needs - Home / Physical Environment Code	DE1270	Full Assessment
217	ADLS	UAI Unmet Needs - Activities of Daily Living Code	DE1272	Full Assessment
218	IADLS	UAI Unmet Needs - Instrumental Activities of Daily Living Code	DE1273	Full Assessment
219	ASST DEVICE	UAI Unmet Needs - Assistive Devices / Medical Equipment Code	DE1274	Full Assessment
220	MEDICAL CARE	UAI Unmet Needs - Medical Care / Health Code	DE1275	Full Assessment
221	NUTRITION	UAI Unmet Needs - Nutrition Code	DE1276	Full Assessment
222	COGNITVE/EMO	UAI Unmet Needs - Cognitive / Emotional Code	DE1277	Full Assessment
223	CAREGVR SUPP	UAI Unmet Needs -	DE1278	Full Assessment

		Caregiver Support Code		
300	ERROR NUMBER	Error Message Code	DE0025	
301	ERROR DESCRIPTION	Error Message Text	DE0026	
302	NO.OF ERRORS		DE0000	
303	TOTAL RECORDS READ		DE0000	
304	ASMT SUCCESSFUL		DE0000	
305	ASMT DENIED		DE0000	
306	ASMT SKIPPED		DE0000	

Output Reports AS-O-025 Early Intervention Monthly Master Enrollment Report

General Information

A monthly report of recipients enrolled in an Early Intervention benefit program (program codes '78' and '79'). It is produced the first week of each month listing all enrollees enrolled at the end of the prior month.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Early Intervention Monthly Reporting Program (ASM025)
Confidential:	No
Sequence:	Local Lead Agency Name Local Lead Agency NPI Benefit Program Type MCO Name Enrollee Name Enrollee ID
Control Breaks:	N/A

Early Intervention Monthly Master Enrollment Report (AS-O-025)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Reporting Period	Calculated	DE0002	The first and last days of the preceding month.
2	Local Lead	Provider Name	DE4085	The name of the provider associated

	Agency Name			with the enrollee's Early Intervention benefit package.
3	Local Lead Agency NPI	National Provider Identifier	DE4700	The NPI number of the provider associated with the enrollee's Early Intervention benefit package.
4	(Benefit Program Type)	Calculated	DE0002	Either 'FFS', 'PCP' or 'MCO' depending on the subprogram that the recipient is enrolled in.
5	(MCO Name)	Provider Name	DE4085	If the recipient is in an MCO, this is the name of the MCO associated with the MCO benefit package.
6	Recipient Name (Last)	Enrollee Last Name	DE3110	The last name of the Early Intervention recipient.
7	(First)	Enrollee First Name	DE3111	The first name of the Early Intervention recipient.
8	(Middle Initial)	Enrollee Middle Initial	DE3112	The middle initial of the Early Intervention recipient.
9	Recipient ID	Enrollee Identification Number	DE3001	The enrollee's Medicaid ID.
10	Locality	Enrollee FIPS Code	DE3008	The enrollee's current locality (FIPS) code.
11	DOB	Enrollee Birth Date	DE3005	The enrollee's date of birth.
12	Start Date	Enrollee Benefit Enrollment Begin Date	DE3064	The beginning date of the enrollee's Early Intervention enrollment.
13	Status Date	Enrollee Benefit Disposition Date	DE3140	The date the last change was made in the enrollee's Early Intervention enrollment.
14	EI Services Cost	Calculated	DE0002	The amount paid on behalf of the enrollee for carve-out Early Intervention services during the reporting period.
15	Total Medicaid Services Cost	Calculated	DE0002	The amount paid on behalf of the enrollee for all Early Intervention services, carve-out and non-carve-out, during the reporting period, excluding encounter claims.

Output Reports AS-O-026 Early Intervention Monthly Enrollment and Discharge Report

General Information

A monthly report of recipients whose enrollment in an Early Intervention benefit program (program codes '78' and '79') was added or changed during the month. It is produced the first week of each month, listing enrollees whose Early Intervention enrollment was added or dispositioned during the prior month.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Early Intervention Monthly Reporting Program (ASM025)
Confidential:	No
Sequence:	Local Lead Agency Name Local Lead Agency NPI Benefit Program Type MCO Name Enrollee Name Enrollee ID
Control Breaks:	N/A

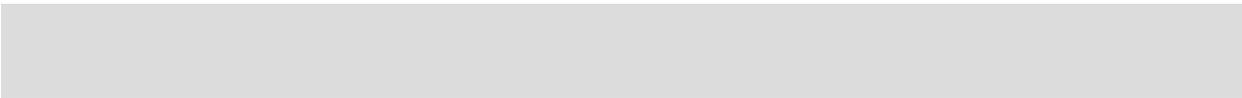
Early Intervention Monthly Enrollment and Discharge Report (AS-O-026)

There is no Sample

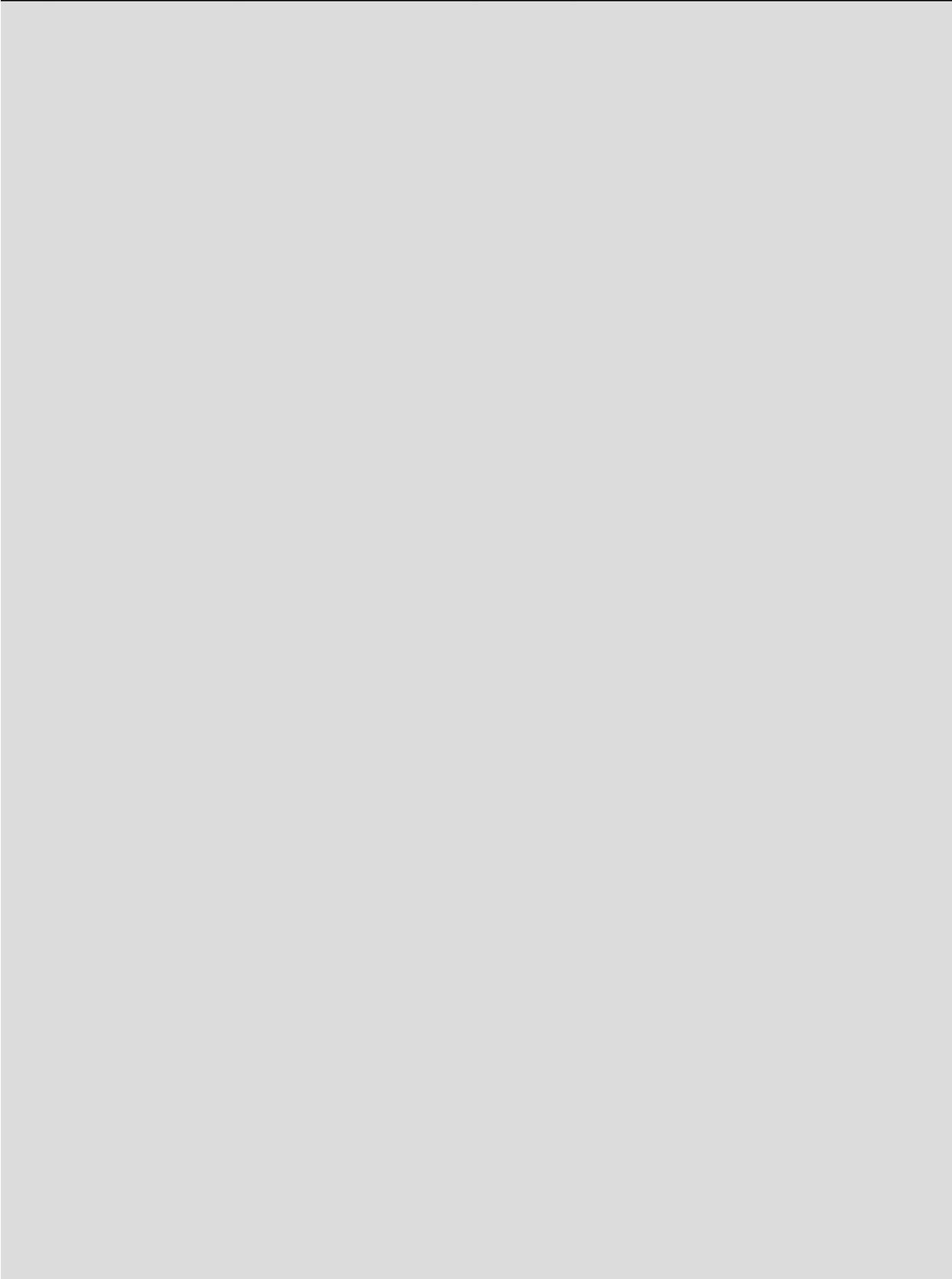
Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
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1	Reporting Period	Calculated	DE0002	The first and last days of the preceding month.
2	Local Lead Agency Name	Provider Name	DE4085	The name of the provider associated with the enrollee's Early Intervention benefit package.
3	Local Lead Agency NPI	National Provider Identifier	DE4700	The NPI number of the provider associated with the enrollee's Early Intervention benefit package.
4	(Benefit Program Type)	Calculated	DE0002	Either 'FFS', 'PCP' or 'MCO' depending on the subprogram that the recipient is enrolled in.
5	(MCO Name)	Provider Name	DE4085	If the recipient is in an MCO, the name of the MCO associated with the enrollee's MCO benefit package.
6	Recipient Name (Last)	Enrollee Last Name	DE3110	The last name of the Early Intervention recipient.
7	(First Name)	Enrollee First Name	DE3111	The first name of the Early Intervention recipient.
8	(Middle Initial)	Enrollee Middle Initial	DE3112	The middle initial of the Early Intervention recipient.
9	Recipient ID	Enrollee Identification Number	DE3001	The enrollee's Medicaid ID.
10	Loc	Enrollee FIPS Code	DE3008	The enrollee's current locality (FIPS) code.
11	DOB	Enrollee Birth Date	DE3005	The enrollee's date of birth.
12	Start Date	Enrollee Benefit Enrollment Begin Date	DE3064	The beginning date of the enrollee's Early Intervention enrollment.
13	End Date	Enrollee Benefit Enrollment End Date	DE3065	The ending date of the enrollee's Early Intervention enrollment.
14	Status Dt	Enrollee Benefit Disposition Date	DE3140	The date the last change was made in the enrollee's Early Intervention enrollment.
15	End Rsn	Enrollee Benefit Closure Reason	DE3073	The reason code associated with the last update of the enrollee's Early Intervention benefit.
16	EI Svcs Cost	Calculated	DE0002	The amount paid on behalf of the enrollee for carve-out Early Intervention services during the reporting period.
17	Total Medicaid Svcs Cost	Calculated	DE0002	The amount paid on behalf of the enrollee for all Early Intervention services, carve-out and non-carve-out, during the reporting period, excluding



			encounter claims.
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Output Reports AS-O-100 Assessments Audit Trail of Deletes

General Information

Reports on assessment base records and assessment segments that have been physically and permanently deleted from the assessment databases. Although, assessment records are kept on file indefinitely and are never purged, there may be cases where there are duplicate assessment records or perhaps that an assessment base record was inadvertently entered into the assessment database and needed to be deleted. In this case, a DMAS authorized user will have the ability to delete a specific assessment segment which will cause all related assessment records to be deleted. This report is useful so that in the event the wrong record is deleted, the information can be re-entered from the audit trail.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS-Long Term Care
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) Assessments- Audit Trail of Deletes(AS-O-100) (VMPSDL02)
Confidential:	Yes
Sequence:	Social Security Number Assessment Date Assessment Source
Control Breaks:	Social Security Number

Assessments - Audit Trail of Deletes (AS-O-100)

VMPSDL02
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ASSESSMENTS - AUDIT TRAIL OF DELETES

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : XX
CONNECTION Id : XXXXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXXXX (5) PLAN NAME : XX
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12)	New -> 1	AAAAAAAAAA	100000000
(12.1)	Old -> 1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the Modified DB2		DE0000	

	Table)			
10	Database (Name of the modified database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports AS-O-101 Assessments Audit Trail of Updates

General Information

This report provides an audit trail of all on-line file maintenance transactions and will be produced daily for on-line activity. The report will list all assessments that have been created, deleted and/or changed. For those assessments that have been changed, a detailed breakdown of the data elements are displayed showing it's original value compared to it's new value.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS-Long Term Care
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) Assessments - Audit Trail Of Updates(AS-O-101) (VMPSDL03)
Confidential:	Yes
Sequence:	Social Security Number Assessment Date Assessment Source
Control Breaks:	N/A

Assessments - Audit Trail of Updates (AS-O-101)

VMPSDL03
 AS OF:MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 ASSESSMENTS - AUDIT TRAIL OF UPDATES

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : X
 CONNECTION Id : XXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXX (5) PLAN NAME : X
 DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXX (11)

	COL1	COL2	*COL3
(12) New ->	1	AAAAAAAAAA	100000000
(12.1) Old ->	1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Userid	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of		DE0000	

	the modified DB2 Table)			
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports AS-O-102 Assessments - Audit Trail Control Totals

General Information

This report provides an audit trail of all on-line file maintenance transactions and will be produced daily for on-line activity. The report will print a count of all transactions.

Subsystem:	Financial
Frequency:	Daily
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA-Quality Control
Program:	Assessments - Audit Trail Control Totals(AS-O-102) (VMPSDL04)
Confidential:	No
Sequence:	Operator Code
Control Breaks:	N/A

Assessments - Audit Trail Control Totals (AS-O-102)

VMPSDL 04
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 ASSESSMENTS - AUDIT TRAIL CONTROL TOTALS

USER ID	: XXXXXXXX	(1)	CORRELATION ID	: XXXXXXXX	(2)	URID	: XXXXXXXX
CONNECTION Id	: XXXXXXXXXXXX	(4)	CONNECTION TYPE	: XXXXXXXXXXXX	(5)	PLAN NAME	: XXXXXXXX
DATE	: MM-DD-CCYY	(7)	TIME	: HH:MM:SS.MS	(8)		

 TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXX (11)

	COL1	COL2	*COL3
(12)	New -> 1	AAAAAAAAAA	100000000
(12.1)	Old -> 1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	OPERATOR CODE	User/Operator ID	DE0012	
2	ADD RECORD: ACTIVE	Calculated	DE0002	Number of Active transaction records added by Operator Code.
3	ADD RECORD: INACTIVE	Calculated	DE0002	Number of Inactive transaction records added by Operator Code.
4	ADD ASSESSMENT: ACTIVE	Calculated	DE0002	Number of Active Assessment rows added by Operator Code.
5	ADD ASSESSMENT: INACTIVE	Calculated	DE0002	Number of Inactive Assessment rows added by Operator Code.
6	CHANGE TRANS	Calculated	DE0002	Number of Change transaction records by Operator Code.
7	CHANGE SSN	Calculated	DE0002	Number of Change SSN transaction records by Operator Code.
8	DELETE ASMT SEGMENT	Calculated	DE0002	Number of Delete Assessment Segment transaction records by Operator Code.
9	DELETE ASMT MASTER	Calculated	DE0002	Number of Deleted Assessment Master transaction records by Operator Code.
10	TOTAL TRANS	Calculated	DE0002	Total number of transaction records by Operator Code.
11	TOTAL	Calculated	DE0002	Total number of all transactions by type.

Output Reports AS-O-105 Approved Assessments Control Totals

General Information

Daily report showing a breakdown of Assessment Transactions that were read in and further broken down by how many were Approved, Denied and Pended.

Subsystem:	Financial
Frequency:	Daily
Volume:	1,000 Records
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FHSC
Program:	Approved Assessments Transaction (ASD105)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Approved Assessments Control Totals (AS-O-105)

```
ASD105                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:      MM/DD/CCYY                APPROVED ASSESSMENT TRANSACTIONS
RUN DATE:   MM/DD/CCYY  HH:MM         CONTROL TOTALS
```

```
(1) ASSESSMENT TRANSACTIONS READ                999,999
(2) APPROVED ASSESSMENT TRANSACTIONS            999,999
```

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ASSESSMENT TRANSACTIONS READ	Calculated	DE0002	Tabulates all Assessment transactions that were recently entered and have not been processed yet. This includes all Assessment transactions that were Approved, Denied and Pended.
2	APPROVED ASSESSMENT TRANSACTIONS	Calculated	DE0002	Tabulates those Assessment Transactions that have been approved. C_ASMT_STATUS = APPROVED.

Output Reports AS-O-111 TAD Error Correction Cover Letter Pre Admission Screenings

General Information

This is a system-generated turnaround document cover letter for Pre-admission screenings (CBC, Full and Short) Assessments.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	TAD Error Correction Cover Letter (ASD110) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	Provider Name
Control Breaks:	Provider Name

TAD Error Correction Cover Letter - Pre-Admission Screenings (AS-O-111)

(2) _____

_____ (3)

_____ (4)

_____ (5)

_____ (6) (7) (8)

(1) ACN # _____

Enrollee Name: _____ (9)

Enrollee ID #: _____ (10)

Assessment Date: _____ (11)

Medicaid Auth: _____ (12)

Recently, a screening assessment form was submitted for processing. However, after careful review of the form, it has been determined that certain data elements were either missing, inappropriate, or incomplete.

Please make the necessary corrections to the items listed on the attached turnaround document and return the entire package, along with this letter, to the address listed below within five (5) working days of the receipt of this letter. The following items that require corrections are marked with double asterisks (**) on the attached turnaround document.

First Health Services
Post Office Box 85083
Richmond, Virginia 23285-5079

SPECIAL NOTE: Any questions regarding the submission of this information or any other related issue must be directed to the Facility and Home Based Services Unit at (804) 225-4222.

TAD Error Correction Cover Letter - Pre-Admission Screenings (AS-O-111)

ACN # _____

Error Messages Below

(13)

[Sample system-generated error messages below]

- [1. *Physical Environment – Where do you usually live?*]
- [2. *Functional Status – ADLS Bathing*]
- [3. *How Do You Take Your Medicine?*]

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACN #	Assessment Control Number	DE1279	
2	Date	Calculated	DE0002	Current Date
3	Provider Name	Provider Name	DE4085	
4	Street Address (Address Line 1)	Person Address Line 2	DE1338	
5	(Address Line 2)	Person Address Line 1	DE1339	
6	City	Person Address City Name	DE1340	
7	State	Person Address State Code	DE1341	
8	Zip	Person Address Zip Code	DE1003	
9	Enrollee Name	Person Name	DE1001	
10	Enrollee ID #	Enrollee Permanent Identification Number	DE3093	
11	Assessment Date	Assessment Date	DE1023	
12	Medicaid Auth	PAS Medicaid Authorization Code	DE1157	
13	System-generated error messages	Calculated	DE0002	System-generated error messages

Output Reports AS-O-115 Billing Authorization Letter ACR

General Information

This is a system-generated letter informing the provider that DMAS received an enrollment authorization package for a specified enrollee and that DMAS has approved the enrollment request. Additionally, the provider is informed that their agency may now bill DMAS for services rendered as authorized.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	Level of Care Provider Authorization Letter (ASD115) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorization Letter - ACR (AS-O-115)

(1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) (6) (7)

Enrollee Name: (8) (9) (10)
 Enrollee ID #: (11) _____

The Department of Medical Assistance Services (DMAS) has received an enrollment authorization package for the individual listed above and has approved the enrollment request, as specified below:

(12)	(13)	(14)	(15)
Type of Service	Admission Date	Discharge Date	Provider No.
J	MM/DD/CCYY		123-456-7890

Key: F = Adult Care Residence Regular Assisted Living
 J = Adult Care Residence Intensive Assisted Living

Your agency may now bill the Department of Medical Assistance Services (DMAS) program for services rendered as authorized. Type of service is assigned during the Assessment review process. Any discrepancies must be reported to DMAS immediately so payment will not be delayed.

This authorization is contingent upon:

1. The recipient's being Medicaid eligible in the appropriate program designation.
2. The recipient's continuing eligibility for the assessed level of care.
3. The provider having current contract with DMAS to provide the authorized level of care for the recipient at the time services were rendered.

A "Helpline" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except state holidays, to answer questions. The "Helpline" numbers are:

(804) 786-6273	Richmond Area
1-800-552-8627	All other areas

Please remember that the "Helpline" is for provider use only.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date	Calculated	DE0002	Date of letter.
2	Provider Name	Provider Name	DE4085	

3	Street Address	Person Address Line 2	DE1338	
4	(Address Line 2)	Person Address Line 1	DE1339	
5	City	Person Address City Name	DE1340	
6	State	Person Address State Code	DE1341	
7	Zip	Person Address Zip Code	DE1003	
8	Enrollee Name (Last)	Person Last Name	DE1336	
9	Enrollee Name (First)	Person First Name	DE1334	
10	Enrollee Name (Middle Initial)	Person Middle Initial	DE1335	
11	Enrollee ID #	Enrollee Permanent Identification Number	DE3093	
12	Type of Service	Benefit Plan Exception Indicator	DE3072	
13	Admission Date	Enrollee Benefit Enrollment Begin Date	DE3064	
14	Discharge Date	Enrollee Benefit Enrollment End Date	DE3065	
15	National Provider Identifier	National Provider Identifier	DE4700	

Output Reports AS-O-116 Billing Authorization Letter LTC

General Information

This is a system-generated letter informing the provider that DMAS received an enrollment authorization package for a specified enrollee and that DMAS has approved the enrollment request. Additionally, the provider is informed that their agency may now bill DMAS for services rendered as authorized.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	Level of Care Provider Authorization Letter (ASD115) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorization Letter - LTC (AS-O-116)

(1) _____

(2) _____

(3) _____

(4) _____

(5) (6) (7)

Enrollee Name: (8) (9) (10)

Enrollee ID #: (11) _____

The Department of Medical Assistance Services (DMAS) has received an enrollment authorization package for the individual listed above and has approved the enrollment request, as specified below:

(12)	(13)	(14)	(15)
Type of Service	Admission Date	Discharge Date	Provider No.
1	MM/DD/CCYY		123-456-7890

Key: 1 = Nursing Facility Care/Medicaid (ICF for State Facilities)
 2 = Medicare/Medicaid (SNF for State Facilities)

Your agency may now bill the Department of Medical Assistance Services (DMAS) program for services rendered as authorized. Type of service is assigned during the Assessment review process. Any discrepancies must be reported to DMAS immediately so payment will not be delayed.

Note all Medicare/Medicaid residents on the submitted Assessment form

- Continue to use this type of service unless one of the following occurs:
1. The resident is discharged/deceased. Inform the Long Term Care Unit of this agency at (804) 225-4222.
 2. The resident is discharged to a hospital and stays for more than 30 days (60 days for state facilities). A new assessment is required.
 3. The resident is not Medicaid eligible for more than 30 days (60 days for state facilities). A new assessment is required at that time.
 4. Medicare benefits have been exhausted. A resident with a type of service = "2" needs to be changed to type of service = "1". Inform the long term care unit.

Providers should check recipient eligibility through either the MediCall or ARS systems. DMAS has entered a level of care, however, it may have been entered under a 'pending' status. Recent changes to our MMIS system allow for 'pends' to be entered, but it is the responsibility of the provider to ensure the appropriate Medicaid eligibility is present prior to billing. 'Pends' will be entered for the following aid categories: 012, 032, 052, 053, 023, 043,

Billing Authorization Letter - LTC (AS-O-116)

063, 080, 055, and 056. If a recipient has one of the aid categories listed above, the provider will need to contact the local eligibility worker to have the aid category corrected prior to billing. Once the aid category has been corrected, the provider must notify DMAS so that the 'pend' status can be changed to an approval. Failure to follow these guidelines will result in nonpayment to the provider.

A "Helpline" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except state holidays, to answer questions. The "Helpline" numbers are:

(804) 786-6273 Richmond Area
1-800-552-8627 All other areas

Please remember that the "Helpline" is for provider use only.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date	Calculated	DE0002	Date of letter.
2	Provider Name	Provider Name	DE4085	
3	Street Address	Person Address Line 2	DE1338	
4	(Address Line 2)	Person Address Line 1	DE1339	
5	City	Person Address City Name	DE1340	
6	State	Person Address State Code	DE1341	
7	Zip	Person Address Zip Code	DE1003	
8	Enrollee Name (Last)	Person Last Name	DE1336	
9	Enrollee Name (First)	Person First Name	DE1334	
10	Enrollee Name (Middle Initial)	Person Middle Initial	DE1335	
11	Enrollee ID #	Enrollee Permanent Identification Number	DE3093	
12	Type of Service	Benefit Plan Exception Indicator	DE3072	
13	Admission Date	Enrollee Benefit Enrollment Begin Date	DE3064	
14	Discharge Date	Enrollee Benefit Enrollment	DE3065	

		ment End Date		
15	National Provider Identifier	National Provider Identifier	DE4700	

Output Reports AS-O-117 Billing Authorization Letter Specialized Care

General Information

This is a system-generated letter informing the provider that DMAS received an enrollment authorization package for a specified enrollee and that DMAS has approved the enrollment request. Additionally, the provider is informed that their agency may now bill DMAS for services rendered as authorized.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	Level of Care Provider Authorization Letter (ASD115) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorization Letter - Specialized Care (AS-O-117)

(1) _____

(2) _____
 (3) _____
 (4) _____

(5) (6) (7)

Enrollee Name: (8) (9) (10)
 Enrollee ID #: (11) _____

The Department of Medical Assistance Services (DMAS) has received an enrollment authorization package for the individual listed above and has approved the enrollment request, as specified below:

(12)	(13)	(14)	(15)
Admission Date	Discharge Date	Provider No.	Spec. Care Category
MM/DD/CCYY		123-456-7890	Vent Dependent

Specialized Care Category is assigned during the admission review process and is not submitted on the bill. Any discrepancies must be reported to DMAS immediately so payment will not be delayed.

- Continue to use this type of service unless one of the following occurs:
1. The resident no longer meets Specialized Care criteria. Inform the Long Term Care Unit of this agency at (804) 225-4222.
 2. The resident is discharged/deceased. Inform the Long Term Care Unit of this agency.
 3. The resident is discharged to a hospital and stays for more than 30 days. A new assessment is required.
 4. The resident is not Medicaid eligible for more than 30 days. A new assessment is required at that time.

Providers should check recipient eligibility through either the MediCall or ARS systems. DMAS has entered a level of care, however, it may have been entered under a 'pending' status. Recent changes to our MMIS system allow for 'pends' to be entered, but it is the responsibility of the provider to ensure the appropriate Medicaid eligibility is present prior to billing. 'Pends' will be entered for the following aid categories: 012, 032, 052, 053, 023, 043, 063, 080, 055, and 056. If a recipient has one of the aid categories listed above, the provider will need to contact the local eligibility worker to have the aid category corrected prior to billing. Once the aid category has been corrected, the provider must notify DMAS so that the 'pend' status can be changed to an approval. Failure to follow these guidelines will result in nonpayment to the provider.

Billing Authorization Letter - Specialized Care (AS-O-117)

A "Helpline" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except state holidays, to answer questions. The "Helpline" numbers are:

(804) 786-6273	Richmond Area
1-800-552-8627	All other areas

Please remember that the "Helpline" is for provider use only.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date	Calculated	DE0002	Date of letter.
2	Provider Name	Provider Name	DE4085	
3	Street Address	Person Address Line 2	DE1338	
4	(Address Line 2)	Person Address Line 1	DE1339	
5	City	Person Address City Name	DE1340	
6	State	Person Address State Code	DE1341	
7	Zip	Person Address Zip Code	DE1003	
8	Enrollee Name (Last)	Person Last Name	DE1336	
9	Enrollee Name (First)	Person First Name	DE1334	
10	Enrollee Name (Middle Initial)	Person Middle Initial	DE1335	
11	Enrollee ID #	Enrollee Permanent Identification Number	DE3093	
12	Admission Date	Enrollee Benefit Enrollment Begin Date	DE3064	
13	Discharge Date	Enrollee Benefit Enrollment End Date	DE3065	
14	National Provider Identifier	National Provider Identifier	DE4700	
15	Spec. Care Category	Enrollee Benefit Change Source	DE3074	

Output Reports AS-O-118 Billing Authorization Letter Long Stay

General Information

This is a system-generated letter informing the provider that DMAS received an enrollment authorization package for a specified enrollee and that DMAS has approved the enrollment request. Additionally, the provider is informed that their agency may now bill DMAS for services rendered as authorized.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	Level of Care Provider Authorization Letter (ASD115) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorization Letter - Long Stay (AS-O-118)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____ (6) _____ (7) _____

Enrollee Name: (8) _____ (9) _____ (10) _____
 Enrollee ID # (11) _____

The Department of Medical Assistance Services (DMAS) has received an enrollment authorization package for the individual listed above and has approved the enrollment request, as specified below:

(12)	(13)	(14)	(15)
Admission Date	Discharge Date	Provider No.	Spec. Care Category
MM/DD/CCYY		123-456-7890	Complex

Specialized Care Category is assigned during the admission review process and is not submitted on the bill. Any discrepancies must be reported to DMAS immediately so payment will not be delayed.

Continue to use this type of service unless one of the following occurs:

1. The resident no longer meets Specialized Care criteria. Inform the Long Term Care Unit of this agency at (804) 225-4222.
2. The resident is discharged/deceased. Inform the Long Term Care Unit of this agency.
3. The resident is discharged to a hospital and stays for more than 30 days. A new assessment is required.
4. The resident is not Medicaid eligible for more than 30 days. A new assessment is required at that time.

Providers should check recipient eligibility through either the MediCall or ARS systems. DMAS has entered a level of care, however, it may have been entered under a 'pending' status. Recent changes to our MMIS system allow for 'pends' to be entered, but it is the responsibility of the provider to ensure the appropriate Medicaid eligibility is present prior to billing. 'Pends' will be entered for the following aid categories: 012, 032, 052, 053, 023, 043, 063, 080, 055, and 056. If a recipient has one of the aid categories listed above, the provider will need to contact the local eligibility worker to have the aid category corrected prior to billing. Once the aid category has been corrected, the provider must notify DMAS so that the 'pend' status can be changed to an approval. Failure to follow these guidelines will result in nonpayment to the provider.

Billing Authorization Letter - Long Stay (AS-O-118)

A "Helpline" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except state holidays, to answer questions. The "Helpline" numbers are:

(804) 786-6273	Richmond Area
1-800-552-8627	All other areas

Please remember that the "Helpline" is for provider use only.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date	Calculated	DE0002	Date of letter.
2	Provider Name	Provider Name	DE4085	
3	Street Address	Person Address Line 2	DE1338	
4	(Address Line 2)	Person Address Line 1	DE1339	
5	City	Person Address City Name	DE1340	
6	State	Person Address State Code	DE1341	
7	Zip	Person Address Zip Code	DE1003	
8	Enrollee Name (Last)	Person Last Name	DE1336	
9	Enrollee Name (First)	Person First Name	DE1334	
10	Enrollee Name (Middle Initial)	Person Middle Initial	DE1335	
11	Enrollee ID #	Enrollee Permanent Identification Number	DE3093	
12	Admission Date	Enrollee Benefit Enrollment Begin Date	DE3064	
13	Discharge Date	Enrollee Benefit Enrollment End Date	DE3065	
14	National Provider Identifier	National Provider Identifier	DE4700	
15	Spec. Care Category	Enrollee Benefit Change Source	DE3074	

Output Reports AS-O-119 Billing Authorization Letter - Hospice

General Information

This is a system-generated letter informing the provider that DMAS received an enrollment authorization package for a specified enrollee and that DMAS has approved the enrollment request. Additionally, the provider is informed that their agency may now bill DMAS for services rendered as authorized.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	180 Days
Distribution:	Providers
Program:	Level of Care Provider Authorization Letter (ASD115) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorization Letter - Hospice (AS-O-119)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____ (6) _____ (7) _____

Enrollee name: (8) _____ (9) _____ (10) _____

Enrollee ID #: (11) _____

The Department of Medical Assistance Services (DMAS) has received an enrollment authorization package for the individual listed above and has approved the enrollment request, as specified below:

(12)	(13)	(14)	(15)
Type of Service	Admission Date	Discharge Date	Provider No
D	MM/DD/CCYY		123-456-7890

Key: D = Hospice

Your agency may now bill the Department of Medical Assistance Services (DMAS) program for services rendered as authorized. Type of service is assigned during the assessment review process. Any discrepancies must be reported to DMAS immediately so payment will not be delayed.

This authorization is contingent upon:

1. The recipient's being Medicaid eligible in the appropriate aid category.
2. The recipient's continuing eligibility for the assessed level of care.
3. The provider's having current contract with DMAS to provide the authorized level of care for the recipient at the time services were rendered.

Providers should check recipient eligibility through either the MediCall or ARS systems. DMAS has entered a level of care, however, it may have been entered under a 'pending' status. Recent changes to our MMIS system allow for 'pends' to be entered, but it is the responsibility of the provider to ensure the appropriate Medicaid eligibility is present prior to billing. 'Pends' will be entered for the following aid categories: 012, 032, 052, 053, 023, 043, 063, 080, 055, and 056. If a recipient has one of the aid categories listed above, the provider will need to contact the local eligibility worker to have the aid category corrected prior to billing. Once the aid category has been corrected, the provider must notify DMAS so that the 'pend' status can be changed to an approval. Failure to follow these guidelines will result in nonpayment to the provider.

Billing Authorization Letter - Hospice (AS-O-119)

The "HELPLINE" is available Monday through Friday from 8:30 a.m. to 4:30 p.m., except state holidays, to answer questions. The "HELPLINE" numbers are:

(804) 786-6273	Richmond area
1-800-552-8627	All other areas

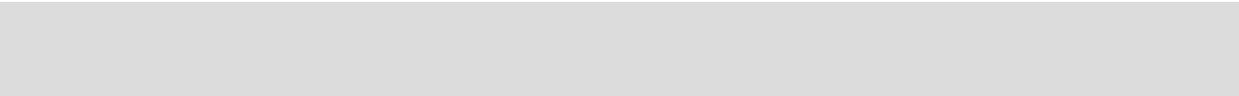
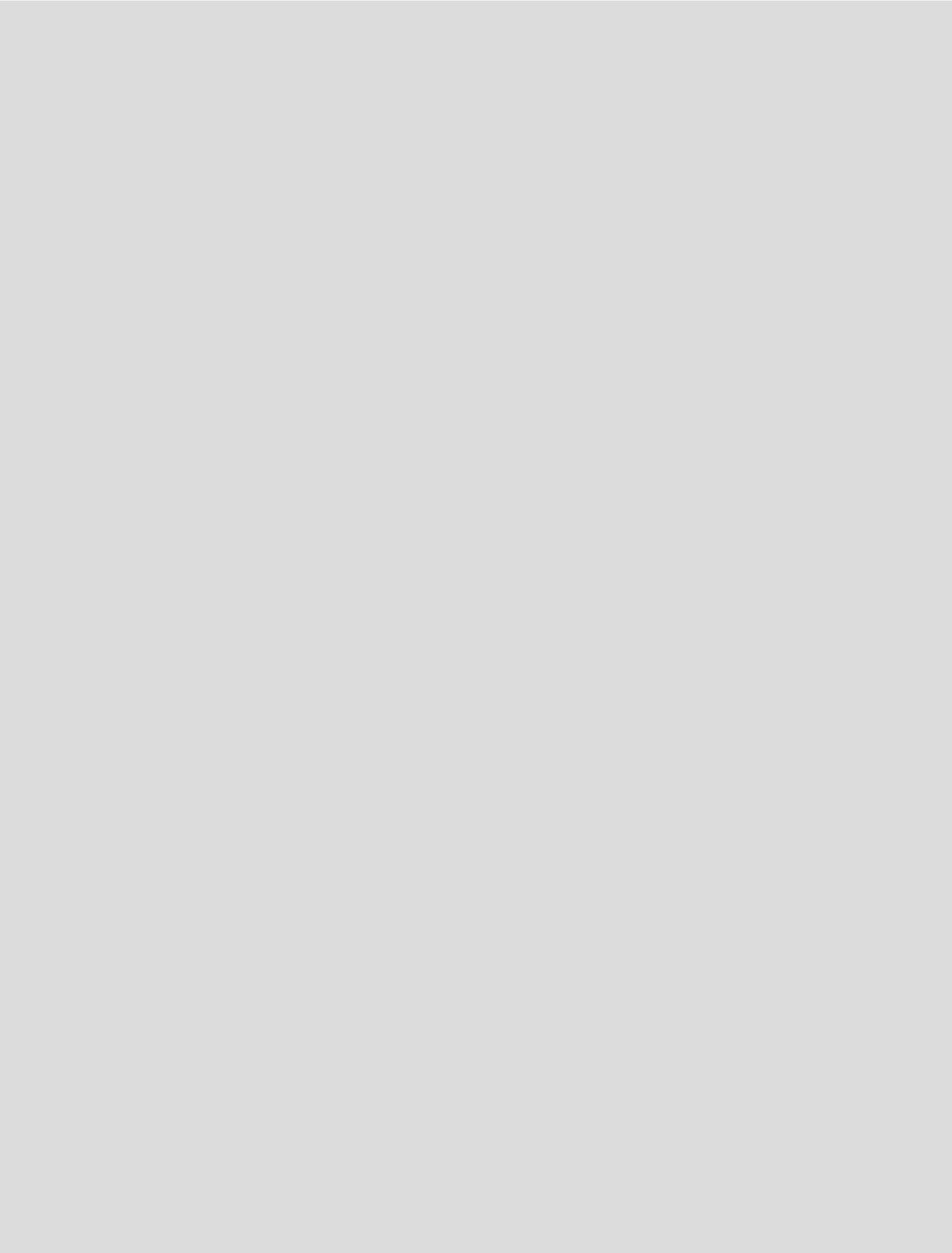
Please remember that the "HELPLINE" is for provider use only.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE	Calculated	DE0002	Date of letter
2	Provider Name	Provider Name	DE4085	
3	STREET ADDRESS	Person Address Line 2	DE1338	
4	(ADDRESS LINE 2)	Person Address Line 1	DE1339	
5	CITY	Person Address City Name	DE1340	
6	STATE	Person Address State Code	DE1341	
7	ZIP	Person Address Zip Code	DE1003	
8	ENROLLEE NAME (LAST)	Person Last Name	DE1336	
9	ENROLLEE NAME (FIRST)	Person First Name	DE1334	
10	ENROLLEE NAME (MIDDLE INITIAL)	Person Middle Initial	DE1335	
11	ENROLLEE ID #	Enrollee Permanent Identification Number	DE3093	
12	TYPE OF SERVICE	Benefit Plan Exception Indicator	DE3072	
13	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
14	DISCHARGE DATE	Enrollee Benefit Enrollment End Date	DE3065	
15	NATIONAL	National Provider Iden-	DE4700	



	PROVIDER IDENTIFIER	tifier		
--	------------------------	--------	--	--



Output Reports AS-O-120 Billing Authorizations Level of Care Updates

General Information

This is a system-generated report enrollees associated with a specific provider that have been authorized for billing. The report displays an asterisk (*) next to the Level of Care segment that caused a Billing Authorization Letter (Blue Letter) to be printed. The report prints all of the Level of Care segments associated with an Enrollee sequenced by newest to oldest. The number of LOC segments to be printed will be limited to a maximum of 10 (5 on each side).

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Community Based Care, Long-Term Care
Program:	Level of Care Provider Authorization Letter (ASD115)
Confidential:	Yes
Sequence:	Provider Name Enrollee Name
Control Breaks:	Provider Name

Billing Authorizations - Level of Care Updates (AS-O-120)

ASD115
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY 99:99

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BILLING AUTHORIZATIONS - LEVEL OF CARE UPDATES

RE
P

(1) (2)

PROVIDER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX PROVIDER ID:1234567890 99

(3) LOC	(4) ADMISSION		(5) LOC INFORMATION			(7) SITE IND	(8) END RSN	(9) CHG SRC		(4) ADMISSION		(5) LOC INFORMATION			SITE IND
	DATE	DISCHARGE DATE	DATE	DISCHARGE DATE	PROVIDER ID					LOC	DATE	DISCHARGE DATE	PROVIDER ID	IND	
*F	99/99/9999				1234567890	99	000	00		F	99/99/9999	99/99/9999	1234567890	99	

ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (10) ENROLLEE ID: 999-999999-999 (99)

*F	99/99/9999	99/99/9999	1234567890	99	000	00		F	99/99/9999	99/99/9999	1234567890	99
----	------------	------------	------------	----	-----	----	--	---	------------	------------	------------	----

ENROLLEE NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ENROLLEE ID: 999-999999-999

TOTAL LETTERS PRINTED FOR THIS PROVIDER 2 (10)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ID	National Provider Identifier	DE4700	
3	LOC	Benefit Plan Exception Indicator	DE3072	
4	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
5	DISCHARGE DATE	Enrollee Benefit Enrollment End Date	DE3065	
6	National Provider Identifier	National Provider Identifier	DE4700	
7	NPI XREF Site Number	NPI XREF Site Number	DE4143	
8	END RSN	Enrollee Benefit Closure Reason	DE3073	
9	CHG SRC	Enrollee Benefit Change Source	DE3074	
10	Enrollee Name	Enrollee Full Name	DE3003	
11	Enrollee ID	Person Enrollee ID	DE1004	
12	TOTAL LETTERS PRINTED FOR THIS PROVIDER	Calculated	DE0002	

13	TOTAL LETTERS PRINTED FOR ALL PROVIDERS	Calculated	DE0002	
----	---	------------	--------	--

Output Reports AS-O-148 MCO Waiver Dual Enrollment Letter ALTC

General Information

This is an informative letter to the waiver providers when an enrollee has dual coverage within an MCO and waiver during the same time period. The letter is generated on a weekly basis and will be sent to both the waiver servicing provider and referring provider if one exists, that are contained on the prior authorization.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Varibale
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	Providers
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MCO/Waiver Dual Enrollment Letter - ALTC (AS-O-148)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter Date	Enrollee Notice Date	DE3088	
2	Provider Name	Provider Name	DE4085	
3	Provider Address Line	Provider Address Line	DE4097	
4	Provider Address Additional Name	Provider Attention Name	DE4096	
5	Provider Address City Name	Provider Address City Name	DE4130	

6	Provider Address State	Provider Address State	DE4098	
7	Provider Address Zip Code	Provider Address ZIP Code	DE4099	
8	Enrollee Full Name	Enrollee Full Name	DE3003	
9	Enrollee ID	Enrollee Permanent Identification Number	DE3093	

Output Reports AS-O-200 Assessments Inactive Report

General Information

This report lists Assessments that are inactive.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS-Long Term Care
Program:	Inactive Assessments (ASW200)
Confidential:	Yes
Sequence:	SSN
Control Breaks:	N/A

Assessments Inactive Report (AS-O-200)

ASW200
 AS OF: 08/21/1998
 RUN DATE: 08/21/1998 17:45

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 ASSESSMENTS INACTIVE REPORT

(1)	(2)	(3)	(4)	(5)	(6)	(7)
SSN	ENROLLEE NAME	ENROLLEE ID	MEDICARE NO.	STATUS EFF DATE	ASSMT DATE	ASSMT SRCE
999-99-9999	XXXXXXXX, XXXXXX	999999999999	ZZZZZZZZZZ	10/07/1996	04/09/1996	PSAC
999-99-9999	XXXXXXXX, XXXXXXXX	999999999999	ZZZZZZZZZZ			
999-99-9999	XXXXXXXX, XXXXXX	999999999999	ZZZZZZZZZZ	03/14/1997	01/23/1997	PSAC

(8) TOTAL ERRORS PRINTED: 3

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSN	Person Social Security Number	DE1000	
2	ENROLLEE NAME	Person Name	DE1001	
3	ENROLLEE ID	Person Enrollee ID	DE1004	
4	MEDICARE NO.	Person Medicare Number	DE1005	
5	STATUS EFF DATE	Assessment Status Effective Date	DE1021	
6	ASSMT DATE	Assessment Date	DE1023	
7	ASSMT SRCE	Assessment Source Code	DE1022	
8	TOTAL ERRORS PRINTED	Calculated	DE0002	

Output Reports AS-O-300 Audit Counts for Nursing Home Extract Control Totals

General Information

This is a Nursing Home Enrollee extract for Travelers Insurance and Penn BCBS. It is produced monthly as a quality check to verify the number of records written out to tape.

Subsystem:	Financial
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	FA-Quality Control
Program:	Audit Counts For Nursing Home Extract (ASM300)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Audit Counts for Nursing Home Extract Control Totals (AS-O-300)

ASM300
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AUDIT COUNTS FOR NURSING HOME EXTRACT
CONTROL TOTALS

(1) RECORDS EXTRACTED 999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS EXTRACTED	Calculated	DE0002	

Output Reports AS-O-305 Level of Care and Pre Screening Mismatch

General Information

This report is produced when there is a mismatch between pre-screening Medicaid Authorization and Level of Care. A Summary Page will be printed showing control totals.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS-Long Term Care
Program:	LOC and Pre-Screening Mismatch (ASM305)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

Level of Care and Pre-Screening Mismatch (AS-O-305)

ASM305
 AS OF: 08/21/1998
 RUN DATE: 08/21/1998 17:45

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 LEVEL OF CARE AND PRE-SCREENING MISMATCH

(1) ENROLLEE NAME	(2) SSN	(3) ENROLLEE ID	(4) LOC	(5) MEDICAID AUTH	(6) AUTH DATE	(7) SRC CODE	ASMT
████████████████████	██████████	██████████	9	1	07/14/1998	PSAC	11/2
████████████████████	██████████	██████████	A	11	03/02/1998	PSLH	12/2

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME	Person Name	DE1001	
2	SSN	Person Social Security Number	DE1000	
3	ENROLLEE ID	Person Enrollee ID	DE1004	
4	LOC	Benefit Plan Exception Indicator	DE3072	Process only these LOC codes: A, E, F, J, Q, 1, 2, L, and 9.
5	MEDICAID AUTH	PAS Medicaid Authorization Code	DE1157	1. Process only Medicaid Authorizations that DO NOT correspond to a matching LOC code. 2. Do not report if Medicaid Authorization is equal to 0, 8 or 9.
6	AUTH DATE	PAS Level I Physician Authorization Date	DE1346	
7	SRC CODE	Assessment Source Code	DE1022	Process only Screening Assessments (PSAC, PSLH, ACRR).
8	ASMT DATE	Assessment Date	DE1023	Process only Assessment Dates less than one year old.
9	ADMIT DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports AS-O-310 Level of Care Without Current Assessments

General Information

This report that identifies Level of Care entries that do not have current assessments stored on the Assessment Segment Table (AS_ASSESSMENT) whose Assessment Age, based on the Assessment Date (D_ASMT_DT), falls under one of these categories: 90, 120, 180 days. Summary Totals will be printed on the last page showing control totals for each category.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS-Long Term Care
Program:	LOC Entries without Current Assessments (ASM310)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

Level of Care Without Current Assessments (AS-O-310)

ASM310
 AS OF: 07/31/1999
 RUN DATE: 07/31/1999 17:45

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 LEVEL OF CARE WITHOUT CURRENT ASSESSMENTS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	AS
ENROLLEE NAME	ENROLLEE ID	SSN	BEGIN DATE	LOC	MEDICAID AUTHORIZE	SRCE	DA
-----	-----	-----	-----	---	-----	---	---
████████████████████	████████████████	██████████	03/21/1998	Q	10	PSAC	04/
			04/05/1998	E	3	PSLH	01/
			01/07/1998	F	12	ACRR	11/

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME	Person Name	DE1001	
2	ENROLLEE ID	Person Enrollee ID	DE1004	
3	SSN	Person Social Security Number	DE1000	
4	BEGIN DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
5	LOC	Benefit Plan Exception Indicator	DE3072	Process only these LOC codes: A, E, F, J, Q, 1, 2, L, and 9.
6	MEDICAID AUTHORIZE	PAS Medicaid Authorization Code	DE1157	Process only Medicaid Authorizations that corresponds to a matching LOC code.
7	SRCE	Assessment Source Code	DE1022	Process only Screening Assessments (PSAC, PSLH, ACRR).
8	ASSESSMENT DATE	Assessment Date	DE1023	Process only Assessment Dates less than one year old.
9	LOC AGE	Calculated	DE0002	Assessment Age of 90 days = Assessment Date > 89 days and < 120 days. Assessment Age of 120 days = Assessment Date > 119 and < 180 days. Assessment Age of 180 days = Assessment Date > 179 days.

Output Reports AS-O-316 Discharge Summary Nursing Home Facilities Tracking List

General Information

This is a summary report listing all providers who have been sent Eligibility Card Replacement and Discharge Summary Notification.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	Eligibility Card Replacement & Discharge Summary Notification (ASM315)
Confidential:	Yes
Sequence:	Provider Number
Control Breaks:	N/A

Discharge Summary Nursing Home/Facilities Tracking List (AS-O-316)

ASMB15
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DISCHARGE SUMMARY
NURSING HOME/FACILITIES TRACKING LIST

DELIVER TO: MSS LTC SECTION

(1) PROVIDER NAME	(2) PROVIDER ID	(3) SITE IND	(4) DMAS TRACKING AREA / COMMENTS
XXXXXXXXXXXXXXXXXXXXXXXXXX	1234567890	XX	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ID	National Provider Identifier	DE4700	
3	SITE-IND	NPI XREF Site Number	DE4143	
4	DMAS TRACKING AREA / COMMENTS	Enrollee Comment Field	DE3463	

Output Reports AS-O-317 Eligibility Card Replacement Listing and Discharge Summary for Nursing Homes Facilities

General Information

This notice, sent to the provider on a monthly basis, summarizes Eligibility Card replacement for nursing home enrollees. The form also requests the return of updated information on discharged enrollees.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Providers
Program:	Eligibility Card Replacement & Discharge Summary Notification (ASM315)
Confidential:	Yes
Sequence:	Provider Number Enrollee Name
Control Breaks:	Provider Number

Eligibility Card Replacement Listing and Discharge Summary for Nursing Homes/Facilities Enrollees for (Month) (AS-O-317)

ASM315
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM
 PROVIDER: 1234567890
 OTHER (2)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 ELIGIBILITY CARD REPLACEMENT LISTING AND DISCHARGE SUMMARY
 FOR NURSING HOME/FACILITIES ENROLLEES FOR XXXXXXXX, CCYY
 XXXXXXXXXXXXXXXXXXXXXXXX (1)

NOTICE

ATTACHED IS A REVISED ELIGIBILITY CARD REPLACEMENT REPORT. IT CONTINUES TO LIST ALL THE MEDICAID ENROLLEES WE HAVE ON RECORD FOR YOUR FACILITY. IN ADDITION, IT HAS BEEN DESIGNED AS A SUMMARY OF DISCHARGE INFORMATION FOR YOU TO RETURN TO US. THIS DATA IS ESSENTIAL IN ORDER TO MAINTAIN AN ACCURATE CENSUS OF THE MEDICAID LONG TERM CARE POPULATION.

REVIEW THE LIST AND RECORD ALL DISCHARGE DATES AND DESTINATIONS, IF APPLICABLE. DO NOT SUBMIT DATES FOR HOSPITALIZED PATIENTS WHO STAY LESS THAN 30 DAYS AND RETURN TO THE SAME LEVEL OF CARE.

THIS FORM MUST BE SIGNED AND RETURNED BY THE FIFTEENTH OF THE MONTH. FAILURE TO DO SO WILL DELAY YOUR MEDICAID REIMBURSEMENT.

SEND THE COMPLETED INFORMATION TO:

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 LONG TERM CARE INFORMATION SECTION
 600 EAST BROAD STREET
 RICHMOND, VIRGINIA 23219

THIS IS TO CERTIFY THAT THE FOREGOING INFORMATION IS TRUE, ACCURATE, AND COMPLETE.

SIGNATURE

XXXXXXXXXXXXXXXXXXXXXXXX (4)
 XXXXXXXXXXXXXXXXXXXXXXXX (5)
 XXXXXXXXXXXXXXXXXXXXXXXX (6)
 XXXXXXXXXXXXXXXXXXXXXXXX (7)

XXXXXXXXXXXX XX 99999-9999
 (8) (9) (10)

Eligibility Card Replacement Listing and Discharge Summary for Nursing Homes/Facilities Enrollees for (Month) (AS-O-317)

ASM315 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY DISCHARGE SUMMARY
RUN DATE: MM/DD/CCYYY HH:MM FOR NURSING HOME/FACILITIES ENROLLEES FOR XXXXXXXXXXXX , 9999

(11) (12)
PROVIDER: 1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXX
OTHER

(13) ENROLLEE ID	(14) ENROLLEE NAME	(15) SOCIAL SECURITY	(16) BIRTHDATE	(17) AID CAT	(18) TPL CODES	(19) MEDICARE NUMBER	(20) DATE OF DEATH	(21) DATE DISC.
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				
9999-999999-99-9	XXXXXXXXXXXXXXXXXXXX	999-99-9999	MM/DD/CCYY	00				

TOTAL ENROLLEES FOR PROVIDER 0000301612: (23)
7

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(MONTH)		DE0000	
2	PROVIDER	National Provider Identifier	DE4700	
3	(PROVIDER NAME)	Provider Name	DE4085	
4	(PROVIDER NAME)	Provider Name	DE4085	
5	(ATTN)	Provider Attention Name	DE4096	
6	(ADDRESS LINE 1)	Provider Address Line	DE4097	
7	(ADDRESS LINE 2)	Provider Address Line	DE4097	
8	(CITY)	Provider Address City Name	DE4130	
9	(STATE)	Provider Address State	DE4098	
10	(ZIP)	Provider Address ZIP Code	DE4099	
11	PROVIDER	National Provider	DE4700	

		Identifier		
12	(PROVIDER NAME)	Provider Name	DE4085	
13	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
14	ENROLLEE NAME	Person Name	DE1001	
15	BIRTHDATE	Person Birth Date	DE1006	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	TPL CODES	Claim TPL Flag	DE2674	
18	DATE OF DEATH/DISCHARGE		DE0000	
19	DISCHARGE DESTINATION		DE0000	
20	PP BEG DTE	Patient Pay Begin Date	DE4801	
21	PP END DTE	Patient Pay End Date	DE4802	
22	PP AMOUNT	Patient Pay Amount	DE4835	
23	TOTAL ENROLLEES FOR PROVIDER	Calculated	DE0002	

Output Reports AS-O-320 Level of Care Providers Alpha Listing

General Information

This report produces a listing of all enrollees in the Enrollee Master Table (RS_ENROLLEE) whose current LOC segment has an open End Date or closed-out during the month of the report run date by Provider.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	Level of Care Providers Alpha Listing (ASM320)
Confidential:	Yes
Sequence:	Provider Name Level of Care Enrollee Name
Control Breaks:	Provider Name

Level of Care Providers Alpha Listing (AS-O-320)

ASM320
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LEVEL OF CARE PROVIDERS ALPHA LISTING

(1) PROVIDER NAME	(2) PROVIDER ID	(3) SITE IND
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	123-456-7890	99

(4) ENROLLEE NAME	(5) ENROLLEE ID	(6) SSN	(7) LOC	(8) BIRTH DATE	(9) ADMISSION DATE	END DATE
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	00	MM/DD/CCYY	MM/DD/CCYY	MM/DD/
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	00	MM/DD/CCYY	MM/DD/CCYY	MM/DD/
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	00	MM/DD/CCYY	MM/DD/CCYY	MM/DD/
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	00	MM/DD/CCYY	MM/DD/CCYY	MM/DD/

TOTAL ENROLLEE COUNT: 4 (12)

*** END OF REPORT ***

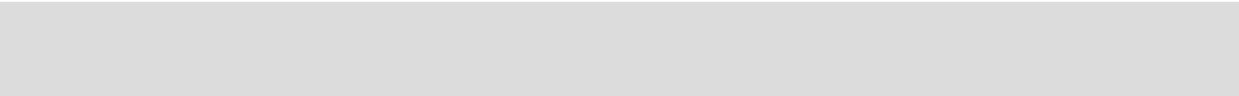
***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ID	National Provider Identifier	DE4700	
3	SITE IND	NPI XREF Site Number	DE4143	
4	ENROLLEE NAME	Person Name	DE1001	
5	ENROLLEE ID	Person Enrollee ID	DE1004	
6	SSN	Person Social Security Number	DE1000	
7	LOC	Benefit Plan Exception Indicator	DE3072	
8	BIRTH DATE	Person Birth Date	DE1006	
9	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
10	END DATE	Enrollee Benefit Enrollment	DE3065	Must be open (9's) or the closed-out



		ment End Date		date falls within the same month of the report run date.
11	CATEGORY OF CARE	Enrollee Benefit Change Source	DE3074	
12	TOTAL ENROLLEE COUNT	Calculated	DE0002	Reset Enrollee Count for different Providers.



Output Reports AS-O-325 Level of Care Enrollees Deceased Listing

General Information

This report produces a listing of deceased enrollees.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	Level of Care Enrollees Deceased Listing (ASM325)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

Level of Care Enrollees Deceased Listing (AS-O-325)

ASM325
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LEVEL OF CARE ENROLLEES DECEASED LISTING

(1) ENROLLEE NAME	(2) SSN	(3) ENROLLEE ID	(4) CANCEL DATE	(5) PROVIDER ID	(6) SITE IND
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	999-999999-999	MM/DD/CCYY	1234567890	01
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	999-999999-999	MM/DD/CCYY	1234567890	01
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-99-9999	999-999999-999	MM/DD/CCYY	1234567890	01

(8)
TOTAL ENROLLEE COUNT: 999,999

*** 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 NAME	Person Name	DE1001	
2	SSN	Person Social Security Number	DE1000	
3	ENROLLEE ID	Person Enrollee ID	DE1004	
4	CANCEL DATE	Eligibility Cancel Date	DE3452	
5	PROVIDER ID	National Provider Identifier	DE4700	
6	SITE IND	NPI XREF Site Number	DE4143	
7	LOC	Benefit Plan Exception Indicator	DE3072	
8	TOTAL ENROLLEE COUNT	Calculated	DE0002	

Output Reports AS-O-330 Level of Care Enrollees Cancellation Listing

General Information

This report produces a listing of open-ended authorizations (End Date = 9's) from the most current Assessment for all those Enrollees with a Cancel Reason other than 01 and whose Cancel Date is greater than the Report Processing Date. The report is sorted by Level of Care and Enrollee ID.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	Level of Care Enrollees Cancellation Listing (ASM330)
Confidential:	Yes
Sequence:	Level of Care Enrollee ID
Control Breaks:	Level of Care

Level of Care Enrollees Cancellation Listing (AS-O-330)

ASM330
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LEVEL OF CARE ENROLLEES CANCELLATION LISTING

(1)	(2)	(3)	(4)	(5)	(6)	(7)
ENROLLEE ID	ENROLLEE NAME	CANCEL DATE	CANCEL REASON	LOC	ADMISSION DATE	PROVIDER ID
999-999999-999	XXXXXXXX, XXXXXXXX X.	MM/DD/CCYY	XX	00	MM/DD/CCYY	123-456-7899
999-999999-999	XXXXXXXX, XXXXXXXX X.	MM/DD/CCYY	XX	00	MM/DD/CCYY	123-456-7899
999-999999-999	XXXXXXXX, XXXXXXXX X.	MM/DD/CCYY	XX	00	MM/DD/CCYY	123-456-7899

TOTAL ENROLLEE COUNT: 3 (9)

*** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Person Enrollee ID	DE1004	
2	ENROLLEE NAME	Person Name	DE1001	
3	CANCEL DATE	Eligibility Cancel Date	DE3452	Cancel Date greater than processing date.
4	CANCEL REASON	Eligibility Cancel Reason	DE3451	Cancel Reason other than 01.
5	LOC	Benefit Plan Exception Indicator	DE3072	
6	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
7	PROVIDER ID	National Provider Identifier	DE4700	
8	SITE IND	NPI XREF Site Number	DE4143	
9	TOTAL ENROLLEE COUNT	Calculated	DE0002	Reset counter when LOC changes.

Output Reports AS-O-335 Level of Care Enrollee Alpha List

General Information

This report produces a listing of Enrollees in alpha order by name sequence according to it's assigned Level of Care. It produces several reports depending on the number of different LOC categories.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	Level of Care Alpha Listing Program (ASM336)
Confidential:	Yes
Sequence:	Level of Care Enrollee Name
Control Breaks:	Level of Care

Level of Care Enrollee Alpha List (AS-O-335)

ASM335
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LEVEL OF CARE ENROLLEE ALPHA LIST

(2) (10)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
LOC	ENROLLEE NAME	ENROLLEE ID	SSN	BIRTH DATE	PROVIDER ID	SITE IND	AD
00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	MM/DD/CCYY	12-3456-7890	01	MM
00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	MM/DD/CCYY	12-3456-7890	01	MM
00	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999-999999-999	999-99-9999	MM/DD/CCYY	12-3456-7890	01	MM

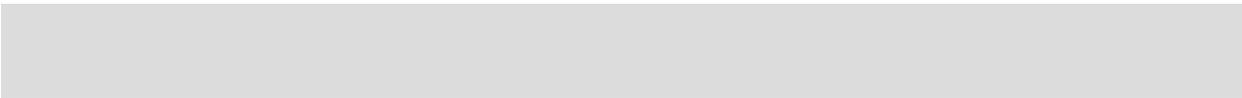
(1)
TOTAL ENROLLEE COUNT FOR <LOC TITLE DESCRIPTION>: 3 (11)

*** END OF REPORT ***

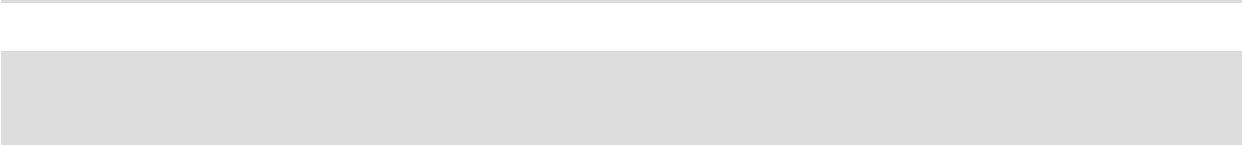
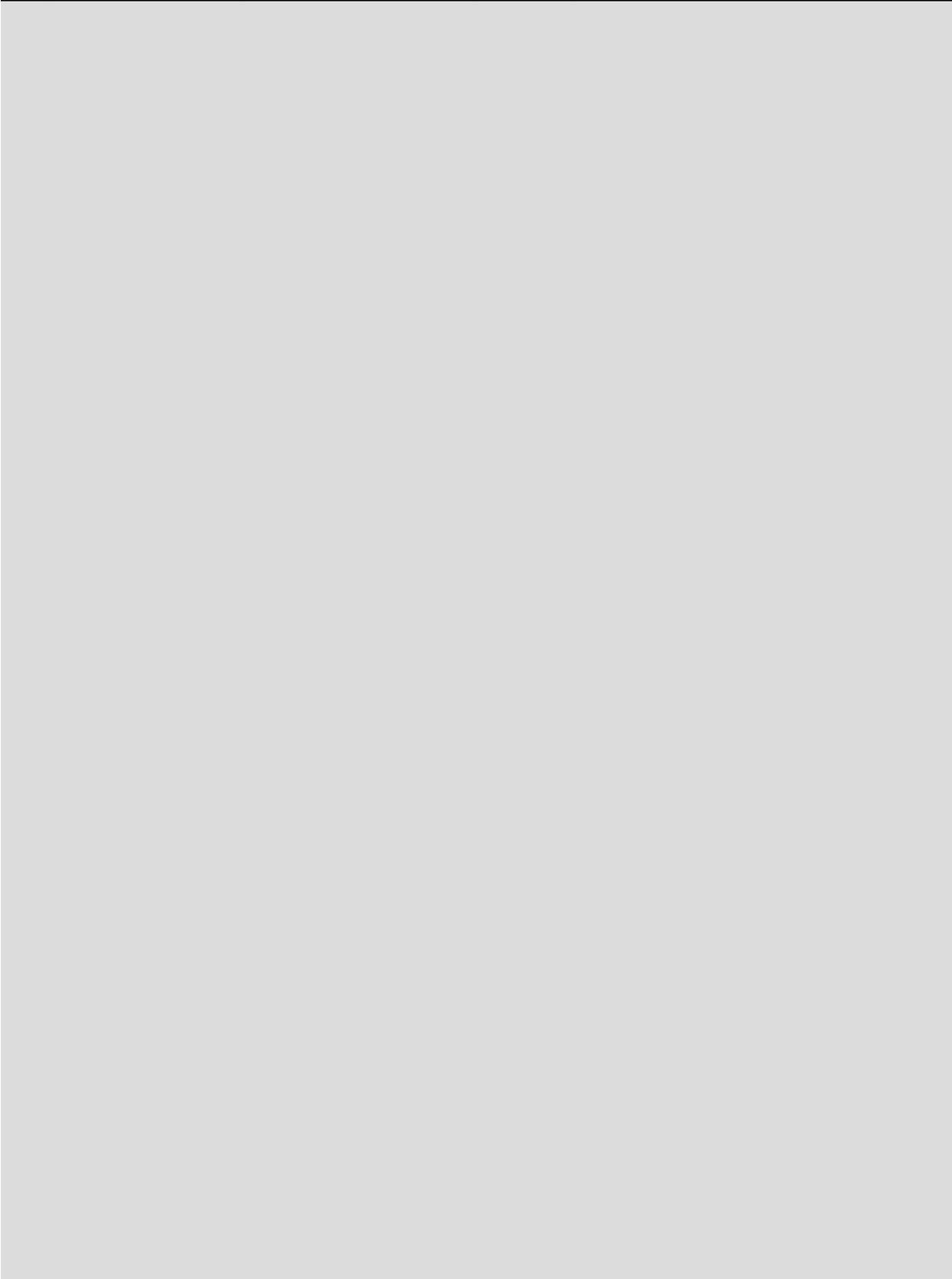
***** CONFIDENTIAL INFORMATION *****

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOC TITLE DESCRIPTION	Enrollee Benefit Plan Exception Code Description	DE3076	
2	LOC	Benefit Plan Exception Indicator	DE3072	
3	ENROLLEE NAME	Enrollee Full Name	DE3003	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	SSN	Person Social Security Number	DE1000	
6	BIRTH DATE	Person Birth Date	DE1006	
7	PROVIDER ID	National Provider Identifier	DE4700	
8	SITE IND	NPI XREF Site Number	DE4143	
9	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
10	DISCHARGE DATE	Enrollee Benefit Enrollment End Date	DE3065	
11	TOTAL ENROLLEE	Calculated	DE0002	Totals are reset for every change of LOC.



	COUNT FOR			
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Output Reports AS-O-336 Level of Care Enrollee Population Distribution

General Information

This report produces a listing of enrollees by population distribution based on the assigned Level of Care.

Subsystem:	Financial
Frequency:	Monthly (End of the Month)
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS-Long Term Care
Program:	N/A
Confidential:	Yes
Sequence:	Exception Indicator Enrollee Name
Control Breaks:	Exception Indicator

Level of Care Enrollee Population Distribution (AS-O-336)

ASM335
AS OF: 08/21/1998
RUN DATE: 08/21/1998 17:45

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LEVEL OF CARE ENROLLEE POPULATION DISTRIBUTION

1.	ICF-MR (1)	(2) 4966295 4966309 4966562 4966210 4966686	1,060 269 192 616 222
		(3) TOTAL	2,359
2.	INST-MD (4)	(5) 4966261 4966350 4966287 4966244	0 51 29 243
		(6) TOTAL	56
3.	IMD-H.D. (7)	(8) 4957504 4951328	42 14
		(9) TOTAL	323
4.	SNF-MR (10)	(11) 4959981 4959990	101 20
		(12) TOTAL	121
5.	CHRONIC DH (13)	(14) 4920031 4920040	0 0
		(15) TOTAL	0
6.	ICF-MR 15 BED OR LESS (16)	(17) 4967178 4967259 4967089 4967305 4967399 4967283 4967275 4967518 4967551 4967411 4967445	8 12 21 13 30 8 12 6 13 11 7
		(18) TOTAL	141
7.	ALL OTHER ICF (19)		295
8.	ALL OTHER SNF (20)		1
9.	TOTAL OF ITEM THRU 8 ABOVE (21)		3,296
10.	OUT OF STATE (22)		1
11.	REHABILITATION HOSPITAL (23)		0
12.	ALL OTHER NURSING FACILITIES (24)		18,464

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	1. ICF-MR	Calculated	DE0002	
2	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
3	TOTAL	Calculated	DE0002	
4	2. INST-MD	Calculated	DE0002	
5	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
6	TOTAL	Calculated	DE0002	
7	3. IMD-H.D.	Calculated	DE0002	

8	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
9	TOTAL	Calculated	DE0002	
10	4. SNF-MR	Calculated	DE0002	
11	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
12	TOTAL	Calculated	DE0002	
13	5. CHRONIC DH	Calculated	DE0002	
14	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
15	TOTAL	Calculated	DE0002	
16	6. ICF-MR 15 BED OR LESS	Calculated	DE0002	
17	(Enrollee Population within the Specified Range of Provider Number)	Calculated	DE0002	
18	TOTAL	Calculated	DE0002	
19	ALL OTHER ICF	Calculated	DE0002	
20	ALL OTHER SNF	Calculated	DE0002	
21	TOTAL OF ITEM 1 THRU 8 ABOVE	Calculated	DE0002	
22	OUT OF STATE	Calculated	DE0002	
23	REHABILITATION HOSPITAL	Calculated	DE0002	

Output Reports AS-O-400 Provider Change Level of Care and Assessment Reassignment

General Information

This update report is produced on request from DMAS. DMAS must submit a Provider Facility Ownership Change form to the FA-Quality Control. The change form contains the following information: Old Provider Number, New Provider Number, New Admission Date, and Level of Care. The form is used to update the Level of Care (C_ENR_EXCPT_IND), Assessment Segment Table (AS_ASSESSMENT) and Assessment Provider Table (AS_ASMT_PROVIDER) with the New Provider Number (I_PROV).

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS-Long Term Care
Program:	Provider Change - Level of Care & Assessments (ASR400)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Provider Change - Level of Care and Assessment Reassignment (AS-O-400)

ASR400
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER CHANGE - LEVEL OF CARE AND ASSESSMENT

----- FROM REQUEST RECORD -----				----- LEVEL OF CARE SEGMENT -----						---	
(1)	(2)	(3)	(4)	(4.1)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
NEW PROVIDER ID	OLD PROVIDER ID	ADMISSION DATE	LOC		ENROLLEE ID	LOC	ADMISSION DATE	DISCHARGE DATE	END RSN	CHG RSN	SRCE CODE
123-456-7890 01 (1.1)	123-456-7890 01 (2.1)	MM/DD/CCYY	X	(CLS) (NEW)	999-999999-999	0	MM/DD/CCYY	MM/DD/CCYY	99	99	ZZZZ
				(CLS) (NEW)	999-999999-999	0	MM/DD/CCYY	MM/DD/CCYY	99	99	ZZZZ
123-456-7890 01 (1.1)	123-456-7890 01 (2.1)	MM/DD/CCYY	X	(CLS) (NEW)	999-999999-999	0	MM/DD/CCYY	MM/DD/CCYY	99	99	ZZZZ
				(CLS) (NEW)	999-999999-999	0	MM/DD/CCYY	MM/DD/CCYY	99	99	ZZZZ

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NEW PROVIDER ID	National Provider Identifier	DE4700	
1.1	NEW PROVIDER SITE IND	NPI XREF Site Number	DE4143	
2	OLD PROVIDER ID	National Provider Identifier	DE4700	
2.1	OLD PROVIDER SITE IND	NPI XREF Site Number	DE4143	
3	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
4	LOC	Benefit Plan Exception Indicator	DE3072	
4.1	(CLS) (NEW)	Calculated	DE0002	CLS means that the Level of Care segment has been Closed Out and NEW means that a new Level of Care segment has been created in place of the one that was just Closed Out. The NEW Level of Care segment now contains the updated information on Provider Number (I_PROV) and Admission Date ((D_ENR_ADMSN).

5	ENROLLEE ID	Person Enrollee ID	DE1004	
6	LOC	Benefit Plan Exception Indicator	DE3072	
7	ADMISSION DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
8	DISCHARGE DATE	Enrollee Benefit Enrollment End Date	DE3065	
9	END RSN	Enrollee Benefit Closure Reason	DE3073	
10	CHG REASON	Enrollee Benefit Change Source	DE3074	
11	SRCE CODE	Assessment Source Code	DE1022	
12	ASSESSMENT DATE	Assessment Date	DE1023	
13	STATUS	Assessment Approval Code	DE1421	

Output Reports AS-O-401 Provider Change Error Report

General Information

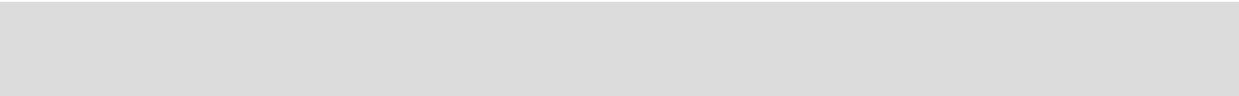
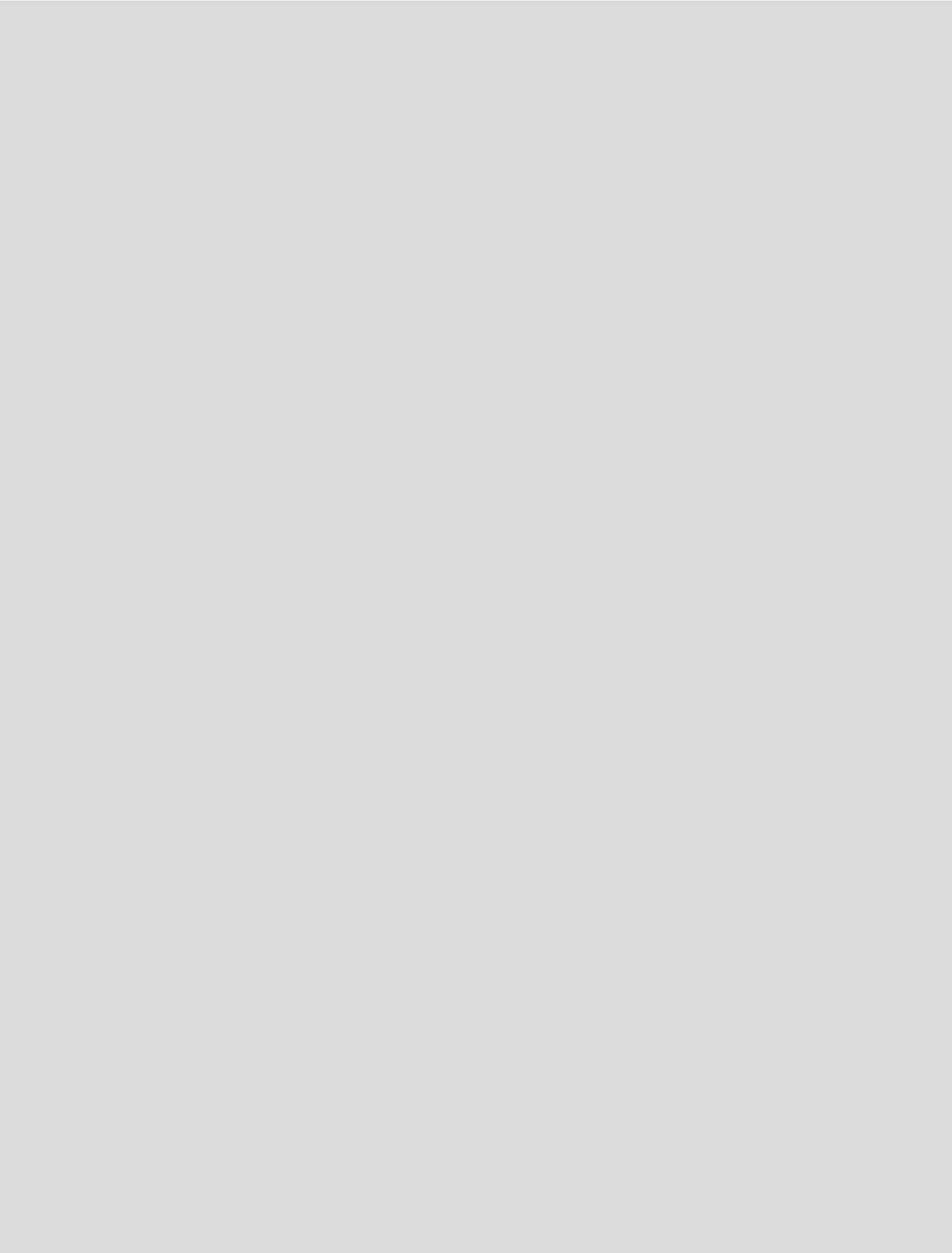
This report identifies erroneous Provider Numbers, Admission Dates and Level of Care codes from the Facility Ownership Change Form. The report displays a list of rejects with an explanatory error message to be sent back to DMAS for corrections.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS-Long Term Care/DMAS-Quality Control
Program:	Provider Change - Level of Care & Assessments (ASR400)
Confidential:	Yes
Sequence:	Provider Number Enrollee Name
Control Breaks:	Provider Number

Provider Change - Error Report (AS-O-401)



	RECORDS		that were processed and had no errors.
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Output Reports AS-O-990 Assessment Master Conversion Demographic Report

General Information

This report consists of three parts, 1) Convert Assessment Master Demographics Validation Report, 2) Convert Assessment Master Demographics Error Report, and 3) Convert Assessment Demographics Control Totals Report.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 Days
Distribution:	DMAS-Long Term Care
Program:	Assessment Maintenance Master File Conversion (FNR113)
Confidential:	Yes
Sequence:	SSN
Control Breaks:	N/A

Assessment Master Conversion Demographic Report (AS-O-990)

Assessment Master Conversion Demographic Report (AS-O-990)

FNR113
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CONVERT ASSESSMENT MASTER DEMOGRAPHICS
CONTROL TOTALS REPORT

ASSESSMENT MASTER FILE BASE RECORDS READ :	ZZZ,999	(14)
ASSESSMENT MASTER FILE ASSESSMENT SEGMENTS READ :	ZZZ,999	(15)
RECIPIENT MASTER FILE RECORDS MATCH FOUND :	ZZZ,999	(16)
RECIPIENT MASTER FILE RECORDS MATCH NOT FOUND :	ZZZ,999	(17)
ASSESSMENT BASE RECORDS CONVERTED :	ZZZ,999	(18)
ASSESSMENT BASE RECORDS NOT CONVERTED :	ZZZ,999	(19)
ASSESSMENT SEGMENTS CONVERTED :	ZZZ,999	(20)
ASSESSMENT SEGMENTS NOT CONVERTED :	ZZZ,999	(21)
ASSESSMENT MASTER FILE NUMBER OF ERRORS :	ZZZ,999	(22)
FATAL ERRORS :	ZZZ,999	(23)
WARNINGS :	ZZZ,999	(24)

*** END OF REPORT ***

				associated with the record will be written out to.
7	NEW VA DE		DE0000	New VAMMIS Data Element number associated with the converted field.
8	AFTER IMAGE		DE0000	The After Image of the field after it was converted and written to the Target File in the New MMIS.
9	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
10	SSN	Person Social Security Number	DE1000	
11	CURR VA DE		DE0000	VMAP current Data Element Number.
12	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
13	ERROR MESSAGE		DE0000	Brief description of the error associated with the conversion of the field.
14	DISPOSITION		DE0000	There two possible types of errors: FATAL or WARNING.
15	ASSESSMENT BASE RECORDS READ:	Calculated	DE0002	Every single record in the Assessment Master File is tallied as it is read in.
16	ASSESSMENT SEGMENT RECORDS READ:	Calculated	DE0002	Each record in the Assessment Master File can have 0 to 4 Assessment Segments. Every single existing Segment will be tallied.
17	RS_PERSON_IDENTIFIER ROWS READ	Calculated	DE0002	Sum the number of records read from Rs_person_identifier table
18	RS_PERSON_IDENTIFIER ROWS FOUND	Calculated	DE0002	
19	ASSESSMENT SEGMENTS CONVERTED:	Calculated	DE0002	Tally of Assessment Segment records that were successfully converted with not a single FATAL error associated with it.
20	ASSESSMENT SEGMENTS NOT CONVERTED:	Calculated	DE0002	Tally of Assessment Segment records that was not converted due to one or more FATAL errors associated with it.
21	ASSESSMENT MASTER FILE NUMBER OF ERRORS:	Calculated	DE0002	Total number of errors tallied from the Assessment Master File. Even though one record can have as many as 4 segments, if at least one field is in error on either the Base or Segment, the tally

				will be counted only as one for the entire record.
22	FATAL ERRORS:	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per record and by each field.
23	WARNINGS:	Calculated	DE0002	Computed number of WARNING errors that will count as 1 warning error per record and by each field.

Output Reports AS-O-991 Assessment History Conversion Demographics Report

General Information

This report consists of three parts, 1) Convert Assessment History Validation Report, 2) Convert Assessment History Error Report, and 3) Convert Assessment History Control Report.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS-Long Term Care
Program:	Assessment History File Conversion (FNR118)
Confidential:	Yes
Sequence:	SSN
Control Breaks:	N/A

Assessment History Conversion Demographics Report (AS-O-991)

Assessment History Conversion Demographics Report (AS-O-991)

FNR113
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 CONVERT ASSESSMENT HISTORY DEMOGRAPHICS
 CONTROL TOTALS REPORT

ASSESSMENT HISTORY FILE BASE RECORDS READ:	ZZZ,999	(14)
ASSESSMENT HISTORY FILE ASSESSMENT SEGMENTS READ:	ZZZ,999	(15)
ASSESSMENT MASTER FILE RECORDS MATCH FOUND:	ZZZ,999	(16)
ASSESSMENT MASTER FILE RECORDS MATCH NOT FOUND:	ZZZ,999	(17)
ASSESSMENT SEGMENTS CONVERTED:	ZZZ,999	(18)
ASSESSMENT SEGMENTS NOT CONVERTED:	ZZZ,999	(19)
ASSESSMENT HISTORY FILE NUMBER OF ERRORS:	ZZZ,999	(20)
FATAL ERRORS:	ZZZ,999	(21)
WARNINGS:	ZZZ,999	(22)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
2	SSN	Person Social Security Number	DE1000	
3	CURR VA DE		DE0000	VMAP current Data Element Number.
4	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
5	TARGET FILE		DE0000	Name of the file that the converted field associated with the record will be written out to.
6	NEW VA DE		DE0000	New VAMMIS Data Element number

				associated with the converted field.
7	AFTER IMAGE		DE0000	The After Image of the field after it was converted and written to the Target File in the New MMIS.
8	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
9	SSN	Person Social Security Number	DE1000	
10	CURR VA DE		DE0000	VMAP current Data Element Number.
11	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
12	ERROR MESSAGE		DE0000	Brief description of the error associated with the conversion of the field.
13	DISPOSITION		DE0000	There two possible types of errors: FATAL or WARNING.
14	ASSESSMENT HISTORY FILE BASE RECORDS READ:	Calculated	DE0002	Every single record in the Assessment History File is tallied as it is read in.
15	ASSESSMENT HISTORY FILE ASSESSMENT SEGMENTS READ:	Calculated	DE0002	Each record in the Assessment History File can have 0 to 4 Assessment Segments. Every single existing Segment will be tallied.
16	ASSESSMENT MASTER FILE RECORDS MATCH FOUND:	Calculated	DE0002	The LTC Assessment Master File is used by the program to verify that the Assessment record exists based on SSN as the primary search key.
17	ASSESSMENT MASTER FILE RECORDS MATCH NOT FOUND:	Calculated	DE0002	The LTC Assessment Master File is used by the program to verify that the Assessment record exists based on SSN as the primary search key.
18	ASSESSMENT SEGMENTS CONVERTED:	Calculated	DE0002	Tally of Assessment Segment records that were successfully converted with not a single FATAL error associated with it.
19	ASSESSMENT SEGMENTS NOT CONVERTED:	Calculated	DE0002	Tally of Assessment Segment records that was not converted due to one or more FATAL errors associated with it.
20	ASSESSMENT HISTORY FILE NUMBER OF	Calculated	DE0002	Total number of errors tallied from the Assessment History File. Even though one record can have as many as 4 seg-

	ERRORS:			ments, if at least one field is in error on either the Base or Segment, the tally will be counted only as one for the entire record.
21	FATAL ERRORS:	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per field.
22	WARNINGS:	Calculated	DE0002	Computed number of WARNING errors that will count as 1 warning error per field.

Output Reports FN-O-001A Budget File Summary Report Amounts

General Information

This is an audit trail report that prints either on request when there has been an on-line update of the budget database.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	N/A
Confidential:	No
Sequence:	Program Code, SubProgram Code, Object Code
Control Breaks:	Program Code, SubProgram Code, Object Code

Budget File Summary Report - Amounts (FN-O-001A)

	vious Budget			Previous Budget amounts for the Program level.
9	Program/Fund Current Budget	Calculated	DE0002	This is a total of all related fund codes Current Budget amounts for the Program level.
10	Program Original Budget	Calculated	DE0002	This is an accumulation total of all related Original Budget amounts for the Program level.
11	Program Previous Budget	Calculated	DE0002	This is an accumulation total of all related Previous Budget amounts for the Program level.
12	Program Current Budget	Calculated	DE0002	This is an accumulation total of all related Current Budget amounts for the Program level.
13	Sub-Program	Budget Sub-Program Code	DE9838	
14	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
15	Sub-Program Cap	Budget Sub-Program Cap Indicator	DE9840	
16	Sub-Program/Fund Original Budget	Calculated	DE0002	This is a total of all related fund codes Original Budget amounts for the Sub-Program level.
17	Sub-Program/Fund Previous Budget	Calculated	DE0002	This is a total of all related fund codes Previous Budget amounts for the Sub-Program level.
18	Sub-Program/Fund Current Budget	Calculated	DE0002	This is a total of all related fund codes Current Budget amounts for the Sub-Program level.
19	Sub-Program Original Budget	Calculated	DE0002	This is an accumulation total of all related Original Budget amounts for the Sub-Program level.
20	Sub-Program Previous Budget	Calculated	DE0002	This is an accumulation total of all related Previous Budget amounts for the Program level.
21	Sub-Program Current Budget	Calculated	DE0002	This is an accumulation total of all related Current Budget amounts for the Program level.
22	Object Code	Budget Object Code	DE9843	
23	Object Code Description	Budget Object Code Description	DE9844	
24	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	

25	Object/Fund Cap	Budget Object/Fund Cap Indicator	DE9845	
26	Object/Fund Original Budget	Budget Fund Current Budget Amount	DE9880	
27	Object/Fund Previous Budget	Budget Fund Current Budget Amount	DE9880	
28	Object/Fund Current Budget	Budget Fund Current Budget Amount	DE9880	
29	Object Original Budget	Calculated	DE0002	This is an accumulation total of all related Original Budget amounts for the Object Code level.
30	Object Previous Budget	Calculated	DE0002	This is an accumulation total of all related Previous Budget amounts for the Object Code level.
31	Object Current Budget	Calculated	DE0002	This is an accumulation total of all related Current Budget amounts for the Object Code level.
35	Program/Fund Expended Amount	Budget Fund Expended Amount	DE9881	This is a total of all related fund codes expended amounts for the Program level.
36	Program Expended Amount	Budget Fund Expended Amount	DE9881	This is an accumulation total of all related expended amounts for the Program level.
37	Sub-Program/Fund Expended Amount	Budget Fund Expended Amount	DE9881	This is a total of all related fund codes expended amounts for the Sub-Program level.
38	Sub-Program Expended Amount	Budget Fund Expended Amount	DE9881	This is an accumulation total of all related expended amounts for the Sub-Program level.
39	Object/Fund Expended Amount	Budget Fund Expended Amount	DE9881	
40	Object Code Expended Amount	Budget Fund Expended Amount	DE9881	This is an accumulation total of all related Original Budget amounts for the Object Code level.

Output Reports FN-O-001B Budget File Summary Report Fund Splits

General Information

This is an audit trail report that prints either on request when there has been an on-line update of the budget database.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Distribution List
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Budget File Summary Report - Fund Splits (FN-O-001B)

FNRO24
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET FILE SUMMARY REPORT - FUND SPLITS

RE
PA

	FUND/FUND DETAIL	FUND SPLIT	EFFECTIVE DATE	END DATE
(1) FISCAL YEAR: CCYY				
(2) PROGRAM: XXX				
XXXXXXXXXXXXXXXXXXXXX (3)				
(13) SUB-PROGRAM: XXXX				
XXXXXXXXXXXXXXXXXXXXX (14)				
(22) GROUP: XX				
XXXXXXXXXXXXXXXXXXXXX (23)				
(31) (33) (4,5)		(49)	(50)	(51)
OBJECT CODE: XXXXXX FIPS CODE: XXX	XXXX	9.9999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXX (32)		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
	XXXX	9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
OBJECT CODE: XXXXXX FIPS CODE: XXX	XXXX	9.9999	99/99/9999	99/99/9999
XXXXXXXXXXXXXXXXXXXXX		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
	XXXX	9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999
		9.9999	99/99/9999	99/99/9999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Fiscal Year	Budget Fiscal Year	DE9876	
2	Program	Budget Program Code	DE9835	
3	Program Code Description	Budget Program Code Description	DE9836	
4	Fund	Budget Fund Code	DE9831	
5	Fund Detail	Budget Fund Detail Code	DE9833	
13	Sub-Program	Budget Sub-Program Code	DE9838	
14	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
22	Object Code	Budget Object Code	DE9843	
23	Object Code Description	Budget Object Code Description	DE9844	

24	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	
32	Fund Split	Budget Fund Split Percentage	DE9848	
33	Effective Date	Budget Fund Split Effective Date	DE9878	
34	End Date	Budget Fund Split End Date	DE9879	

Output Reports FN-O-002 Budget File Audit Trail Report

General Information

This report is produced anytime an on-line change is made to the Budget Database either through screens FN-S-002 or through an upload of file FN-F-004.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS Financial Unit
Program:	Budget File Audit Trail Report (FN-O-002) (VMPFDL08)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Budget File Audit Trail Report (FN-O-002)

FND033
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET FILE AUDIT TRAIL REPORT

BUDGET MASTER FILE
AFTER IMAGE

LOG DATE	LOG TIME	TERMINAL ID	OPERATOR ID	ACTION TYPE
(1)	(2)	(3)	(4)	(5)
99/99/9999	99:99:99	XXXX	XXXXX	XXXXXX

FISCAL YEAR	OBJECT CODE	FIPS CODE	FUND/FUND DETAIL CODE	AGENCY CODE	PROGRAM CODE	SUB-PROGRAM CODE	EXPENDITURE CODE	COST CENTER CODE	TRANSACTION CODE	GROUP CODE	ORIGINAL BUDGET	CUR BU
(6)	(7)	(8)	(9,10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
9999	XXXXXX	XXX	XXXX	XXX	XXX	XXXX	XX	XXX	XXX	XX	9,999,999,999-	9,99

EXPENDED AMOUNT	OBJECT CODE CAP	PROJECT
(20)	(21)	(22)
9,999,999,999.99-	X	XX

BEFORE IMAGE

FISCAL YEAR	OBJECT CODE	FIPS CODE	FUND/FUND DETAIL CODE	AGENCY CODE	PROGRAM CODE	SUB-PROGRAM CODE	EXPENDITURE CODE	COST CENTER CODE	TRANSACTION CODE	GROUP CODE	ORIGINAL BUDGET	PRE BU
(6)	(7)	(8)	(9,10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
9999	XXXXXX	XXX	XXXX	XXX	XXX	XXXX	XX	XXX	XXX	XX	9,999,999,999-	9,99

EXPENDED AMOUNT	OBJECT CODE CAP	PROJECT
(20)	(21)	(22)
9,999,999,999.99-	X	XX

Budget File Audit Trail Report (FN-O-002)

FND033
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET FILE AUDIT TRAIL REPORT

BUDGET FUND SPLIT FILE
AFTER IMAGE

LOG DATE	LOG TIME	TERMINAL ID	OPERATOR ID	ACTION TYPE
(1)	(2)	(3)	(4)	(5)
99/99/9999	99:99:99	XXXX	XXXXX	XXXXXX

FISCAL YEAR	OBJECT CODE	FIPS CODE	FUND EFFECTIVE DATE	FUND END DATE	FUND CODE	FUND DETAIL CODE	FUND SPLIT
(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
9999	XXXXXX	XXX	99/99/9999	99/99/9999	XX	XX	9.9999
					XX	XX	9.9999
					XX	XX	9.9999
					XX	XX	9.9999

BEFORE IMAGE

FISCAL YEAR	OBJECT CODE	FIPS CODE	FUND EFFECTIVE DATE	FUND END DATE	FUND CODE	FUND DETAIL CODE	FUND SPLIT
(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)
9999	XXXXXX	XXX	99/99/9999	99/99/9999	XX	XX	9.9999
					XX	XX	9.9999
					XX	XX	9.9999
					XX	XX	9.9999

Budget File Audit Trail Report (FN-O-002)

FND033
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET FILE AUDIT TRAIL REPORT

BUDGET PROGRAM SUB-PROGRAM FILE
AFTER IMAGE

LOG DATE	LOG TIME	TERMINAL ID	OPERATOR ID	ACTION TYPE
(1)	(2)	(3)	(4)	(5)
99/99/9999	99:99:99	XXXX	XXXXX	XXXXXX

FISCAL YEAR	PROGRAM CODE	SUB-PROGRAM CODE	PROGRAM CAP	SUB-PROGRAM CAP	ORIGINAL BUDGET	CURRENT BUDGET
(31)	(32)	(33)	(34)	(35)	(36)	(37)
9999	XXX	XXXX	X	X	99,999,999,999-	99,999,999,999-

EXPENDED AMOUNT
(38)
99,999,999,999.99-

BEFORE IMAGE

FISCAL YEAR	PROGRAM CODE	SUB-PROGRAM CODE	PROGRAM CAP	SUB-PROGRAM CAP	ORIGINAL BUDGET	PREVIOUS BUDGET
(31)	(32)	(33)	(34)	(35)	(36)	(37)
9999	XXX	XXXX	X	X	99,999,999,999-	99,999,999,999-

EXPENDED AMOUNT
(38)
99,999,999,999.99-

Budget File Audit Trail Report (FN-O-002)

VMPFDL08
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FINANCIAL - BUDGET FILE AUDIT TRAIL REPORT

RE
PA

USER ID	:	XXXXXXXX	(1)	CORRELATION ID	:	XXXXXXXX	(2)	URID	:	XXXX
CONNECTION Id	:	XXXXXXXXXX	(4)	CONNECTION TYPE	:	XXXXXXXXXX	(5)	PLAN NAME	:	XXXX
DATE	:	MM-DD-CCYY	(7)	TIME	:	HH:MM:SS.MS	(8)			

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXX (11)

	COL1	COL2	*COL3
(12)	New -> 1	AAAAAAAAAA	100000000
(12.1)	Old -> 1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-003 Preliminary Week to Date Budget Analysis Report

General Information

This report is run daily and is used to notify DMAS when expenditures are approaching the budgeted amount.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS Financial Unit
Program:	Estimated Expenditure Report Program (FND026)
Confidential:	No
Sequence:	1. Fund 2. Program 3. Sub-Program 4. Object Code
Control Breaks:	1. Fund 2. Program 3. Sub-Program 4. Object Code

Preliminary Week-to-Date Budget Analysis Report (FN-O-003)

FND026
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PRELIMINARY WEEK-TO-DATE BUDGET ANALYSIS REPORT

	(3)	(4)	(5)	(6)	(7)
	BUDGET AMOUNT	CAP YTD EXPENDITURES	EST. EXPENDITURES IN-PROCESS	TOTAL ESTIMATE EXPENDITURES	
TOTAL FUNDS					
PROGRAMS: XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
XXX XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
XXX XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
XXX XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
(9) (10)					
FUND XX - XXXXXXXXXXXXXXXXXXXX					
(1) (2)					
PROGRAM: XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
(11) (12)					
SUBPROGRAM: XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
(14) (15) (16)					
OBJECT XXXXXX FIPS XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
CODES: XXXXXX CODES: XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
SUBPROGRAM: XXXXXXXXXXXXXXXXXXXX	99,999,999,999.99	Y 99,999,999,999.99	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
OBJECT XXXXXX FIPS XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
CODES: XXXXXX CODES: XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
XXXXXXXX XXXXXXXXXXXXXXXXXXXX	9,999,999,999.99	Y 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Program Description	Budget Program Code Description	DE9836	
3	Budget Amount	Budget Fund Current Budget Amount	DE9880	
4	Cap	Budget Program Cap Indicator	DE9837	
5	Ytd Expenditures	Calculated	DE0002	Total by Program, Sub-Program and Object Code of N_OBJECT_EXPENDED
6	Est. Expenditures in Process	Calculated	DE0002	Total by Program, Sub-Program and Object Code of the N_BAC_SHARE from the Financial Transaction Table, or HIST-BUDGET-SHARE-AMT from the Claims History File

7	Total Estimated Expenditures	Calculated	DE0002	Total by Program, Sub-Program and Object Code of Report fields 6 and 7
8	Variance	Calculated	DE0002	Total by Program, Sub-Program and Object Code: Budget Amount (field 3) minus Total Estimated Expenditures (field 7).
9	Fund	Budget Fund Code	DE9831	
10	Fund Description	Budget Fund Code Description	DE9832	
11	Sub-Program	Budget Sub-Program Code	DE9838	
12	Sub-Program Description	Budget Sub-Program Code Description	DE9839	
13	Cap	Budget Sub-Program Cap Indicator	DE9840	
14	Object Code	Budget Object Code	DE9843	
15	FIPS Codes	MMIS Locality Code based on Postal Code	DE5254	
16	Object Code Description	Budget Object Code Description	DE9844	
17	Cap	Budget Object/Fund Cap Indicator	DE9845	

Output Reports FN-O-004 Management Fees Converted to Claims Report

General Information

This is a monthly report that lists management fees converted to claims by Provider ID.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Financial Unit
Program:	Managed Care Fees Converted to Claims Reporting (FNW029)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	Invoice Type

Management Fees Converted to Claims Report (FN-O-004)

FNW029
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MANAGEMENT FEES CONVERTED TO CLAIMS REPORT

(3) (4)
OBJECT CODE: XXXXXX XX

PROVIDER ID (5)	PROVIDER NAME (6)	CLASS TYPE (7)	INVOICE TYPE (8)	MANAGEMENT FEE (9)	PANEL COUNT (10)	MANAGEMENT FEE PYMT (11)	REMIT DATE (12)
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999

OBJECT CODE MANAGEMENT FEES: 99,999,999.99 (13)
OBJECT CODE PANEL COUNTS: 999,999 (14)

OBJECT CODE: XXXXXX XX

1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999

OBJECT CODE MANAGEMENT FEES: 99,999,999.99
OBJECT CODE PANEL COUNTS: 999,999

TOTAL MANAGEMENT FEES PAID: 99,999,999.99 (15)
TOTAL PANEL COUNTS: 999,999 (16)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
3	Object Code	Budget Object Code	DE9843	
4	Object Code Description	Budget Object Code Description	DE9844	
5	Provider ID	National Provider Identifier	DE4700	
6	Provider Name	Provider Name	DE4085	
7	Provider Class Type	Provider Type	DE4006	
8	Invoice Type	Claim Type	DE2002	
9	Management Fee	Claim Payment Amount	DE2023	
10	Panel Count	Calculated	DE0002	The number of Management Fee records read for the Provider
11	Management Fee Pymt	Calculated	DE0002	Total for a Provider of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_

				TYPE) is equal to Management Fee
12	Remit Date	Remittance Payment Date	DE9578	
13	Object Code Management Fees	Calculated	DE0002	Total for an Object Code of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_TYPE) is equal to Management Fee
14	Object Code Panel Counts	Calculated	DE0002	Total of Management Fee Claims for an Object Code
15	Total Management Fees Paid	Calculated	DE0002	Total for the report, of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_TYPE) is equal to Management Fee
16	Total Panel Counts	Calculated	DE0002	Total Management Fee Claims for the report.

Output Reports FN-O-005 HMO Caps Converted to Claims Report

General Information

This is a monthly report that lists HMO capitation payments converted to claims by provider number.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Financial Unit
Program:	Capitation Payments Converted to Claims Report (FNW032)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	Invoice Type

HMO Caps Converted to Claims Report (FN-O-005)

FNW032
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HMO CAPS CONVERTED TO CLAIMS REPORT

(3) (4)
OBJECT CODE: XXXXXX XX

PROVIDER ID (5)	PROVIDER NAME (6)	CLASS TYPE (7)	INVOICE TYPE (8)	HMO CAP PAYMENT (9)	REMIT DATE (10)
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999

OBJECT CODE HMO CAPS PAID: 99,999,999.99 (11)

OBJECT CODE: XXXXXX XX

1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99/99/9999

OBJECT CODE HMO CAPS PAID: 99,999,999.99
TOTAL HMO CAPS PAID: 99,999,999.99 (12)

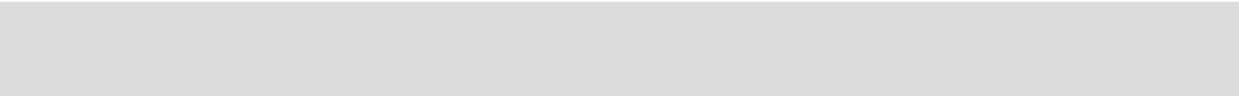
*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
3	Object Code	Budget Object Code	DE9843	
4	Object Code Description	Budget Object Code Description	DE9844	
5	Provider ID	National Provider Identifier	DE4700	
6	Provider Name	Provider Name	DE4085	
7	Class Type	Provider Type	DE4006	
8	Invoice Type	Claim Type	DE2002	
9	HMO Cap Payment	Claim Payment Amount	DE2023	
10	Remit Date	Remittance Payment Date	DE9578	
11	Object Code HMO Caps Paid	Calculated	DE0002	Total for an Object Code of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_TYPE) is equal to HMO Cap
12	Total HMO CAPS	Calculated	DE0002	Total for the report, of CP_RSDB_



	Paid		TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_TYPE) is equal to HMO Cap
--	------	--	---



Output Reports FN-O-006 CMM MEDALLION Fees Converted to Claims Report

General Information

This is a monthly report that lists MEDALLION fees converted to claims by provider number. The information on this report can be found on the remittance advice.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Financial Unit
Program:	Administrative Fees Converted to Claims Report (FNW031)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	Invoice Type

CMM/MEDALLION Fees Converted to Claims Report (FN-O-006)

FNW031
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CMM/MEDALLION FEES CONVERTED TO CLAIMS REPORT

(3) (4)
OBJECT CODE: XXXXXX XX

PROVIDER ID (5)	PROVIDER NAME (6)	CLASS TYPE (7)	INVOICE TYPE (8)	CMM FEE (9)	RECIPIENT COUNT (10)	CMM FEE PAYMENT (11)	REMIT DATE (12)
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999

OBJECT CODE CMM FEES: 99,999,999.99 (13)
OBJECT CODE PANEL COUNTS: 999,999 (14)

OBJECT CODE: XXXXXX XX

1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999
1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX	XX	999.99	99,999	999,999.99	99/99/9999

OBJECT CODE CMM FEES: 99,999,999.99
OBJECT CODE PANEL COUNTS: 999,999

TOTAL CMM FEES PAID: 99,999,999.99 (15)
TOTAL PANEL COUNTS: 999,999 (16)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
3	Object Code	Budget Object Code	DE9843	
4	Object Code Description	Budget Object Code Description	DE9844	
5	Provider ID	National Provider Identifier	DE4700	
6	Provider Name	Provider Name	DE4085	
7	Class Type	Provider Type	DE4006	
8	Invoice Type	Claim Type	DE2002	
9	CMM Fee	Claim Payment Amount	DE2023	
10	Recip Count	Calculated	DE0002	
11	CMM Fee Pymt	Calculated	DE0002	
12	Remit Date	Remittance Payment Date	DE9578	
13	Object Code CMM Fees	Calculated	DE0002	Total for an Object Code of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_

				INV_TYPE) is equal to CMM Fee
14	Object Code Panel Counts	Calculated	DE0002	Count of CMM Fees for an Object Code
15	Total CMM Fees Paid	Calculated	DE0002	Total for the report, of CP_RSDB_TABLES.N_PMT_AMT where Invoice Type (CP_RSDB.TABLES.I_INV_TYPE) is equal to CMM Fees
16	Total Panel Counts	Calculated	DE0002	

Output Reports FN-O-007 Listing of Financial Transactions By Payee ID Report

General Information

This is a report that lists Financial Transactions in Payee sequence for the current remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Financial Transaction Reporting (FNW028)
Confidential:	No
Sequence:	Payee ID, Object Code
Control Breaks:	Payee ID, Object Code

Listing of Financial Transactions By Payee ID Report (FN-O-007)

+FNW028
AS OF: 01/20/2012
RUN DATE: 01/20/2012 12:18

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LISTING OF FINANCIAL TRANSACTIONS BY PAYEE ID REPORT

REPORT NO
PAGE NUMB

PAYEE ID	TYPE OF TRANSACTION	REASON CODE	DESCRIPTION	AMOUNT	OBJECT	PROJECT CODE
0159312138	PAYMENTS - OTHER	9097 MMIS	CONTRACTORS OR VENDORS ADMIN P	347,818.66	124408	80491 40
			OBJECT TOTAL	347,818.66		
			PROVIDER TOTAL	347,818.66		
0159314423	PAYMENTS - OTHER	9097 MMIS	CONTRACTORS OR VENDORS ADMIN P	3,000.00	123203	A1234 IM
	PAYMENTS - OTHER	9097 MMIS	CONTRACTORS OR VENDORS ADMIN P	3,000.00	123203	A1234 IM
			OBJECT TOTAL	6,000.00		
0159314423	PAYMENTS - COST SETTLEMENT	9120 COST	SETTLEMENT:PR-YR OTP FINAL SET	3,000.00	123403	
			OBJECT TOTAL	3,000.00		
			PROVIDER TOTAL	9,000.00		
0159330627	PAYMENTS - OTHER	9097 MMIS	CONTRACTORS OR VENDORS ADMIN P	23,009.75	124458	80481 74
			OBJECT TOTAL	23,009.75		
0159330627	PAYMENTS - OTHER	9097 MMIS	CONTRACTORS OR VENDORS ADMIN P	794,591.98	124414	80481 74
			OBJECT TOTAL	794,591.98		
			PROVIDER TOTAL	817,601.73		
TOTAL ADD PAY/RECOVERY TRANSACTIONS:				1,174,420.39		

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee ID	National Provider Identifier	DE4700	
2	Type of Transaction	Financial Transactions Type Code	DE9854	
3	Reason Code	Adjustment Reason Code	DE9877	
4	Description	Financial Transaction Reason Code Description	DE9889	
5	Amount	Financial Amount	DE9817	
6	Object Code	Budget Object Code	DE9843	
7	Project Code	Contract Project Code	DE9930	
8	Invoice Number	Contract Invoice Number	DE9936	

9	Object Amount	Calculated	DE0002	Amount (Item 5) accumulated by each Object Code break
10	Payee Amount	Calculated	DE0002	Amount (Item 5) accumulated by each Payee.
11	Total Add Pay/Recovery Transactions	Calculated	DE0002	

Output Reports FN-O-008 Current Week Budget Pend Report

General Information

Lists budget edit pends by provider ID within object code sequence.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Budget Control Report Program (FNW027)
Confidential:	No
Sequence:	Program, Sub-Program, Object Code, MMIS Locality, Payee ID
Control Breaks:	Program, Sub-Program, Object Code, MMIS Locality, Payee ID

Current Week Budget Pend Report (FN-O-008)

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

(1) PROGRAM: XXX	(2) SUB-PROGRAM: XXXX	(3) OBJECT CODE: XXXXXX	(4) FIPS CODE: XXX	(5) PAYEE ID: 1234567890					
REFERENCE	SERVICING ID	INV	RECIPIENT	FROM DT	THRU DT	PROCEDURE	PAYMENT	DISP	ACTIVITY DATE
(6)	(27)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
XXXXXXXXXXXXXXXXXX	1234567890	XXX	XXXXXXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXXXXXXXXXX	1234567890	XXX	XXXXXXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXXXXXXXXXX	1234567890	XXX	XXXXXXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXXXXXXXXXX	1234567890	XXX	XXXXXXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
PAYEE TOTALS:		TRANSACTIONS: 99,999		PAYMENTS: 999,999,999.99					
		(15)		(16)					
FIPS CODE TOTALS:		TRANSACTIONS: 999,999		PAYMENTS: 9,999,999,999.99					
		(17)		(18)					
OBJECT CODE TOTALS:		TRANSACTIONS: 999,999		PAYMENTS: 9,999,999,999.99					
		(19)		(20)					
SUB-PROGRAM TOTALS:		TRANSACTIONS: 999,999		PAYMENTS: 9,999,999,999.99					
		(21)		(22)					
PROGRAM TOTALS:		TRANSACTIONS: 9,999,999		PAYMENTS: 99,999,999,999.99					
		(23)		(24)					
GRAND TOTALS:		TRANSACTIONS: 99,999,999		PAYMENTS: 999,999,999,999.99					
		(25)		(26)					

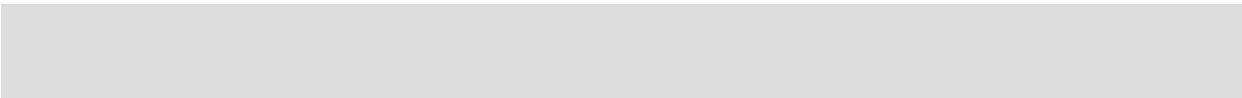
*** END OF REPORT ***

Field Definitions

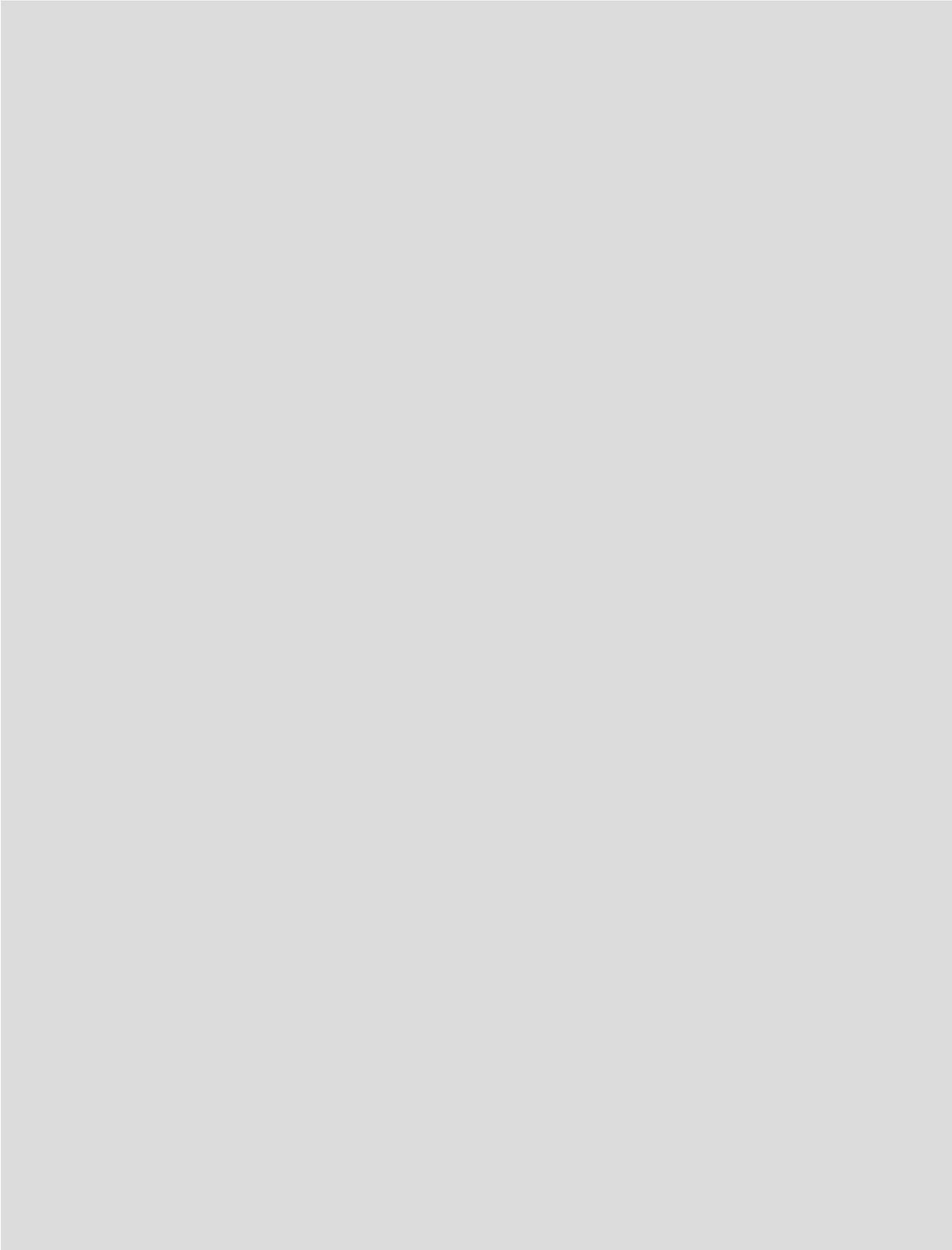
#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	Obtained from the Payment Request Detail Table (FN_PYMT_RQST_DTL.C_BAC_PROGRAM) or Rendered Services Database Table (CP_RDSB_TABLES.C_BAC_PROGRAM)
2	Sub-Program	Budget Sub-Program Code	DE9838	Obtained from the Payment Request Detail Table (FN_PYMT_RQST_DTL.C_BAC_PROGRAM) or Rendered Services Database Table (CP_RDSB_TABLES.C_BAC_PROGRAM)
3	Object Code	Budget Object Code	DE9843	Obtained from the Payment Request Detail Table (FN_PYMT_RQST_DTL.C_BAC_OBJECT) or Rendered Services Database Table (CP_RDSB_TABLES.C_BAC_OBJECT)
4	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	Obtained from the Payment Request Detail Table (FN_PYMT_RQST_DTL.C_LOCALITY) or Rendered Services Database Table (CP_RDSB_TABLES.C_BAC_LOCALITY)
5	Payee ID	National Provider Iden-	DE4700	Obtained from the NPI Claims Data

		tifier		Table (CP_NPI_DATA.I_BILL_MCAID_SUBMT if Legacy or CP_NPI_DATA.I_BILL_NPI_SUBMT if NPI/API)
6	Reference	Claim Request ICN	DE2001	Obtained from the Financial Transaction Table (FN_TRANS.I_FNCL_CONTROL) or Rendered Services Database Table (CP_RDSB_TABLES.I_TXN_CTL_NO)
7	Inv	Claim Type	DE2002	Obtained from Rendered Services Database Table (CP_RDSB_TABLES.I_INV_TYPE)
8	Recipient	Claim Partial Recipient Name	DE2006	Obtained from Rendered Services Database Table (CP_RDSB_TABLES.T_PART_RECIP_NM)
9	From Date	Claim Service From Date	DE2010	Obtained from Rendered Services Database Table (CP_RDSB_TABLES.D_SERV_FROM)
10	Thru Date	Claim Service Thru Date	DE2011	Obtained from Rendered Services Database Table (CP_RDSB_TABLES.D_SERV_THRU)
11	Procedure	Procedure Code	DE5002	Obtained from Rendered Services Database Table (CP_RDSB_TABLES.C_PRINC_PROCEDURE)
12	Payment	Claim Payment Amount	DE2023	Obtained from the Financial Transaction Table (FN_TRANS.N_FNCL_AMOUNT) or Rendered Services Database Table (CP_RDSB_TABLES.N_PMT_AMT)
13	Disposition	Error Text Disposition Attachments	DE5603	Obtained from the Financial Transaction Table (FN_TRANS.C_DISPOSITION) or Rendered Services Database Table (CP_RDSB_TABLES.C_FILE_DISP)
14	Activity Date	Claim Entered Date	DE2177	Obtained from the Financial Transaction Table (FN_TRANS.D_TRANSACTION) or Rendered Services Database Table (CP_RDSB_TABLES.D_SYS_ENTERED)
15	Payee ID Total Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Payee ID
16	Payee ID Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Trans-

				actions that pended due to Budget Availability by Payee ID.
17	Fips Code Total Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Fips Code
18	Fips Code Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Fips Code
19	Object Code Total Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Object Code
20	Object Code Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Object Code
21	Sub-Program Total Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Sub-Program Code
22	Sub-Program Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Sub-Program Code
23	Program Code Total Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Budget Program Code
24	Program Code Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Budget Program Code
25	Grand Total Transactions	Calculated	DE0002	Count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability for the report
26	Grand Total Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability for the report
27	Servicing ID	National Provider Identifier	DE4700	Obtained from the NPI Claims Data Table (CP_NPI_DATA.I_SRVC_MCAID_SUBMT if Legacy or CP_



				NPI_DATA.I_SRVC_NPI_SUBMT if NPI/API)
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Output Reports FN-O-009 Budget Control Report

General Information

This report is a weekly report that lists transaction counts and amounts for Claims, Add Pay/Recovery, Encounter Claims and Budget Pend transactions.

Subsystem:	Financial
Frequency:	Weekly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Budget Availability Process Program (FNW025)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Budget Control Report (FN-O-009)

FNW025

AS OF: MM/DD/CCYY

RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET CONTROL REPORT

	(1)	(2)
CLAIMS TRANSACTIONS:	999,999	\$999,999,999.99
ADD PAY TRANSACTIONS:	999,999	\$999,999,999.99
ENCOUNTER CLAIM TRANSACTIONS:	999,999	\$999,999,999.99
BUDGET PEND TRANSACTIONS:	999,999	\$999,999,999.99
BUDGET PEND RELEASED:	999,999	\$999,999,999.99
SLH - DENIED AT FSyr END:	999,999	\$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Transaction Counts	Calculated	DE0002	Record Count of Claims Transactions processed Record Count of Add/Pay Transactions processed Record Count of Encounter Claim Transactions Record Count of Transactions Pended due to Budget Availability Record Count of Transactions Pend Released Record Count of SLH Denied at Fiscal Year End
2	Requested Payment Amounts	Calculated	DE0002	Total Amount of Claims Transactions processed Total Amount of Add/Pay Transactions processed Total Amount of Encounter Claim Transactions Total Amount of Transactions Pended due to Budget Availability Total Amount of Transactions Pend Released Total Amount of SLH Denied at Fiscal Year End

Output Reports FN-O-010 HIPP Recoupment Letter

General Information

This letter will be generated when the user sets-up a recoupment on the Financial Master Update Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	Payee
Program:	HIPP Recoupment Letter Processing (FND031) LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HIPP Recoupment Letter (FN-O-010)

4	Payee City	Remittance Payee City	DE9592	Source = FN_PAYEE.T_CITY
5	State	Remittance Payee State	DE9593	Source = FN_PAYEE.C_STATE
6	Zip	Remittance Payee Zip Code	DE9594	Source = FN_PAYEE.C_ZIP_9
7	Social Security Number	HIPP SSN/FEIN Number	DE9517	Source = FN_PAYEE.C_PAYEE_SSN_FEIN
8	Case Name	Case Name	DE3046	Source = RS_CASE.T_CASE_NAME_LAST, RS_CASE.T_CASE_NAME_FIRST
9	Case Number	Case Identification Number	DE3043	Source = RS_CASE.I_CASE
10	HIPP File Number	HIPP File Number	DE9522	Source = FN_HIPP_CASE_PAYEE.I_HIPP_CASE
11	Check Amount	Remittance Check Amount	DE9577	Source = FN_DISBMNT.T_RA_CHECK_NUM
12	Recoup From Check Date	Recoupment Begin Check Date	DE9813	Source = FN_TRNS_RECOUP.D_RECOUP_BEGIN
13	Recoup To Check Date	Recoupment End Check Date	DE9815	Source = FN_TRNS_RECOUP.D_RECOUP_END
14	Comments	HIPP Comments Text	DE9509	Source = FN_HIPP_COMMENTS.T_DESC

Output Reports FN-O-011 New Fiscal Year Budget Amounts Report

General Information

This report produces a listing of yearly budget amounts by object code.

Subsystem:	Financial
Frequency:	Annually
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	DMAS Financial Unit
Program:	Budget Edit Report Program (FNA023)
Confidential:	No
Sequence:	1. Accounting Program Code 2. Program Code 3. Sub-Program Code 4. Object Code
Control Breaks:	1. Object Code 2. Accounting Program Code

New Fiscal Year Budget Amounts Report (FN-O-011)

10	Fund Detail Desc	Budget Fund Detail Code Description	DE9834	
11	Yearly Budget	Budget Object Code Original Amount	DE9866	
12	Cost Center Code	Budget Cost Center Code	DE9846	
13	Object Code Yearly Budget	Calculated	DE0002	A total of Original Budget Amounts (N_OBJECT_ORIGIANL) for each row on the FN_FUND_BAL table where I_BUDGET_ACCT is the same
14	Accounting Program Code	Benefit Definition Plan Program Code	DE3551	
15	Accounting Program Code Description	Calculated	DE0002	01 = Medicaid 02 = TDO 03 = SLH 04 = HIV Premium Payments 05 = Regular Assisted Living 06 = HIDP 07 = FAMIS 08 = Medicaid Assessments
16	Accounting Program Code Total Entered	Calculated	DE0002	A total of Original Budget Amounts (N_OBJECT_ORIGIANL) for each row on the FN_FUND_BAL table for each Accounting Code selected for the report.
17	Total Entered	Calculated	DE0002	A total of Original Budget Amounts (N_OBJECT_ORIGIANL) for each row on the FN_FUND_BAL table selected for the report.

Output Reports FN-O-012 Financial Transactions By Financial Control Number Report

General Information

This is a report that lists Financial Master transactions in FCN sequence for the current remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Financial Transaction Reporting (FNW028)
Confidential:	No
Sequence:	Financial Control Number
Control Breaks:	N/A

Financial Transactions By Financial Control Number Report (FN-O-012)

FNW028
AS OF: 01/20/2012
RUN DATE: 01/20/2012 12:15

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FINANCIAL TRANSACTION BY FINANCIAL CONTROL NUMBER REPORT

REPORT NO:
PAGE NUMBER

FINANCIAL CONTROL #	REASON CODE	PAYEE ID	PAYEE NAME	TRANSACTION AMOUNT	PROGRAM CODE	SPGM CODE	OBJECT CODE	COST CODE	FUND CODE	FUND DTL CODE	DISP	PROJECT CODE
	9120	3		1,500.00	456	0900	123403	44B	01	00	1	
				1,500.00					10	00		
	9097	3		1,500.00	456	0700	123203	44B	01	00	1	A1234 INV
				1,500.00					10	00		
	9097	3		1,500.00	456	0700	123203	44B	01	00	1	A1234 INV
				1,500.00					10	00		
	9097	8		121,736.53	499	3200	124408	008	01	00	1	80491 402
				226,082.13					10	00		
	9097	7		198,647.99	499	0100	124414	014	01	00	1	80481 749
				595,943.99					10	00		
	9097	7		5,752.43	499	0100	124458	058	01	00	1	80481 749
				17,257.32					10	00		

TOTAL RECORDS 6
TOTAL TRANSACTION AMOUNTS: 1,174,420.39

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Financial Control #	Financial Control Number	DE9874	FN_TRANS.I_FNCL_CONTROL
2	Reason Code	Adjustment Reason Code	DE9877	FN_TRANS.C_ADJMT_REASON
3	Payee ID	National Provider Identifier	DE4700	
4	Payee Name	Remittance Payee Name	DE9589	See Program Specifications for FNW028.
5	Transaction Amount	Financial Amount	DE9817	FN_TRANS.N_FNCL_AMOUNT
6	Program Code	Budget Program Code	DE9835	FN_PYMT_RQST_DTL.C_BAC_PROGRAM
7	Sub-Program Code	Budget Sub-Program Code	DE9838	FN_PYMT_RQST_DTL.C_BAC_SUB_PRGM

8	Object Code	Budget Object Code	DE9843	FN_PYMT_RQST_DTL.C_BAC_OBJECT
9	Cost Ctr	Cost Center Code	DE9846	FN_DMAS_CODES_R.C_COST_CNTR
10	Fund Code	Budget Fund Code	DE9831	FN_PYMT_RQST_DTL.C_BAC_FUND
11	Fund Detail Code	Budget Fund Detail Code	DE9833	FN_PYMT_RQST_DTL.C_BAC_FUND_DETAIL
12	Disposition	Financial Disposition Code	DE9805	FN_TRANS.C_DISPOSITION
13	Project Code	Contract Project Code	DE9930	FN_TRANS_INVOICE.C_CONT_PROJ_CODE
14	Invoice Number	Contract Invoice Number	DE9936	FN_TRANS_INVOICE.C_INVOICE_NUMBER
15	Total Records	Calculated	DE0002	Total number of FN_TRANS rows selected for the report.
16	Total Transaction Amounts	Calculated	DE0002	Total of FN_TRANS.N_FNCL_AMOUNT for the report

Output Reports FN-O-013 Financial Transactions by Reason Code Report

General Information

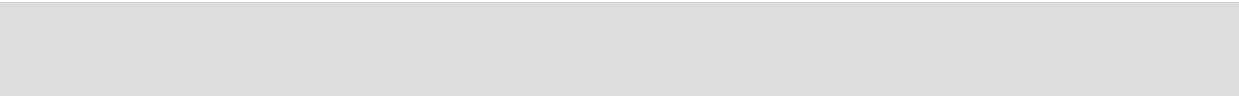
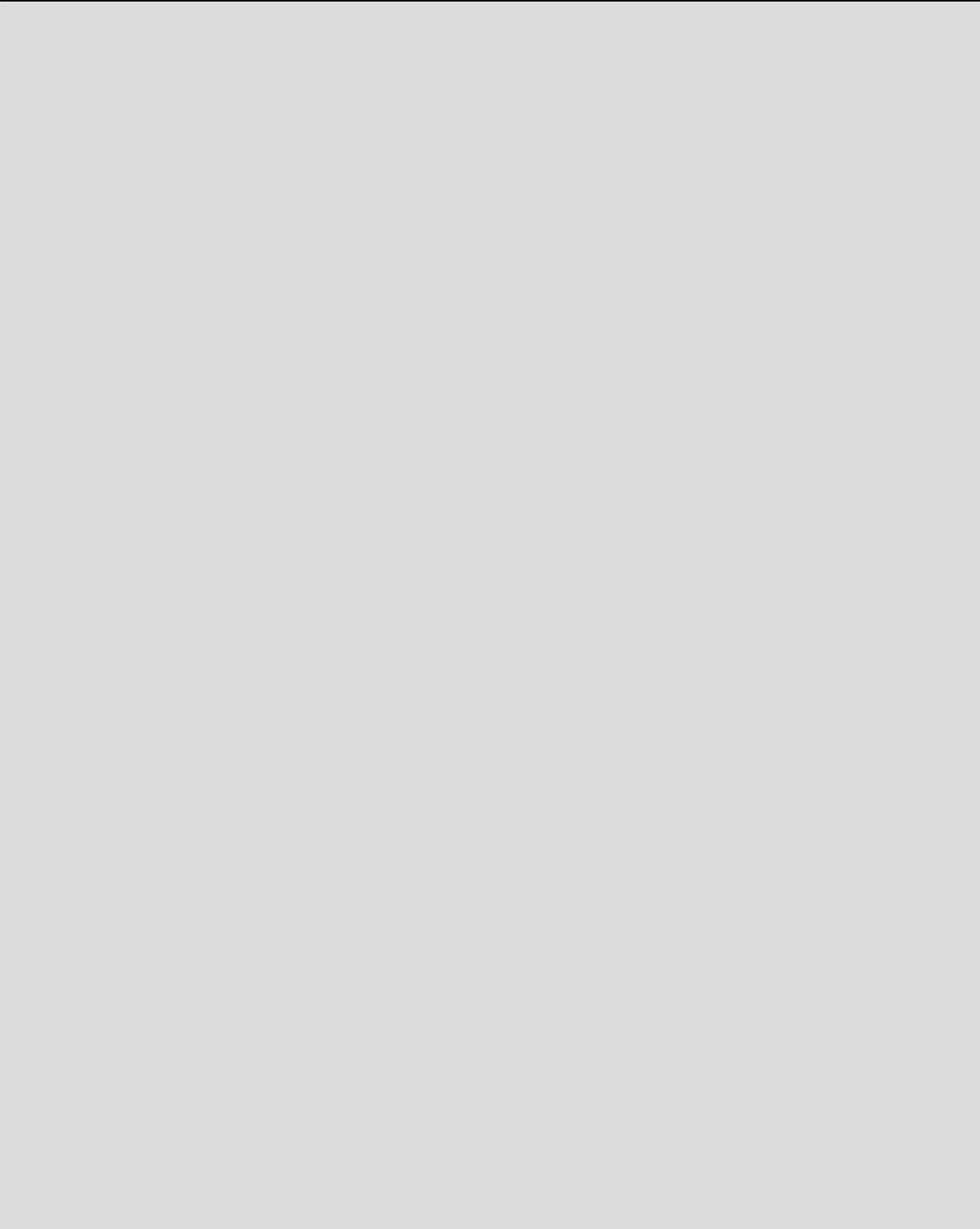
This report lists the Add Pay/Recovery financial transactions by reason code for the latest remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Financial Transaction Reporting (FNW028)
Confidential:	No
Sequence:	Reason Code
Control Breaks:	Reason Code

Financial Transactions by Reason Code Report (FN-O-013)



	Records			
8	Grand Totals Transaction Amounts	Calculated	DE0002	



Output Reports FN-O-014 Financial Transactions by Transaction Code Report

General Information

This report lists a summary of Add Pay/Recovery transactions by transaction type for the latest remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Financial Transaction Reporting (FNW028)
Confidential:	No
Sequence:	Transaction Type
Control Breaks:	N/A

Financial Transactions by Transaction Code Report (FN-O-014)

FMW028
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FINANCIAL TRANSACTIONS BY TRANSACTION TYPE REPORT

(1) TYPE CODE	(2) DESCRIPTION	(3) NEW RECORDS	(4) TRANSACTION AMOUNT
XX	XX	9999	99,999,999.99
XX	XX	9999	99,999,999.99
XX	XX	9999	99,999,999.99
XX	XX	9999	99,999,999.99
XX	XX	9999	99,999,999.99
XX	XX	9999	99,999,999.99
**GRAND TOTALS:		(5) 99999	(6) 999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type Code	Financial Transactions Type Code	DE9854	
2	Description	Financial Transaction Type Description	DE9855	
3	New Records	Calculated	DE0002	A count of records added for the week of the report for a corresponding Reason Code
4	Transaction Amount	Financial Amount	DE9817	
5	Grand Totals New Records	Calculated	DE0002	A count of all Financial Transactions added to the Financial Transaction data store, for the week of the report.
6	Grand Totals Transaction Amounts	Calculated	DE0002	A sum of all financial transaction amounts added to the Financial Transaction data store, for the week of the report.

Output Reports FN-O-015 Financial Transactions by Category of Service Report

General Information

This report lists the number and amounts of financial transactions by category of service for the latest remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Financial Transaction Reporting (FNW028)
Confidential:	No
Sequence:	1. Transaction Type 2. State Category of Service
Control Breaks:	1. Transaction Type 2. State Category of Service

Financial Transactions by Category of Service Report (FN-O-015)

FNW028
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FINANCIAL TRANSACTIONS BY CATEGORY OF SERVICE REPORT

(1) TYPE	(2) STATE CATEGORY OF SERVICE	(3) TOTALS
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99 99,999,999.99 99,999,999.99
		SUBTOTALS 99,999,999.99 (5)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99
		SUBTOTALS 99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99 99,999,999.99
		SUBTOTALS 99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99 99,999,999.99 99,999,999.99 99,999,999.99
		SUBTOTALS 99,999,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99,999,999.99
		SUBTOTALS 99,999,999.99
		GRAND TOTALS 99,999,999.99 (7)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Transaction Type Description	Financial Transaction Type Description	DE9855	
2	State Category of Service	Claim Category of Service	DE2038	
3	Totals	Calculated	DE0002	
4	Counts	Calculated	DE0002	
5	Subtotals of total amount	Calculated	DE0002	
6	Subtotal of total counts	Calculated	DE0002	sum of all counts for a transaction type
7	Grand Totals for the transaction amount	Calculated	DE0002	sum of all the transaction amounts
8	Grand total of counts	Calculated	DE0002	Sum of all the counts

Output Reports FN-O-016 Weekly Balancing Report

General Information

The Weekly Balancing Report will report the expenditures by Program, Subprogram, Object Code, Locality (if applicable) and Fund for a specific remittance cycle. It will be used for Medicaid, FAMIS, and other Medicaid activities.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Remittance Cycle Balancing Report Program (FNW046)
Confidential:	No
Sequence:	1. Fund 2. Programs 3. Subprogram 4. Object Code 5. Locality
Control Breaks:	1. Fund 2. Programs 3. Subprogram 4. Object Code 5. Locality

Weekly Balancing Report (FN-O-016)

FNW046
 As of: MM/DD/CCYY
 Run Date: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
WEEKLY BALANCING REPORT - OBJECT CODE
 Week of MM/DD/CCYY (1)

REPORT NO
 PAGE

BANK: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (1.1)

	Weekly Dollar Amount	Month to Date Dollar Amount	Current Quarter Dollar Amount	Year to Date
Total Funds (2)X - XXXXXXXXXXXXXXXX (3)				
Program: (4)XX - XXXXXXXXXXXXXXXX (5)				
Subprogram(6)XX - XXXXXXXXXXXXXXXX (7)				
Object Code (8)XXXXX - XXXXXXXXXXXXXXXX (9)				
SLH Locality (10)XX - XXXXXXXXXXXXXXXX (11)				
Original Claims Payment				
Regular Claims (12)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Medicare Crossover (13)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Mass Adjustments				
Net Positive (14)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Net Negative (15)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
Other Adjustments				
Net Positive (16)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Net Negative (17)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
(17.1)				
Claim Credit/Recoupment Reversals (18)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Insurance Premium Payments	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Capitation Payments (19)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Management/Admin Fees (20)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Enhanced DSH - Hospital (21)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Add-Pays				
Cost Settlement (22)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Other (23)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Financial Credit Reversals (23.1)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
Financial Offsets (24)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Recoupments (25)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
Net System Payout (27)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Negative Balance Increase (28)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Advanced Payments (28.1)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Remittance Amount (29)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Manual Issued Checks (30)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Voids Processed (31)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
Net Expenditures (To CARS) (32)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Cash Receipts (32.1)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
Net MARS Expenditures (32.2)	\$9,999,999,999.99	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR
(33)				
Current Budget	\$99,999,999,999.99	\$99,999,999,999.99	Percent	
(36)	(34) Budget Availability	\$99,999,999,999.99	Spent Budget: 999,999,999,999	
Variance	\$99.99	\$99.99	\$99.99	

Weekly Balancing Report (FN-O-016)

FNW046
 As of: MM/DD/CCYY
 RunDate: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
WEEKLY BALANCING REPORT – FUNDING SOURCE
 Week of MM/DD/CCYY (1)

REPORT NO
 PAGE

BANK: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (1.1)

	Weekly Dollar Amount	Month to Date Dollar Amount	Current Quarter Dollar Amount	Year to Date
Total Funds (2)XX - XXXXXXXXXXXXXXXX (3)				
Program: (4) XX - XXXXXXXXXXXXXXXX (5)				
Subprogram(6)XX - XXXXXXXXXXXXXXXX (7)				
Object Code (8)XXXXX - XXXXXXXXXXXXXXXX (9)				
SLH Locality (10)XX - XXXXXXXXXXXXXXXX (11)				
Original Claims Payment				
Regular Claims (12)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Medicare Crossover (13)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Mass Adjustments				
Net Positive (14)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Net Negative (15)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99
Other Adjustments				
Net Positive (16)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Net Negative (17)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99
(17.1)				
Claim Credit/Recoupment Reversals (18)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Insurance Premium Payments	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Capitation Payments (19)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Management/Admin Fees (20)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Enhanced DSH - Hospital (21)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Add-Pays				
Cost Settlement (22)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Other (23)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Financial Credit Reversals (23.1)	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99
Financial Offsets (24)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Recoupments (25)	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99
Net System Payout (27)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Negative Balance Increase (28)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Advanced Payments (28.1)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Remittance Amount (29)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Manual Issued Checks (30)	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99
Voids Processed (31)	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99
Net Expenditures (To CARS) (32)	\$9,999,999,999.99	\$9,999,999,999.99	\$9,999,999,999.99	\$9,999,999,999.99
Cash Receipts (32.1)	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99
Net MARS Expenditures (32.2)	\$9,999,999,999.99	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99
(33)			(35)	
	Current Budget	\$99,999,999,999.99	Percent	
(36)	(34) Budget Availability	\$99,999,999,999.99	Spent Budget: \$99,999,999.99	
Variance	\$99.99	\$99.99	\$99.99	

Weekly Balancing Report (FN-O-016)

FNW046
As of MM/DD/CCYY
Run Date: MM/DD/CCYY

Virginia Department of Medical Assistance Services
FINANCIAL CONTROL SUMMARY
Week of MM/DD/CCYY

RE
PA

BANK: XX

	Weekly Dollar Amount	Month to Date Dollar Amount	Current Quarter Dollar Amount	Year to Date Dollar Amount
Original Claims Payment				
Regular Claims	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Medicare Crossover	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Mass Adjustments				
Net Positive	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Net Negative	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	
Other Adjustments				
Net Positive	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Net Negative	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	
Claim Credit/Recoupment Reversals	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Insurance Premium Payments	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Capitation Payments	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Management/Admin Fees	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Enhanced DSH - Hospital	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Add-Pays				
Cost Settlement	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Other	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Financial Credit Reversals	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	
Financial Offsets	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Recoupments	\$9,999,999,999.99CR	\$99,999,999,999.99CR	\$99,999,999,999.99CR	
Net System Payout	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Negative Balance Increase	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Advanced Payments	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Remittance Amount	\$9,999,999,999.99	\$99,999,999,999.99	\$99,999,999,999.99	
Manual Issued Checks	\$9,999,999,999.99	\$9,999,999,999.99	\$9,999,999,999.99	
VOIDS Processed	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99CR	
Net Expenditures (To CARS)	\$9,999,999,999.99	\$9,999,999,999.99	\$9,999,999,999.99	
Cash Receipts	\$9,999,999,999.99CR	\$9,999,999,999.99CR	\$9,999,999,999.99CR	
Net MARS Expenditures	\$9,999,999,999.99	\$9,999,999,999.99CR	\$9,999,999,999.99CR	
	Current Budget	\$99,999,999,999.99	Percent	
	Budget Availability	\$99,999,999,999.99	Budget Spent: 999,999,999,999	
Variance	\$99.99	\$99.99	\$99.99	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Week of	Calculated	DE0002	
1.1	Bank	BARS Bank Name	DE9639	
2	Budget Fund Code	Budget Fund Code	DE9831	
3	Budget Fund Code Description	Budget Fund Code Description	DE9832	
4	Program ID	Budget Program Code	DE9835	
5	Program Description	Budget Program Code Description	DE9836	
6	SubProgram Code	Budget Sub-Program Code	DE9838	

7	SubProgram Code Description	Budget Sub-Program Code Description	DE9839	
8	Object Code	Budget Object Code Description	DE9844	
9	Object Code Description	Budget Object/Fund Cap Indicator	DE9845	
10	SLH Locality	MMIS Locality Code based on Postal Code	DE5254	
11	SLH Locality Description	Locality Name	DE5255	
12	Regular Claims Payment	Calculated	DE0002	Regular Claims = Sum of all claim payment requests for Claim Types 01 thru 08, 10 thru 13 and 96, with Claim Disposition of '01'.
13	Medicare Crossover Payments	Calculated	DE0002	Medicare Crossover Payments = Sum of all claim payment requests Claim Type '09' with Claim Disposition of '01'.
14	Mass Adjustments Positive	Calculated	DE0002	Mass Adjustments Positive = Sum of all claim payment requests with Claim Disposition of '02' and Claim Type Media of 'S' (Mass Adjustment) and Financial Reason Codes as follows: Transactions Type '01' and '11' 1000-1012, 1021-1043, 1053-1055, 1057-1058, Transaction Type '06' 6000-6004, Transaction Type '08' 8008, 8013, 8015-8018, 8020-8021, 8023-8024, Transaction Type '28' 8200-8217, Transaction Type '38' 8308, 8313, 8315-8318, 8320-8321, 8323-8324, Transaction Type '58' 8500-8517
15	Mass Adjustments Negative	Calculated	DE0002	Mass Adjustments Positive = Sum of all claim payment requests with Claim Disposition of '03' or '04' and Claim Type Media of 'S' (Mass Adjustment) and Financial Reason Codes as follows: Transactions Type '01' and '11' 1000-1012, 1021-1043, 1053-1055, 1057-1058, Transaction Type '06' 6000-6004, Transaction Type '08' 8008, 8013, 8015-8018, 8020-8021, 8023-8024, Transaction Type '28' 8200-8217, Transaction Type '38'

				8308, 8313, 8315-8318, 8320-8321, 8323-8324, Transaction Type '58' 8500-8517
16	Other Adjustments Positive	Calculated	DE0002	Mass Adjustments Positive = Sum of all claim payment requests with Claim Disposition of '02' and Claim Type Media of '4' (Mass Adjustment) and Financial Reason Codes as follows: Transactions Type '01' and '11' 1000-1012, 1021-1043, 1053-1055, 1057-1058, Transaction Type '06' 6000-6004, Transaction Type '08' 8008, 8013, 8015-8018, 8020-8021, 8023-8024, Transaction Type '28' 8200-8217, Transaction Type '38' 8308, 8313, 8315-8318, 8320-8321, 8323-8324, Transaction Type '58' 8500-8517
17	Other Adjustments Negative	Calculated	DE0002	Mass Adjustments Positive = Sum of all claim payment requests with Claim Disposition of '03' or '04' and Claim Type Media of 'S' (Mass Adjustment) and Financial Reason Codes as follows: Transactions Type '01' and '11' 1000-1012, 1021-1043, 1053-1055, 1057-1058, Transaction Type '06' 6000-6004, Transaction Type '08' 8008, 8013, 8015-8018, 8020-8021, 8023-8024, Transaction Type '28' 8200-8217, Transaction Type '38' 8308, 8313, 8315-8318, 8320-8321, 8323-8324, Transaction Type '58' 8500-8517
17.1	Claim Credit/Recoupment Reversals	Calculated	DE0002	Claim Credit/Recoupment Reversals = Sum of all financial payment requests with Disposition '01' with the following: Financial Transaction Type '36' and Reason Codes 6300-6304
18	Insurance Premium Payments	Calculated	DE0002	Insurance Premium Payments = Sum of all financial payment requests with Disposition '01' with the following: Financial Transaction Type '29' and Reason Code 9200-9204
19	Capitation Payments	Calculated	DE0002	Capitation Payments = Sum of all claim payment requests Claim Type '15' with Claim Disposition of '01'.

20	Management/Admin Fees Payments	Calculated	DE0002	Management/Admin Fees Payments = Sum of all claim payment requests Claim Type '16' or '17' with Claim Disposition of '01'.
21	Enhanced DSH Payments	Calculated	DE0002	Enhanced DSH Payments = Sum of all claim and financial payment requests with Financial with Disposition of '01' and following: Transaction Type '49' and Reason Code 9400
22	Add-Pays Cost Settlement Payments	Calculated	DE0002	Add-Pays Cost Settlement Payments = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '19' and Reason Code 9100-9128
23	Add-Pays Other Payments	Calculated	DE0002	Add-Pays Other Payments = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '09' and Reason Codes 9001-9094
23.1	Financial Credit Reversals	Calculated	DE0002	Financial Credit Reversals = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '26' and Reason Codes 6200-6204
24	Financial Offsets	Calculated	DE0002	Financial Offsets = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '46' and Reason Code 6400 and Financial Type '56' and Reason Code 6500.
25	Recoupments	Calculated	DE0002	Recoupments = Sum of all financial payment requests with Financial Transaction Type '10' and Reason Code 9997 (Memo Transactions) which are internally built during the RA generation process for recouped amounts applied from prior periods during the weekly payment cycle
27	Net System Payout	Calculated	DE0002	Net System Payout = Original Payments +/- Mass Adjustments +/- Other Adjustments + Claim Credit/Recoupment Reversals + Insurance Premium Payments + Capitation Payments + Man-

				agement/Admin Fees + Enhanced DSH + Add-Pay - Cost Settlements + Add-Pay - Others - Financial Credit Reversal +/- Financial Offsets - Recoupments
28	Negative Balance Increase	Calculated	DE0002	Negative Balance Increase = Sum of all financial payment requests with Financial Transaction Type '20' and Reason Code '9999' (Memo Transactions) which are internally built during the RA generation process for negative balances set-up (DB) during the weekly payment cycle.
28.1	Advance Payments	Calculated	DE0002	Advance Payments = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '39' and Reason Codes '9300'
29	Remittance Amount	Calculated	DE0002	Remittance Amount = Net System Payout + Negative Balance Increase + Advance Payment
30	Manual Issued Checks	Calculated	DE0002	Manual Issued Checks = Sum of all financial payment requests with Disposition '01' and Financial Transaction Type '59' and Reason Code '9500'.
31	Voids Processed	Calculated	DE0002	Voids Processed = Sum of all claim and financial payment requests with Financial Transaction Type = '07' and Reason Code '7000'.
32	Net Expenditures (To CARS)	Calculated	DE0002	Net Expenditures (To CARS) = Remittance Amount + Manual Issued Checks - Voids Processed
32.1	Cash Receipts	Calculated	DE0002	Sum of all Financial Transactions with the following: Transaction Type '08' 8008, 8013, 8015-8018, 8020-8021, 8023-8024, Transaction Type '18' 8100-8124 8127-8143 Transaction Type '28' 8200-8217
32.2	Net MARS Expenditures	Calculated	DE0002	Net MARS Expenditures = Net Expenditures (To CARS) - Cash Receipts
33	Current Budget	Budget Fund Current Budget Amount	9880	This field contains the sum of the Current Budget Amounts for each Object Code when at the total Fund, Pro-

				gram, and Sub-Program levels.
34	Budget Availability	Calculated	DE0002	Budget Availability = Budget Object Code Adjusted Amount - Net Expenditures
35	Percent Budget Spent	Calculated	DE0002	Percent Budget Spent = Budget Availability divided by Current Budget times 100
36	Variance	Calculated	DE0002	This is the calculated difference when the check amounts have been pro-rated across object codes

Output Reports FN-O-017 Basic Accounting Code Crosswalk Report

General Information

This is a report showing all Object Codes and their related Basic Accounting Code data and Object Code assignment criteria.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Basic Accounting Code Crosswalk Report (FNR027)
Confidential:	No
Sequence:	1. Program Code 2. Sub-Program Code 3. Object Code
Control Breaks:	1. Program Code 2. Sub-Program Code 3. Object Code

Basic Accounting Code Crosswalk Report (FN-O-017)

9	Med A or B	Budget Medicare Code	DE9890	
10	Benefit Pgm Code	Benefit Definition Plan Program Code	DE3551	
11	Proc Code	Procedure Code	DE5002	
12	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	
13	Category of Svc HCFA 37/64	Claim Category of Service	DE2038	
14	EPSDT Ind	Financial EPSDT Indicator	DE9976	
15	Manual Entry	Financial Manual Entry Indicator	DE9893	

Output Reports FN-O-018 Year End Provider File Totals Report

General Information

This list is the printout of the YTD amount fields on the Provider Master File.

Subsystem:	Financial
Frequency:	Annual
Volume:	20
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Financial Unit
Program:	Calendar Year End Provider List Program (FNA083)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Year End Provider File Totals Report (FN-O-018)

FNA083
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 YEAR END PROVIDER FILE TOTALS REPORT

YEAR END PROVIDERS ON FILE	99999	(1)
YEAR-TO-DATE TOTAL PAID	\$99,999,999.99	(2)
YEAR-TO-DATE NEGATIVE BALANCE	\$99,999,999.99	(3)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
---	------------	-------------------	------------	---------------------

1	Year End Providers On File	Calculated	DE0002	Count of all providers with active programs for the calendar year being reported.
2	Year-To-Date Total Paid	Calculated	DE0002	
3	Year-To-Date Negative Balance	Calculated	DE0002	Total Year-to-date amount of all negative balances on the provider file.

Output Reports FN-O-020 1099 Under 600 Report

General Information

This report lists providers whose YTD paid is less than \$600.00.

Subsystem:	Financial
Frequency:	Annual
Volume:	200
Number of Copies:	5
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Accounts Payable Section, Program Operations
Program:	1099 Forms Generation Program (FNA079)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

1099 Under \$600 Report (FN-O-020)

FNA079 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF : MM/DD/CCYY 1099 UNDER \$600 REPORT
RUN DATE: MM/DD/CCYY HH:MM

(1)	(2)	(3)	(4)	(5)
IRS/SSN NUMBER	PROVIDER IRS NAME	TOTAL AMOUNT	BILLING ID	INDIVIDUAL AMOUNTS
XX-XXXXXX	XX	\$999,999,999.99	1234567890	\$999,999,999.99
			1234567890	\$999,999,999.99
			1234567890	\$999,999,999.99

				SUM \$999,999,999.99 (6)
XX-XXXXXX	XX	\$999,999,999.99	1234567890	\$999,999,999.99
			1234567890	\$999,999,999.99
			1234567890	\$999,999,999.99

				SUM \$999,999,999.99 (6)
Total Number of IRS Numbers under \$600.00			999999	\$999,999,999,999.99
			(7)	(8)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	IRS Number	Provider Alternate ID Value	DE4044	When Type Code is F then data is formatted as FEIN Number 99-999999. When Type Code is S then data is formatted as SSN 999-99-9999
2	Provider Name	Provider Name	DE4085	
3	Total Dollars Reported	Calculated	DE0002	Total dollar amount (1099 amount) for providers listed on report.
4	Provider ID	National Provider Identifier	DE4700	
5	Amt. Reported	Provider Current Year-to-Date Total 1099 Amount	DE4155	
6	Total 1099 amount	Calculated	DE0002	Sum of all 1099 amounts listed under that FEIN/SSN
7	Total Number of IRS NUMBER under \$600.	Calculated	DE0002	Total number of 1099's printed which have a 1099 amount for previous year less than \$600.00.
8	Total Amount of IRS NUMBER under \$600.	Calculated	DE0002	Total amount of 1099's printed which have a 1099 amount for previous year less than \$600.00.

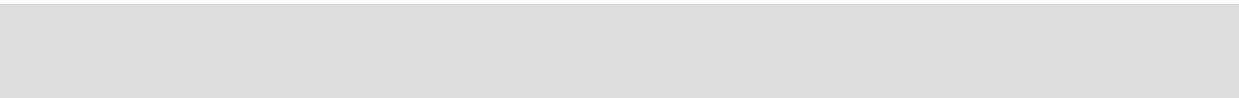
Output Reports FN-O-021 1099 Providers Paid Report

General Information

This report lists all providers for which a 1099 report was printed. It provides a control report to check the 1099 form production prior to mailing to providers.

Subsystem:	Financial
Frequency:	Annual
Volume:	3000
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Financial Unit
Program:	1099 Forms Generation Program (FNA079)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

1099 Providers Paid Report (FN-O-021)



	than \$600.00			
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Output Reports FN-O-023 Annual Outstanding Check Register Report

General Information

This is a list of the outstanding checks at the end of the calendar year for the previous fiscal year bank accounts.

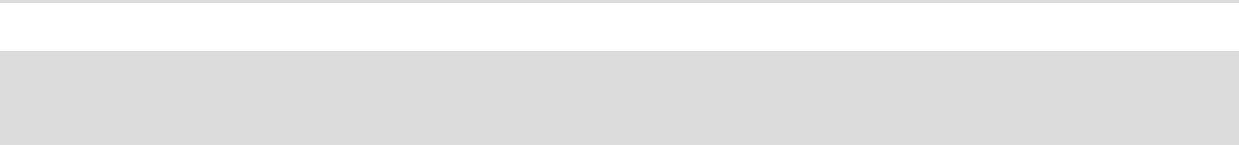
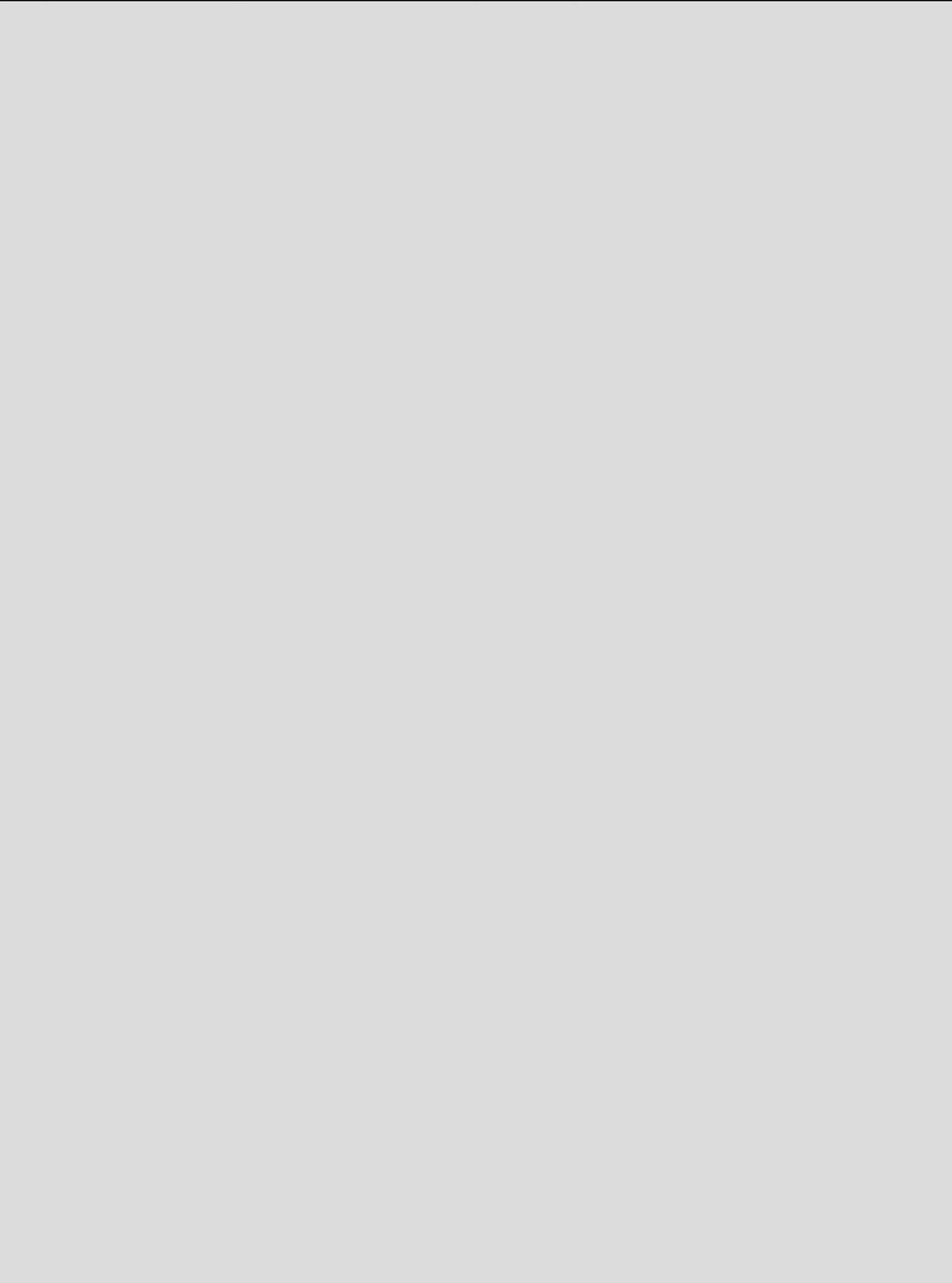
Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Financial Unit
Program:	Annual Outstanding Disbursement Register Program (FNA084)
Confidential:	No
Sequence:	Account No., Payee ID
Control Breaks:	Account No.

Annual Outstanding Check Register Report (FN-O-023)

6	Issue Date	Remittance Payment Date	DE9578	
7	Amount Paid	Remittance Check Amount	DE9577	
8	Type	BARS Check Type Code	DE9652	
9	Ben. Prog.	Benefit Definition Plan Program Code	DE3551	
10	Program Code	Budget Program Code	DE9835	
11	Sub Program Code	Budget Sub-Program Code	DE9838	
12	Object Code	Budget Object Code	DE9843	
13	Fund Code	Budget Fund Code	DE9831	
14	Fund Detail Code	Budget Fund Detail Code	DE9833	
15	Share Amount	Budget Share Amount	DE9856	
16	Medicaid Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for Medicaid benefit program.
17	TDO Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for TDO benefit program.
18	SLH Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for SLH benefit program.
19	HIV Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for HIV benefit program.
20	Regular Assisted Living Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for Regular Assisted Living benefit program.
21	HIDP Program Totals	Calculated	DE0002	A total of all outstanding paid check amounts for HIDP benefit program.
22	Medicaid Assessments program totals	Calculated	DE0002	A total of all outstanding paid check amounts for Assessments benefit program.
23	Medicaid Expansion program totals	Calculated	DE0002	A total of all outstanding paid check amounts for Medicaid Expansion benefit program.
24	Total Medicaid Account Outstanding	Calculated	DE0002	A total of all outstanding paid check amounts for all benefit programs.
25	FAMIS program totals	Calculated	DE0002	Total of all checks issued amount for benefit program code 07. (FAMIS)
26	Total FAMIS Account Out-	Calculated	DE0002	Total of all checks issued amount for benefit program code 07 and 09.



	standing			
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Output Reports FN-O-024 Untitled Providers with IRS Numbers Report

General Information

This report provides a listing of all providers, in Provider ID sequence, their IRS numbers, and amount paid for the period.

Subsystem:	Financial
Frequency:	Annual
Volume:	2000
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Financial Unit
Program:	Calendar Year End Provider List Program (FNA083)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Untitled Providers with IRS Numbers Report (FN-O-024)

Output Reports FN-O-025 Providers Current Financial Status Report

General Information

This 'snapshot' report shows a provider's current financial status with VMAP.

Subsystem:	Financial
Frequency:	Annual
Volume:	5000
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS Financial Unit
Program:	Calendar Year End Provider List Program (FNA083)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Providers Current Financial Status Report (FN-O-025)

Output Reports FN-O-026 Payee Checks

General Information

These are payee checks to providers.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	Checks
Retention:	90 Days
Distribution:	Payees
Program:	N/A
Confidential:	No
Sequence:	RA Number
Control Breaks:	N/A

Payee Checks (FN-O-026)

2	Page	Calculated	DE0002	Reset to one for each Payee ID.
3	Payee Name	Remittance Payee Name	DE9589	
4	Date	Remittance Payment Date	DE9578	
5	Payee Address Line 1	Remittance Payee Address Line	DE9590	
6	RA Number	Remittance Advice Number	DE9580	
7	Payee City	Remittance Payee City	DE9592	
8	Payee State	Remittance Payee State	DE9593	
9	Payee Zip Code	Remittance Payee Zip Code	DE9594	
10	Payee ID	Remittance Payee Identification Number	DE9588	
11	Remittance Message	Remittance Message Text	DE9586	This field will contain data in one of three formats: 1) For Vendor Premium Payments it will contain check number, payment date, check amount, enrollee name, enrollee social security number, from and thru service dates, previous balance, current amount, and new balance. 2) For Vendor Lien Holder Payments it will contain check number, payment date, check amount, and lien information. 3) For Provider Remittance Advice Payments it will contain remittance messages.
12	Remit Check Number	Remittance Check Number	DE9576	
13	Void After Check Date	Calculated	DE0002	This date is calculated to be 180 days after the payment date.
14	Check Dollar Amount	Remittance Check Amount	DE9577	

Output Reports FN-O-027 Medicaid Disbursement Register Totals Report

General Information

This report prints control totals and duplicate records as a result of merging the weekly check register with the Medicaid Check Register on check number.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS Financial Unit
Program:	Payee Disbursement Register Program (FNW071)
Confidential:	No
Sequence:	Account #
Control Breaks:	Account #

Medicaid Disbursement Register Totals Report (FN-O-027)

FNW071
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DISBURSEMENT REGISTER TOTALS REPORT
FOR REMITTANCE ENDING MM/DD/CCYY

	(1)		(2)
CONTROL COUNTS FOR ACCOUNT #:	99999999999999999999	BANK NAME :	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
WEEKLY DISBURSEMENT REGISTER FILE			
NO OF DISBURSEMENTS ON FILE	(3) 999999	AMOUNT	(4) \$999,999,999.99
DISBURSEMENT REGISTER MASTER FILE			
NO OF DISBURSEMENTS ON FILE	(5) 999999	AMOUNT	(6) \$999,999,999.99
NEW DISBURSEMENT REGISTER MASTER FILE			
NO OF DISBURSEMENTS ON FILE	(7) 999999	AMOUNT	(8) \$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account #	BARS Bank Account Number	DE9653	The bank account number
2	Bank Name	BARS Bank Name	DE9639	
3	No Of Checks On File	Calculated	DE0002	Number of Check Records on produced in Weekly Remittance Cycle
4	Amount	Calculated	DE0002	Dollar Amount of Check Records on produced in Weekly Remittance Cycle
5	No Of Checks On File	Calculated	DE0002	Number of Checks on Check Register Master Data Store
6	Amount	Calculated	DE0002	Total Dollar Amount of Check Records on the Check Register Master Data Store
7	No Of Checks On File	Calculated	DE0002	Number of checks on the Check Register Masterr Data Store- current Check Register Master Data Store + current weeks
8	Amount	Calculated	DE0002	Total dollar amount on the Check Register Masterr Data Store- current Check Register Master Data Store + current weeks

9	No Of Checks On File	Calculated	DE0002	If current weekly cycle contains any Stop Payment or Void/Reissue Transactions for the prior fiscal year bank account, displays the total number of checks that were issued for prior year bank account.
10	Amount	Calculated	DE0002	If current weekly cycle contains any Stop Payment or Void/Reissue Transactions for the prior fiscal year bank account, displays the total dollar amount for prior year bank account.

Output Reports FN-O-028 Disbursements Control Totals Report

General Information

This report provides control totals for disbursements and remittance records and updates to provider file.

Subsystem:	Financial
Frequency:	Weekly
Volume:	30
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Disbursement Generation Process Program (FNW070)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Disbursements Control Totals Report (FN-O-028)

FNW070
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DISBURSEMENT CONTROL TOTALS REPORT

DISBURSEMENT RECORDS READ:	999,999	(1)
DISBURSEMENT RECORDS WRITTEN:	999,999	(2)
REMITTANCE RECORDS WRITTEN:	999,999	(3)
EFT RECORDS WRITTEN:	999,999	(4)
PRENOTE EFT RECORDS WRITTEN:	999,999	(5)
TOTAL EFT AMOUNT WRITTEN	\$ 999,9999.99	(6)
PROVIDER MASTER RECORDS UPDATED:	999,999	(7)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Disbursement Records Read	Calculated	DE0002	A counter of records program processed on the Payee Disbursement File.
2	Disbursement Records Written	Calculated	DE0002	Counter of records written to the Weekly Check Register File.
3	Remittance Records Written	Calculated	DE0002	Number of records written to Vendor Remittance Advice File and the Payee Check File.
4	EFT Records Written	Calculated	DE0002	Count of all EFT records written including Prenote records..
5	Prenote EFT Records Written	Calculated	DE0002	Count of prenote EFT records written.
6	EFT Amount Written	Calculated	DE0002	Total dollar amount of all EFT records written.
7	Provider Master Records Updated	Calculated	DE0002	Number of provider rows updated during PreNote processing.

Output Reports FN-O-029 Weekly Check Register by Bank Report

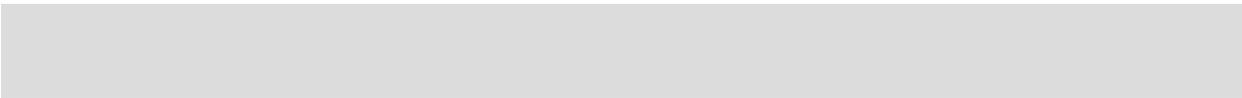
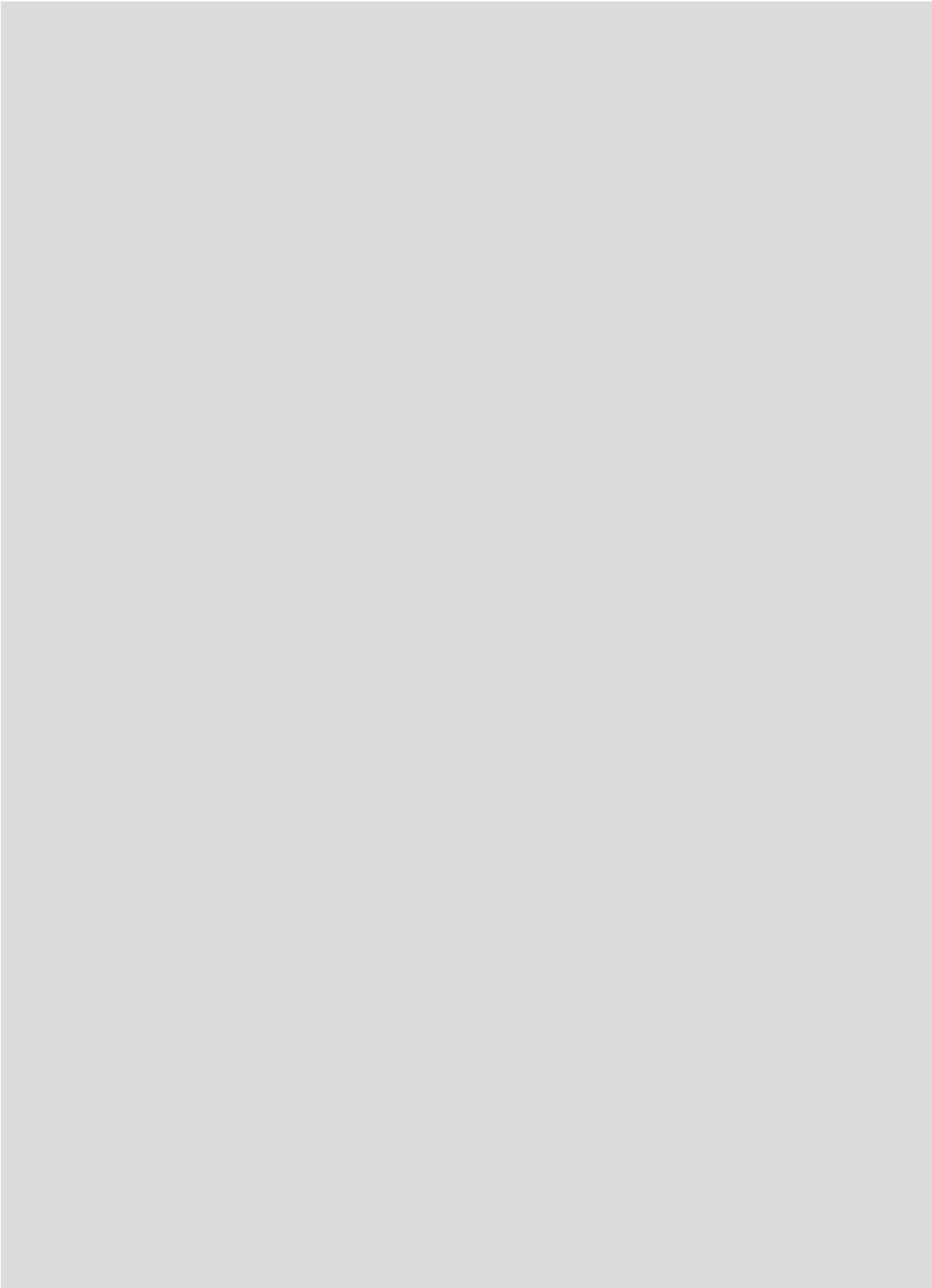
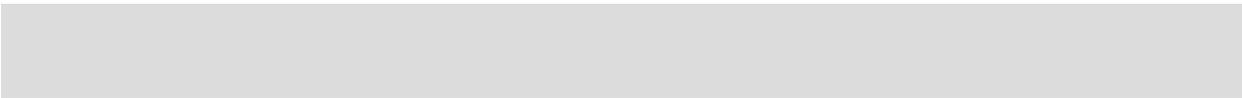
General Information

This report lists all checks and voids produced during weekly remittance processing.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS Financial Unit
Program:	Payee Disbursement Register Program (FNW071)
Confidential:	No
Sequence:	Account #, Check No.
Control Breaks:	Account #

Weekly Check Register by Bank Report (FN-O-029)

11	Account #	BARS Bank Account Number	DE9653	
12	First Check No.	Remittance Check Number	DE9576	
13	Last Check No.	Remittance Check Number	DE9576	
14	Plus Reissues	Calculated	DE0002	Total number of reissued checks.
14.1	Plus Reissues Amount	Calculated	DE0002	Total amount of all reissued check amounts
15	TOTAL (REGULAR/MANUAL ISSUES)	Calculated	DE0002	Total number of checks reported voided, issued and reissued.
16	TOTAL (REGULAR/MANUAL ISSUES) AMOUNT	Calculated	DE0002	Total amount of all checks issued, voided, and reissued.
17	No. Voids	Calculated	DE0002	Count of all voided checks for the current remittance process.
18	Total Check Amount For Voids	Calculated	DE0002	Total amount of all voided checks for the current remittance process.
19	No. of EFTS	Calculated	DE0002	Count of EFTs processed during the weekly cycle.
20	EFT Amount	Calculated	DE0002	Sum of EFT amounts processed during weekly cycle.
21	No. of VOIDS (EFT)	Calculated	DE0002	Count of EFT voids processed during the weekly cycle.
22	EFT Void Amount for each Bank Account	Calculated	DE0002	Amount of EFT voids processed during the weekly cycle.
23	Summary of EFT Amount	Calculated	DE0002	Sum of all Bank Account & Bank EFT amounts processed during the weekly cycle.
24	Summary of Check Amount	Calculated	DE0002	Sum of all Bank Account & Bank check amounts processed during the weekly cycle (Regular/Manual check).
25	Summary of Check Amount (Reissue)	Calculated	DE0002	Sum of all Bank Account & Bank reissue check amounts processed during the weekly cycle.
26	Summary of EFT Void Amount	Calculated	DE0002	Sum of all individual EFT Void amounts processed during the weekly cycle.
27	Summary of Check Void Amount	Calculated	DE0002	Sum of all individual Check Void amounts processed during the weekly cycle.



Output Reports FN-O-030 Inactive Providers with Negative Balance Report

General Information

This report will list all inactive providers with a current negative balance with no activity for at least 180 days.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Financial Unit
Program:	Inactive Provider Report Program (FNM076)
Confidential:	No
Sequence:	Provider Number
Control Breaks:	N/A

Inactive Providers with Negative Balance Report (FN-O-030)

8	Total Negative Balance	Calculated	DE0002	Sum of the Negative Balance Amounts
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Output Reports FN-O-031 Outstanding Check Register Report

General Information

This report lists all outstanding checks for the reporting period after all voids and paid checks have been applied.

Subsystem:	Financial
Frequency:	Monthly
Volume:	4000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Outstanding Check Reports/Letters Program (FNM074)
Confidential:	No
Sequence:	Account #, Issued Date
Control Breaks:	Account #

Outstanding Check Register Report (FN-O-031)

Outstanding Check Register Report (FN-O-031)

FNMO74
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECK REGISTER REPORT

(2)
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BANK TOTAL	(18)	99,999,999
BANK AMOUNT	(19)	\$999,999,999.99

Outstanding Check Register Report (FN-O-031)

FNMO74
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECK REGISTER REPORT

SUMMARY OUTSTANDING CHECKS

(20)	(21)
TOTAL NUMBER OF CHECKS	TOTAL AMOUNT OF CHECKS
99,999,999	\$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ACCOUNT#	BARS Bank Account Number	DE9653	
2	(BANK NAME)	BARS Bank Name	DE9639	
3	(ACCOUNT DESCRIPTION)	Bank Account Description	DE9648	
4	DATE ISSUED	Remittance Payment Date	DE9578	
5	CHECK NUMBER	Remittance Check Number	DE9576	
6	CHECK AMOUNT	Remittance Check Amount	DE9577	

7	PAYEE ID	Remittance Payee Identification Number	DE9588	
8	PAYEE NAME	Remittance Payee Name	DE9589	
9	BEN. PROG	Benefit Definition Plan Program Code	DE3551	
10	PROG	Budget Program Code	DE9835	
11	SUB-PROG	Budget Sub-Program Code	DE9838	
12	OBJECT	Budget Object Code	DE9843	
13	FUND	Budget Fund Code	DE9831	
14	DETAIL	Budget Fund Detail Code	DE9833	
15	SHARE AMOUNT	Budget Share Amount	DE9856	
16	ACCOUNT TOTAL	Calculated	DE0002	Total number of checks outstanding for the specified Account Number.
17	ACCOUNT AMOUNT	Calculated	DE0002	Total dollar amount of checks outstanding for the specified Account Number.
18	BANK TOTAL	Calculated	DE0002	Total number of checks outstanding for the specified Bank.
19	BANK AMOUNT	Calculated	DE0002	Total dollar amount of checks outstanding for the specified Bank.
20	TOTAL NUMBER OF CHECKS	Calculated	DE0002	Total number of checks outstanding for all Accounts within all Banks.
21	TOTAL AMOUNT OF CHECKS	Calculated	DE0002	Total dollar amount of checks outstanding for all Accounts within all Banks.

Output Reports FN-O-032 Financial Payment Hold Report

General Information

This report displays all claims and/or financial transactions that have been held based on a Hold Transaction.

Subsystem:	Financial
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Payment Hold Release Program (FNW024)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Financial Payment Hold Report (FN-O-032)

		tifier		
3	Servicing Provider	National Provider Identifier	DE4700	Must be NPI/API Provider Number
4	Hold Percent	Financial Hold Payment (Percentage)	DE9818	
5	Hold Amount	Calculated	DE0002	Hold Amount = Hold Percentage * total amount of transactions which meet the criteria set up by the Hold Transactions (Transaction Type Code = '05')
6	ICN	Claim Request ICN	DE2001	
7	Pymt Amount	Claim Payment Amount	DE2023	
8	Total Amount	Calculated	DE0002	Sum of all Held Transaction Amounts
9	Total Number of FCN	Calculated	DE0002	Number of Financial Transactions that are being held.
10	Total Number of ICN	Calculated	DE0002	Number of claims that are being held.

Output Reports FN-O-033 Financial Payment Release Report

General Information

This report displays all claims and/or financial transactions which have been released for payment.

Subsystem:	Financial
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Payment Hold Release Program (FNW024)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Financial Payment Release Report (FN-O-033)

3	Servicing Provider	National Provider Identifier	DE4700	Must be NPI/API Provider Number
4	ICN	Claim Request ICN	DE2001	
5	Pymt Amount	Claim Payment Amount	DE2023	
6	Total Amount	Calculated	DE0002	Sum of all released transaction amount
7	Total Number of FCN	Calculated	DE0002	Number of Financial Transactions released from hold status.
8	Total Number of ICN	Calculated	DE0002	Number of claims released from hold status.

Output Reports FN-O-034 BARS Outstanding Checks 6 Month Report

General Information

This report lists outstanding checks that have not been paid and were issued more than 6 months previously.

Subsystem:	Financial
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Outstanding Check Reports/Letters Program (FNM074)
Confidential:	No
Sequence:	Account #, Issue Date, Check Number
Control Breaks:	Account #

BARS Outstanding Checks 6 Month Report (FN-O-034)

BARS Outstanding Checks 6 Month Report (FN-O-034)

FNM074
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECKS 6 MONTH REPORT

(2)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BANK TOTAL	(18)	99,999,999
BANK AMOUNT	(19)	999,999,999.99

BARS Outstanding Checks 6 Month Report (FN-O-034)

FNM074
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECKS 6 MONTH REPORT

SUMMARY OUTSTANDING CHECKS TO BE CANCELLED

(20)	(21)
TOTAL NUMBER OF CHECKS	TOTAL AMOUNT OF CHECKS
99,999,999	999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account#	BARS Bank Account Number	DE9653	
2	(Bank Name)	BARS Bank Name	DE9639	
3	(Account Description)	Bank Account Description	DE9648	
4	Date Issued	Remittance Payment Date	DE9578	
5	Check Number	Remittance Check Number	DE9576	
6	Check Amount	Remittance Check Amount	DE9577	

7	Payee ID	Remittance Payee Identification Number	DE9588	
8	Payee Name	Remittance Payee Name	DE9589	
9	Ben. Prog	Benefit Definition Plan Program Code	DE3551	
10	Prog	Budget Program Code	DE9835	
11	Sub-Prog	Budget Sub-Program Code	DE9838	
12	Object	Budget Object Code	DE9843	
13	Fund	Budget Fund Code	DE9831	
14	Detail	Budget Fund Detail Code	DE9833	
15	Share Amount	Budget Share Amount	DE9856	
16	Account Total	Calculated	DE0002	Total number of checks outstanding for at least 6 months, for the specified Account Number.
17	Account Amount	Calculated	DE0002	Total dollar amount of checks outstanding for at least 6 months, for the specified Account Number.
18	Bank Total	Calculated	DE0002	Total number of checks outstanding for at least 6 months, for all Accounts within the specified Bank.
19	Bank Amount	Calculated	DE0002	Total dollar amount of checks outstanding for at least 6 months, for all Accounts within the specified Bank.
20	Total Number Of Checks	Calculated	DE0002	Total number of checks outstanding for at least 6 months, for all Accounts within all Banks.
21	Total Amount Of Checks	Calculated	DE0002	Total dollar amount of checks outstanding for at least 6 months, for all Accounts within all Banks.

Output Reports FN-O-036 Weekly Check Register by Payee ID Report

General Information

This report lists weekly checks written to payees.

Subsystem:	Financial
Frequency:	Weekly
Volume:	2000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS
Program:	Payee Disbursement Register Program (FNW071)
Confidential:	No
Sequence:	Account#, Payee ID
Control Breaks:	Account#

Weekly Check Register by Payee ID Report (FN-O-036)

FNW071
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
WEEKLY CHECK REGISTER BY PAYEE ID REPORT

(1)			(2)							
ACCOUNT#: 9999999999999999			BANK NAME : XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
(3)		(4)			(5)		(6)		(7)	
(8)	(9)	(10)	(11)	(12/13)	(14)	(5)	(6)	(7)	(8)	(9)
PAYEE ID.	PROG	SUB-PROG	OBJECT	FUND/	SHARE	FUND/	SHARE	FUND/	SHARE	FUND/
BEN. PROG	PROG	SUB-PROG	OBJECT	DETAIL	AMOUNT	DETAIL	AMOUNT	DETAIL	AMOUNT	DETAIL
9999999999999999	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX
99	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX
9999999999999999	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX
99	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX
9999999999999999	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX
99	XXX	9999	XXXXXX	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX	\$999,999,999.99	XX XX

SUMMARY FOR ACCOUNT: 9999999999999999

(15) NO. OF DISB ZZZZ9 (16) TOTAL AMOUNT \$999,999,999.99

ACCOUNT SUMMARY: MEDICAID (17) EFT - 999,999,999.99 (18) CHECKS - 999,999,999.99
TDO EFT - 999,999,999.99 CHECKS - 999,999,999.99
FAMIS EFT - 999,999,999.99 CHECKS - 999,999,999.99
MEDICAID ASSESSMENTS EFT - 999,999,999.99 CHECKS - 999,999,999.99
MEDICAID EXPANSION EFT - 999,999,999.99 CHECKS - 999,999,999.99

TOTAL ACCOUNT OUTSTANDING: (19) EFT - 999,999,999.99 (20) CHECKS - 999,999,999.99

TOTAL PROGRAM SUMMARY: MEDICAID (21) EFT - 999,999,999.99 (22) CHECKS - 999,999,999.99
FAMIS (23) EFT - 999,999,999.99 (24) CHECKS - 999,999,999.99

TOTAL PROGRAM OUTSTANDING: (25) EFT - 999,999,999.99 (26) CHECKS - 999,999,999.99

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account#	BARS Bank Account Number	DE9653	
2	Bank Name	BARS Bank Name	DE9639	
3	Payee ID.	Remittance Payee Identification Number	DE9588	
4	Payee Name	Remittance Payee Name	DE9589	
5	Disb No.	Remittance Check Number	DE9576	
6	Disb Amount	Remittance Check Amount	DE9577	
7	Disb Type	BARS Check Type Code	DE9652	

8	BEN. PROG	Benefit Definition Plan Program Code	DE3551	
9	PROG	Budget Program Code	DE9835	
10	SUB-PROG	Budget Sub-Program Code	DE9838	
11	OBJECT	Budget Object Code	DE9843	
12	FUND	Budget Fund Code	DE9831	
13	DETAIL	Budget Fund Detail Code	DE9833	
14	SHARE AMOUNT	Budget Share Amount	DE9856	
15	Bank Account Number	BARS Bank Account Number	DE9653	Bank Account Number
16	No. of Disb	Calculated	DE0002	Sum of number of disbursements.
17	Total Amount	Calculated	DE0002	Sum of disbursement amounts.
18	Account Summary EFT (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (EFT).
19	Account Summary Checks (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (CHK).
20	CHECK/EFT VOIDS - EFT Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (EFT).
21	CHECK/EFT VOIDS - Check Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (CHK).
22	Total Account Outstanding EFT (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (EFT).
23	Total Account Outstanding Checks (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (CHK).
24	Total Program Summary Medicaid EFT (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (EFT).
25	Total Program Summary Medicaid Checks (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (CHK).
26	Total Program Summary FAMIS (EFT)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (EFT).
27	Total Program Summary FAMIS (Checks)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (Checks).

28	Total Program Summary VOID (EFT)	Calculated	DE0002	Sum of all voided EFT's disbursement amount for all Benefit Plans.
29	Total Program Summary VOID (CHK)	Calculated	DE0002	Sum of all voided checks disbursement amount for all Benefit Plans.
30	Total Program Outstanding EFT (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (EFT).
31	Total Program Outstanding Checks (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (CHK).
32	Bank Name	BARS Bank Name	9639	Bank Name.
33	No. of Disb (Summary of Accounts for bank)	Calculated	DE0002	Sum of number of disbursements (Summary of Accounts for bank).
34	Total Amount (Summary of Accounts for bank)	Calculated	DE0002	Sum of disbursement amounts (Summary of Accounts for bank).
35	Bank Summary EFT (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (EFT).
36	Bank Summary Checks (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (CHK).
37	CHECK/EFT VOIDS - EFT Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (EFT).
38	CHECK/EFT VOIDS - Check Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (CHK).
39	Total Account Outstanding EFT(Summary of Accounts for bank)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (EFT).
40	Total Account Outstanding Checks (Summary of Accounts for bank)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (CHK).
41	Total Bank Summary Medicaid EFT (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (EFT).
42	Total Bank Summary Medicaid Checks (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (CHK).

43	Total Bank Summary FAMIS (EFT)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (EFT).
44	Total Bank Summary FAMIS (Checks)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (Checks).
45	Total Bank Summary VOID (EFT)	Calculated	DE0002	Sum of all voided EFT's disbursement amount for all Benefit Plans.
46	Total Bank Summary VOID (CHK)	Calculated	DE0002	Sum of all voided checks disbursement amount for all Benefit Plans.
47	Total Program Outstanding EFT (Summary of Accounts for bank)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (EFT).
48	Total Program Outstanding Checks (Summary of Accounts for bank)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (CHK).
49	No. of Disb (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of number of disbursements (Grand Summary for all Banks & Accounts).
50	Total Amount (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of disbursement amounts (Grand Summary for all Banks & Accounts).
51	Grand Summary EFT (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (EFT).
52	Grand Summary Checks (Amount)	Calculated	DE0002	Sum of disbursement amount by Benefit Plan Program Code (CHK).
53	CHECK/EFT VOIDS - EFT Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (EFT).
54	CHECK/EFT VOIDS - Check Amount	Calculated	DE0002	Sum of all voided disbursement amount by Benefit Plan Program Code (CHK).
55	Total Account Outstanding EFT (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (EFT).
56	Total Account Outstanding Checks (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan Program Codes (CHK).

	Accounts)			
57	Total Grand Summary Medicaid EFT (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (EFT).
58	Total Grand Summary Medicaid Checks (Amount)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans Medicaid, TDO, and Medicaid Assessments (CHK).
59	Total Grand Summary FAMIS (EFT)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (EFT).
60	Total Grand Summary FAMIS (Checks)	Calculated	DE0002	Sum of disbursement amount for Benefit Plans FAMIS and Medicaid Expansion (Checks).
61	Total Grand Summary VOID (EFT)	Calculated	DE0002	Sum of all voided EFT's disbursement amount for all Benefit Plans.
62	Total Grand Summary VOID (CHK)	Calculated	DE0002	Sum of all voided checks disbursement amount for all Benefit Plans.
63	Total Program Outstanding EFT (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (EFT).
64	Total Program Outstanding Checks (Grand Summary for all Banks & Accounts)	Calculated	DE0002	Sum of disbursement amount for Benefit Plan for Total Program (CHK).

Output Reports FN-O-037 BARS Paid Check Report

General Information

This report lists all valid records from the Paid Check File. Valid records contain all numeric fields.

Subsystem:	Financial
Frequency:	Monthly
Volume:	3000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Reconciliation Process Program (FNM072)
Confidential:	No
Sequence:	Account #, Check #
Control Breaks:	Account #

BARS Paid Check Report (FN-O-037)

2	(Bank Name)	BARS Bank Name	DE9639	
3	(Bank Account Description)	Bank Account Description	DE9648	
4	Check #	Remittance Check Number	DE9576	
5	Date Paid	Paid Check Date	DE9677	
6	Amount	Remittance Check Amount	DE9577	
7	Account Totals - Count	Calculated	DE0002	Total number of Account records read (Medicaid or FAMIS), for the specified Account, from one of the following input files: 1) FN-F-008 file (BARS Paid Check File - Medicaid) 2) FN-F-082 file (BARS Paid Check File - FAMIS)
8	(Account Totals) Amount	Calculated	DE0002	Sum of all Remittance Check Amounts, for the specified Account, read from one of the following input files: 1) FN-F-008 file (BARS Paid Check File - Medicaid) 2) FN-F-082 file (BARS Paid Check File - FAMIS)
9	Bank Totals - Count	Calculated	DE0002	Total number of records read, for all Accounts for the specified Bank, from one of the following input files: 1) FN-F-008 file (BARS Paid Check File - Medicaid) 2) FN-F-082 file (BARS Paid Check File - FAMIS)
10	(Bank Totals) Amount	Calculated	DE0002	Sum of all Remittance Check Amounts, for all Accounts for the specified Bank, read from one of the following input files: 1) FN-F-008 file (BARS Paid Check File - Medicaid) 2) FN-F-082 file (BARS Paid Check File - FAMIS)
11	Medicaid Totals - Count	Calculated	DE0002	Total number of Medicaid records read, for all Accounts for all Banks, from the FN-F-008 file (BARS Paid Check File - Medicaid).
12	(Medicaid Totals) Amount	Calculated	DE0002	Sum of all Medicaid Remittance Check Amounts, for all Accounts for all Banks, read from FN-F-008 file (BARS Paid Check File - Medicaid).
13	FAMIS Totals - Count	Calculated	DE0002	Total number of FAMIS records read, for all Accounts for all Banks, from the

				FN-F-082 file (BARS Paid Check File - FAMIS).
14	(FAMIS Totals) Amount	Calculated	DE0002	Sum of all FAMIS Remittance Check Amounts, for all Accounts for all Banks, read from FN-F-082 file (BARS Paid Check File - FAMIS).
15	Grand Totals - Count	Calculated	DE0002	Total number of Medicaid and FAMIS records read, for all Accounts for all Banks, from the FN-F-008 file (BARS Paid Check File - Medicaid) and the FN-F-082 file (BARS Paid Check File - FAMIS).
16	(Grand Totals) Amount	Calculated	DE0002	Sum of all Medicaid and FAMIS Remittance Check Amounts, for all Accounts for all Banks, read from FN-F-008 file (BARS Paid Check File - Medicaid) and the FN-F-082 file (BARS Paid Check File - FAMIS).

Output Reports FN-O-039 BARS Cash Disbursements Journal Report

General Information

This report lists all checks issued; both those generated automatically and manually.

Subsystem:	Financial
Frequency:	Monthly
Volume:	3000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Reconciliation Process Program (FNM072)
Confidential:	No
Sequence:	Account #, Check Number
Control Breaks:	Account #

BARS Cash Disbursements Journal Report (FN-O-039)

	Description)	tion		
4	Check Type	BARS Check Type Code	DE9652	Type of check (manual, re-issue, voided, regular, cancelled EFT).
5	(EFT flag)	Disbursement Type Code	DE9663	If the check is an Electronic Funds Transfer, you will see "EFT-->" to the left of the Check Number, otherwise spaces will display.
6	Check Number	Remittance Check Number	DE9576	
7	Check Date	Remittance Payment Date Reissued Check Date	DE9578 DE9995	If Check Type Code = 'R' then display Reissued Check Date otherwise display Remittance Payment Date
8	Payee Name	Remittance Payee Name	DE9589	
9	Payee ID	Remittance Payee Identification Number	DE9588	
10	Payment Amount	Remittance Check Amount	DE9577	
11	Acct Totals Count	Calculated	DE0002	Total number of disbursement checks reported for the specified Account.
12	Acct Totals Amount	Calculated	DE0002	Total amount of disbursement checks reported for the specified Account.
13	Bank Totals Count	Calculated	DE0002	Total number of disbursement checks reported for the specified Bank.
14	Bank Totals Amount	Calculated	DE0002	Total amount of disbursement checks reported for the specified Bank.
15	Reissue Totals Count	Calculated	DE0002	Total number of Reissue Checks reported for the processing month.
16	Reissue Totals Amount	Calculated	DE0002	Total amount of Reissue Checks reported for the processing month.
17	Check Totals Counts	Calculated	DE0002	Total number of Paper Checks reported for the processing month.
18	Check Totals Amount	Calculated	DE0002	Total amount of Paper Checks reported for the processing month.
19	EFT Totals Count	Calculated	DE0002	Total number of EFTs reported for the processing month.
20	EFT Totals Amount	Calculated	DE0002	Total amount of EFTs reported for the processing month.
21	Reject Totals Count	Calculated	DE0002	Total number of Rejected Checks reported for the processing month.
22	Reject Totals Amount	Calculated	DE0002	Total amount of Rejected Checks reported for the processing month.

23	Manual Totals Count	Calculated	DE0002	Total number of Manual Checks reported for the processing month.
24	Manual Totals Amount	Calculated	DE0002	Total amount of Manual Checks reported for the processing month.
25	Grand Totals Count	Calculated	DE0002	Total number of disbursement checks issued for the processing month.
26	Grand Totals Amount	Calculated	DE0002	Total amount of disbursement checks issued for the processing month.

Output Reports FN-O-040 BARS Voids and Replacements Journal Report

General Information

This report lists all checks voided or reissued in the MMIS for the reporting month.

Subsystem:	Financial
Frequency:	Monthly
Volume:	300
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Reconciliation Process Program (FNM072)
Confidential:	No
Sequence:	Account #, Void Check No.
Control Breaks:	Account #

BARS Voids and Replacements Journal Report (FN-O-040)

FNM072 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: FN-0-040
AS OF: MM/DD/CCYY VOIDS AND REPLACEMENTS JOURNAL REPORT PAGE: 999,999
RUN DATE: MM/DD/CCYY HH:MM

(4)	(1)	(2)	(3)	(6)	(7)	(8)	(9)
VOIDED CHECK NO.	ACCOUNT:			ISSUE DATE OF VOID	PAYEE ID	PAYEE NAME	PAYMENT
9999999999999999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
9999999999999999				99/99/9999	9999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99

BARS Voids and Replacements Journal Report (FN-O-040)

FNM072 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: FN-0-040
AS OF: MM/DD/CCYY VOIDS AND REPLACEMENTS JOURNAL REPORT PAGE: 999,999
RUN DATE: MM/DD/CCYY HH:MM

ACCOUNT TOTALS

	(14)	(15)
TOTAL VOIDED CHECKS	99,999,999	AMOUNT \$999,999,999,999.99

BARS Voids and Replacements Journal Report (FN-O-040)

FNM072 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: FN-0-040
AS OF: MM/DD/CCYY VOIDS AND REPLACEMENTS JOURNAL REPORT PAGE: 999,999
RUN DATE: MM/DD/CCYY HH:MM

BANK TOTALS

	(20)	(21)
TOTAL VOIDED CHECKS	99,999,999	AMOUNT \$999,999,999,999.99

BARS Voids and Replacements Journal Report (FN-O-040)

FNMO72
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 VOIDS AND REPLACEMENTS JOURNAL REPORT

REPORT NO: FN-O-040
 PAGE: 999,999

GRAND TOTALS

TOTAL VOIDED CHECKS (26) 99,999,999 AMOUNT (27) \$999,999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account	BARS Bank Account Number	DE9653	
2	(Bank Name)	BARS Bank Name	DE9639	
3	(Bank Account Description)	Bank Account Description	DE9648	
4	Voided Check No.	Remittance Check Number	DE9576	The number appearing on the check that was voided.
6	Issue Date of Void	Financial Transaction Date	DE9825	Date that check was voided.
7	Payee ID	Remittance Payee Identification Number	DE9588	Payee Identification Number corresponding to Payee Name on Voided Check.
8	Payee Name	Remittance Payee Name	DE9589	Payee Name on voided check.
9	Payment	Remittance Check Amount	DE9577	Total voided check dollar amount.
14	(Acct Totals) Total Voided Checks	Calculated	DE0002	Total number of voided checks for the specified Account, regardless if checks were reissued or not.
15	(Acct Totals) Total Voided Checks Amount	Calculated	DE0002	Total dollar amount of voided checks for the specified Account, regardless if checks were reissued or not.
20	(Bank Totals) Total Voided Checks	Calculated	DE0002	Total number of all voided checks for all Accounts within the specified Bank, regardless if checks were reissued or not.
21	(Bank Totals) Total Voided Checks Amount	Calculated	DE0002	Total dollar amount of all voided checks for all Accounts within the specified Bank, regardless if checks were reissued or not.
26	(Grand Totals) Total Voided Checks	Calculated	DE0002	Total number of all voided checks for all Accounts/all Banks, regardless if checks were reissued or not.

27	(Grand Totals) Total Voided Checks Amount	Calculated	DE0002	Total dollar amount of all voided checks for all Accounts/all Banks, regardless if checks were reissued or not.
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Output Reports FN-O-041 Check Register and Check Supplement Audit Trail Report

General Information

This report will list all before and after images of changes to records in the files following the weekly and monthly processing.

Subsystem:	Financial
Frequency:	WEEKLY
Volume:	VARIABLE
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 DAYS
Distribution:	DMAS
Program:	Check Register/Supplement Audit Trail (FN-O-041) (VMPFDL02)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Check Register and Check Supplement Audit Trail Report (FN-O-041)

VMPFDL02
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CHECK REGISTER/SUPPLEMENT AUDIT TRAIL

PAGE

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : X
CONNECTION Id : XXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXX (5) PLAN NAME : X
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12) New -> 1	AAAAA	AAAAA	100000000
(12.1) Old -> 1	AAAAA	AAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2)		DE0000	

	Table)			
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-042 Weekly number of RAs by REMIT INDICATOR

General Information

Weekly number of RAs by REMIT INDICATOR

Subsystem:	Financial
Frequency:	WEEKLY
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Weekly number of RA's by REMIT INDICATOR (FN-O-042)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
	N/A			

Output Reports FN-O-043 BARS Error Report

General Information

This report lists all errors found on the Bank Paid File.

Subsystem:	Financial
Frequency:	Monthly
Volume:	50
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Reconciliation Process Program (FNM072)
Confidential:	No
Sequence:	Account #
Control Breaks:	Account #

BARS Error Report (FN-O-043)

FNMO72
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BARS ERROR REPORT

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	ERROR	
ACCOUNT:	999999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHECK NUMBER	DATE ISSUED	CHECK AMOUNT	PAYEE ID	PAYEE NAME	CHECK TYPE	
			9999999999	99/99/9999	\$999,999,999.99	1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X	XXXXXXXXXXXX
			9999999999	99/99/9999	\$999,999,999.99	1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X	XXXXXXXXXXXX
			9999999999	99/99/9999	\$999,999,999.99	1234567890	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		X	XXXXXXXXXXXX
ACCOUNT:	999999999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX								
ACCOUNT TOTALS										
TOTAL ERROR A	(NO MATCH FOR BANK PAID CHECK)		(11)	99,999	AMOUNT	(12)				
TOTAL ERROR B	(DUPLICATE BANK PAID CHECK)		(13)	99,999	AMOUNT	(14)				
TOTAL ERROR C	(BANK AMOUNT DIFFERS FROM CHECK AMOUNT)		(15)	99,999	AMOUNT	(16)				
TOTAL ERROR D	(VOIDED CHECK WAS PAID BY THE BANK)		(17)	99,999	AMOUNT	(18)				
TOTAL ERRORS			(19)	99,999	AMOUNT	(20)				\$99
GRAND TOTALS										
TOTAL ERROR A	(NO MATCH FOR BANK PAID CHECK)		(21)	99,999	AMOUNT	(22)				
TOTAL ERROR B	(DUPLICATE BANK PAID CHECK)		(23)	99,999	AMOUNT	(24)				
TOTAL ERROR C	(BANK AMOUNT DIFFERS FROM CHECK AMOUNT)		(25)	99,999	AMOUNT	(26)				
TOTAL ERROR D	(VOIDED CHECK WAS PAID BY THE BANK)		(27)	99,999	AMOUNT	(28)				
TOTAL ERRORS			(29)	99,999	AMOUNT	(30)				\$99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account	BARS Bank Account Number	DE9653	
2	(Bank Name)	BARS Bank Name	DE9639	
3	(Bank Account Description)	Bank Account Description	DE9648	
4	Check Number	Remittance Check Number	DE9576	
5	Date Paid	Remittance Payment Date	DE9578	
6	Check Amount	Remittance Check Amount	DE9577	
7	Payee ID	Remittance Payee Identification Number	DE9588	
8	Payee Name	Remittance Payee Name	DE9589	
9	Check Type	BARS Check Type Code	DE9652	

10	Error Description		DE0000	
11	(Acct Totals) Total Error A	Calculated	DE0002	Total number of checks encountering Error A (No Match for Bank Paid Check) for the specified account.
12	(Acct Totals) Total Error A Amount	Calculated	DE0002	Total dollar amount of checks encountering Error A (No Match for Bank Paid Check) for the specified account.
13	(Acct Totals) Total Error B	Calculated	DE0002	Total number of checks encountering Error B (Duplicate Bank Paid Check) for the specified account.
14	(Acct Totals) Total Error B Amount	Calculated	DE0002	Total dollar amount of checks encountering Error B (Duplicate Bank Paid Check) for the specified account.
15	(Acct Totals) Total Error C	Calculated	DE0002	Total number of checks encountering Error C (Bank Amount Differs from Check Amount) for the specified account.
16	(Acct Totals) Total Error C Amount	Calculated	DE0002	Total dollar amount of checks encountering Error C (Bank Amount Differs from Check Amount) for the specified account.
17	(Acct Totals) Total Error D	Calculated	DE0002	Total number of checks encountering Error D (Voided Check was Paid by the Bank) for the specified account.
18	(Acct Totals) Total Error D Amount	Calculated	DE0002	Total dollar amount of checks encountering Error D (Voided Check was Paid by the Bank) for the specified account.
19	(Acct Totals) Total Errors	Calculated	DE0002	Total number of checks with all Errors for the specified account.
20	(Acct Totals) Total Errors Amount	Calculated	DE0002	Total dollar amount of checks with all Errors for the specified account.
21	(Grand Totals) Total Error A	Calculated	DE0002	Total number of all checks encountering Error A (No Match For Bank Paid Check) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
22	(Grand Totals) Total Error A Amount	Calculated	DE0002	Total dollar amount of all checks encountering Error A (No Match For Bank Paid Check) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File -

				Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
23	(Grand Totals) Total Error B	Calculated	DE0002	Total number of all checks encountering Error B (Duplicate Bank Paid Check) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
24	(Grand Totals) Total Error B Amount	Calculated	DE0002	Total dollar amount of all checks encountering Error C (Bank Amount Differs From Check Amount) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
25	(Grand Totals) Total Error C	Calculated	DE0002	Total number of all checks encountering Error C (Bank Amount Differs From Check Amount) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
26	(Grand Totals) Total Error C Amount	Calculated	DE0002	Total dollar amount of all checks encountering Error C (Bank Amount Differs From Check Amount) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
27	(Grand Totals) Total Error D	Calculated	DE0002	Total number of all checks encountering Error D (Voided Check was Paid by the Bank) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
28	(Grand Totals) Total Error D Amount	Calculated	DE0002	Total dollar amount of all checks encountering Error D (Voided Check was Paid by the Bank) for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).

29	(Grand Totals) Total Errors	Calculated	DE0002	Total number of all checks encountering all Errors, for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).
30	(Grand Totals) Total Errors Amount	Calculated	DE0002	Total dollar amount of all checks encountering all Errors for all accounts/all banks. Errors were encountered when processing BARS Paid Check File - Medicaid (FN-F-008) and BARS Paid Check File - FAMIS (FN-F-082).

Output Reports FN-O-044 BARS Reconciliation Process Summary Report

General Information

This report is a summary of all reconciliation activity for the reporting period.

Subsystem:	Financial
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Reconciliation Process Program (FNM072)
Confidential:	No
Sequence:	Account #
Control Breaks:	Account #

BARS Reconciliation Process Summary Report (FN-O-044)

FNMO72
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
RECONCILIATION PROCESS SUMMARY REPORT

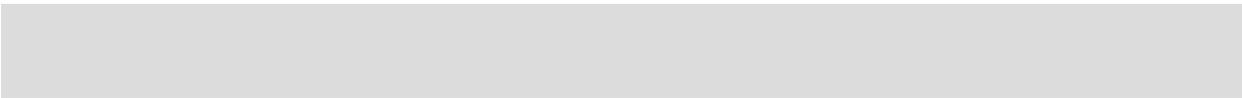
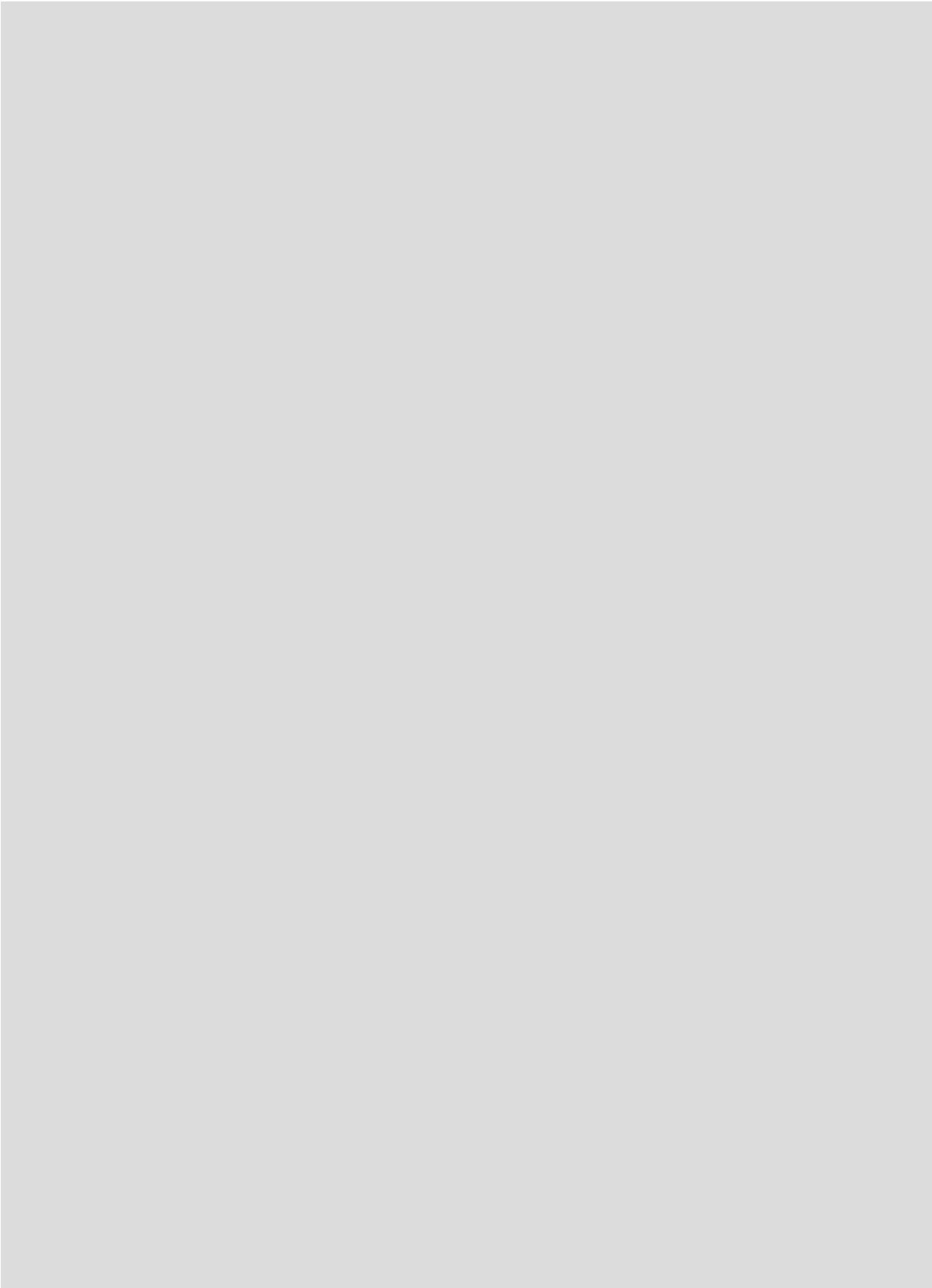
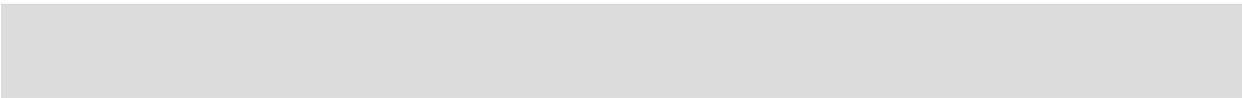
1. PAID CHECK FILE-MEDICAID:				
A. TOTAL RECORDS READ	(1)	999,999	AMOUNT (2)	999,999,9
B. RECORDS RECONCILED (PAID BY BANK)	(3)	999,999	AMOUNT (4)	999,999,9
2. PAID CHECK FILE-FAMIS:				
A. TOTAL RECORDS READ	(5)	999,999	AMOUNT (6)	999,999,9
B. RECORDS RECONCILED (PAID BY BANK)	(7)	999,999	AMOUNT (8)	999,999,9
3. CHECK DISBURSEMENT TABLE:				
A. TOTAL RECORDS RECONCILED	(9)	999,999	AMOUNT (10)	999,999,9
4. SUM OF RECORDS IN ERROR	(11)	999,999	AMOUNT (12)	999,999,9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Records Read (Paid Check File-Medicaid)	Calculated	DE0002	Total number of records read for the monthly processing period that were on the BARS Paid Check File - Medicaid (FN-F-008). This should reflect Summary Totals for report FN-O-037.
2	(Total Medicaid Records Read) Amount	Calculated	DE0002	Total dollar amount for all records read from the BARS Paid Check File - Medicaid (FN-F-008) for the monthly processing period. This should reflect Summary Totals for report FN-O-037.
3	Records Reconciled (Paid Check File-Medicaid)	Calculated	DE0002	Total number of records reconciled for the monthly processing period that were on the BARS Paid Check File - Medicaid (FN-F-008). This should reflect Summary Totals for report FN-O-037.
4	(Medicaid Records Reconciled) Amount	Calculated	DE0002	Total dollar amount for all records reconciled from the BARS Paid Check File - Medicaid (FN-F-008) for the monthly processing period. This should reflect Summary Totals for report FN-O-037.
5	Total Records	Calculated	DE0002	Total number of records read for the

	Read (FAMIS Paid Check File)			monthly processing period that were on the BARS Paid Check File - FAMIS (FN-F-082). This should reflect Summary Totals for report FN-O-037.
6	(Total FAMIS Records Read) Amount	Calculated	DE0002	Total dollar amount for all records read from the BARS Paid Check File - FAMIS (FN-F-082) for the monthly processing period. This should reflect Summary Totals for report FN-O-037.
7	Records Reconciled (FAMIS Paid Check File)	Calculated	DE0002	Total number of records reconciled for the monthly processing period that were on the BARS Paid Check File - FAMIS (FN-F-082). This should reflect Summary Totals for report FN-O-037.
8	(FAMIS Records Reconciled) Amount	Calculated	DE0002	Total dollar amount for all records reconciled from the BARS Paid Check File - FAMIS (FN-F-082) for the monthly processing period. This should reflect Summary Totals for report FN-O-037.
9	Total Records Reconciled (Disbursement Table)	Calculated	DE0002	Total number of records, from both the BARS Paid Check Files (Medicaid/FN-F-008 and FAMIS/FN-F-082), that successfully updated the Disbursement Table (FN_DISBMNT). This should reflect Summary Totals for report FN-O-037.
10	(Check Disbursement Table) Amount	Calculated	DE0002	Total dollar amount of records, from both the BARS Paid Check Files (Medicaid/FN-F-008 and FAMIS/FN-F-082), that successfully updated the Disbursement Table (FN_DISBMNT). This should reflect Summary Totals for report FN-O-037.
11	Sum of Records in Error	Calculated	DE0002	Total number of records in error, from both the BARS Paid Check Files (Medicaid/FN-F-008 and FAMIS/FN-F-082), for the processing period. This should reflect Summary Totals for report FN-O-043.
12	(Sum of Records in Error) Amount	Calculated	DE0002	Total dollar amount of records in error, from both the BARS Paid Check Files (Medicaid/FN-F-008 and FAMIS/FN-F-082), for the processing period. This should reflect Summary Totals for report FN-O-043.



Output Reports FN-O-046 BARS Outstanding Checks Over 90 Days Report

General Information

This report lists outstanding checks that have not been cashed for a period of 91 - 120 days after issued. These checks will be listed again on the Outstanding Checks Over 120 Days Report and/or the Outstanding Checks 6 Month Report (FN-O-034) if still outstanding at that point.

Subsystem:	Financial
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Outstanding Check Reports/Letters Program (FNM074)
Confidential:	No
Sequence:	Account #, Issue Date, Check Number
Control Breaks:	Account #

BARS Outstanding Checks Over 90 Days Report (FN-O-046)

BARS Outstanding Checks Over 90 Days Report (FN-O-046)

FNMO74
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECKS OVER 90 DAYS REPORT

(2)
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BANK TOTAL	(18)	99,999,999
BANK AMOUNT	(19)	\$999,999,999.99

BARS Outstanding Checks Over 90 Days Report (FN-O-046)

FNMO74
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 OUTSTANDING CHECKS OVER 90 DAYS REPORT

SUMMARY OUTSTANDING CHECKS TO BE CANCELLED

	(20)	(21)
TOTAL NUMBER OF CHECKS		TOTAL AMOUNT OF CHECKS
99,999,999		\$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account #	BARS Bank Account Number	DE9653	
2	(Bank Name)	BARS Bank Name	DE9639	
3	(Account Description)	Bank Account Description	DE9648	
4	Date Issued	Remittance Payment Date	DE9578	
5	Check Number	Remittance Check Number	DE9576	
6	Check Amount	Remittance Check Amount	DE9577	
7	Payee Id	Remittance Payee Id	DE9588	

		tification Number		
8	Payee Name	Remittance Payee Name	DE9589	
9	Ben. Prog	Benefit Definition Plan Program Code	DE3551	
10	Prog	Budget Program Code	DE9835	
11	Sub-Prog	Budget Sub-Program Code	DE9838	
12	Object	Budget Object Code	DE9843	
13	Fund	Budget Fund Code	DE9831	
14	Detail	Budget Fund Detail Code	DE9833	
15	Share Amount	Budget Share Amount	DE9856	
16	Account Total	Calculated	DE0002	Total number of outstanding checks over 90 days, for the specified Account Number.
17	Account Amount	Calculated	DE0002	Total dollar amount of outstanding checks over 90 days, for the specified Account Number.
18	Bank Total	Calculated	DE0002	Total number of outstanding checks over 90 days, for all Accounts within the specified Bank.
19	Bank Amount	Calculated	DE0002	Total dollar amount of outstanding checks over 90 days, for all Accounts within a specified Bank.
20	Total Number of Checks	Calculated	DE0002	Total number of outstanding checks over 90 days, for all Accounts within all Banks.
21	Total Amount of Checks	Calculated	DE0002	Total number of outstanding checks over 90 days, for all Accounts within all Banks.

Output Reports FN-O-047 BARS Outstanding Checks Over 120 Days Report

General Information

This report lists outstanding checks that have not been cashed for a period of 121 - 180 days after issued. These checks will be listed again on the Outstanding Checks 6 Month Report if still outstanding at that point.

Subsystem:	Financial
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	BARS Outstanding Check Reports/Letters Program (FNM074)
Confidential:	No
Sequence:	Account #, Issue Date, Check Number
Control Breaks:	Account #

BARS Outstanding Checks Over 120 Days Report (FN-O-047)

BARS Outstanding Checks Over 120 Days Report (FN-O-047)

FNMO74
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
OUTSTANDING CHECKS OVER 120 DAYS REPORT

(2)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

BANK TOTAL	(11)	99,999,999
BANK AMOUNT	(12)	\$999,999,999.99

BARS Outstanding Checks Over 120 Days Report (FN-O-047)

FNMO74
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
OUTSTANDING CHECKS OVER 120 DAYS REPORT

SUMMARY OUTSTANDING CHECKS TO BE CANCELLED

(13)	(14)
TOTAL NUMBER OF CHECKS	TOTAL AMOUNT OF CHECKS
99,999,999	\$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Account#	BARS Bank Account Number	DE9653	
2	(Bank Name)	BARS Bank Name	DE9639	
3	(Account Description)	Bank Account Description	DE9648	
4	Date Issued	Remittance Payment Date	DE9578	
5	Check Number	Remittance Check Number	DE9576	
6	Check Amount	Remittance Check Amount	DE9577	
7	Payee ID	Remittance Payee Ident	DE9588	

		tification Number		
8	Payee Name	Remittance Payee Name	DE9589	
9	Account Total	Calculated	DE0002	Total number of outstanding checks for over 5 months, for the specified Account Number.
10	Account Amount	Calculated	DE0002	Total dollar amount of outstanding checks for over 5 months, for the specified Account Number.
11	Bank Total	Calculated	DE0002	Total number of outstanding checks for over 5 months, for all Accounts within the specified Bank.
12	Bank Amount	Calculated	DE0002	Total dollar amount of outstanding checks for over 5 months, for all Accounts within the specified Bank.
13	Total Number of Checks	Calculated	DE0002	Total number of outstanding checks for over 5 months, for the all Accounts within all Banks.
14	Total Amount of Checks	Calculated	DE0002	Total dollar amount of all outstanding checks for over 5 months, for all Accounts within all Banks.

Output Reports FN-O-048 BARS 90 Day Outstanding Check Letter

General Information

This letter is sent to the provider for any check that has been outstanding for 90 days or more. This letter is sent only once.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Payee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BARS 90 Day Outstanding Check Letter (FN-O-048)

August 9, 1998

PAYEE NAME (1)
PAYEE STREET ADDRESS (2)
PAYEE STREET ADDRESS (3)
PAYEE CITY (4), STATE (5), ZIP (6)

(7)
Dear XXXXXXXXXXXXXXXXXXXXXXXX:

Our records indicate that check number (8) 99999999 which was issued to you on (9) MM/DD/CCYY for (10) \$99,999,999.99 has not been cashed. Please indicate below the status of this check and return this form to:

XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXX, XX 99999-9999

____ Check was cashed on ___/___/___
Bank Name: _____
Bank Addr: _____

____ Check was never received. Please send the appropriate forms to request the check to be reissued.

____ Check was returned on ___/___/___

____ Check was endorsed to the following party:

on ___/___/___.

(Payee Signature)

(Date)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee Name	Remittance Payee Name	DE9589	
2	Payee Address Line 1	Remittance Payee Address Line	DE9590	

3	Payee Address Line 2	Remittance Payee Address Line	DE9590	
4	Payee City	Remittance Payee City	DE9592	
5	Payee State	Remittance Payee State	DE9593	
6	Payee Zip Code	Remittance Payee Zip Code	DE9594	
7	Dear	Remittance Payee Name	DE9589	
8	Check Number	Remittance Check Number	DE9576	
9	Remit Payment Date	Remittance Payment Date	DE9578	
10	Remit Check Amount	Remittance Check Amount	DE9577	

Output Reports FN-O-049 BARS 120 Day Outstanding Check Letter

General Information

These letters are sent to providers for checks that are outstanding for 120 days or more. This letter is sent only once.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Payee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BARS 120 Day Outstanding Check Letter (FN-O-049)

August 9, 1998

PAYEE NAME (1)
PAYEE STREET ADDRESS (2)
PAYEE STREET ADDRESS (3)
PAYEE CITY (4), STATE (5), ZIP (6)

(7)
Dear XXXXXXXXXXXXXXXXXXXXXXXX:

Our records indicate that check number (8) 99999999 which was issued to you on (9) MM/DD/CCYY for (10) \$99,999,999.99 has not been cashed. Please indicate below the status of this check and return this form to:

XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXX, XX 99999

____ Check was cashed on ___/___/___
Bank Name: _____
Bank Addr: _____

____ Check was never received. Please send the appropriate forms to request the check to be reissued.

____ Check was returned on ___/___/___

____ Check was endorsed to the following party:

on ___/___/___.

(Payee Signature)

(Date)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee Name	Remittance Payee Name	DE9589	
2	Payee Address Line 1	Remittance Payee Address Line	DE9590	

3	Payee Address Line 2	Remittance Payee Additional Address Line	DE9591	
4	Payee Address City	Remittance Payee City	DE9592	
5	Payee Address State	Remittance Payee State	DE9593	
6	Payee Address Zip Code	Remittance Payee Zip Code	DE9594	
7	Dear	Remittance Payee Name	DE9589	
8	Check Number	Remittance Check Number	DE9576	
9	Remit Payment Date	Remittance Payment Date	DE9578	
10	Remit Check Amount	Remittance Check Amount	DE9577	

Output Reports FN-O-052 Provider Payment Analysis Report

General Information

This report displays an analysis of payments to providers for the current remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Provider Payment Analysis Report Program (FNW047)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Provider Payment Analysis Report (FN-O-052)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Number	Remittance Payee Identification Number	DE9588	
2	Claims Pended	Calculated	DE0002	
3	Financial Trans Amount	Calculated	DE0002	
4	Claims Paid	Calculated	DE0002	
5	Paid Claim Amount	Calculated	DE0002	
6	Negative Balance Applied Amount	Calculated	DE0002	
7	Lien Amount Applied	Calculated	DE0002	
8	Check Amount	Calculated	DE0002	
9	Total Number Of Providers	Calculated	DE0002	
10	Total Number of Claims Pended	Calculated	DE0002	
11	Total Amount Of Financial Trans	Calculated	DE0002	
12	Total Number Of Claims Paid	Calculated	DE0002	
13	Total Amount Of Claims Paid	Calculated	DE0002	
14	Total Amount Of Neg Balance	Calculated	DE0002	
15	Total Amount Of Lien	Calculated	DE0002	
16	Total Amount Of Check	Calculated	DE0002	

Output Reports FN-O-053 Facility Medical Remittance Advice

General Information

The remittance is generated for all facility providers. It details the adjudication of all payment request types and the amount of payment to be received for services rendered.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	Payee
Program:	Remittance Advice Generation Process Program (FNW044)
Confidential:	No
Sequence:	<ol style="list-style-type: none">1. Bank Type2. Bank Account Number3. Pay Record Type4. Payee Id Number5. Benefit Program Code6. Servicing Provider7. Type8. Claim Type9. Bill Type (First 2 positions only)10. Payment Status11. Enrollee Name12. Claim Reference13. Payment Disposition
Control Breaks:	<ol style="list-style-type: none">1. Paid-To-Provider2. Servicing Provider3. Program4. Claim Type5. Claim Status

Facility Medical Remittance Advice (FN-O-053)

PROGRAM: FNW044 (1) DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT: FN-O-053
 PAYEE ID: 000000000 (2) XEROX State HEALTHCARE LLC - FISCAL AGENT (2) REMIT DATE: 02/15/2013
 PROVIDER NAME (3) P.O. BOX 26228 PAGE 2
 PROVIDER NAME (5) RICHMOND, VIRGINIA 23260-6228 (5) RA NUMBER: 0010620847
 ADDRESS (4)
 RICHMOND, VA 23285-5079
 (6) (7) (8)

		(11)		(12)		(9)		(10)		
SERVICING PROVIDER :		000000000		CLAIMS STATUS DENIED		BENEFIT PROGRAM CODE : 01		MEDICAID		
HOSPITAL OUTPATIENT		(13)		*****		*****		*****		
PATIENT NAME	PATIENT ID NO	PT CNTL NUMBER	ICN NUMBER	DRG/OPRN PMT	PRIM CAR PYMT	TRANSFER AMT				
ADMIT DATE	PA NUMBER	FROM/THRU DATE	PRIN DIAG	DRG ASSIGNED	COINSURANCE	TOTAL CHGS				
FINANCIAL RSN CODE	BILL TYPE	PMT ELIG	RED	DRG WEIGHT	DEDUCTIBLE	NCOV CHGS				
OTHER DIAGS-1				PRIN PROC	OUTLIER PYMT	CO PAY	PT PAY			
OTHER PROCS					TENT CONTR ADJ	COVD BY PGM	NET TENT REIM			
OTHER DIAGS-2										
OTHER DIAGS-3										
LINE ITEM CONTROL NUMBER	EOB CLAIM CODES*****									
(14)	(15)	(16)	(17)	(18)	(19)	(20)				
PUBLIC JOHN	000000000000	S1207670272 (23)	(24)	2012110300044101	75,212.00	0.00	0.00	(27)	(28)	145.00
03/16/2012 (21)	999999 (22)	03/16/2012	03/16/2012	72610 (25)	483 (26)	0.00	0.00	(36)	(37)	0.00
3669 (29)	(30) 131	0000 (31)	0000 (32)	0000 (33)	0.0000 (34)	(35)	0.00 (40)	(36)	0.00 (41)	(42) 0.00
7262 8407 (38)					0.00 (39)		0.00 (40)		0.00 (41)	(42) 0.00
XXXX (43)							15,145.00 (44)		0.00 (45)	(46) 0.00
XXXXXXXX (47)	XXXX XXXX XXXX (48)									
(49)	DUPLICATE/CONFLICTING ICN - 2003245300923001		RA# 002978176		PAYEMNT DATE - 09/19/04					
(52)	(53)	(54)	(55)	(56)	(57)	(58)				
TPL: 150448266A/MEDICARE/P O BOX 12201 00000 ROANOKE VA 24023-2201										
(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)
LINE#	PROCEDURE / MODS	REV	UNITS	REV-BILLED-AMT	NON-COV-AMT	REV-ALLWED-AMT	CTBK-UNTS	CUTBACK-AMT	CONT	ADJ AMT
1	9999999/99 99 99 XXXX	0002		1,388.00	0.00	0.00	0	0.00		0.00
	EAPG: AAA	EAPG WGT: 000.000000		SERVICE DATE: 01/25/2012						
2	9999999/99 99 99 XXXX	0002		1,388.00	0.00	0.00	0	0.00		0.00

Facility Medical Remittance Advice (FN-O-053)

TOTAL (73)	2	(74)	(75)	(76)	(77)	0.00	(78)	0.00	(79)	15,145.00
		50	50	0	(80)	0.00	(81)	0.00	(82)	0.00
					(83)	0.00	(84)	15,145.00	(85)	0.00
					(86)	0.00				

CLAIM TRANSACTION :		FINANCIAL TRANSACTION :						
ORIGINALS	CLAIMS LINES	AMOUNT	PRIOR BALANCE	CYCLE INCREASE	CYCLE DECREASE	NET CYCLE	CURRENT BALANCE	
APPROVED	0	0.00						
PENDED	0	0.00	NEG BALANCE	0.00	0.00	0.00	0.00	
DENIED	1	0.00						
ADJUSTMENTS			VOID CHECKS					
DEBITS	0	0.00	VOID	0.00	0.00	0.00	0.00	
CREDITS	0	0.00						
CAPITATION PYMTS	0	0.00						
CASE MANAGEMENT	0	0.00	ADD-PAYS (87)	0.00	(88) 0.00	(89) 0.00	(90) 0.00	
							(91) 0.00	

NET CLAIMS TOTAL: (92) 1 (93) 0.00
 NET CLAIMS (+) 0.00 (94)
 ADD-PAYS (+) 0.00 (95)
 *NEGATIVE BALANCE (-) 0.00 (96)
 PROGRAM TOTAL: (97) 0.00 *NEGATIVE BALANCE IS THE AMOUNT DECREASED DURING THE REMIT CYCLE

EOB CODE	EOB DESCRIPTION (99)	(100)	ADJ/RSN	REMARKS/NCPDP/STATUS
0003 (98)	INVALID BILLING PROVIDER NUMBER		16	N77
0004	Invalid or Missing Enrollee ID		31	MA61

ADJ REASON (101) DESCRIPTION (102)
 B7 PROVIDER NOT CERTIFIED/ELIGIBLE FOR THIS SERVICE ON DATE OF SERVICE.

Facility Medical Remittance Advice (FN-O-053)

REMARKS/NCPDP/STATUS DESCRIPTION (104)
 N290 (103) MISSING/INCOMPLETE/INVALID RENDERING PROVIDER PRIMARY IDENTIFIER

 (105) REMITTANCE SUMMARY PROGRAM TOTALS
 MEDICAID \$0.00
 REMITTANCE TOTAL: \$0.00 (106) YEAR-TO-DATE TOTAL PAID (1099) \$0.00 (109)
 LIENS 0.00 (107)
 PROVIDER TOTAL \$0.00 (108)
 CHECK NUMBER (110) 000335070 WAS ISSUED FOR (111) \$197.95 WITH THIS REMITTANCE
 PRIOR LIEN BALANCE (112) 999.99 LIEN CYCLE DECREASE (113) 99.99 LIEN CURRENT BALANCE (114) 999.99
 EFT TRACE NUMBER 0550686 (115) WAS ISSUED FOR (116) \$1,367.44 WITH THIS REMITTANCE

THIS REMITTANCE SCHEDULE WILL BE DEEMED CORRECT,
 IF ERRORS ARE NOT REPORTED WITHIN 20 DAYS TO:
 DEPT OF MEDICAL ASSISTANCE SERVICES
 600 EAST BROAD ST. SUITE 1300
 RICHMOND VA 23219
 ATTN CUSTOMER SERVICES UNIT - RA

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee ID	Remittance Payee Identification Number	DE9588	Claims Billing Provider Identification Number
2	Remit Date	Remittance Payment Date	DE9578	Generated based on remittance cycle.
3	Payee Name	Remittance Payee Name	DE9589	
4	Payee Address	Remittance Payee Address Line	DE9590	
5	RA Number	Remittance Advice Number	DE9580	System generated and incremented by one.
6	Payee City	Remittance Payee City	DE9592	
7	Payee State	Remittance Payee State	DE9593	
8	Payee Zip Code	Remittance Payee Zip Code	DE9594	
9	Benefit Program Code	Benefit Definition Plan Program	DE3551	

		Code		
10	Benefit Program Description	Enrollee Benefit Plan Exception Code Description	DE3076	
11	Servicing Provider	National Provider Identifier	DE4700	
12	Claims Status	Claim Status	DE2039	
13	Claim Type	Claim Type	DE2002	
14	Patient Name	Enrollee Full Name	DE3003	
15	Patient ID Number	Enrollee Identification Number	DE3001	
16	Pt Cntl Number	Claim Patient Account Number	DE2031	
17	ICN Number	Claim Request ICN	DE2001	
18	Drg Pymt	DRG Payment Amount	DE2547	
19	Prim Car Pymt	Claim Third Party Payment	DE2018	If pended, claim amount set to zero.
20	Transfer Amount	Claim DRG Per Diem Amount	DE2594	Transfer amount equals DRG Per Diem when DRG Payment Type = 'T'. If pended, claim amount set to zero.
21	Admit Date	Claim Admission Date	DE2105	
22	PA Number	Prior Authorization Control Number	DE2024	
23	From Date	Claim Service From Date	DE2010	
24	Thru Date	Claim Service Thru Date	DE2011	
25	Prin Diag	Diagnosis Code	DE5301	
26	DRG Assigned	DRG (Diagnosis Related Group) Code	DE5353	
27	Coinsurance	Claim Calculated Co-Insurance	DE2545	
28	Total Chgs	Claim Billed Charge	DE2016	
29	Financial Rsn Code	Adjustment/Void Reason	DE2033	
30	Bill Type	Claim Facility Bill Type	DE2102	
31	Cov	Claim Covered Days	DE2108	
32	ELIG	Claim Non-Covered Days	DE2109	

33	Red	Claim Reduced Payment Days	DE2358	
34	Drg Weight	DRG Relative Weight	DE5354	
35	Capital Pymt	Provider Rate	DE4255	
36	Deductible	Claim Title XVIII Deductible Amount	DE2251	If pended, claim amount set to zero.
37	Ncov Chgs	Claim Non-Covered Amount	DE2139	If pended, claim amount set to zero.
38	Other Diags	Diagnosis Code	DE5301	
39	Prin Proc	Procedure Code	DE5002	
40	Outlier Pymt	MARS DRG Outlier Payment Amount	DE6827	If pended, claim amount set to zero.
41	Co-Pay	Claim Medicaid Co-Payment	DE2022	If pended, claim amount set to zero.
42	Pt Pay	Claim Patient Pay Amount	DE2083	If pended, claim amount set to zero.
43	Other Procs	Procedure Code	DE5002	
44	Tent Contr Adj	Calculated	DE0002	Total Charges minus Net Tent Reimb If pended, claim amount is set to zero
45	Cov'd by Program	Claim Allowed Amount	DE2073	If pended, claim amount is set to zero.
46	Net Tent Reim	Claim Payment Amount	DE2023	If pended, claim amount set to zero.
47	Line Item Control Number	Claim EDI Line Item Control Number	DE2012	
48	EOB Claim Codes	Error Text Error Code	DE5501	
49	Duplicate/Conflicting ICN		DE0000	
50	RA #	Remittance Advice Number	DE9580	
51	Payment Date	Remittance Payment Date	DE9578	
52	TPL Info	TPL Policy Number	DE3658	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
53	Carrier Name	TPL Carrier Name	DE3673	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
54	Carrier Addr 1	TPL Carrier Additional Address	DE3674	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and

		Name		the Claim Type Modifier is set to '4' (Voided Claim).
55	Carrier Addr	TPL Carrier Address Line	DE3675	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
56	Carrier Addr	TPL Carrier City Name	DE3676	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
57	Carrier Addr	TPL Carrier State Code	DE3677	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
58	Carrier Addr	TPL Carrier ZIP Code	DE3678	This field is populated when the Claims TPL Pay Chase Flag is set to 'Y' and the Claim Type Modifier is set to '4' (Voided Claim).
59	Line #	Claims Facility Revenue Line Number	DE2445	This done for Inpatient and Outpatient Claims
60	Procedure	Procedure Code	DE5002	This done for Inpatient and Outpatient Claims
61	MODS	Procedure Modifier	DE2171	This done for Inpatient and Outpatient Claims
62	Rev	Claim Revenue Code	DE2122	This done for Inpatient and Outpatient Claims
63	Units	Claim Number of Units/Visits/Studies	DE2009	This done for Inpatient and Outpatient Claims
64	Rev-Billed-Amt	Claim Revenue Amount	DE2124	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
65	Non-Cov-Amt	Claim Non-Covered Amount	DE2139	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
66	Rev-Allwed-Amt	Claim Revenue Allowed Amt	DE2991	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
67	Cutback-Units	Claim Cutback Days/Units	DE2065	This done for Inpatient and Outpatient Claims
68	Cutback-Amt	Claim Cutback Amount	DE2066	This done for Inpatient and Outpatient Claims If pended, claim amount set to zero.
69	Cont ADJ Amt	Claim Payment Adjustment Amount	DE2041	This done for Inpatient and Outpatient Claims
70	EAPG	EAPG Code	DE5064	This done for Outpatient Claims

71	EAPG WGT	EAPG Weight	DE2091	This done for Outpatient Claims
72	Service Date	Service From Date	DE2010	This done for Outpatient Claims
73	Total	Calculated	DE0002	<p>ORIGINALS Approved: The total amount paid for all claims where Claim Disposition equal to '1', Claim Status equal to '1' and Claim Types equal to 01, 02, 03, 04, and 10. Pended: No calculation Denied: No calculation</p> <p>ADJUSTMENTS: Debits: The total amount paid for all claims where Claims Disposition equal to 2, Claim Status equal to 1 and Claims Types equal to 01, 02, 03, 04, 10, 15, 16 or 17 and Financial Adjustments Reason Codes are not for Cash Receipts and Stop Payment (Voided Checks) Credits: The total amount paid for all claims where Claims Disposition equal to 3 or 4, Claim Status equal to 1 and Claims Types equal to 01, 02, 03, 04, 10, 15, 16 or 17 and Financial Adjustments Reason Codes are not for Cash Receipts and Stop Payment (Voided Checks) CAPITATION PAYMENTS The total amount paid for all claims where Claim Disposition equal to 1, Claims Status equal to 1 and Claim Type equal to 15 CASE MANAGEMENT The total amount paid for all claims where Claim Disposition equal to 1, Claim Status equal to 1 and Claim Types equal to 16 and 17</p>
74	PMT (TOTAL)	Claim Covered Days	DE2108	This is the total of all claim-covered days.
75	ELIG (TOTAL)	Claim Non-Covered Days	DE2109	This is the total of all claim non-covered days.
76	RED (TOTAL)	Claim Reduced Payment Days	DE2358	This is the total of all reduced payment days.
77	PRIM CAR PYMT (TOTAL)	Claim Third Party Payment	DE2018	This is the total of all third-party payments.
78	COINSURANCE (TOTAL)	Claim Calculated Co-Insurance	DE2545	This is a total of all calculated co-insurance.
79	TOTAL CHGS (TOTAL)	Claim Billed Charge	DE2016	This is the total of all claim-billed charges.
80	DEDUCTIBLE	Claim Title XVIII Deductible Amount	DE2251	Claim Title XVIII Deductible Amount

81	NCOV CHGS (TOTAL)	Claim Non-Covered Amount	DE2139	This is a total of all non-covered amounts.
82	CO-PAY (TOTAL)	Claim Medicaid Co-Payment	DE2022	This is a total of all co-pays.
83	PT Pay (TOTAL)	Claim Patient Pay Amount	DE2083	This is a total of all patient paid amounts.
84	Tent Contr Adj		DE0000	Totals for all these amounts.
85	Covd by PGM (Total)	Claim Allowed Amount	DE2073	Total of all claim allowed amounts.
86	NET Tent REIM (Total)	Claim Payment Amount	DE2023	Total of all claim payment amounts.
87	Prior Balance	Calculated	DE0002	Neg Balance Prior Balance = Provider Negative Balance Previous
88	Cycle Increase	Calculated	DE0002	Neg Balance Cycle Increase = Claim Payment Amount for RA Detail Lines with Gone Negative Indicator = 'Y' for current cycle
89	Cycle Decrease	Calculated	DE0002	Neg Bal Cycle Decrease = Total Negative Balance Amount Recoup ** Total Negative Balance Recoup = Total Negative Balance Recoup + Negative Balance Amount Recoup
90	Net Cycle	Calculated	DE0002	Negative Balance Net Cycle = Negative Balance Cycle Increase + Negative Balance Cycle Decrease
91	Current Balance	Calculated	DE0002	Negative Balance Current Amount = Provider's Previous Negative Balance + Negative Balance Net Cycle Void Checks Current Amount = Void Checks Amount + Void Checks Net Cycle Add-Pay Current Amount = Add-pay + Add-Pay Net Cycle Recoupment Current Amount = Recoupment Amount + Recoupment Net Cycle Lien Current Amount = Lien Amount + Lien Net Cycle
92	Net Claims Lines	Calculated	DE0002	Net Claim Lines = Claim Transactions Original Lines + Claim Transactions Adjustments + Capitation Payment Lines + Case Management Lines
93	Net Claims Amount	Calculated	DE0002	Net Claim Amount = Claim Transactions Original Amount + Claim Transactions Adjustment Amount + Capitation Payments Amount + Case Management Amount

94	Net Claims	Calculated	DE0002	Net Claims Total Amount
95	Add-Pays	Calculated	DE0002	Add-Pays Current Amount
96	Negative Balance	Calculated	DE0002	Negative Balance Current Amount
97	Program Total -- (Remittance Program Summary Page)	Calculated	DE0002	Program Total = Net Claims Total Amount (DB) + Add-Pay Net Current Amount (DB) - Negative Balance Current Amount (CR)
98	EOB Code	Error Text Error Code	DE5501	If RA Print Indicator is equal to 'N' then use default message ('Under DMAS Review') on Remittance Advice
99	EOB Description	Error Text Long Description	DE5514	
100	Adj/Rsn	HIPAA Adjustment Reason Code	DE5580	
101	ADJ Reason	HIPAA Adjustment Reason Group Code	DE5535	
102	Description	HIPAA Adjustment Reason Code Description	DE5537	
103	Remarks/NCPDP/Status	Claim Response Code	DE5540	
104	Remarks/NCPDP/Status Description	Claim Response Short Description	DE5549	
105	Program Totals -- (Remittance Summary Page)	Calculated	DE0002	Program Totals = Program Totals + Program Total (Total Amount for all programs for current cycle)
106	Remittance Total -- (Remittance Summary Page)	Calculated	DE0002	Remittance Total = Sum of Program Totals
107	Liens -- (Remittance Summary Page)	Calculated	DE0002	Total Lien Amount for current cycle
108	Provider Total	Calculated	DE0002	Provider Total = Remittance Total - Liens
109	Year-To-Date Total Paid	Provider Current Year-to-Date Total 1099 Amount	DE4155	Year To Date Total Paid = Year To Date Total Paid + Remittance Total Amount
110	Check Number	Remittance Check Number	DE9576	
111	Check Amount	Remittance Check Amount	DE9577	
112	Prior Lien Balance	Calculated	DE0002	
113	Lien Cycle Decrease	Calculated	DE0002	
114	Lien Curr Balance	Calculated	DE0002	
115	EFT Trace Number		DE0000	A number that uniquely identifies each



				entry within a batch in an input file.
116	Was Issued For	Financial Recoup- ment Limit	DE9820	



Output Reports FN-O-054 Professional Medical Remittance Advice

General Information

Remittance Advices are generated for all professional providers. They detail the adjudication of all payment request types and the amount of payment to be received for services rendered.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	Payee
Program:	Remittance Advice Generation Process Program (FNW044)
Confidential:	No
Sequence:	<ol style="list-style-type: none">1. Bank Type2. Bank Account Number3. Pay Record Type4. Payee Id Number5. Benefit Program Code6. Servicing Provider7. Type8. Claim Type9. Bill Type (First 2 positions only)10. Payment Status11. Enrollee Name12. Claim Reference13. Payment Disposition
Control Breaks:	1. Paid-To-Provider 2. Servicing Provider 3. Program 4. Claim Type 5. Claim Status

NET CLAIMS (+) 21.54 (63)
ADD-FRYS (+) 0.00 (64)
*NEGATIVE BALANCE(-) 0.00 (65)

PROGRAM TOTAL: (66) 21.54 *NEGATIVE BALANCE IS THE AMOUNT DECREASED DURING THE REMIT CYCLE

EOB CODE (67) EOB DESCRIPTION (68) (69) ADJ/RSN REMARKS/NCEDP/STATUS (70)
ADJ REASON (71) DESCRIPTION (72)
REMARKS/NCEDP/STATUS DESCRIPTION (73)

REMITTANCE SUMMARY PROGRAM TOTALS

AMOUNTS
MEDICAID (74) \$21.54
REMITTANCE TOTAL: (75) \$21.54 YEAR-TO-DATE TOTAL PAID (1099) \$7,313.15 (76)
CHECK NUMBER (77) 000139295 WAS ISSUED FOR (78) \$21.54 WITH THIS REMITTANCE

THIS REMITTANCE SCHEDULE WILL BE DEEMED CORRECT,
IF ERRORS ARE NOT REPORTED WITHIN 30 DAYS TO:
DEPT OF MEDICAL ASSISTANCE SERVICES
600 EAST BRCAD ST. SUITE 1300
RICHMOND VA 23219
ATTN CUSTOMER SERVICES UNIT - RA

PROGRAM: FNW044 DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT: FN-0-054
PAYEE ID: 9999999999 (1) AFFILIATED COMPUTER SERVICES - FISCAL AGENT (2) REMIT DATE: 01/06/2012
JOHN Q PUBLIC (3) P.O.BOX 26228 PAGE 2
STREET ADDRESS (4) RICHMOND, VIRGINIA 23260-6228 (5) RA NUMBER: 0009469057
CHICAGO, IL 60694-1716

FCN NUMBER (79)	TRANSACTION DATE (80)	TRANSACTION AMT (81)	BENEFIT PROGRAM CODE REASON CODE (82)	PROJECT CODE (83)	MEDICAID INVOICE NUMBER (84)
000459347	12/29/2011	2,000.00	9120	AB126	INV08

FINANCIAL TRANSACTION : CLAIM TRANSACTION : FINANCIAL TRANSACTION :

Field Definitions

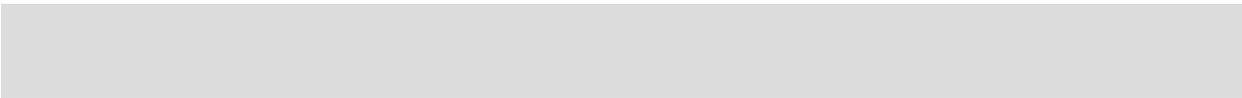
#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee ID	Remittance Payee Identification Number	DE9588	Claim Billing Provider Identification Number
2	Remit Date	Remittance Payment Date	DE9578	Generated based on Remittance Cycle
3	(Payee Name)	Remittance Payee Name	DE9589	
4	(Payee Address)	Remittance Payee Address Line	DE9590	
5	RA Number	Remittance Advice Number	DE9580	System generated and incremented by one
6	(Payee City)	Remittance Payee City	DE9592	
7	(Payee State)	Remittance Payee State	DE9593	
8	(Payee Zip Code)	Remittance Payee Zip Code	DE9594	

9	Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
10	(Benefit Program Description)	Enrollee Benefit Plan Exception Code Description	DE3076	
11	Servicing Provider	National Provider Identifier	DE4700	
12	Claims Status	Claim Status	DE2039	
13	(Claim Type)	Claim Type	DE2002	
14	Patient Name	Enrollee Full Name	DE3003	
15	Patient ID No	Enrollee Identification Number	DE3001	
16	Pt Acct/Rx No	Claim Patient Account Number	DE2031	
17	ICN Number	Claim Request ICN	DE2001	
18	From Date	Claim Service From Date	DE2010	
19	Thru Date	Claim Service Thru Date	DE2011	
20	Proc	Procedure Code	DE5002	
21	NDC #	NDC Drug Sequence Number	DE2450	If Compound Drug claim then 'COMPOUND' is moved to this field
22	Mod	Claims Procedure Code Modifier	DE2171	
23	Billed Amt	Claim Billed Charge	DE2016	
24	Non-Cov-Amt	Claim Non-Covered Amount	DE2139	If pended, claim amount set to zero.
25	Covered by Pgm	Claim Allowed Amount	DE2073	If pended, claim amount set to zero.
26	Deduct	Claim Title XVIII Deductible Amount	DE2251	If pended, claim amount set to zero.
27	Coins	Claim Title XVIII Coinsurance Amount	DE2252	If pended, claim amount set to zero.
28	Co Pay	Claim Medicaid Co-Payment	DE2022	If pended, claim amount set to zero.
29	Pt Pay	Claim Patient Pay Amount	DE2083	If pended, claim amount set to zero.
30	Prim Car Pay	Claim Third Party Payment	DE2018	If pended, claim amount set to zero.
31	Tooth #	Claim Dental Tooth Code	DE2200	
32	Surface	Claim Dental Surface	DE2201	

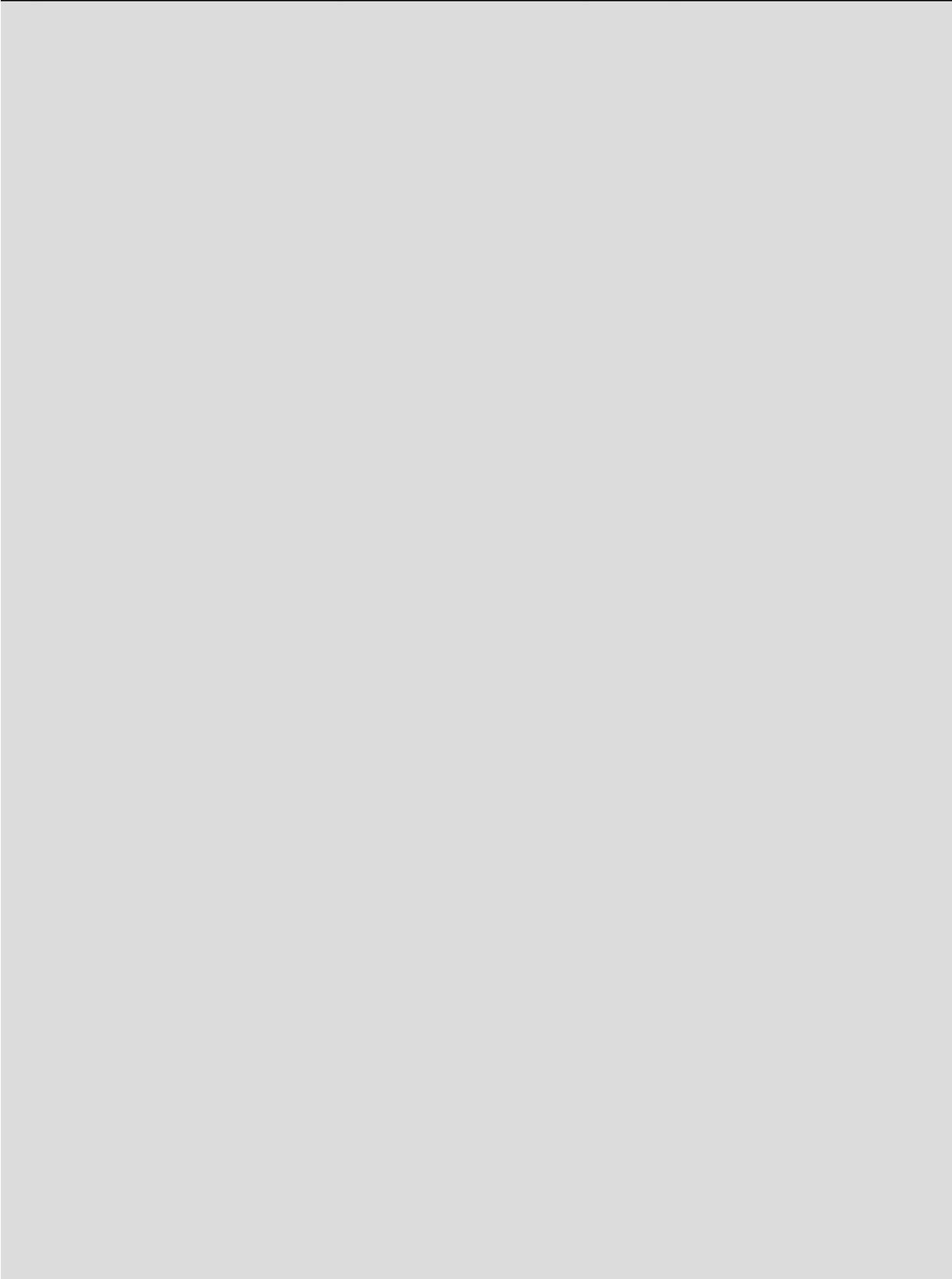
		Codes		
33	Units	Claim Number of Units/Visits/Studies	DE2009	Units = Units Billed - Cut-back
34	PA Number	Prior Authorization Control Number	DE2024	
35	Financial Rsn Code	Adjustment/Void Reason	DE2033	
36	Total Payment	Total Net Pay		calculated
37	Line Item Control Number	Claim EDI Line Item Control Number	DE2012	
38	EOB Claim Codes	Error Text Error Code	DE5501	
39	TPL INFO	TPL Policy Number	DE3658	
40	CARRIER NAME	TPL Carrier Additional Address Name	DE3674	
41	CARRIER NAME	TPL Carrier Additional Address Name	DE3674	
42	CARRIER ADDR	TPL Carrier Address Line	DE3675	
43	CARRIER ADDR	TPL Carrier City Name	DE3676	
44	CARRIER ADDR	TPL Carrier State Code	DE3677	
45	CARRIER ADDR	TPL Carrier ZIP Code	DE3678	
46	TOTAL	Total number of claims		calculated
47	BILLED AMT (TOTAL)	Claim Billed Charge	DE2016	Total of all billed amounts.
48	NON-COV-AMT (TOTAL)	Claim Non-Covered Amount	DE2139	Total of all claim non-covered amounts.
49	COVERED BY PGM (TOTAL)	Claim Allowed Amount	DE2073	Total of all claim allowed amounts.
50	DEDUCT (TOTAL)	Claim Title XVIII Deductible Amount	DE2251	Total of all claim Title XVIII deductible amounts.
51	COINS (TOTAL)	Claim Title XVIII Co-insurance Amount	DE2252	Total of all claim title XVII co-insurance amounts.
52	COPAY (TOTAL)	Claim Medicaid Co-Payment	DE2022	Total of all claim Medicaid co-payment amounts.
53	PT PAY (TOTAL)	Claim Patient Pay Amount	DE2083	Total of all claim patient pay amounts.
54	PRIM CAR PAY (TOTAL)	Claim Payment Amount	DE2023	Total of all claim payment amounts.
55	TOTAL PAYMENT (TOTAL)	Claim Payment Amount	DE2023	
56	CLAIM LINES (NET CLAIMS TOTAL)	Calculated	DE0002	
57	CLAIM AMOUNT	Calculated	DE0002	

58	PRIOR BALANCE	Calculated	DE0002	Neg. Balance Prior Balance = Provider Negative Balance Previous
59	CYCLE INCREASE	Calculated	DE0002	Neg Balance Cycle Increase = Claim Amount for RA Detail Lines with Gone Negative Indicator equal to 'Y' for current cycle.
60	CYCLE DECREASE	Calculated	DE0002	Neg Bal Cycle Decrease = Total Negative Balance Amount Recoup (Total Negative Balance Recoup = Total Negative Balance Recoup + Negative Balance Recoup)
61	NET CYCLE	Calculated	DE0002	Negative Balance Net Cycle = Negative Balance Cycle Increase + Negative Balance Cycle Decrease.
62	CURRENT BALANCE	Calculated	DE0002	Negative Balance Current Amount = Provider's Prior Negative Balance + Negative Balance Net Cycle Void Checks Current Amount = Sum of Void Check Financial Transactions Add-Pay Current Amount = Sum of Add-Pay transactions Recoupment Current Amount = Sum of Recoupment transactions
63	NET CLAIMS TOTAL	Calculated	DE0002	Net Claim Lines = Claim Transactions Original Lines + Claim Transaction Adjustment Lines + Capitation Payment Lines + Case Management Payment Lines
64	ADD-PAYS	Calculated	DE0002	Add-Pays = Add-Pays Current Amount
65	Negative Balance	Calculated	DE0002	Negative Balance = Negative Balance Current Amount
66	PROGRAM TOTAL	Calculated	DE0002	Program Total = Net Claims Total Amount (DB) + Add-Pay Net Current Amount

				(DB) + Recoupments (CR) Current Amount + Negative Balance Current Amount (CR)
67	EOB CODE	Error Text Error Code	DE5501	If RA Print Indicator is equal to 'N' then use default mes- sage ('Under DMAS Review') on Remittance Advice
68	EOB DESCRIPTION	Error Text Long Descrip- tion	DE5514	
69	ADJ/RSN	HIPAA Adjustment Reason Code	DE5580	
70	REMARKS/NCPDP/STATUS	Claim Response Code	DE5540	
71	ADJ REASON	HIPAA Adjustment Reason Code	DE5580	
72	ADJ REASON DESCRIPTION	HIPAA Adjustment Reason Short Descrip- tion	DE5586	
73	REMARKS/NCPDP/STATUS DESCRIPTION	Claim Response Short Description	DE5549	
74	REMITTANCE SUMMARY PROGRAM TOTALS	Calculated	DE0002	Remittance Total = Remit- tance + Program Total (Total Amount for all pro- grams for current cycle).
75	REMITTANCE TOTAL	Calculated	DE0002	Remittance Total = Sum of Program Totals.
76	YEAR-TO-DATE TOTAL PAID	Provider Current Year- to-Date Total 1099 Amount	DE4155	Year To Date Total Paid = Year To Date Total Paid + Remittance Total Amount
77	CHECK NUMBER	Remittance Check Num- ber	DE9576	
78	CHECK AMOUNT	Remittance Check Amount	DE9577	
79	FCN NUMBER	Financial Control Num- ber	DE2001	Subset of the Claim Request ICN
80	TRANSACTION DATE	Financial Transaction Date	DE9825	
81	TRANSACTION AMT	Financial Amount	DE9817	
82	REASON CODE	Adjustment Reason Code	DE9877	
83	PROJECT CODE	Contract Project Code	DE9930	
84	INVOICE NUMBER	Contract Invoice Num-	DE9936	



		ber		
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Output Reports FN-O-056 Remittance Activity Control Totals Report

General Information

This report displays the total disbursement for the current remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Remittance Activity Control Totals Report Program (FNW042)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Remittance Activity Control Totals Report (FN-O-056)

				where Claim Type Modifier is equal to 2, 3, and 4 and Claim Status is equal to 1 by Claim Type.
6	Net Claim Lines	Calculated	DE0002	Net Claim Lines = Approved Original Claim Lines + Approved Adjustment Claim Lines
7	Net Amount	Calculated	DE0002	Net Amount = Approved Original Amount + Approved Adjustment Amount
8	Denied Claim Lines	Calculated	DE0002	Denied Claim Lines = Total number of lines for all claims where Claim Type Modifier is equal to 1, 2, 3 or 4 and Claim Status is equal to 3.
9	Pended Claim Lines	Calculated	DE0002	Pended Claim Lines = Total number of lines for all claims where Claim Type Modifier is equal to 1, 2, 3 or 4 and Claim Status is equal to 4.
10	Subtotals	Calculated	DE0002	Claim Approved Claim Lines = Sum of all detail Approved Claim Lines by Claim Type Claim Approved Original Amount = Sum of all detail Approved Original Amount by Claim Type Claim Approved Adjustment Claim Lines = Sum of all detail Approved Adjustment Claim Lines by Claim Type Claim Approved Adjustment Amount = Sum of all detail Approved Adjustment Amount by Claim Type Claim Net Claim Lines = Sum of all detail Net Claim Lines by Claim Types Claim Net Amount = Sum of all detail Net Amount by Claim Types Claim Denied Claim Lines = Sum of all detail Denied Claim Lines by Claim Types Claim Pended Claim Lines = Sum of all detail Pended Claim Lines by Claim Types
11	Credit Reversals	Calculated	DE0002	Credit Reversal Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '26'. Credit Reversals Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '26'.
12	Debit Reversals	Calculated	DE0002	Debit Reversals Net Claim Lines =

				Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '36'. Debit Reversals Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '36'.
13	Financial Offsets	Calculated	DE0002	Financial Offsets Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '46' and '56'. Financial Offsets Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '46' and '56'.
15	Premium Payments	Calculated	DE0002	Premium Payments Net Claim Lines = Total number of lines for all financial transaction where Financial Status is 1 and Transaction Type Code = '29'. Premium Payments Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '29'.
16	Enhanced DSH	Calculated	DE0002	Enhanced DSH Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '49'. Enhanced DSH Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '49'.
17	Cost Settlements	Calculated	DE0002	Cost Settlements Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '19'. Cost Settlements Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '19'.
18	Others	Calculated	DE0002	Others Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '09'. Others Net Amount = Total amount paid for all financial transactions where Financial

				Status is 1 and Transaction Type Code = '09.
19	Advance Payment	Calculated	DE0002	Advance Payment Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '39'. Advance Payment Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '39'.
20	Manual Issued Checks	Calculated	DE0002	Manual Issued Checks Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '59'. Manual Issued Checks Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '59'.
21	Recoupments	Calculated	DE0002	Recoupments Net Claim Lines = Total number of lines for all financial transactions where Transaction Type Code = '10' Recoupments Net Claim Amount = Total amount paid for all financial transactions where Transaction Type Code = '10'
22	Subtotals	Calculated	DE0002	Financial Transaction Net Claim Lines = Sum of all detail Financial Transaction Net Claim Lines. Financial Transaction Net Amount = Sum of all detail Financial Transactions Net Amount.
23	Negative Balance Increase	Calculated	DE0002	Negative Balance Increase Net Claim Lines = Total number of lines for all financial transactions where Transaction Type Code = '20' . Negative Balance Increase Net Amount = Total amount paid for all financial transactions where Transaction Type Code = '20' .
24	Voids Processed	Calculated	DE0002	Voids Processed Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '07'. Voids Processed Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and

				Transaction Type Code = '07'.
25	Cash Receipts	Calculated	DE0002	Cash Receipts Net Claim Lines = Total number of lines for all financial transactions where Financial Status is 1 and Transaction Type Code = '08', '18' and '28'. Cash Receipts Net Amount = Total amount paid for all financial transactions where Financial Status is 1 and Transaction Type Code = '08', '18' and '28'.
26	Totals	Calculated	DE0002	Total Approved Claim Lines = Claim Approved Claim Lines Total Approved Original Amount = Claim Approved Original Amount Total Approved Adjustment Claim Lines = Claim Approved Adjustment Claim Lines Total Approved Adjustment Amount = Claim Approved Adjustment Amount Total Net Claim Lines = Claim Net Claim Lines + Financial Transactions Net Claim Lines Total Net Amount = Claim Net Amount + Financial Transactions Net Amount Total Denied Claim Lines = Claim Denied Claim Lines Total Pended Claim Lines = Claim Pended Claim Lines

Output Reports FN-O-057 HIPP Payments in Queue by Premium Type

General Information

This report provides a listing of payments in the queue arranged by premium type.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payment Report Generator Program (FNM095)
Confidential:	Yes
Sequence:	Premium Type, Payee Name and HIPP Case Status
Control Breaks:	Premium Type

HIPP Payments in Queue by Premium Type (FN-O-057)

HIPP Payments in Queue by Premium Type (FN-O-057)

FNMO95
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP PAYMENTS IN QUEUE BY PREMIUM TYPE

SUMMARY OF THE REPORT

(1)	(11)	(12)	(13)	(14)	(15)
PREM TYPE: X	ANL	APPROVED	CANCELLED	SUSPENDED	TOTAL
	XXX	99,999	99,999	99,999	999,999
	XXX	99,999	99,999	99,999	999,999
	XXX	99,999	99,999	99,999	999,999
	XXX	99,999	99,999	99,999	999,999
	XXX	99,999	99,999	99,999	999,999
(15)	TOTAL	99,999	99,999	99,999	999,999
(16)	GRAND TOTAL	99,999	99,999	99,999	999,999

*** 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	Prem Type	HIPP Program Indicator	DE9507	
2	HIPP #	HIPP File Number	DE9522	
3	Status	HIPP Case Status	DE9603	
4	ID Number	Case Identification Number	DE3043	
5	Caseholder Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
6	Payee ID	Payee Identifier	DE9558	
7	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)

8	SSN	HIPP SSN/FEIN Number	DE9517	
9	Payment Amount	HIPP Premium Repayment Amount	DE9559	
10	Payment Month	HIPP Premium From Date	DE9504	
11	Analyst ID	HIPP Analyst ID	DE9552	
12	Approved	Calculated	DE0002	The number of payments in queue for HIPP cases that are approved per Premium Type and Analyst.
13	Cancelled	Calculated	DE0002	The number of payments in queue for HIPP cases that are cancelled per Premium Type and Analyst.
14	Suspended	Calculated	DE0002	The number of payments in queue for HIPP cases that are suspended per Premium Type and Analyst.
15	Total	Calculated	DE0002	Total number of payments in queue for HIPP cases per Premium Type and/or Per Analyst.
16	Grand Total	Calculated	DE0002	Total number of payments in queue for all HIPP cases.
17	Total Premium Amount Scheduled	Calculated	DE0002	Total premium scheduled per Premium Type.
18	Total Number of Payments Scheduled	Calculated	DE0002	Total number of payments scheduled per premium type.

Output Reports FN-O-058 HIPP Payment in Queue by Analyst

General Information

This report provides a listing of payments in the queue arranged by Analyst.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payment Report Generator Program (FNM095)
Confidential:	Yes
Sequence:	Analyst ID, Premium Type, Payee Name and HIPP Case Status
Control Breaks:	Analyst ID

HIPP Payment in Queue by Analyst (FN-O-058)

HIPP Payment in Queue by Analyst (FN-O-058)

FMM095
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP PAYMENTS IN QUEUE BY ANALYST

SUMMARY OF THE REPORT

(11)

PREM TYPE: X

(1)	(12)	(13)	(14)	(15)
ANL	APPROVED	CANCELLED	SUSPENDED	TOTAL
XXX	99,999	99,999	99,999	999,999
XXX	99,999	99,999	99,999	999,999
XXX	99,999	99,999	99,999	999,999
XXX	99,999	99,999	99,999	999,999
XXX	99,999	99,999	99,999	999,999
(15)				
TOTAL	99,999	99,999	99,999	999,999
(16)				
GRAND TOTAL	99,999	99,999	99,999	999,999

*** 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	Analyst ID	HIPP Analyst ID	DE9552	
2	HIPP #	HIPP File Number	DE9522	
3	Status	HIPP Case Status	DE9603	
4	ID Number	Case Identification Number	DE3043	
5	Caseholder Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
6	Payee ID	Payee Identifier	DE9558	
7	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
8	SSN	HIPP SSN/FEIN Number	DE9517	

9	Payment Amount	HIPP Premium Repayment Amount	DE9559	
10	Payment Month	HIPP Premium From Date	DE9504	
11	Premium Type	HIPP Program Indicator	DE9507	
12	Approved	Calculated	DE0002	The number of payments in queue for HIPP cases that are approved per Premium Type and Analyst.
13	Cancelled	Calculated	DE0002	The number of payments in queue for HIPP cases that are cancelled per Premium Type and Analyst.
14	Suspended	Calculated	DE0002	The number of payments in queue for HIPP cases that are suspended per Premium Type and Analyst.
15	Total	Calculated	DE0002	Total number of payments in queue for HIPP cases per Premium Type and/or Per Analyst.
16	Grand Total	Calculated	DE0002	Total number of payments in queue for all HIPP cases.

Output Reports FN-O-059 HIPP Activity DSS Report

General Information

The report provides all activities that have been performed on the database since the last run of the report. It is sorted by FIPS Code and includes totals of cases by status (denied, pending, cancelled, approved, suspended) and the total existing cases.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit, DSS
Program:	HIPP Activity Report Generator Program (FNM093)
Confidential:	Yes
Sequence:	FIPS Code and Case Name
Control Breaks:	FIPS Code

HIPP Activity DSS Report (FN-O-059)

FNMO93
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM AM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ACTIVITY DSS REPORT

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(1) FIPS CODE: XXX	(2) NAME: XXXXXXXXXXXXXXXXXXXXXXXXXX	(3) DSS WORKER	(4) HIP #	(5) STATUS	(6) ID NUMBER	(7) CASEHOLDER NAME	(8) PAYEE NAME	(9) SSN
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999
XXXX	9999999	X99	99999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	99999999

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

HIPP Activity DSS Report (FN-O-059)

FNMO93
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM AM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ACTIVITY DSS REPORT

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TOTAL APPROVED CASES	:	9,999,999	(10)
TOTAL CANCELED CASES	:	9,999,999	(11)
TOTAL DENIED CASES	:	9,999,999	(12)
TOTAL EXISTING CASES	:	9,999,999	(13)
TOTAL PENDING CASES	:	9,999,999	(14)
TOTAL SUSPENDED CASES	:	9,999,999	(15)
TOTAL OF ALL CASES	:	9,999,999	(16)

*** 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	FIPS Code	Case Administrative	DE3039	

		FIPS Code		
2	Name	Locality Name	DE5255	
3	DSS Worker	Case Worker Number	DE3431	
4	HIPP #	HIPP File Number	DE9522	
5	Status	HIPP Case Status	DE9603	
6	ID Number	Case Identification Number	DE3043	
7	Caseholder Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
8	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
9	SSN	HIPP SSN/FEIN Number	DE9517	
10	Total Approved Cases	Calculated	DE0002	Sum of all cases in HIPP that have been approved since the last run of the report.
11	Total Canceled Cases	Calculated	DE0002	Sum of all cases in HIPP that have been cancelled since the last run of the report.
12	Total Denied Cases	Calculated	DE0002	Sum of all cases in HIPP that have been denied since the last run of the report.
13	Total Existing Cases	Calculated	DE0002	Sum of all cases in HIPP that have not been altered since the last run of the report.
14	Total Pending Cases	Calculated	DE0002	Sum of all cases in HIPP that have been pended since the last run of the report.
15	Total Suspended Cases	Calculated	DE0002	Sum of all cases in HIPP that have been suspended since the last run of the report.
16	Total of All Cases	Calculated	DE0002	Sum of all cases In HIPP.

Output Reports FN-O-060 HIPP Activity by User Report

General Information

The report provides all activities that have been performed on the database since the last run of the report. It is sorted by Analyst and includes totals of cases by status (denied, pending, cancelled, approved, suspended) and the total existing cases.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Activity Report Generator Program (FNM093)
Confidential:	Yes
Sequence:	Analyst ID and Payee Name
Control Breaks:	Analyst ID

HIPP Activity by User Report (FN-O-060)

FNM093
 AS OF:MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM AM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPPA ACTIVITY DSS REPORT

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
ANL	HIPP #	ST	ID	NUMBER	CASEHOLDER NAME	PAYEE ID	PAYEE NAME	SSN	STA CHANGE
XXX	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD
	99999999	X99	99999999999999	XXXXXXXXXXXX	XXXXXXXXXXXX	9999999999	XXXXXXXXXX	XXXXXXXXXXXX	MM/DD

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

HIPPA Activity by User Report (FN-O-060)

FNM093
 AS OF:MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM AM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPPA ACTIVITY DSS REPORT

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TOTAL APPROVED CASES : 9,999,999 (11)
 TOTAL CANCELED CASES : 9,999,999 (12)
 TOTAL DENIED CASES : 9,999,999 (13)
 TOTAL EXISTING CASES : 9,999,999 (14)
 TOTAL PENDING CASES : 9,999,999 (15)
 TOTAL SUSPENDED CASES : 9,999,999 (16)
 TOTAL OF ALL CASES : 9,999,999 (17)

*** 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	Analyst ID	HIPPA Analyst ID	DE9552	
2	HIPP #	HIPPA File Number	DE9522	
3	Status	HIPPA Case Status	DE9603	

4	ID Number	Case Identification Number	DE3043	
5	Caseholder Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
6	Payee ID	Payee Identifier	DE9558	
7	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
8	SSN	HIPP SSN/FEIN Number	DE9517	
9	Status Change Date	Row Insert Date	DE0010	
10	Prem Type	HIPP Program Indicator	DE9507	
11	Total Approved Cases	Calculated	DE0002	Sum of all cases in HIPP that have been approved since the last run of the report.
12	Total Canceled Cases	Calculated	DE0002	Sum of all cases in HIPP that have been canceled since the last run of the report.
13	Total Denied Cases	Calculated	DE0002	Sum of all cases in HIPP that have been denied since the last run of the report.
14	Total Existing Cases	Calculated	DE0002	Sum of all cases in HIPP that have not been altered since the last run of the report.
15	Total Pending Cases	Calculated	DE0002	Sum of all cases in HIPP that have been pended since the last run of the report.
16	Total Suspended Cases	Calculated	DE0002	Sum of all cases in HIPP that have been suspended since the last run of the report.
17	Total of All Cases	Calculated	DE0002	Sum of all cases in HIPP .

Output Reports FN-O-061 Alpha Premium Payment Report

General Information

This report provides a detailed listing of payments issued since the last run of the report.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payment Report Generator Program (FNM095)
Confidential:	Yes
Sequence:	Premium Type, Payee Name and Payment date
Control Breaks:	Premium Type

Alpha Premium Payment Report (FN-O-061)

FNMD95
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ALPHA PREMIUM PAYMENT REPORT

(1) PREM TYPE: X	(2) HIPP #	(3) ID NUMBER	(4) CASEHOLDER NAME	(5) PAYEE ID	(6) PAYEE NAME	(7) SSN	(8) PAYMENT TYPE	(9) PAYMENT AMOUNT	(10) PAYMENT MON
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C
	9999999	999-999999-999	XXXXXXXXXX XXXXXXXXXXXX	999999999	XXXXXXXXXX XXXXXXXXXXXX	999-99-9999	X	999,999.99	MM/C

TOTAL PREMIUM AMOUNT BY TYPE : \$ 999,999.99 (13)
TOTAL NUMBER OF PAYMENTS BY TYPE : 999,999 (14)

*** 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	Prem Type	HIPP Program Indicator	DE9507	
2	HIPP #	HIPP File Number	DE9522	
3	ID Number	Case Identification Number	DE3043	
4	Caseholder Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
5	Payee ID	Payee Identifier	DE9558	
6	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
7	SSN	HIPP SSN/FEIN Number	DE9517	
8	Payment Type	HIPP Payment Type	DE9582	
9	Payment Amount	HIPP Premium Repayment Amount	DE9559	

10	Payment Month	HIPP Premium From Date	DE9504	
11	Payment Date	HIPP Payment Sent Date	DE9556	
12	Analyst ID	HIPP Analyst ID	DE9552	
13	Total Premium Amount by Type	Calculated	DE0002	Sum of all Payment Amounts reported by Premium Type.
14	Total Number of Payments by Type	Calculated	DE0002	Total number of payments reported by Premium Type.

Output Reports FN-O-062 HIPP Pending Enrollment Report

General Information

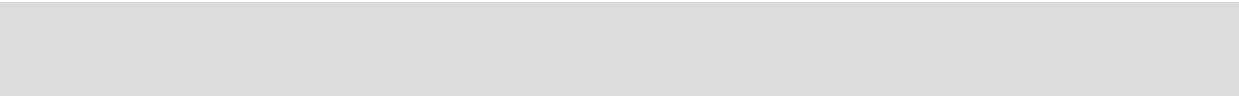
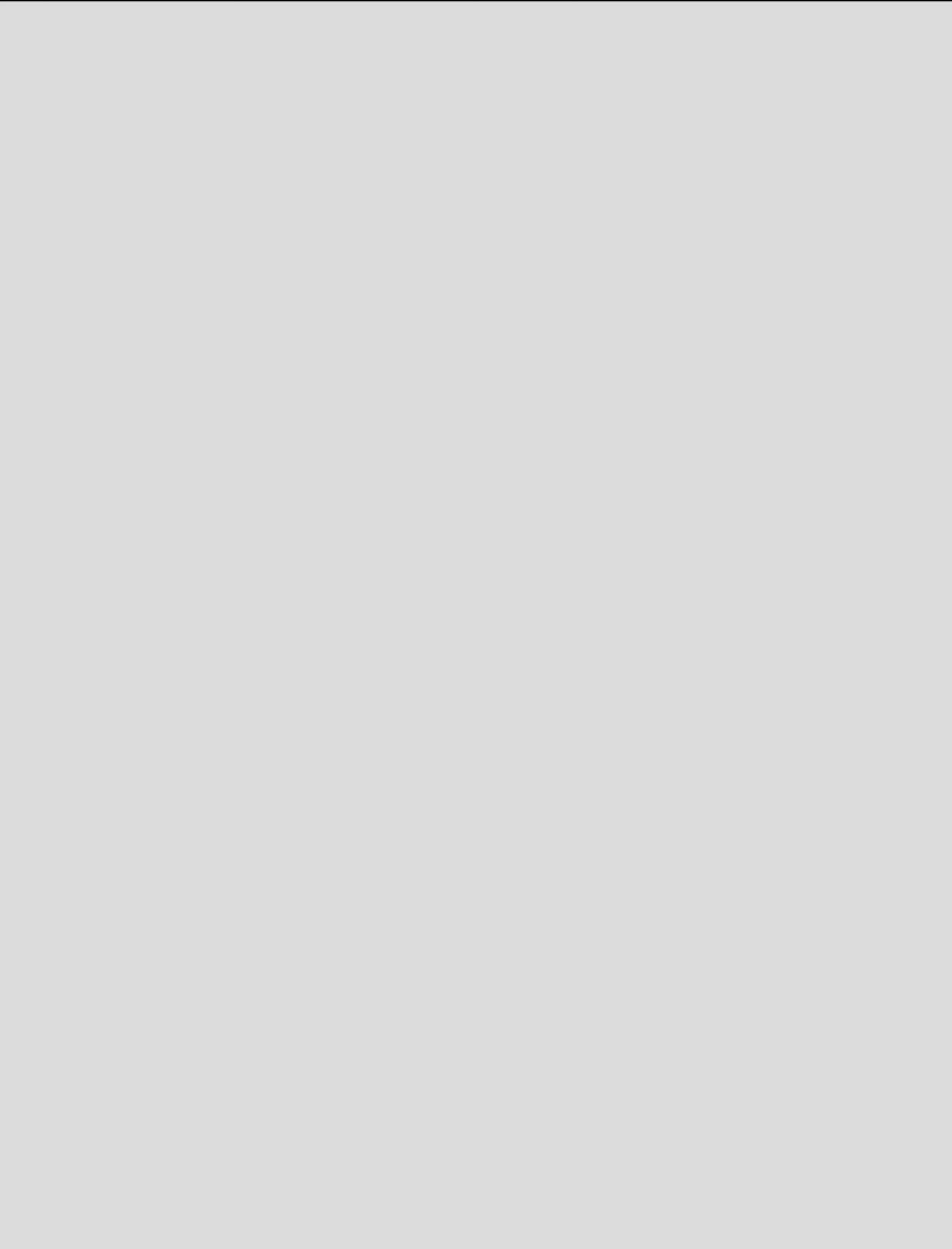
This report provides a listing of all HIPP cases that are reaching the enrollment period.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Pending Enrollment Report Generator Program (FNM096)
Confidential:	Yes
Sequence:	Caseholder Name
Control Breaks:	N/A

HIPP Pending Enrollment Report (FN-O-062)



		ator		PREMIUM_TYPE
9	User	User/Operator ID	DE0012	SOURCE = FN_PAYEE.I_USER_ID



Output Reports FN-O-063 HIPP Non Paid Approved Status Report

General Information

This report reports all payments that are in the queue for more than one payment period.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Non-Paid/Approved Status Report Generator Program (FNM097)
Confidential:	Yes
Sequence:	Premium Type, Payee Name and HIPP Case Status
Control Breaks:	Premium Type

HIPP Non-Paid/Approved Status Report (FN-O-063)

				9598)
8	SSN	HIPP SSN/FEIN Number	DE9517	
9	Non-Paid Amount	HIPP Premium Repayment Amount	DE9559	
10	Non-Paid Begin	HIPP Premium From Date	DE9504	
11	Analyst ID	HIPP Analyst ID	DE9552	
12	Total Number of Records	Calculated	DE0002	Total records processed by Premium Type.
13	Total Non Paid Amount	Calculated	DE0002	Total amount reported by Premium Type.

Output Reports FN-O-064 HIPP Cost Re Evaluation Data Error Report

General Information

This report provides a listing of all cases where the system automatically performs a re-evaluation and errors due to invalid or missing information.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Reevaluation Processor Program (FNM094) Conversion Cost Evaluation Program (FNR137)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Cost Re-Evaluation Data/Error Report (FN-O-064)

FMM094
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPP COST RE-EVALUATION DATA/ERROR REPORT

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HIPP #: 999999 (1)

(2) PREM TYPE	(3) ID NUMBER	(4) ELIGIBILITY BEGIN DATE	(5) ELIGIBILITY END DATE	(6) AVG COST
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99

MONTHLY AVERAGE COST: 9999999.99 (7)
 ADMIN COST: 9999999.99 (8)
 MONTHLY PREMIUM COST: 9999999.99 (9)
 TOTAL COST SAVINGS: 9999999.99 (10)

HIPP #: 999999

PREM TYPE	ID NUMBER	ELIGIBILITY BEGIN DATE	ELIGIBILITY END DATE	AVG COST
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99
X	999999999999	99/99/9999	99/99/9999	9999999.99

MONTHLY AVERAGE COST: 9999999.99
 ADMIN COST: 9999999.99
 MONTHLY PREMIUM COST: 9999999.99
 TOTAL COST SAVINGS: 9999999.99

7	Monthly Average Cost	HIPP Monthly Medicaid Cost	DE9523	SOURCE = FN_HIPP_CASE_COST.N_ENRL_COST_AMT
8	Admin Cost	HIPP Administrative Fees	DE9501	SOURCE = FN_HIPP_CASE.N_ADMIN_FEE_AMT
9	Monthly Premium Cost	HIPP Monthly Average Premium Cost	DE9524	SOURCE = FN_HIPP_CASE_COST.N_PREMIUM_COST_AMT
10	Total Cost Savings	Calculated	DE0002	SOURCE = FN_HIPP_CASE_COST.N_PREMIUM_COST_AMT + FN_HIPP_CASE.N_ADMIN_FEE_AMT - FN_HIPP_CASE_COST.N_ENRL_COST_AMT
11	HIPP #	HIPP File Number	DE9522	SOURCE = FN_HIPP_CASE.I_HIPP_CASE
12	Enrollee ID	Enrollee Permanent Identification Number	DE3093	SOURCE = FN_HIPP_CASE_ENRL.I_PERSON
13	Error Description		DE0000	See program specifications for SOURCE

Output Reports FN-O-065 HIPP Cost Evaluation Audit Trail Report

General Information

This report provides a listing of all changes that occurred to the HIPP Cost Evaluation Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS HIPP Unit
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) HIPP Cost Evaluation Audit Trail (FN-O-065) (VMPFDL03)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Cost Evaluation Audit Trail Report (FN-O-065)

VMPFDL03
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP COST EVALUATION AUDIT TRAIL

PAG

```

USER ID       : XXXXXXXX      (1)      CORRELATION ID : XXXXXXXX      (2)      URID           : XX
CONNECTION Id : XXXXXXXXXXX (4)      CONNECTION TYPE : XXXXXXXXXXXX (5)      PLAN NAME      : XX
DATE          : MM-DD-CCYY  (7)      TIME           : HH:MM:SS.MS (8)
    
```

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

```

          COL1  COL2      *COL3
          ----  -
(12)   New -> 1  AAAAAAAAAA  100000000
(12.1) Old -> 1  AAAAAAAAAA  200000000
    
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type		DE0000	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-066 HIPP Payee Audit Trail Report

General Information

This report provides a listing of all changes that occurred to the HIPP Payee Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payee Audit Trail (FN-O-066) (VMPFDL04)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Payee Audit Trail Report (FN-O-066)

VMPFDL04
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPP PAYEE AUDIT TRAIL

PAGE

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : XX
 CONNECTION Id : XXXXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXXXX (5) PLAN NAME : XX
 DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12) New ->	1	AAAAAAAAAA	100000000
(12.1) Old ->	1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Time	DE5705	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-067 HIPP Payment Request Audit Trail Report

General Information

This report provides a listing of all changes that occurred on the HIPP Payment Request Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payment Request Audit Trail (FN-O-067) (VMPFDL05)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Payment Request Audit Trail Report (FN-O-067)

VMPFDL 05
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP PAYMENT REQUEST AUDIT TRAIL

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : X
CONNECTION Id : XXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXX (5) PLAN NAME : X
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12) New -> 1	AAAAAAAAAA		100000000
(12.1) Old -> 1	AAAAAAAAAA		200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The		DE0000	

	name of the DB2 Plan that was executed)			
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-068 HIPP Comments Audit Trail Report

General Information

This report provides a listing of all changes that occurred to the HIPP Comments/Correspondence Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Comments Audit Trail (FN-O-068) (VMPFDL06)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Comments Audit Trail Report (FN-O-068)

VMPFDL06
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPP COMMENTS AUDIT TRAIL

PAG

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USER ID       : XXXXXXXX      (1)      CORRELATION ID : XXXXXXXX      (2)      URID           : XX
CONNECTION Id : XXXXXXXXXXX (4)      CONNECTION TYPE : XXXXXXXXXXXX (5)      PLAN NAME      : XX
DATE          : MM-DD-CCYY  (7)      TIME            : HH:MM:SS.MS (8)
  
```

 TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

```

          COL1  COL2          *COL3
          ----  -
(12)   New -> 1  AAAAAAAAAA  100000000
(12.1) Old -> 1  AAAAAAAAAA  200000000
  
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports FN-O-069 HIPP Proof of Payment Audit Trail Report

General Information

This report provides a listing of all changes that occurred to the HIPP Proof of Payment Screen.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Proof Of Payment Audit Trail (FN-O-069) (VMPFDL07)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Proof of Payment Audit Trail Report (FN-O-069)

VMPFDL07
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP PROOF OF PAYMENT AUDIT TRAIL

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : X
CONNECTION Id : XXXXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXXXX (5) PLAN NAME : X
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12) New ->	1	AAAAAAAAAA	100000000
(12.1) Old ->	1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

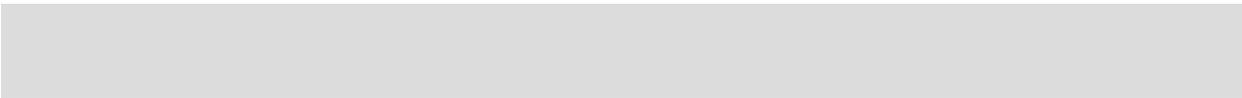
Output Reports FN-O-070 HIPP Outstanding Recoupments Report

General Information

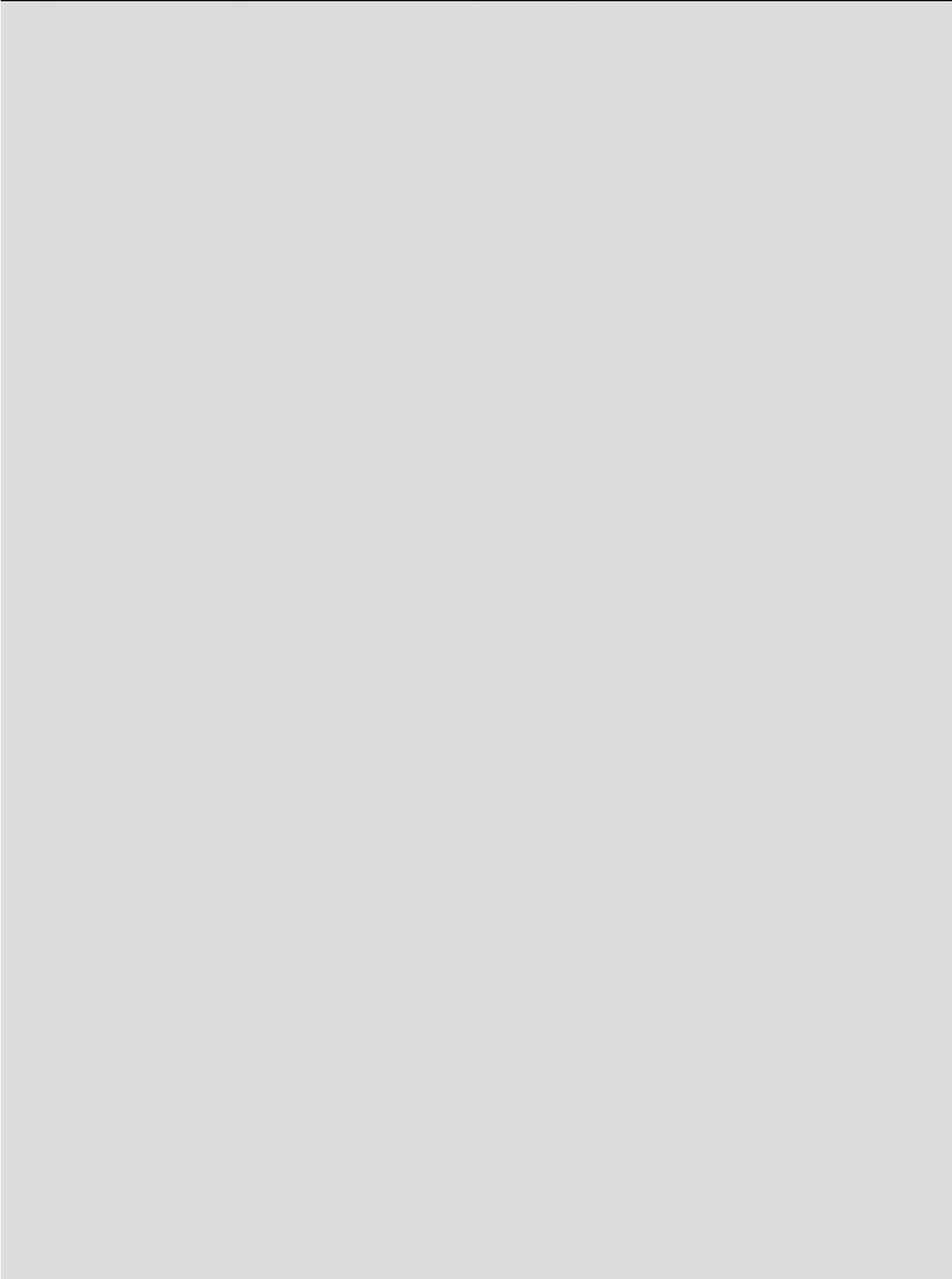
This report provides a listing of all HIPP recoupments that have had no activity for 60 days or more.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit
Program:	HIPP Outstanding Recoupment Reporting Program (FNM085)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Outstanding Recoupments Report (FN-O-070)



				than 60 days from current system date.
--	--	--	--	--



Output Reports FN-O-071 HIPP Request For Check Stub Letter

General Information

This letter is system-generated to all active caseholders requesting a copy of the paycheck stub along with any changes that may have occurred that have not been reported.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS HIPP Unit, Employees
Program:	HIPP Payment Stub Request Letter Generator (FNM098) LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	HIPP #
Control Breaks:	N/A

HIPP Request For Check Stub Letter (FN-O-071)

**HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
REQUEST FOR COPY OF PAYCHECK STUB**

QUESTIONS? CALL HIPP.
*(800) 432-5924 (Long Distance) or
(804) 225-4236 (local) or FAX (804) 786-0973*

EMPLOYEE NAME (1)
EMPLOYEE STREET ADDRESS (2)
EMPLOYEE STREET ADDRESS (3)
EMPLOYEE CITY (4), STATE (5), ZIP (6)

(7)
CASE #:

(8)
HIPP #:

- In order to receive your health insurance premium payment check, please attach your most recent paycheck stub showing the deduction for your health insurance. This must be received in this office no later than the first of every month so you can receive your reimbursement check. Failure to do so will result in delay or loss of your HIPP payment.
- Are there any changes in your employment, insurance premiums, address, etc.? If 'yes', please fill out the information below and return with the copy of your paycheck stub.

EMPLOYEE: _____ SSN: _____

NEW EMPLOYER: _____ EMPLOYER PHONE #: _____

NEW INSURANCE COMPANY: _____

NEW PREMIUM AMOUNT: _____

NEW ADDRESS: _____

OTHER: _____

The Department of Medical Assistance Services pays insurance premiums on behalf of eligible persons. Failure to report any changes may result in underpayments, cancellation of coverage, incorrect processing of medical claims, retractions, or overpayments. If you have any changes in employment, insurance coverage, premiums, etc. that would affect these health insurance payments, please complete item 2 and mail this form as soon as possible to assure continued HIPP payments.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Employee Name	Payee Name	DE9560	SOURCE = FN_PAYEE.T_PAYEE_NAME (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')

2	Employee Street Address	Payee Additional Address Line	DE9513	SOURCE = FN_PAYEE.T_ADDR1 (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')
3	Employee Street Address	Payee Address Line	DE9512	SOURCE = FN_PAYEE.T_ADDR2 (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')
4	Employee City	Payee City	DE9514	SOURCE = FN_PAYEE.T_CITY (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')
5	State	Payee State	DE9518	SOURCE = FN_PAYEE.C_STATE (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')
6	Zip	Payee Zip Code	DE9519	SOURCE = FN_PAYEE.C_ZIP_9 (FN_PAYEE.C_PAYEE_TYPE_CVAL = 'E')
7	Case #	Case Identification Number	DE3043	SOURCE = FN_HIPP_CASE.I_CASE
8	HIPP #	HIPP File Number	DE9522	SOURCE = FN_HIPP_CASE.I_HIPP_CASE

Output Reports FN-O-073 Voided – Reissued Checks Report

General Information

This report displays all claims and/or financial transactions that have been held based on a Hold Transaction.

Subsystem:	Financial
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Financial Void – Reissued Checks Report (FNM073)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Financial Voided – Reissued Checks Report (FN-O-073)

FNM073
AS OF: 99/99/9999
RUN DATE: 99/99/9999 99:99

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
VOIDED - REISSUED CHECKS FOR THE MONTH OF SEPTEMBER 2014

REPORT NO: FN-O-073
PAGE NUMBER: 1

PAYEE ID	PAYEE NAME	FNCL CNTL	REASON CODE	TRANSACTION AMT	ORIGINAL RA #	ORIGINAL CHECK#	ORIGINAL PYMT DATE	RE-ISSUED CHECK NUM
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	9999	\$99,999,999.99	999999999	999999999	99/99/9999	999999999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Payee ID	Remittance Payee Identification Number	DE9588	
2	Payee Name	Remittance Payee Name	DE9589	
3	FNCL Control Number	Financial Control Number	DE9874	
4	Reason Code	Adjustment Reason Code	DE9877	

5	Transaction Amount	Remittance Check Amount	DE9577	
6	Original RA Number	Remittance Advice Number	DE9580	
7	Original Check Number	Remittance Check Number	DE9576	
8	Original Payment Date	Remittance Payment Date	DE9578	
9	Reissued Check Number	Reissue Check Number	DE9575	

Output Reports FN-O-079 Payee Negative Balance Report

General Information

This report displays the activity of a provider with a negative balance.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS
Program:	Negative Balance Report Program (FNW053)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Payee Negative Balance Report (FN-O-079)

Output Reports FN-O-080 Cancelled Provider Credit Collection Report

General Information

This report provides a listing of all providers who have been cancelled for more than 60 days and retained their negative balances.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Provider Overpayment Recovery Unit
Program:	Inactive Provider Report Program (FNM076)
Confidential:	No
Sequence:	Provider Number
Control Breaks:	Provider Number

Cancelled Provider Credit Collection Report (FN-O-080)

FMM076
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CANCELLED PROVIDER CREDIT COLLECTION REPORT

RE
PA

(1) PROVIDER NUMBER	(2) PROVIDER NAME	(3) ADDRESS	(4) CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999
(6) 999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX	CANCEL CODE: XXX REASON:XXX OUTSTANDING CARRIED DOLLAR A 99999-9999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Number	National Provider Identifier	DE4700	
2	Provider Name	Provider Name	DE4085	
3	Address	Provider Attention Name	DE4096	
4	Cancel Code	Provider Reason Code	DE4012	
5	Reason	Provider Reason Code Description	DE4297	
6	Outstanding Carried Dollar Amount	Provider Negative Balance Amount	DE4036	

Output Reports FN-O-081 Cancelled Providers with Negative Balance Report

General Information

This report provides a listing of all cancelled providers with outstanding credit amounts.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Provider Overpayment Recovery Unit
Program:	Inactive Provider Report Program (FNM076)
Confidential:	No
Sequence:	Provider Number
Control Breaks:	N/A

Cancelled Providers with Negative Balance Report (FN-O-081)

Output Reports FN-O-083 Budget Upload Control Report

General Information

This is an annual batch program that lists transaction counts and amounts that were read from the Budget Upload File (FN-F-004) and written to the Budget Master File (FN-F-026)

Subsystem:	Financial
Frequency:	Annually
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	DMAS Financial Unit
Program:	Budget Fiscal Year Upload (FNA020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Budget Upload Control Report (FN-O-083)

FNA020

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BUDGET UPLOAD CONTROL REPORT

AS OF: MM/DD/CCYY

RUN DATE: MM/DD/CCYY HH:MM

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ERROR RECORDS:	FISCAL YEAR	PROGRAM CODE	SUB-PROGRAM CODE	OBJECT CODE	FIPS CODE	FUND CODE	FUND DETAIL CODE	FUND SPLIT	EFFECTIVE DATE	END DATE	EXPENDITURE CODE	COST CENTER
	9999	XXX	XXXX	XXXXXX	XXX	XX	XX	9.9999	99/99/9999	99/99/9999	XX	XXX

(14)	(15)	(16)	(17)	(18)	(19)	(19.1)
GROUP CODE	BUDGET AMOUNT	OBJECT/FUND CAP	SUB-PROGRAM CAP	PROGRAM CAP	PROJECT CODE	OBJECT END DATE
XX	999999999.99	X	X	X	X	XX

ERROR MESSAGE (20)

XX

	(21)	(22)
	RECORD COUNTS	BUDGET AMOUNTS
INPUT RECORDS:	999,999	\$999,999,999.99
OUTPUT RECORDS:	999,999	\$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Fiscal Year	Budget Fiscal Year	DE9876	
2	Program Code	Budget Program Code	DE9835	
3	Sub Program Code	Budget Sub-Program Code	DE9838	
4	Object Code	Budget Object Code	DE9843	
5	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	
6	Fund Code	Budget Fund Code	DE9831	
7	Fund Detail Code	Budget Fund Detail Code	DE9833	
8	Fund Split	Budget Fund Split Percentage	DE9848	
9	Effective Date	Budget Fund Split Effective Date	DE9878	
10	End Date	Budget Fund Split End Date	DE9879	
11	Expenditure Code	Budget Expenditure Code	DE9830	
12	Cost Center Code	Budget Cost Center Code	DE9846	
13	Transaction Code	Budget Transaction Code	DE9850	
14	Group Code	Budget Group Code	DE9852	
15	Budget Amount	Budget Object Code Original Amount	DE9866	
16	Object/Fund Cap	Budget Object/Fund Cap Indicator	DE9845	
17	Sub Program Cap	Budget Sub-Program Cap Indicator	DE9840	
18	Program Cap	Budget Program Cap Indicator	DE9837	
19	Project Code	Budget Project Code	DE9791	
19.1	Object End Date	Object Code End Date	DE9826	
20	Error Message	Calculated	DE0002	Message is generated from program and displayed on report.
21	Record Counts	Calculated	DE0002	Number of records read from the input file (FN-F-004)

22	Budget Amounts	Calculated	DE0002	Total of Budget Amounts processed from the input file (FN-F-004)
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Output Reports FN-O-084 Weekly RA Sort Control Totals Report

General Information

This report provides control totals for the weekly remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Financial Unit
Program:	Remittance Advice Negative Balance Determination Program (FNW041)
Confidential:	No
Sequence:	Program
Control Breaks:	N/A

Weekly RA Sort Control Totals Report (FN-O-084)

FNW041
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
WEEKLY RA SORT CONTROL TOTALS REPORT

PROGRAM: 9999 (1)	ORIGINAL CLAIMS	ADJUSTMENT CLAIMS
INVOICE TYPE: (2)	XX	XX
INVOICE COUNT: (3)	999,999,999	999,999,999
INVOICE AMT: (4)	\$999,999,999.99	\$999,999,999.99
INVOICE TYPE:	XX	XX
INVOICE COUNT:	999,999,999	999,999,999
INVOICE AMT:	\$999,999,999.99	\$999,999,999.99
INVOICE TYPE:	XX	XX
INVOICE COUNT:	999,999,999	999,999,999
INVOICE AMT:	\$999,999,999.99	\$999,999,999.99
INVOICE TYPE:	XX	XX
INVOICE COUNT:	999,999,999	999,999,999
INVOICE AMT:	\$999,999,999.99	\$999,999,999.99
TOTAL COUNT: (5)	999,999,999,999	999,999,999,999
TOTAL AMT: (6)	\$999,999,999,999.99	\$999,999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program Code	Budget Program Code	DE9835	
2	Invoice Type	Claim Type	DE2002	
3	Invoice Count	Calculated	DE0002	Increment count by one based on Invoice Type
4	Invoice Amt	Calculated	DE0002	Increment Invoice Amt by Payment Amount based on Invoice Type
5	Total Count	Calculated	DE0002	Sum of all the invoice counts
6	Total amt	Calculated	DE0002	Sum of all the invoice amounts.

Output Reports FN-O-085 HIPP Premium Payment Error Report

General Information

This report will provide DMAS with a list of HIPP premium payments that could not be extracted during the weekly processing due to errors.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS HIPP Unit
Program:	HIPP Premium Payment Generator Program (FNW092)
Confidential:	Yes
Sequence:	HIPP File Number
Control Breaks:	N/A

HIPP Premium Payment Error Report (FN-O-085)

FMW092
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP PREMIUM PAYMENT ERROR REPORT

(1) HIPP #	(2) ENROLLEE ID	(3) CASE LNAME	(4) FNAME	(5) BEGIN	(6) END	(7) ERROR DESCRIPTION
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
9999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXX	99/9999	- 99/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL ERRORS REPORTED : ZZZZ99 (8)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HIPP #	HIPP File Number	DE9522	SOURCE = FN_HIPP_CASE.I_HIPP_CASE
2	Enrollee ID	Enrollee Permanent Identification Number	DE3093	SOURCE = FN_HIPP_CASE_ENRL.I_PERSON if F_CASE_HEAD equals 'Y'.
3	Case Lname	Case Last Name	DE3487	SOURCE = RS_CASE.T_CASE_NAME_LAST for the I_CASE on FN_HIPP_CASE.
4	Fname	Case First Name	DE3488	SOURCE = RS_CASE.T_CASE_NAME_FIRST for the I_CASE on FN_HIPP_CASE.
5	Begin	HIPP Premium From Date	DE9504	SOURCE = FN_HIPP_PYMNT_REQ.D_PREM_FROM_YYYYMM
6	End	HIPP Premium Through Date	DE9520	SOURCE = FN_HIPP_PYMNT_REQ.D_PREM_THRU_YYYYMM
7	Error Description		DE0000	For source, see program specifications.

Output Reports FN-O-086 HIPP Case Payee Conversion Error Control Totals Report

General Information

This report will provide DMAS with before and after image of the records that were converted, a listing of the fields in error, and the total number of records read and written for each input and output file. In addition, the Paper Files Input Form will be generated for each approved HIPP/HIV case and sorted by employee's last name. This form will then be used by DMAS to complete and ACS will enter via the HIPP Cost Evaluation Data Screen.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS HIPP Unit
Program:	HIPP/HIV Cases Table File Conversion (FNR109)
Confidential:	No
Sequence:	HIPP # or Employees Last Name
Control Breaks:	N/A

HIPP Case/Payee Conversion - Error/Control Totals Report (FN-O-086)

HIPP Case/Payee Conversion - Error/Control Totals Report (FN-O-086)

FNR109
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP/HIV CASES CONVERSION CONTROL TOTALS REPORT

HIPP/HIV CASE RECORDS READ:	ZZZ,999
HIPP MASTER RECORDS CONVERTED:	ZZZ,999
HIPP PAYEE RECORDS CONVERTED:	ZZZ,999
VENDOR RECORDS CONVERTED:	ZZZ,999
DUPLICATE CLOSED RECORDS DROPPED:	ZZZ,999
HIPP/HIV CASES FILE NUMBER OF ERRORS:	ZZZ,999
FATAL ERRORS	ZZZ,999
WARNINGS	ZZZ,999

*** END OF REPORT ***

HIPP Case/Payee Conversion - Error/Control Totals Report (FN-O-086)

FNR109
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP/HIV CASES CONVERSION REPORT
PAPER FILES INPUT FORM

CASE NAME: XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX

HIPP #: 9999999 PREM TYPE: X CASE #: _____

PREM AMT: _____ PLAN TYPE: ____ FREQ: ____ # WEEKS: ____ # MONTHS: ____

ENROLLEE ID(S) :

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____

*** END OF REPORT ***

	verted			to the HIPP Master File.
12	HIPP Payee Records Converted	Calculated	DE0002	Sequentially increment counter by 1 for each input case record written to the HIPP Payee File.
13	Vendor Records Converted	Calculated	DE0002	Sequentially increment counter by 1 for each input case record written to the Vendor File.
14	Duplicate Closed Records Dropped	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that was dropped due to being a duplicate.
15	HIPP/HIV Cases File Number of Errors	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that was rejected due to an error.
16	Fatal Errors	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that had a fatal error.
17	Warnings	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that had a warning error.
18	Case Name	Case Name	DE3046	
19	Prem Type	HIPP Program Indicator	DE9507	

Output Reports FN-O-087 HIPP Master Cost Evaluation Files Error Report

General Information

This report will provide DMAS with a list of those records that were on the HIPP Cost Evaluation File but not on the HIPP Master File. This error report will be used by DMAS to input those missing records via the HIPP Cost Evaluation Screen.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS HIPP Unit
Program:	Interim HIPP Master Tables Conversion (FNR125)
Confidential:	No
Sequence:	HIPP #
Control Breaks:	N/A

HIPP Master/Cost Evaluation Files Error Report (FN-O-087)

Output Reports FN-O-089 HIPP HIV Payments File Conversion Error Control Totals Report

General Information

This report will provide DMAS with before and after image of the records that were converted, a listing of the fields in error, and the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS HIPP Unit
Program:	HIPP Payments File Conversion (FNR110)
Confidential:	No
Sequence:	HIPP #
Control Breaks:	N/A

HIPP/HIV Payments File Conversion - Error/Control Totals Report (FN-O-089)

HIPP/HIV Payments File Conversion - Error/Control Totals Report (FN-O-089)

FNR110
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP/HIV PAYMENTS CONVERSION CONTROL TOTALS REPORT

HIPP/HIV PAYMENT RECORDS READ:	222,999
HIPP MASTER RECORDS READ:	222,999
HIPP PAYEE RECORDS READ:	222,999
BUDGET OBJECT CODE RECORDS READ:	222,999
HIPP PREMIUM REQUEST RECORDS WRITTEN:	222,999
HIPP PAYMENTS DATA RECORDS WRITTEN:	222,999
HIPP/HIV PAYMENT RECORDS DROPPED:	222,999
HIPP/HIV PAYMENTS FILE NUMBER OF ERRORS:	222,999
FATAL ERRORS	222,999
WARNINGS	222,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Source File		DE0000	Input source file ID
2	HIPP Number	HIPP File Number	DE9522	
3	Curr Va De		DE0000	Shown as applicable
4	Before Image		DE0000	Input source file data field
5	Target File		DE0000	Output target file ID
6	New Va De		DE0000	Shown as applicable
7	After Image		DE0000	Output target file converted data field
8	Error Message		DE0000	Message relating to data in error
9	Disposition		DE0000	Values are Fatal or Warning
10	HIPP/HIV Pay-	Calculated	DE0002	Sequentially increment counter by 1 for

	ment Records Read			each input case record read.
11	HIPP Master Records Read	Calculated	DE0002	Sequentially increment counter by 1 for each input case record read.
12	HIPP Cost Evaluation Records Read	Calculated	DE0002	Sequentially increment counter by 1 for each input case record read.
13	HIPP Cost Evaluation Records Read	Calculated	DE0002	Sequentially increment counter by 1 for each input case record read.
14	HIPP Recipient Extract Records Read	Calculated	DE0002	Sequentially increment counter by 1 for each input case record read.
15	Budget Object Code Records Read	Calculated	DE0002	Sequentially increment counter by 1 for each input case record read.
16	HIPP Premium Request Records Written	Calculated	DE0002	Sequentially increment counter by 1 for each input case record written to the HIPP Premium Request File.
17	HIPP Payments Data Records Written	Calculated	DE0002	Sequentially increment counter by 1 for each input case record written to the HIPP Payments Data File.
18	HIPP/HIV Payments File Number of Errors	Calculated	DE0002	Sequentially increment counter by 1 for each input case record rejected due to errors.
19	Fatal Errors	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that had fatal errors.
20	Warnings	Calculated	DE0002	Sequentially increment counter by 1 for each input case record that had a warning.

Output Reports FN-O-092 Medicaid/FAMIS Check Register Conversion - Error/Control Totals Report

General Information

This report will provide DMAS with a list of those records that were successfully converted and those records not converted due to errors, along with the total number of records read and written for each input and output file, and number of input records with fatal errors..

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS
Program:	Medicaid/FAMIS Check Register Conversion (FNR103)
Confidential:	No
Sequence:	Check Number
Control Breaks:	N/A

Medicaid/FAMIS Check Register Conversion - Error/Control Totals Report (FN-O-092)

Medicaid/FAMIS Check Register Conversion - Error/Control Totals Report (FN-O-092)

FNR103
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
COMBINED CHECK REGISTER CONVERSION
CONTROL TOTALS REPORT

MEDICAID CHECK REGISTER FILE RECORDS READ:	222,999
MEDICAID RA SUPPLEMENT RECORDS WRITTEN:	222,999
MEDICAID CHECK REGISTER RECORDS CONVERTED:	222,999
MEDICAID CHECK REGISTER FILE NUMBER OF ERRORS:	222,999
FAMIS CHECK REGISTER FILE RECORDS READ:	222,999
FAMIS RA SUPPLEMENT RECORDS WRITTEN:	222,999
FAMIS CHECK REGISTER RECORDS CONVERTED:	222,999
FAMIS CHECK REGISTER FILE NUMBER OF ERRORS:	222,999
COMBINED CHECK REGISTER FILE RECORDS READ:	222,999
COMBINED RA SUPPLEMENT RECORDS WRITTEN:	222,999
COMBINED CHECK REGISTER RECORDS CONVERTED:	222,999
COMBINED CHECK REGISTER FILE NUMBER OF ERRORS:	222,999
FATAL ERRORS	222,999
WARNINGS	222,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOURCE FILE		DE0000	Input source file ID
3	CURR VA DE		DE0000	Shown as applicable
4	BEFORE IMAGE		DE0000	Input source file data field
5	TARGET FILE		DE0000	Output target file ID
6	NEW VA DE		DE0000	Shown as applicable
7	AFTER IMAGE		DE0000	Output target file converted data field
8	ERROR MESSAGE		DE0000	Message relating to data in error

9	DISPOSITON		DE0000	Disposition of error encountered.
10	MEDICAID CHECK RECORDS READ	Calculated	DE0002	Number of medicaid check records read.
11	MEDICAID RA SUPPLEMENT RECORDS WRITTEN	Calculated	DE0002	Number of records written to the Check Supplement Data Store.
12	MEDICAID CHECK REGISTER RECRODS CONVERTED:	Calculated	DE0002	Number of records written to FN-F-028 Check Register master Data Store.
13	MEDICAID CHECK REGISTER MASTER FILE NUMBOER OF ERRORS	Calculated	DE0002	Calculated number of error records on the current Virginia Check Register Master File (FN-F-048).
14	FAMIS CHECK REGISTER FILE RECORDS READ	Calculated	DE0002	Number of FAMIS check records read.
15	FAMIS RA SUPPLEMENT RECORDS WRITTEN	Calculated	DE0002	Number of records written to the RA Supplement Data Store.
16	FAMIS CHECK REGISTER RECORDS CONVERTED	Calculated	DE0002	Number of records written to FN-F-028 Check Register master Data Store.
17	FAMIS CHECK REGISTER FILE NUMBER OF ERRORS	Calculated	DE0002	Calculated number of error records on the current Virginia Check Register Master File (FN-F-048).
18	COMBINED CHECK REGISTER FILE RECORDS READ	Calculated	DE0002	Number of combined check records read.
19	COMBINED RA SUPPLEMENT RECORDS WRITTEN	Calculated	DE0002	Number of records written to the Check Supplement Data Store.
20	COMBINED CHECK	Calculated	DE0002	Number of records written to FN-F-028 Check Register master Data

	REGISTER RECORDS CONVERTED			Store.
21	COMBINED CHECK REGISTER FILE NUMBER OF ERRORS	Calculated	DE0002	Calculated number of error records on the current Virginia Check Register Master File (FN-F-048).
22	FATAL ERRORS	Calculated	DE0002	Number of fatal errors encountered when converting the Check Register Master File (FN-F-048)..
23	WARNINGS	Calculated	DE0002	Number of warning errors encountered when converting the Check Register Master File (FN-F-048)..

Output Reports FN-O-094 Add Pay Recovery Conversion Error Control Totals Report

General Information

This report will provide DMAS with a list of those records that were not converted due to errors, along with the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	Add Pay/Recovery Trans File Conversion (FNR101)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

Add Pay/Recovery Conversion - Error/Control Totals Report (FN-O-094)

Add Pay/Recovery Conversion - Error/Control Totals Report (FN-O-094)

FNR101
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CONVERT ADDPAY/RECOVERY DATA CONTROL TOTALS REPORT

ADDPAY/RECOVERY FILE RECORDS READ:	ZZZ,999	(10)
ADDPAY/RECOVERY FILE RECORDS CONVERTED:	ZZZ,999	(11)
ADDPAY/RECOVERY FILE NUMBER OF ERRORS:	ZZZ,999	(12)
FATAL ERRORS	ZZZ,999	(13)
WARNINGS	ZZZ,999	(14)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Source File		DE0000	Input source file ID
2	Provider ID	National Provider Identifier	DE4700	
3	Curr VA DE		DE0000	Shown as applicable
4	Before Image		DE0000	Input source file data field
5	Target File		DE0000	Output target file ID
6	New VA DE		DE0000	Shown as applicable
7	After Image		DE0000	Output target file converted data field
8	Error Message		DE0000	Message relating to data in error
9	Disposition		DE0000	Values are Fatal or Warning
10	AddPay/Recovery File Records Read	Calculated	DE0002	Number of input records read on Add Pay/Recovery File
11	AddPay/Recovery File Records Converted	Calculated	DE0002	Number of records written to the output converted Add Pay File
12	AddPay/Recovery	Calculated	DE0002	Total number of errors encountered for

	File Number of Errors			the run.
13	Fatal Errors	Calculated	DE0002	Sequentially incremented by 1 for each fatal error.
14	Warnings	Calculated	DE0002	Sequentially incremented by 1 for each warning error.

Output Reports FN-O-095 DMAS Budget Conversion Report

General Information

This report will provide DMAS with a list of those records that were not converted due to errors, along with the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS
Program:	DMAS Budget and Expenditure File Conversion (FNR112)
Confidential:	No
Sequence:	Object Code
Control Breaks:	N/A

DMAS Budget Conversion Report (FN-O-095)

11	SLH BUDGET FILE RECORDS READ	Calculated	DE0002	Increment counter for each SLH Budget File record read
12	MARS BUDGET FILE RECORDS READ	Calculated	DE0002	Increment counter for each MARS Budget File record read
13	DMAS BUDGET AND EXPENDITURE EXTRACT RECORDS CONVERTED	Calculated	DE0002	Increment counter for each DMAS Budget and Expenditure record con- verted
14	DMAS BUDGET AND EXPENDITURE EXTRACT NUMBER OF ERRORS	Calculated	DE0002	Increment counter for each error on the DMAS Budget and Expenditure File
15	FATAL ERRORS	Calculated	DE0002	Increment counter for each fatal error on the DMAS Budget and Expenditure File
16	WARNINGS	Calculated	DE0002	Increment counter for each error res- ulting in a warning on the DMAS Budget and Expenditure File

Output Reports FN-O-096 Disproportionate Share Report

General Information

The Disproportionate Share Report lists providers payments and days for a remittance period for the current and previous Federal fiscal years.

Subsystem:	Financial
Frequency:	Weekly
Volume:	N/A
Number of Copies:	2
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Disproportionate Share Reporting (FNW036)
Confidential:	No
Sequence:	PROVIDER ID, FISCAL YEAR, PROVIDER TYPE
Control Breaks:	PROVIDER ID, FISCAL YEAR

Disproportionate Share Report (FN-O-096)

FNW036
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DISPROPORTIONATE SHARE REPORT - REMITTANCE DATE 99/99/9999 (1)

	(2)	(3)	(4)							
PROVIDER ID:	9999999999	TYPE:	XXX XXX							
REGULAR PER DIEM:	DAYS & DOLLARS FOR 9999 (5)									
(6)										
OCT 99	NOV 99	DEC 99	JAN 99	FEB 99	MAR 99	APR 99	MAY 99	JUN 99	JUL 99	
(7, 8)										
99	99	99	99	99	99	99	99	99	99	99
99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99
**TOT FED FYI 99										
(9, 10)										
999										
999,999.99										
DSH; DAYS & DOLLARS										
(11, 12)										
99	99	99	99	99	99	99	99	99	99	99
99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99	99,999.99
**TOT FED FYI 99										
(13, 14)										
999										
999,999.99										

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Remittance Date	Calculated	DE0002	Last Remittance Date
2	Provider ID	National Provider Identifier	DE4700	
3	Type	Provider Type	DE4006	
4	(Description)	Provider Type Description	DE4296	
5	Days & Dollars For	Calculated	DE0002	Current Federal Fiscal Year.
6	(Date)	Calculated	DE0002	Federal Fiscal Month and Year.
7	(Regular Per Diem Days)	Calculated	DE0002	Total number of payment days for the month from the Claims Work record
8	(Regular Per Diem Dollars)	Calculated	DE0002	Accumulated by adding the calculated regular payments and calculated DSH payments for the month.
9	(Total FED FYI Days)	Calculated	DE0002	The total days from field 7 for all months.
10	(Total FED FYI Dollars)	Calculated	DE0002	The total dollars from field 8 for all months.

	Dollars)			months.
11	(DSH Days)	Calculated	DE0002	Number of DSH days for the month.
12	(DSH Dollars)	Calculated	DE0002	Number of DSH Dollars for the month.
13	(Total FED FYI DSH Days)	Calculated	DE0002	The total DSH days from field 11 for all months.
14	(Total FED FYI DSH Dollars)	Calculated	DE0002	The total DSH dollars from field 12 for all months

Output Reports FN-O-097 Basic Accounting Code Crosswalk Error Report

General Information

This report is used to report any Object Codes on the input File (FN-F-025) that do not have a corresponding Object Code on the Budget Database

Subsystem:	Financial
Frequency:	Annually
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 year
Distribution:	DMAS
Program:	Interim Crosswalk Table Conversion (FNR133)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Basic Accounting Code Crosswalk Error Report (FN-O-097)

Output Reports FN-O-099 Bank EFT Transmission List Report

General Information

This report provides a list of prenote and credit entries for First Union. The list will be produced by IEDR-CLASS-TYPE, IEDR-PGM-TYPE, and IEDR-PROVIDER-NO

Subsystem:	Financial
Frequency:	Weekly
Volume:	30
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	FH Provider Enrollment Unit
Program:	EFT Bank Files Generation (FNW078)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Bank EFT Transmission List Report (FN-O-099)

FNW078
AS OF: MM/DD/CCYY HH:MM
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BANK EFT FILE TRANSMISSION LIST

FN-O-99
PAGE NUMBER 1

REMIT DATE: MM/DD/CCYY (1)
XXXXXXXXXXXXXXXXXXXXX 99999999999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)

(3) PAYEE NUM	(4)/(5) CLASS/TYPE	(6) PAYEE NAME	(7)	(8) INDIVIDUAL ID	(9) STATUS	(10) ABA NUM	(11) ACCT NUM	(12) INSTITUTE NA
999999999	X/X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999999999	XX	999999999	9999999999999999999	XXXXXXXXXXXXXXXXXXXXX
999999999	X/X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999999999	XX	999999999	9999999999999999999	XXXXXXXXXXXXXXXXXXXXX
999999999	X/X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999999999	XX	999999999	9999999999999999999	XXXXXXXXXXXXXXXXXXXXX
999999999	X/X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999999999	XX	999999999	9999999999999999999	XXXXXXXXXXXXXXXXXXXXX
999999999	X/X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXX		999999999999999	XX	999999999	9999999999999999999	XXXXXXXXXXXXXXXXXXXXX

ACCOUNT TOTALS FOR (25)

TOTAL PRENOTES (13) 999 (14) 999,999,999
TOTAL RECS PAID (15) 9999 (16) \$ 99,999,999,999.99

Bank EFT Transmission List Report (FN-O-099)

FNW078
AS OF: MM/DD/CCYY HH:MM
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BANK EFT FILE TRANSMISSION LIST

BANK TOTALS FOR (26)

TOTAL PRENOTES	(17)	999	(18)	999,999,999
TOTAL RECS PAID	(19)	9999	(20)	\$99,999,999,999.99

Bank EFT Transmission List Report (FN-O-099)

FNW078
AS OF: MM/DD/CCYY HH:MM
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BANK EFT FILE TRANSMISSION LIST

GRAND TOTALS

TOTAL PRENOTES	(21)	999	(22)	999,999,999
TOTAL RECS PAID	(23)	9999	(24)	\$99,999,999,999.99

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EFT Remittance Date	EFT Company Effective Entry Date	DE9689	
2	EFT Originating Bank	EFT Immediate Destination Name	DE9897	
3	EFT Payee Number	Remittance Payee Identification Number	DE9588	
4	EFT Account Class	Provider Electronic Funds Transfer (EFT) Account Class	DE4137	
5	EFT Account Type	Provider Electronic Funds Transfer (EFT) Account Type	DE4136	
6	EFT Payee Name	Remittance Payee	DE9589	

		Name		
7	EFT Individual ID	Remittance Payee Identification Number	DE9588	
8	EFT Status	Provider Electronic Funds Transfer (EFT) Status	DE4132	
9	EFT ABA Number	EFT RDFI Number	DE9899	
10	EFT Account Number	EFT Originating DFI Identification Number	DE9703	
11	EFT Depository Bank Name	EFT Immediate Destination	DE9700	
12	EFT Remittance Amount	Remittance Check Amount	DE9577	
13	Total prenote count by the bank account	Calculated	DE0002	
14	Total prenote amount by the bank account	Calculated	DE0002	
15	Total recs paid count by the bank account	Calculated	DE0002	
16	Total recs paid amount by the bank account	Calculated	DE0002	
17	Total prenote count by the Bank	Calculated	DE0002	
18	Total prenote amount by the bank	Calculated	DE0002	
19	Total recs paid count by the bank	Calculated	DE0002	
20	Total recs paid amount by the bank	Calculated	DE0002	
21	Grand totals prenote count	Calculated	DE0002	
22	Grand totals prenote paid amount	Calculated	DE0002	
23	Grand totals recs paid amount	Calculated	DE0002	
24	Grand totals recs paid count	Calculated	DE0002	

25	Bank Account Number	Calculated	DE0002	
26	Bank Name	Calculated	DE0002	

Output Reports FN-O-100 Remittance Advice Provider Report

General Information

This report displays all providers by remittance type that were processed for the current remittance cycle.

Subsystem:	Financial
Frequency:	Weekly
Volume:	N/A
Number of Copies:	1
Output Form:	Report
Retention:	N/A
Distribution:	N/A
Program:	Remittance Advice Provider Report (FNW100)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Remittance Advice Provider Report (FN-O-100)

10	Grand Total	Calculated	DE0002	Sum of all the remittance check amount for all providers.
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Output Reports FN-O-101 Invalid Remittance Provider ID

General Information

This report displays all providers where an address was not found or the provider ID is missing.

Subsystem:	Financial
Frequency:	Weekly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	3 months
Distribution:	N/A
Program:	Remittance Advice Generation Process Program (FNW044)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Invalid Remittance Provider ID (FN-O-101)

FNMI01
AS OF: 07/11/2005
RUN DATE: 07/11/2005 12:21

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FAMIS SELECT PAID CLAIMS AND PREMIUMS

REPORT 1
PAGE NU

CASE ID: 999999999999 FIPS: 683 WORKER: V0000

ENRL ID: 999999999999 AID CATG: 009 AID CATG BEGIN: 09/01/2004 BNFT PKG BEGIN: 10/07/2004

CLAIM SERVICE TYPE	DATE	PROVIDER	PROVIDER NAME	PROVIDER ADDRESS	PAYMENT DATE
PR			PREMIUM		06/15/2005
05	02/16/2005	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX FAIRFAX	06/10/2005
11	02/07/2005	999999999	XXXXX	X XXXXXXXXXXXXXXX ROANOKE	06/10/2005

FNMI01
AS OF: 07/11/2005
RUN DATE: 07/11/2005 12:21

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FAMIS SELECT PAID CLAIMS AND PREMIUMS

REPORT 1
PAGE NU

CASE ID: 999999999999 FIPS: 185 WORKER: V0000

ENRL ID: 999999999999 AID CATG: 006 AID CATG BEGIN: 12/01/2004 BNFT PKG BEGIN: 02/03/2005

CLAIM SERVICE TYPE	DATE	PROVIDER	PROVIDER NAME	PROVIDER ADDRESS	PAYMENT DATE
05	02/16/2005	999999999	NO PREMIUM	XXXXXXXXXXXXXXXXXXXXXXXXXXXX FAIRFAX	06/10/2005

ENRL ID: 999999999999 AID CATG: 006 AID CATG BEGIN: 12/01/2004 BNFT PKG BEGIN: 02/03/2005

CLAIM SERVICE TYPE	DATE	PROVIDER	PROVIDER NAME	PROVIDER ADDRESS	PAYMENT DATE
			NO PREMIUM		

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	Remittance Payee Identification Number	DE9588	
2	RA NUMBER	Remittance Check Number	DE9576	

Output Reports FN-O-103 HIPP Correspondence Update Error Report

General Information

This report is the control/error report for the HIPP Request for Check Stub Letter (FN-O-071).

Subsystem:	Financial
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	HIPP Payment Stub Request Letter Generator (FNM098)
Confidential:	No
Sequence:	Report is sequenced by HIPP File Number
Control Breaks:	N/A

HIPP Correspondence Update/Error Report (FN-O-103)

Output Reports FN-O-104 Object Code Not Assigned Report

General Information

This report identifies all claims which do not have an object code assigned.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Object Code Error Program (FNW022)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Object Code Not Assigned Report (FN-O-104)

FNW022
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
OBJECT CODE NOT ASSIGNED

REPORT NO: FN-O-1
PAGE NUMBER: 999,9

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ICN	CLM	BNFT PGM	AID CATG	PROV TYPE	PROV SPEC	LOCALITY	EPSDT	PROCEDURE
XXXXXXXXXXXXXXXXXXXX	XXX	XX	XXX	XXX	XXX	XXX	X	XXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXX	XX	XXX	XXX	XXX	XXX	X	XXXXXXXXXX

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ICN	Claim Request ICN	DE2001	
2	CLM	Claim Type	DE2002	
3	BNFT PGM	Benefit Definition Plan	DE3551	

		Program Code		
4	AID CATG	Enrollee Eligibility Aid Category	DE3009	
5	PROV TYPE	Provider Type	DE4006	
6	PROV SPEC	Provider Specialty Code	DE4007	
7	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
8	EPSDT	Financial EPSDT Indicator	DE9976	
9	PROCEDURE	Procedure Code	DE5002	

Output Reports FN-O-105 Previous Weeks Budget Pend Report

General Information

This report lists all transactions that have a Budget Pend status from previous remittance cycles.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 year
Distribution:	N/A
Program:	Budget Control Report Program (FNW027)
Confidential:	No
Sequence:	Program, Sub-Program, Object Code, MMIS Locality, Payee ID
Control Breaks:	Program, Sub-Program, Object Code, MMIS Locality, Payee ID

Previous Weeks Budget Pend Report (FN-O-105)

FNW027
 AS OF MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 PREVIOUS WEEKS BUDGET PEND REPORT

REPORT NO: FN-0-
 PAGE NUMBER 999,

(1)	(2)	(3)	(4)	(5)				
PROGRAM: XXX	SUB-PROGRAM: XXXX	OBJECT CODE: XXXXX	FIPS CODE: XXX	PAYEE ID: XXXXXXXX				
REFERENCE	INV	RECIPIENT	FROM DT	THRU DT	PROCEDURE	PAYMENT	DISP	ACTIVITY DATE
(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
PAYEE TOTALS:			(15)		(16)			
TRANSACTIONS:			99,999		PAYMENTS:		999,999,999.99	

REFERENCE	INV	RECIPIENT	FROM DT	THRU DT	PROCEDURE	PAYMENT	DISP	ACTIVITY DATE
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
XXXXXXXXXX	XXX	XXXXXXXXXX	99/99/9999	99/99/9999	XXXXXXXX	99,999,999.99	X	99/99/9999
PAYEE TOTALS:			(17)		(18)			
TRANSACTIONS:			99,999		PAYMENTS:		999,999,999.99	
FIPS CODE TOTALS:			(19)		(20)			
TRANSACTIONS:			999,999		PAYMENTS:		9,999,999,999.99	
OBJECT CODE TOTALS:			(21)		(22)			
TRANSACTIONS:			999,999		PAYMENTS:		9,999,999,999.99	
SUB-PROGRAM TOTALS:			(23)		(24)			
TRANSACTIONS:			999,999		PAYMENTS:		9,999,999,999.99	
PROGRAM TOTALS:			(25)		(26)			
TRANSACTIONS:			9,999,999		PAYMENTS:		99,999,999,999.99	
GRAND TOTALS:			(25)		(26)			
TRANSACTIONS:			99,999,999		PAYMENTS:		999,999,999,999.99	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program	Budget Program Code	DE9835	
2	Sub-Program	Budget Sub-Program Code	DE9838	
3	Object Code	Budget Object Code	DE9843	
4	FIPS Code	MMIS Locality Code based on Postal Code	DE5254	
5	Payee ID	National Provider Identifier	DE4700	
6	Reference	Claim Request ICN	DE2001	
6.5	Servicing ID	Financial Transaction Servicing Provider ID Type	DE1397	
7	Inv	Claim Type	DE2002	
8	Recipient	Claim Partial Recipient Name	DE2006	
9	From Dt	Claim Service From	DE2010	

		Date		
10	Thru Dt	Claim Service Thru Date	DE2011	
11	Procedure	Procedure Code	DE5002	
12	Payment	Claim Payment Amount	DE2023	
13	Disposition	Claim Type Modifier	DE2003	
14	Activity Date	Claim Entered Date	DE2177	
15	Payee Totals: Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Payee ID
16	Payee Totals: Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Payee ID
17	FIPS Code Totals: Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by FIPS Code
18	FIPS Code Totals: Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by FIPS Code
19	Object Code Totals: Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Object Code
20	Object Code Totals: Payment	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Object Code
21	Sub-Program Totals: Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Sub-Program Code
22	Sub-Program Totals: Payments:	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Sub-Program Code.
23	Program Totals: Transactions	Calculated	DE0002	Record count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Budget Program Code.

24	Program Totals: Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability by Budget Program Code.
25	Grand Totals: Transactions	Calculated	DE0002	Count of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability for the report.
26	Grand Totals: Payments	Calculated	DE0002	Total amount of Claims Payment Request Records and Financial Transactions that pended due to Budget Availability for the report.

Output Reports FN-O-106 Void Claim Financial Report

General Information

This report displays the transactions that are associated to a specific Remittance Advice for voiding a check.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	1 Year
Distribution:	N/A
Program:	Financial Void Adjustment Setup Program (FND040)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Void Claim/Financial Report (FN-O-106)

FND040
AS OF 03/10/2002
RUN DATE: 03/10/2002 13:57

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
VOID CLAIM/FINANCIAL REPORT

RE
PA

(1) VOID RA # 999999999 (2) VOID REASON: XXXX
(3) (4) (5) (6)
PROVIDER : 1234567890 CHECK NUMBER : 999999999 CHECK AMOUNT : \$999,999,999.99 PAYMENT DATE : 99/99/99

ORIGL CLAIMS (7) 999,999 (8) \$999,999,999.99
DEBIT CLAIMS (9) 999,999 (10) \$999,999,999.99
CR/VD CLAIMS (11) 999,999 (12) \$999,999,999.99CR
(13) (14) (15) (16) (17) (18) (19) (20)
BNFT PGM FCN OBJECT LOCALITY YEAR PAYMENT AMT RSN ADJUSTMENT REASON DESC
01 000197785 123704 2006 91.31 9200 HIPP PAYMENT (NCB)

ADJUSTMENTS/VOIDS SINCE REMITTANCE (21)
TOTAL ADJUSTMENTS/VOIDS: (22) \$999,999,999.99
REMITTANCE VARIANCE (23) \$999,999,999.99

VOID RA # 999999999 VOID REASON: XXXX

-FINANCIAL TRNS GENERATED BY RA

BNFT PGM FCN OBJECT LOCALITY YEAR PAYMENT AMT RSN ADJUSTMENT REASON
XX XXXXXXXX XXXXXX XXX 9999 999,999,999.99 XXXX

VOID RA # 002563763 VOID REASON: XXXX

SUMMARY OF CLAIMS CREDITS REVERSALS (24)
BNFT PGM OBJECT PAYMENT
XX XXXXXX \$999,999,999.99
TOTAL CLAIMS CREDITS REVERSALS (25) \$999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Void RA #	Remittance Advice Number	DE9580	
2	Void Reason		DE0000	Void Reason
3	Provider	Remittance Payee Identification Number	DE9588	
4	Check Number	Remittance Check Number	DE9576	
5	Check Amount	Remittance Check Amount	DE9577	
6	Payment Date	Remittance Payment Date	DE9578	
7	Origl Claims (Count)	Calculated	DE0002	Count of all original claims
8	Origl Claims	Calculated	DE0002	Sum of the payment amount for all ori-

	(Amount)			ginal claims
9	Debit Claims (Count)	Calculated	DE0002	Count of all Debit Claims.
10	Debit Claims (Amount)	Calculated	DE0002	Sum of payment amount for all debit claims.
11	CR/VD Claims (Count)		DE0000	
12	CR/VD Claims (Amount)		DE0000	
13	Bnft Pgm	Benefit Definition Plan Program Code	DE3551	
14	FCN	Financial Control Number	DE9874	
15	Object	Budget Object Code	DE9843	
16	Locality	Locality Name	DE5255	
17	Year	Budget Fiscal Year	DE9876	
18	Payment Amt	Claim Payment Amount	DE2023	
19	Rsn	Adjustment Reason Code	DE9877	
20	Adjustment Reason Desc	Financial Transaction Reason Code Description	DE9889	
21	Adjustments/Voids Since Remittance		DE0000	
22	Total Adjustment/Voids (Amount)	Calculated	DE0002	Total of adjusted claims amount.
23	Remittance Variance	Calculated	DE0002	Total Variance = Check Amount - Total Transactions Amount (Claims Amount + Financial Transactions + Claims Adjustment Amount)
24	Summary of Claims Credits Reversals	Calculated	DE0002	
25	Total Claims Credits Reversal (Amount)	Calculated	DE0002	Sum of payment amount for all credit and void claims.

Output Reports FN-O-107 Remittance Activity HMS Ext Totals Report

General Information

Weekly listing of data extracted for HMS from Expenditures Detail file.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	HMS Extract Program (FNW059)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Remittance Activity HMS Ext Totals Report (FN-O-107)

1FNW059 06/22/2003 00:30:17
AS OF:06/22/2003
RUN DATE: 06/22/2003 00:25

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
REMITTANCE ACTIVITY HMS EXT TOTALS REPORT

RE
PA

0	RA NUMBER	PROVIDER	CHECK AMOUNT	OBJECT	HMS TOTAL AMT	HMS PYMT AMT	HMS REDUC AMT
	002783133		\$ 740.12	123432	\$1,524.46	\$ 740.12	\$ 784.34
	002783136		\$ 74.70	123432	\$ 153.86	\$ 74.70	\$ 79.16
	002783137		\$10,360.61	123432	\$21,340.08	\$10,360.61	\$10,979.47
	002783138		\$ 8,099.27	123432	\$16,682.25	\$ 8,099.27	\$ 8,582.98
	002783139		\$15,515.31	123432	\$31,957.44	\$15,515.31	\$16,442.13
	002783140		\$ 2,281.67	123432	\$ 4,699.59	\$ 2,281.67	\$ 2,417.92
	002783142		\$ 3,302.36	123432	\$ 6,802.05	\$ 3,302.36	\$ 3,499.69
	002783144		\$ 46.48	123432	\$ 95.73	\$ 46.48	\$ 49.25
	002783145		\$ 2,048.82	123432	\$ 4,220.04	\$ 2,048.82	\$ 2,171.22
	002783146		\$ 1,582.99	123432	\$ 3,260.58	\$ 1,582.99	\$ 1,677.59
	002783147		\$ 4,609.83	123432	\$ 9,495.09	\$ 4,609.83	\$ 4,885.26
	002783154		\$ 1,720.86	123432	\$ 3,544.53	\$ 1,720.86	\$ 1,823.67
	002783167		\$ 2,805.37	123432	\$ 5,778.39	\$ 2,805.37	\$ 2,973.02
	002783175		\$ 217.24	123432	\$ 447.46	\$ 217.24	\$ 230.22
	002783176		\$ 325.95	123432	\$ 671.37	\$ 325.95	\$ 345.42
	002796077		\$ 147.42	123473	\$ 223.37	\$ 147.42	\$ 75.95
	002796080		\$ 703.44	123473	\$ 1,065.84	\$ 703.44	\$ 362.40
	002796081		\$ 1,202.70	123473	\$ 1,822.29	\$ 1,202.70	\$ 619.59
	002796082		\$ 443.10	123473	\$ 671.37	\$ 443.10	\$ 228.27
	002796083		\$ 147.42	123473	\$ 223.37	\$ 147.42	\$ 75.95
	002796084		\$ 253.20	123473	\$ 383.64	\$ 253.20	\$ 130.44
	002796085		\$ 443.10	123473	\$ 671.37	\$ 443.10	\$ 228.27
0		TOTALS	\$ 57,071.96		\$115,734.17	\$ 57,071.96	\$ 58,662.21
-							

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RA NUMBER	Remittance Advice Number	DE9580	
2	PROVIDER	National Provider Identifier	DE4700	
3	CHECK AMOUNT	Budget Expended Amount	DE9864	
4	OBJECT	Budget Object Code	DE9843	
5	HMS TOTAL AMT	Calculated	DE0002	
6	HMS PYMT AMT	Calculated	DE0002	
7	HME REDUC AMT	Claim Cutback Amount	DE2066	
8	PYMT DATE	Remittance Payment Date	DE9578	

Output Reports FN-O-108 HIPP Case ADD PAY Payee ID Report

General Information

HIPP Case ADD/PAY & Payee ID Report.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	FNW093
Retention:	N/A
Distribution:	N/A
Program:	Generate HIPP Case ADD/PAY & Payee ID Report (FNW093)
Confidential:	No
Sequence:	By Medicaid ID, Payee Name.
Control Breaks:	PGM IND

HIPP Case ADD/PAY & Payee ID Report (FN-O-108)

FNW093
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP CASE ADD/PAY & PAYEE ID REPORT
PROGRAM INDICATOR: X

REPO
PAGE

MEDICAID NUMBER (1)	PAYEE NAME (2)	TRANSACTION DATE (3)	PROGRAM IDENTIFIER (4)	HIPP CASE (5)	OBJECT CODE (6)	PREMIUM PYMT (7)	PAYEE ID
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	X	0099999	999999	999.99	00000
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	X	0099999	999999	999.99	00000
999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	X	0099999	999999	999.99	00000

TOTAL PREMIUM AMOUNT: \$ 9,999.99 (10)

TOTAL PREMIUM AMOUNT FOR ALL PROGRAMS: \$ 999,999,999.99 (11)

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

0

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Medicaid Number	Case Identification Number	DE3043	
2	Payee Name	Payee Name	DE9560	
3	Transaction Date	Financial Transaction Date	DE9825	
4	HIPP Program Indicator	HIPP Program Indicator	DE9507	
5	HIPP File Number	HIPP File Number	DE9522	
6	Budget Object Code	Budget Object Code	DE9843	
7	Premium Payment	Financial Amount	DE9817	
8	Payee Identifier	Payee Identifier	DE9558	
9	Financial Control Number	Financial Control Number	DE9874	
10	Totals by Pgm-Indicator	Calculated	DE0002	Calculated - Total premium payment per program
11	Grand Totals	Calculated	DE0002	Calculated - Total premium payment for all programs

Output Reports FN-O-110 DENTAL CARVE OUT PER MEMBER PER MONTH REPORT

General Information

THIS REPORT LIST RECIPIENTS THAT HAVE BEEN SELECTED FOR THE DENTAL CARVE OUT PROGRAM. THE REPORT LIST EACH RECIPIENT ID , MONTH AND PAYMENT PER RECIPIENT.

Subsystem:	Financial
Frequency:	MONTHLY
Volume:	15,000+ PAGES
Number of Copies:	DARS
Output Form:	DARS
Retention:	ONE YEAR
Distribution:	DARS
Program:	Create monthly Per Member Per Month report for enrollees with dental coverage. (FNM110)
Confidential:	Yes
Sequence:	OBJECT CODE RECIPIENT ID
Control Breaks:	OBJECT CODE

DENTAL CARVE OUT PER MEMBER PER MONTH REPORT (FN-O-110)

FNM110
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
PROVIDER ID: 999999999

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DENTAL CARVE OUT-PER MEMBER PER MONTH

REPO
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OBJECT CD :123208 MEDICAID EXPANSION-SMILES FOR CHILDREN

(1) RECIPIENT-ID	(2) DATE OF SERVICE	(3) AMOUNT
999999999999	2005/06/01-2005-06-30	.78
999999999999	2005/06/01-2005-06-30	.78
999999999999	2005/06/01-2005-06-30	.78
999999999999	2005/06/01-2005-06-30	.78
999999999999	2005/06/01-2005-06-30	.78
RECIPIENT TOTAL	999,999	\$ 999,999.99
123208:MEDICAID EXPANSION-SMILES FOR CHILDREN	999,999	\$ 999,999.99

*** END OF REPORT ***

DENTAL CARVE OUT PER MEMBER PER MONTH REPORT (FN-O-110)

FNM110
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM
PROVIDER ID: 999999999

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DENTAL CARVE OUT-PER MEMBER PER MONTH

RE
PAGE

XX

PER MEMBER PER MONTH SUMMARY- FOR 9999, XXXXXXXXXXXXXXX

PAYMENT AMOUNTS PER OBJECT CODE

123208:FAMIS PLUS RECIPIENT TOTAL	999,999	\$ 999,999.99
123210:MEDICAID-RECIPIENT TOTAL	999,999	\$ 999,999.99
123244:FAMIS RECIPIENT TOTAL	999,999	\$ 999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0.3	Provider Identification	National Provider Identifier	DE4700	
1	Recipient ID	Enrollee Permanent Identification Number	DE3093	
2	Dates of service	Claim Service From Date	DE2010	
3	Amount	Calculated	DE0002	For adults, \$.16 per enrollee per month For children(0-20), \$.78 per enrollee per month

5	Provider Name	Provider Name	DE4085	
6	Object Code	Budget Object Code	DE9843	
7	Object Code Description	Budget Object Code Description	DE9844	
8	Members Total	Calculated	DE0002	
9	Payment Amount Total	Calculated	DE0002	

Output Reports FN-O-111 Provider Outstanding Negative Balance Report

General Information

The identification of all outstanding Negative Balances existing on 04/01/06, 05/01/06, and 05/22/06 for Legacy ID providers only need to be recorded in a reporting process and to automatically move those existing balances to the corresponding NPI number that corresponds to the tax ID. The report should show Legacy ID, all associated negative balances at the detail object code level and last date updated.

Subsystem:	Financial
Frequency:	On Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE REPORTS (FNR150)
Confidential:	Yes
Sequence:	Provider, Benefit code
Control Breaks:	Provider, Benefit Code

Provider Outstanding Negative Balance Report (FN-O-111)

FNR150
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING NEGATIVE BALANCE - MM/DD/CCYY
PROCESSING MODE - REPORTING/NO UPDATES TO DB

RI
PA

LEGACY ID:999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN ID:999999999 SSN:999999999
(1) (2) (3.a) (3.b)
NPI/API :1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN ID:999999999 SSN:999999999
(4) (5)

LIEN RECORD (6)	BNFT PGM (7)	BEGIN DATE (8)	LAST UPDTE (9)	PROGRAM (10)	SUB PGM (11)	OBJECT (12)	LOC (19)	ACTUAL NEG AMT (13)	AMOUNT RECOUP (14)	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	
								BNFT TOTAL :	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
								PROVIDER TOTAL :	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
								GRAND TOTAL :	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
								(16)	(17)	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Provider Name	Payee Name	DE9560	
3	FEIN ID	HIPP SSN/FEIN Number	DE9517	
4	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
5	NPI/API Provider Name	Provider Name	DE4085	
6	Lien Record Identifier	Negative Balance/Lien Record Identifier	DE9525	
7	Benefit Program	Benefit Definition Plan Program Code	DE3551	
8	Negative Lien Begin Date	Financial Begin Date	DE9804	
9	Negative Lien Last Update	Row Update Date	DE0011	
10	Program	Budget Program Code	DE9835	
11	Sub Program	Budget Sub-Program Code	DE9838	

12	Object Code	Budget Object Code	DE9843	
13	Negative Lien Amount	Total Negative/Lien Amount	DE9801	
14	Amount Recouped	Budget Share Amount	DE9856	
15	Remaining Amount	Calculated	DE0002	
16	Benefit Totals for Negative Amounts	Calculated	DE0002	
17	Benefit Totals for Amount Recouped	Calculated	DE0002	
18	Benefit Total for Remaining Amounts	Calculated	DE0002	
19	Locality	MMIS Locality Code based on Postal Code	DE5254	
20	Provider Totals for Negative Amounts	Calculated	DE0002	
21	Provider Totals for Amount Recouped	Calculated	DE0002	
22	Provider Total for Remaining Amounts	Calculated	DE0002	
23	Grand Totals for Negative Amounts	Calculated	DE0002	
24	Grand Totals for Amount Recouped	Calculated	DE0002	
25	Grand Total for Remaining Amounts	Calculated	DE0002	

Output Reports FN-O-112 Provider Outstanding Negative Balance Error Report

General Information

The identification of all outstanding Negative Balances existing on 04/01/06, 05/01/06, and 05/22/06 for Legacy ID providers only need to be recorded in a reporting process and to automatically move those existing balances to the corresponding NPI number that corresponds to the tax ID. The report should show Legacy ID, all associated negative balances at the detail object code level and last date updated.

Subsystem:	Financial
Frequency:	On Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE REPORTS (FNR150)
Confidential:	Yes
Sequence:	Provider, Benefit code
Control Breaks:	Provider, Benefit code

Provider Outstanding Negative Balance Error Report (FN-O-112)

FNR150
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING NEGATIVE BALANCE - MM/DD/CCYY
NEGATIVE BALANCE - ERROR REPORT

LEGACY ID:999999999 NAME:XXX FEIN :999999999 SSN:999999999
(1) (2) (3.a) (3.b)
NPI/API :1234567890 NAME:XXX FEIN :999999999 SSN:999999999
(4) (2)
ERROR MESSAGE:XXX
(5)

LIEN RECORD (6)	BNFT PGM (7)	BEGIN DATE (8)	LAST UPDTE (9)	PROGRAM (10)	SUB PGM (11)	OBJECT (12)	LOC (19)	ACTUAL NEG AMT (13)	AMOUNT RECOUPED (14)	REMAINING (15)
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	XX	MM/DD/CCYY	MM/DD/CCYY	XXX	XXXX	XXXXXX	XXX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
BNFT TOTAL :								ZZZ,ZZZ,ZZ9.99 (16)	ZZZ,ZZZ,ZZ9.99 (17)	ZZZ,ZZZ,ZZ9.99 (18)
PROVIDER TOTAL :								ZZZ,ZZZ,ZZ9.99 (19)	ZZZ,ZZZ,ZZ9.99 (20)	ZZZ,ZZZ,ZZ9.99 (21)
GRAND TOTAL :								ZZZ,ZZZ,ZZ9.99 (22)	ZZZ,ZZZ,ZZ9.99 (23)	ZZZ,ZZZ,ZZ9.99 (24)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Provider Name	Payee Name	DE9560	
3	FEIN ID	HIPP SSN/FEIN Number	DE9517	
4	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
5	Error Message	Error Message Text	DE0026	
6	Lien Record Identifier	Negative Balance/Lien Record Identifier	DE9525	
7	Benefit Program	Benefit Definition Plan Program Code	DE3551	
8	Negative Lien Begin Date	Financial Begin Date	DE9804	
9	Negative Lien Last Update	Row Update Date	DE0011	
10	Program	Budget Program Code	DE9835	

11	Sub Porgram	Budget Sub-Program Code	DE9838	
12	Object Code	Budget Object Code	DE9843	
13	Negative Lien Amount	Total Negative/Lien Amount	DE9801	
14	Amount Recouped	Budget Share Amount	DE9856	
15	Remaining Amount	Calculated	DE0002	
16	Benefiit Totals for Negative Amounts	Calculated	DE0002	
17	Benefit Total for Amount Recouped	Calculated	DE0002	
18	Benefit Total for Rmaining Amounts	Calculated	DE0002	
19	Locality	MMIS Locality Code based on Postal Code	DE5254	
20	Provider Totals for Negative Amounts	Calculated	DE0002	
21	Provider Total for Amount Recouped	Calculated	DE0002	
22	Provider Total for Rmaining Amounts	Calculated	DE0002	
23	Grand Totals for Negative Amounts	Calculated	DE0002	
24	Grand Total for Amount Recouped	Calculated	DE0002	
25	Grand Total for Rmaining Amounts	Calculated	DE0002	

Output Reports FN-O-113 Provider Outstanding Lien Balance Report

General Information

The identification of all outstanding Lien Balances existing on 04/01/06, 05/01/06, and 05/22/06 for Legacy ID providers only need to be recorded in a reporting process and to automatically move those existing balances to the corresponding NPI number that corresponds to the tax ID. The report should show Legacy ID, all associated lien balances at the detail object code level and last date updated.

Subsystem:	Financial
Frequency:	On Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE REPORTS (FNR150)
Confidential:	Yes
Sequence:	Provider
Control Breaks:	Provider

Provider Outstanding Lien Balance Report (FN-O-113)

FNR150
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING LIEN BALANCE - MM/DD/CCYY
PROCESSING MODE - REPORTING/NO UPDATES TO DB

LEGACY ID:999999999 NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN :999999999 SSN:999999999
(1) (2) (3a) (3b)
NPI/API :1234567890 NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN :999999999 SSN:999999999
(4) (5)

LIEN RECORD (6)	PAYEE TO (7)	PAYEE_TO NAME (8)	BEGIN DATE (9)	LAST UPDTE (10)	ACTUAL NEG AMT (11)	AMOUNT RECOUPED (12)
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99

BNFT TOTAL	:	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
		(14)	(15)
PROVIDER TOTAL	:	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
		(17)	(18)
GRAND TOTAL	:	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
		(20)	(21)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Provider Name	Payee Name	DE9560	
3	FEIN ID	HIPP SSN/FEIN Number	DE9517	
4	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
5	NPI/API Provider Name	Provider Name	DE4085	
6	Lien Record Identifier	Negative Balance/Lien Record Identifier	DE9525	
7	Pay to Payee	Payee Identifier	DE9558	
8	Payee Name	Payee Name	DE9560	
9	Lien Begin Date	Financial Begin Date	DE9804	
10	Lien Last Update	Row Update Date	DE0011	
11	Lien Amount	Total Negative/Lien Amount	DE9801	
12	Amount Recouped	Budget Share Amount	DE9856	
13	Remaining Amount	Calculated	DE0002	
14	Benefit Total for	Calculated	DE0002	

	Lien Amounts			
15	Benefit Total For Recouped Amounts	Calculated	DE0002	
16	Benefit Total for Remaining Amounts	Calculated	DE0002	
17	Provider Total for Lien Amounts	Calculated	DE0002	
18	Provider Total For Recouped Amounts	Calculated	DE0002	
19	Provider Total for Remaining Amounts	Calculated	DE0002	
20	Grand Total for Lien Amounts	Calculated	DE0002	
21	Grand Total For Recouped Amounts	Calculated	DE0002	
22	Grand Total for Remaining Amounts	Calculated	DE0002	

Output Reports FN-O-114 Provider Outstanding Lien Balance Error Report

General Information

The identification of all outstanding Lien Balances existing on 04/01/06, 05/01/06, and 05/22/06 for Legacy ID providers only need to be recorded in a reporting process and to automatically move those existing balances to the corresponding NPI number that corresponds to the tax ID. The report should show Legacy ID, all associated lien balances at the detail object code level and last date updated.

Subsystem:	Financial
Frequency:	On Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE REPORTS (FNR150)
Confidential:	No
Sequence:	Provider
Control Breaks:	Provider

Provider Outstanding Lien Balance Error Report (FN-O-114)

FNR150
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING LIEN BALANCE - MM/DD/CCYY
LIEN BALANCE - ERROR REPORT

LEGACY ID:999999999 NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN :999999999 SSN:999999999
(1) (2) (3.a) (3.b)
NPI/API :1234567890 NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX FEIN :999999999 SSN:999999999
(4) (2)
ERROR MESSAGE: XX
(5)

LIEN RECORD (6)	PAYEE TO (7)	PAYEE_TO NAME (8)	BEGIN DATE (9)	LAST UPDTE (10)	ACTUAL NEG AMT (11)	AMOUNT RECOUPED (12)
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
999999999	999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99
PROVIDER TOTAL :					ZZZ,ZZZ,ZZ9.99 (14)	ZZZ,ZZZ,ZZ9.99 (15)
GRAND TOTAL :					ZZZ,ZZZ,ZZ9.99 (17)	ZZZ,ZZZ,ZZ9.99 (18)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Provider Name	Payee Name	DE9560	
3	FEIN ID	HIPP SSN/FEIN Number	DE9517	
4	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
5	Error Message	Error Message Text	DE0026	
6	Lien Record Identifier	Negative Balance/Lien Record Identifier	DE9525	
7	Pay to Payee	Payee Identifier	DE9558	
8	Payee Name	Payee Name	DE9560	
9	Lien Begin Date	Financial Begin Date	DE9804	
10	Lien Last Updated	Row Update Date	DE0011	
11	Lien Amount	Total Negative/Lien Amount	DE9801	
12	Amount Recouped	Budget Share Amount	DE9856	
13	Remaining Amount	Calculated	DE0002	
14	Provider Total for Lien Amounts	Calculated	DE0002	

15	Provider Total for Recouped Amounts	Calculated	DE0002	
16	Provider Total for Remaining Amounts	Calculated	DE0002	
17	Grand Total for Lien Amounts	Calculated	DE0002	
18	Grand Total for Recouped Amounts	Calculated	DE0002	
19	Grand Total for Remaining Amounts	Calculated	DE0002	

Output Reports FN-O-115 Provider Outstanding Negative Balance Conversion Mapping

General Information

Conversion mapping report for all providers which have an outstanding negative balance.

Subsystem:	Financial
Frequency:	On Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE CONVERSION MAPPING REPORT (FNR151)
Confidential:	Yes
Sequence:	Provider, Benefit code
Control Breaks:	Provider, Benefit code

Provider Outstanding Negative Balance Conversion Mapping (FN-O-115)

FNR151
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING NEGATIVE BALANCE
CONVERSION MAPPING

LEGACY ID (1)	FNCL (2)	TRNS (3)	TYPE (4)	BNFT (5)	PGM (6)	SUBPGM (7)	OBJECT (8)	TRAN AMOUNT (9)	NPI/API (10)	FNCL (11)	TRNS (12)	TYPE (13)	TRAN AMOUNT (14)	RECOUP AMT (15)	RECOUP (16)
999999999	999999999	XX	XX	XXX	XXXX	XXXXXX	ZZZ,ZZZ,ZZ9.99	1234567890	999999999	XX	ZZZ,ZZZ,ZZ9.99	ZZZ,ZZZ,ZZ9.99	9.99		

BNFT TOTAL	:	ZZZ,ZZZ,ZZ9.99		ZZZ,ZZZ,ZZ9.99
		(15)		(16)
PROVIDER TOTAL	:	ZZZ,ZZZ,ZZ9.99		ZZZ,ZZZ,ZZ9.99
		(17)		(18)
GRAND TOTAL	:	ZZZ,ZZZ,ZZ9.99		ZZZ,ZZZ,ZZ9.99
		(19)		(20)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Financial Control Number	Financial Control Number	DE9874	
3	Transaction Type	Financial Transactions Type Code	DE9854	
4	Benefit Program	Benefit Definition Plan Program Code	DE3551	
5	Program	Budget Program Code	DE9835	
6	Sub Program	Budget Sub-Program Code	DE9838	
7	Object Code	Budget Object Code	DE9843	
8	Financial Amount	Financial Amount	DE9817	
9	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
10	Financial Control Number	Financial Control Number	DE9874	
11	Transaction Type	Financial Transactions Type Code	DE9854	
12	Financial Amount	Financial Amount	DE9817	
13	Recoup Amount	Financial Recoupment Limit	DE9820	
14	Recoup Limit	Financial Recoupment Limit (Percent)	DE9819	
15	Benefit Total for Orig Financial Amount	Calculated	DE0002	
16	Benefit Total for Conv Financial Amount	Calculated	DE0002	
17	Provider Total for Orig Financial Amount	Calculated	DE0002	
18	Provider Total for Conv Financial Amount	Calculated	DE0002	
19	Grand Total for Orig Financial Amount	Calculated	DE0002	

20	Grand Total for Conv Financial Amount	Calculated	DE0002	
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Output Reports FN-O-116 Provider Outstanding Lien Balance Conversion Mapping

General Information

Conversion mapping report for all providers which have an outstanding lien balance.

Subsystem:	Financial
Frequency:	N/Aon Request
Volume:	< 1000 pages
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	GENERATE PROVIDER OUTSTANDING NEG/LIEN BALANCE CONVERSION MAPPING REPORT (FNR151)
Confidential:	Yes
Sequence:	Provider, Benefit code
Control Breaks:	Provider, Benefit code

Provider Outstanding Lien Balance Conversion Mapping (FN-O-116)

FNR151
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER OUTSTANDING LIEN BALANCE
CONVERSION MAPPING

LEGACY ID (1)	FNCL (2)	TRNS (3)	TYPE (4)	TRAN AMOUNT (5)	NPI/API (6)	FNCL TRNS (7)	TYPE (8)	TRAN AMOUNT (9)
999999999	999999999	XX		ZZZ,ZZZ,ZZ9.99	1234567890	999999999	XX	ZZZ,ZZZ,ZZ9.99
PROVIDER TOTAL :				ZZZ,ZZZ,ZZ9.99 (9)				ZZZ,ZZZ,ZZ9.99 (10)
GRAND TOTAL :				ZZZ,ZZZ,ZZ9.99 (11)				ZZZ,ZZZ,ZZ9.99 (12)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Legacy ID	Remittance Payee Identification Number	DE9588	
2	Financial Control Number	Financial Control Number	DE9874	
3	Transaction Type	Financial Transactions Type Code	DE9854	
4	Financial Amount	Financial Amount	DE9817	
5	NPI/API	National Provider Identifier	DE4700	Must be NPI/API Provider Number
6	Financial Control Number	Financial Control Number	DE9874	
7	Transaction Type	Financial Transactions Type Code	DE9854	
8	Financial Amount	Financial Amount	DE9817	
9	Provider Total for Orig Financial Amount	Calculated	DE0002	
10	Provider Total for Conv Financial Amount	Calculated	DE0002	
11	Grand Total for Orig Financial Amount	Calculated	DE0002	
12	Grand Total for Conv Financial Amount	Calculated	DE0002	

Output Reports FN-O-117 HMS ADJUSTED CLAIMS WITH REASON CODE 8501

General Information

Audit Trail Counts for HMS submitted Adjusted Claims with reason code 8501.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Fixed
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	HMS Adjusted Claims with reason code 8501 Program (FNW005)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

HMS ADJUSTED CLAIMS WITH REASON CODE 8501 (FN-O-117)

FNW005
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HMS ADJUSTED CLAIMS WITH REASON CODE 8501
WEEK OF MM/DD/YYYY - MM/DD/YYYY
(1) (2)

CLAIMS TRANSACTION			
DEBIT ADJUSTMENT	:	999,999 (3)	999,999,999.99 (4)
CREDIT ADJUSTMENT	:	999,999 (5)	999,999,999.99 (6)
DENIED	:	999,999 (7)	
PENDED	:	999,999 (8)	
PHARMACY TRANSACTION			
ORIGINAL (REBILL PAID)	:	999,999 (10)	999,999,999.99 (11)
VOID SUCCESSFUL/REBILL PAID	:	999,999 (12)	999,999,999.99 (13)
VOID SUCCESSFUL/REBILL DENIED	:	999,999 (14)	999,999,999.99 (15)
VOID SUCCESSFUL/REBILL PENDED	:	999,999 (16)	999,999,999.99 (17)
DENIED	:	999,999 (18)	
PENDED	:	999,999 (19)	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Week Of (Begin Date)	RA Cycle Weekly Begin Date	DE9977	
2	Week Of (End Date)	RA Cycle Weekly End Date	DE9978	
3	Debit Adjustment (Total)	Calculated	DE0002	Total number of Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '2'.
4	Debit Adjustment (Total Amount)	Claim Payment Amount	DE2023	Sum of all paid amount for Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '2'.
5	Credit Adjustment (Total)	Calculated	DE0002	Total number of Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '3'.
6	Credit Adjustment (Total Amount)	Calculated	DE0002	Sum of all paid amount for Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '3'.
7	Denied (Total)	Calculated	DE0002	Total number of Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '6'

				(denied).
8	Pended (Total)	Calculated	DE0002	Total number of Non - Pharmacy claims submitted by HMS (reason code 8501) which is in status '4' (pended).
9	Original (Rebill Paid) (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '1'.
10	Original (Rebill Paid) (Total Amount)	Claim Payment Amount	DE2023	Sum of all paid amount for Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '1'.
11	Void Successful/Rebill Paid (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '5' and '1'.
12	Void Successful/Rebill Paid (Total Amount)	Claim Payment Amount	DE2023	Sum of all paid amount for Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '5' and '1'.
13	Void Successful/Rebill Denied (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '6'.
14	Void Successful/Rebill Denied (Total Amount)	Claim Payment Amount	DE2023	Sum of all paid amount for Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '6'.
15	Void Successful/Rebill Pended (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '4'.
16	Void Successful/Rebill Pended (Total Amount)	Claim Payment Amount	DE2023	Sum of all paid amount for Pharmacy claims submitted by HMS (reason code 8501) which is in status '5' and modifier '4' and also in status '4'.
17	Denied (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '6'.
18	Pended (Total)	Calculated	DE0002	Total number of Pharmacy claims submitted by HMS (reason code 8501) which is in status '4'.

Output Reports FN-O-118 HMS ADJUSTED PHARMACY CLAIMS WITH REASON CODE 8501

General Information

Listing of HMS submitted Pharmacy claim with reason code 8501

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	HMS adjusted Pharmacy and Non-Pharmacy claims report with reason code 8501 (FNW120)
Confidential:	No
Sequence:	Claim Status (Approved, Denied and Pended) and Recipient ID within Claim Status. For any denied or pended rebilled Disp 1 Pharmacy Claims (CT 06), the corresponding Disp 4 rebilled voided claims would be printed following the denied or pended claim. The voided claim that prints with the corresponding denied or pended Disp 1 claim would not also print in the Approved Claims section of the Report.
Control Breaks:	Claim Status

HMS ADJUSTED NON-PHARMACY CLAIMS WITH REASON CODE 8501 (FN-O-118)

FNW120
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HMS ADJUSTED NON-PHARMACY CLAIMS WITH REASON CODE 8501
WEEK OF MM/DD/YYYY - MM/DD/YYYY
(1) (2)

RE
PAGE

CLAIM STATUS: XXXXXXXX (3)

(4) RECIPIENT	(5) BILLING	(6) SERVICING	(7) ORIGINAL ICN/MOD	(8) ADJUSTED ICN/MOD	(9) ORIGINAL AMT	(10) TPL AMOUNT	DIF
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999
XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	999

TOTAL	NO.OF CLAIMS	(13) 9,999,999	(14) 9,999,999,999.99	(15) 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99
GRAND TOTAL		(17) 9,999,999	(18) 9,999,999,999.99	(19) 9,999,999,999.99	9,999,999,999.99	9,999,999,999.99	9,999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Week Of (Begin Date)	RA Cycle Weekly Begin Date	DE9977	
2	Week Of (End Date)	RA Cycle Weekly End Date	DE9978	
3	Claim Status	Financial Status Code	DE9808	
4	Recipient	Enrollee Permanent Identification Number	DE3093	
5	Billing	National Provider Identifier	DE4700	
6	Servicing	National Provider Identifier	DE4700	
7	Original ICN	Claim Request ICN	DE2001	
8	(Original ICN) Modifier	Financial Disposition Code	DE9805	
9	Rebill ICN	Claim Request ICN	DE2001	
10	(Rebill ICN) Modifier	Financial Disposition Code	DE9805	
11	Original Amt	Claim Payment Amount	DE2023	
12	TPL Amount	Claim Third Party Pay-	DE2018	

		ment		
13	Diff Orig Adj	Calculated	DE0002	Difference between adjusted amount and the original amount.
14	Reason	Error Text Error Code	DE5501	
15	DOS	Claim Service From Date	DE2010	
16	Rx	Claim Pharmacy Prescription Number	DE2211	
17	Total No. of Claims	Calculated	DE0002	Total No. of Claims
18	Total Original Amt	Calculated	DE0002	Total Original Amount
19	Total TPL Amount	Calculated	DE0002	Total TPL Amount
20	Total Diff Orig Adj	Calculated	DE0002	Total of difference between adjusted amount and the original amount.
21	Grand Total (No. of Claims)	Calculated	DE0002	Grand Total (No. of Claims)
22	Grand Total Original Amt	Calculated	DE0002	Grand Total Original Amount
23	Grand Total TPL Amount	Calculated	DE0002	Grand Total TPL Amount
24	Grand Total Diff Orig Adj	Calculated	DE0002	Grand Total of difference between adjusted amount and the original amount.

Output Reports FN-O-119 HMS ADJUSTED NON PHARMACY CLAIMS WITH REASON CODE 8501

General Information

Listing of HMS submitted Non-Pharmacy claim with reason code 8501

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	N/A
Program:	HMS adjusted Pharmacy and Non-Pharmacy claims report with reason code 8501 (FNW120)
Confidential:	No
Sequence:	Claim Status (Approved, Denied and Pended) and Recipient ID within Claim Status.
Control Breaks:	Claim Status

HMS ADJUSTED PHARMACY CLAIMS WITH REASON CODE 8501 (FN-O-119)

FNW120
AS OF MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HMS ADJUSTED PHARMACY CLAIMS WITH REASON CODE 8501
WEEK OF MM/DD/YYYY - MM/DD/YYYY
(1) (2)

CLAIM STATUS: XXXXXXXX (3)

(4) RECIPIENT	(5) BILLING	(6) SERVICING	(7) ORIGINAL ICN/ MOD	(8) REBILL ICN/ MOD	(9) ORIGINAL AMT	(10) TPL AMOUNT	(11) DIFF
XXXXXXXXXXXXX DOS: MM/DD/YYYY	XXXXXXXXXXXXX (15)	XXXXXXXXXXXXX (16)	XXXXXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	99
XXXXXXXXXXXXX DOS: MM/DD/YYYY	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	99
XXXXXXXXXXXXX DOS: MM/DD/YYYY	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	99
XXXXXXXXXXXXX DOS: MM/DD/YYYY	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	99
XXXXXXXXXXXXX DOS: MM/DD/YYYY	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX/X	XXXXXXXXXXXXXXXXXXXXX/X	999,999,999.99	999,999,999.99	99

TOTAL NO.OF CLAIMS	(17) 9,999,999	(18) 9,999,999,999.99	(19) 999,999,999.99
GRAND TOTAL	(21) 9,999,999	(22) 9,999,999,999.99	(23) 999,999,999.99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Week Of (Begin Date)	RA Cycle Weekly Begin Date	DE9977	
2	Week Of (End Date)	RA Cycle Weekly End Date	DE9978	
3	Claim Status	Financial Status Code	DE9808	
4	Recipient	Enrollee Permanent Identification Number	DE3093	
5	Billing	National Provider Identifier	DE4700	
6	Servicing	National Provider Identifier	DE4700	
7	Original ICN	Claim Request ICN	DE2001	
8	(Original ICN) Mod	Financial Disposition	DE9805	

		Code		
9	Adjusted ICN	Claim Request ICN	DE2001	
10	(Adjusted ICN) Mod	Financial Disposition Code	DE9805	
11	Original Amt	Claim Payment Amount	DE2023	
12	TPL Amount	Claim Third Party Payment	DE2018	
13	Diff Orig Adj	Calculated	DE0002	Difference between adjusted amount and the original amount.
14	Reason	Error Text Error Code	DE5501	
15	Total No. of Claims	Calculated	DE0002	Total No. of Claims
16	Total Original Amount	Calculated	DE0002	Sum of all original amount
17	Total TPL Amount	Calculated	DE0002	Total TPL Amount
18	Total Diff Orig Adj	Calculated	DE0002	Sum of difference between adjusted and original amounts
19	Grand Total No. of Claims	Calculated	DE0002	Grand Total No. of Claims
20	Grand Total Original Amount	Calculated	DE0002	Grand Total Original Amount
21	Grand Total TPL Amount	Calculated	DE0002	Grand Total TPL Amount
22	Grand Total Diff Orig Adj	Calculated	DE0002	Grand Total of adjusted and original amounts

Output Reports FN-O-120 Monthly FAMIS SELECT Paid Claims and Premiums Report

General Information

Monthly premium and paid and denied claims report for all FAMIS Select enrollees (benefit package 07-01-0500)

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DARS
Program:	FAMIS SELECT Monthly Claims and Premium Report (FNM101)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly FAMIS SELECT Paid Claims and Premiums Report (FN-O-120)

FNM101

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FAMIS SELECT CLAIMS AND PREMIUMS

REP
PAGE

AS OF: 99/99/9999

RUN DATE: 99/99/9999 99:99

(1) (2) (3)
CASE ID: XXXXXXXXXXXXXXXX FIPS: 999 WORKER: V9999

(17) (18)
XXXXXX,XXXXXX

(4) (5) (6) (7)
ENRL.ID: XXXXXXXXXXXXXXXX AID CATG: 999 AID CATG BEGIN: 99/99/9999 BNFT PKG BEGIN: 99/99/9999

(8)	(9)	(10)	(11)	(12)	(13)	(14)
CLAIM TYPE	SERVICE DATE	PROVIDER	PROVIDER NAME	PROVIDER ADDRESS	PAYMENT DATE	
99	99/99/9999	1234567890	XXXXXXXX XXXXX XXXXX XXX	99999 XXXX XXXXXX XXXX XXX 999	XXXXXXXX	99/99/
99	99/99/9999	1234567890	XXXXX XXXXX	X XX XXX 99999	XXXXXXXX	99/99/
99	99/99/9999	1234567890	XXXXXXXX XXXXX XXX	99999 XXXX XXXXXX XXXX XXX 999	XXXXXXXX	99/99/
99	99/99/9999	1234567890	XXXXX XXXXX	X XX XXX 99999	XXXXXXXX	99/99/
(19) PREMIUM AMOUNT TOTAL :			99.99	(20) CLAIMS PAID TOTAL :		999.99
(21) PREMIUM GRAND TOTAL :			99.99	(22) CLAIMS DENIED TOTAL :		999.99
(23) PREMIUM GRAND TOTAL :			99.99	(24) CLAIMS DENIED GRAND TOTAL :		999.99

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case ID	Case Identification Number	DE3043	
2	Fips	Case Administrative FIPS Code	DE3039	
3	Worker	Case Worker Number	DE3431	
4	Enrl ID	Person Identifier Value	DE3955	
5	Aid Catg	Enrollee Eligibility Aid Category	DE3009	
6	Aid Catg Begin	Aid Category Begin Date	DE3024	
7	Bnft Pkg Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
8	Claim Type	Claim Type	DE2002	
9	Service Date		DE0000	Claim Service From Date (2002) for claims records and HIPP Premium From Date (9504) for HIPP premiums.
10	Provider	National Provider Identifier	DE4700	
11	Provider Name	Provider Name	DE4085	
12	Provider Address	Provider Address Line	DE4097	
13	Provider City	Provider Address City	DE4130	

		Name		
14	Payment Date		DE0000	Claims Remittance Payment Date (9578) or HIPP Payment Sent Date (9556)
15	Claim Stat	Claim Status	DE2039	
16	Amnt Pd/Billed		DE0000	Paid Claim Payment Amount (2023), Denied Claim Billed Charge (2016) or HIPP Premium Repayment Amount (9559)
17	(Case Last Name)	Case Last Name	DE3487	
18	(Case First Name)	Case First Name	DE3488	
19	Premium Amount Total	Calculated	DE0002	Total Premium Amount.
20	Claims Paid Total	Calculated	DE0002	Total Amount of Claims Paid.
21	Claims Denied Total	Calculated	DE0002	Total Amount of Denied Claims.
22	Premium Grand Total	Calculated	DE0002	Total Amount of Premiums.
23	Claims Paid Grand Total	Calculated	DE0002	Total Claims Paid.
24	Claims Denied Grand Total	Calculated	DE0002	Total Claims Denied.

Output Reports FN-O-122 Monthly FAMIS SELECT End dated Enrollee Benefits Report

General Information

All FAMIS Select enrollee benefits (benefit package 07-01-0500) ended during the month.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	On Demand
Retention:	N/A
Distribution:	DARS
Program:	FAMIS SELECT Monthly Ended Enrollee Benefits Report (FNM102)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly FAMIS SELECT End dated Enrollee Benefits Report (FN-O-122)

FNM102
AS OF: 99/99/9999
RUN DATE: 99/99/9999 99:99

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FAMIS SELECT ENROLLEE BENEFITS ENDED

(1) CASE ID	(2) LAST NAME	(3) FIRST NAME	(4) FIPS	(5) WORKER	(6) ENRL ID	(7) AID CATG	(8) AID CATG CANCEL DATE	(9) BENEFIT PKG END DATE
XXXXXXXXXXXX	XXXXXXXX	XXXXXX	065	M000	XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	007	12/31/9999	08/31/2005
XXXXXXXXXXXX	XXXXXXXX	XXXXXX	775	V000	XXXXXXXXXXXX	008	12/31/9999	08/02/2005
XXXXXXXXXXXX	XXXXXXXX	XXXXXX	570	M000	XXXXXXXXXXXX	006	12/31/9999	08/31/2005

(11)

TOTAL NUMBER OF ENROLLEE BENEFITS ENDED: 5

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case ID	Case Identification Number	DE3043	
2	Case Last Name	Case Last Name	DE3487	
3	Case First Name	Case First Name	DE3488	
4	Fips	Case Administrative FIPS Code	DE3039	
5	Worker	Case Worker Number	DE3431	
6	Enrl ID	Person Identifier Value	DE3955	
7	Aid Catg	Enrollee Eligibility Aid Category	DE3009	
8	Aid Catg End	Aid Category End Date	DE3027	
9	Bnft Pkg End Date	Enrollee Benefit Enrollment End Date	DE3065	
10	Last Update	Row Update Date	DE0011	
11	Total Number of Enrollee Benefits Ended	Calculated	DE0002	Total Number of Enrollee Benefits Ended.

Output Reports FN-O-128A Aged pend report

General Information

Aged pend report

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Aged pend report (FN-O-128A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
N/A				

Output Reports FN-O-128B Aged pend summary

General Information

Aged pend summary

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Aged pend summary (FN-O-128B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
	N/A			

Output Reports FN-O-130 Weekly Fiscal Add Pay Transactions for Fiscal Ledger Report

General Information

This report is run weekly with the remittance displaying all add-pays for the week

Subsystem:	Financial
Frequency:	Weekly
Volume:	< 100
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Weekly Fiscal Add Pay Transactions for Fiscal Ledger (FNW110)
Confidential:	No
Sequence:	Benefit Program, Cost Settlement Add Pays, Other Add Pays
Control Breaks:	Benefit Program, Cost Settlement Add Pays, Other Add Pays

Weekly Fiscal Add Pay Transactions for Fiscal Ledger Report (FN-O-130)

FNW110
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 WEEKLY FISCAL ADD PAY TRANSACTIONS FOR FISCAL LEDGER
 FOR PAYMENT DATE MM/DD/CCYY

REPORT NO: FN-O-130
 PAGE NUMBER: 2,222,229

ADD PAYS FOR MEDICAID BENEFIT PROGRAMS

(1) PROVIDER NUMBER	(2) PROVIDER NAME	(3) FISCAL OBJECT YEAR END	(4) FISCAL OBJECT CODE	(5) SERVICE TYPE	(6) PUB/	(7) TRAN	(8) REAS	(9) REF	(10) AMOUNT PAID	(11) PROJECT CODE	(12) INVOICE NUMBER
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
TOTAL COST SETTLEMENTS ADD PAYS:		2,222,229		\$22,222,222,229.99						(13)	

ALL OTHER CATEGORIES RELATED ADD PAYS (MEDICAID)

PROVIDER NUMBER	PROVIDER NAME	FISCAL OBJECT YEAR END	FISCAL OBJECT CODE	SERVICE TYPE	PUB/	TRAN	REAS	REF	AMOUNT PAID	PROJECT CODE	INVOICE NUMBER
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXX	XXXXXXXXXXXXXXXXXX	XXX	XX	XXXX	XXXXXXXXXX	\$22,222,222,229.99-	XXXXX	XXXXXXXXXXXXXXXXXX
TOTAL OTHER ADD PAYS:		2,222,229		\$22,222,222,229.99						(14)	

TOTAL ADD PAYS FOR THE WEEKLY PAYMENT CYCLE

TOTAL WEEKLY ADD PAYS: 2,222,229 \$22,222,222,229.99 (15)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider Number	Remittance Payee Identification Number	DE9588	
2	Provider Name	Provider Name	DE4085	
3	Fiscal Year End	Provider Fiscal Year End Date	DE9872	
4	Object	Budget Object Code	DE9843	

	Code			
5	Service Type	Budget Object Code Description	DE9844	
6	Pub/Pri	Public Private Indicator	DE4160	
7	Tran Type	Financial Transactions Type Code	DE9854	
8	Reas Code	Adjustment Reason Code	DE9877	
9	Ref Number	Financial Control Number	DE9874	
10	Amount Paid	Financial Amount	DE9817	
11	Project Code	Contract Project Code	DE9930	FN_TRANS_INVOICE C_CONT_PROJ_CODE
12	Invoice Number	Contract Invoice Number	DE9936	FN_TRANS_INVOICE C_INVOICE_NUMBER
13	Total Cost Settlement Add Pays	Calculated	DE0002	
14	Total Other Add Pays	Calculated	DE0002	
15	Total Weekly Add Pays	Calculated	DE0002	

Output Reports FN-O-145 Provider Negative Balance Repayment Report

General Information

This report identifies recouping transactions for the recoupment setup transactions.

Subsystem:	Financial
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	On Demand
Retention:	N/A
Distribution:	N/A
Program:	Provider Negative Balance Repayment (FNW145)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

PROVIDER NEGATIVE BALANCE REPAYMENT REPORT (FN-O-145)

FNW145
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER NEGATIVE BALANCE REPAYMENT REPORT

REPORT NO: FN-O-
PAGE NUMBER: ZZ

PROVIDER-ID: 999999999 PROVIDER-NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX TAX-ID: 999999999
INVOICE-NUMBER: 9999999999999999 CONTRACT-PROJECT-CODE: XXXX SETUP-OBJ: XXXXXXXXXXXX SETUP-REASON-CODE: 9999
SETUP-FCN: 999999999 SETUP-AMOUNT: 99999999.99 TRANSACTION: XXXXXXXXXXXX RECOUP-SETUP-START-DATE: MM/DD/CCYY
AMOUNT-RECOUPED-SO-FAR: 99999999.99 REMAINING-DUE: 99999999.99

RECOUPING FCN	TRANS TYPE	RECOUPMENT AMOUNT	REASON CODE	RECOUPED DATE	OBJECT CODE	BNFT PGM
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99
999999999	99	999999999.99	9999	MM/DD/CCYY	999999	99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER-ID	I_PROV	DE4002	PS_PROV_NAME
2	PROVIDER-NAME	T_PROV_NAME	DE4085	PS_NAME
3	TAX-ID	I_ALT_ID_VALUE	DE4551	PS_ALT_ID

4	INVOICE-NUMBER	C_INVOICE_NUMBER	DE9936	FN_NB_REPAY_REQ
5	CONTRACT-PROJECT-CODE	C_CONT_PROJ_CODE	DE9930	FN_NB_REPAY_REQ
6	SETUP-OBJ	C_BAC_OBJECT	DE9843	FN_NB_REPAY_REQ
7	SETUP-REASON-CODE	C_ADJMT_REASON	DE9877	FN_NB_REPAY_REQ
8	SETUP-FCN	I_FNCL_CONTROL	DE9874	FN_TRANS
9	SETUP-AMOUNT	N_FNCL_AMOUNT	DE9817	FN_TRANS
10	TRANSACTION	FN-NB-INT-PRIN-IND	DE1178	FN-F-145
11	RECOUP-SETUP-START-DATE	D_FNCL_TRANSACTION	DE9825	FN_TRANS
12	AMOUNT-RECOUPED-SO-FAR	I_NEG_LIEN_RECORD	DE9525	FN_NEG_LIEN_BAL
13	REMAINING-DUE	CALCULATED	DE0002	(B.N_TOT_NEG_LIEN_AMT - B.SUM_FUND) AS DIFF
14	RECOUPING FCN	I_FNCL_CONTROL	DE9874	FN_TRANS_INVOCIE
15	TRANS TYPE	C_TRNS_TYPE	DE9854	FN_TRANS
16	RECOUPMENT AMOUNT	N_FNCL_AMOUNT	DE9817	FN_TRANS
17	REASON CODE	C_ADJMT_REASON	DE9877	FN_TRANS
18	RECOUPED DATE	D_FNCL_TRANSACTION	DE9825	FN_TRANS
19	OBJECT CODE	C_BAC_OBJECT	DE9843	FN_BAC_OBJ
20	BNFT PGM	I_BNFT_PGM	DE3551	FN_NB_REPAY_REQ

Output Reports FN-O-146 Recoupment Setup (RA) and Related Transactions Report

General Information

This is a report that lists the Recoupment set up (transaction type 20) and its related recouped transaction (transaction type 02, 10) details for a financial week.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	90 Days
Distribution:	DMAS
Program:	Recoupment Setup and related transactions Report program (FNW146)
Confidential:	No
Sequence:	Provider NPI, Setup FCN, Recoup FCN
Control Breaks:	N/A

		Code Budget Object Code	DE9843	
12	INVOICE	Invoice Number	DE9936	FN_TRAN_INVOICE
13	FCN	Financial Control Num- ber	DE9877	FN_TRANS
14	TRANS TYPE	Financial Transaction Type Code	DE9854	FN_TRANS
15	ADJ-RSN	Adjustment Reason	DE9877	FN_TRANS
16	PYMT-DATE	Remittance Payment Date	DE9578	GL_CYCLE_DATES
17	BUDGET PR/SUB PR/OBJ	Budget Program Code Budget Sub-Program Code Budget Object Code	DE9835 DE9838 DE9843	FN_BAC_OBJ
18	RECOUPING-AMT	Financial Receipt Amount	DE9812	FN_TRNS_DOC_XREF
19	COMMENTS	Financial Comment Text	DE9809	FN_TRANS_COMMENTS

Output Reports FN-O-147 Recoupment Setup (Online) and Related Transactions Report

General Information

This is a report that lists the Recoupment set up (transaction type 21) and its related recouped transaction (transaction type 02, 10) details for a financial week.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	90 Days
Distribution:	DMAS
Program:	Recoupment Setup and related transactions Report program (FNW146)
Confidential:	No
Sequence:	Provider NPI, Setup FCN, Recoup FCN
Control Breaks:	N/A

		Code Budget Object Code	DE9843	
12	INVOICE	Invoice Number	DE9936	FN_TRAN_INVOICE
13	SETUP-CMNT	Financial Comment Text	DE9809	FN_TRANS_COMMENTS
14	FCN	Financial Control Number	DE9877	FN_TRANS
15	TRANS TYPE	Financial Transaction Type Code	DE9854	FN_TRANS
16	ADJ-RSN	Adjustment Reason	DE9877	FN_TRANS
17	PYMT-DATE	Remittance Payment Date	DE9578	GL_CYCLE_DATES
18	BUDGET PR/SUB PR/OBJ	Budget Program Code Budget Sub-Program Code Budget Object Code	DE9835 DE9838 DE9843	FN_BAC_OBJ
19	RECOUPING-AMT	Financial Receipt Amount	DE9812	FN_TRNS_DOC_XREF
20	COMMENTS	Financial Comment Text	DE9809	FN_TRANS_COMMENTS

Output Reports FN-O-210 Magellan Per Member Per Month Report

General Information

THIS REPORT LISTS RECIPIENTS THAT HAVE BEEN SELECTED FOR THE MAGELLAN PROGRAM. THE REPORT LISTS EACH RECIPIENT ID, MONTH AND PAYMENT PER RECIPIENT.

Subsystem:	Financial
Frequency:	MONTHLY
Volume:	15,000+ PAGES
Number of Copies:	ECM
Output Form:	ECM
Retention:	One Year
Distribution:	ECM
Program:	Create Monthly Per Member Per Month Report For Enrollees With BHSA and Generation of financial transactions (add/pays) (FNM210)
Confidential:	Yes
Sequence:	OBJECT CODE RECIPIENT ID
Control Breaks:	OBJECT CODE

Magellan Per Member Per Month Report (FN-O-210)

1FNM210
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
BEHAVIORAL HEALTH PER MEMBER PER MONTH REPORT

REPORT NO: FN-O-210
PAGE NUMBER: 6

PER MEMBER PER MONTH SUMMARY- FOR 2014 ,OCTOBER
PAYMENT AMOUNTS PER OBJECT CODE

MEMBER COUNT

01 MEDICAID		\$45.20	20
OBJECT CODE - 999999 (CLAIMS/NETWORK)		\$4.80	10
OBJECT CODE - 999999 (AUTH/QI)		\$18.10	0
OBJECT CODE - 999999 (CLAIMS/NETWORK)		\$6.90	10
OBJECT CODE - 999999 (AUTH/QI)		\$15.40	0
01 087 MEDICAID GAP		\$7,307.10	690
OBJECT CODE - 124478 (CLAIMS/NETWORK)		\$434.70	690
OBJECT CODE - 124479 (AUTH/QI)		\$6,872.40	0
01 MEDICAID EXPANSION		\$22.90	10
OBJECT CODE - 999999 (CLAIMS/NETWORK)		\$4.80	10
OBJECT CODE - 999999 (AUTH/QI)		\$18.10	0
07 FAMIS		\$45.20	20
OBJECT CODE - 999999 (CLAIMS/NETWORK)		\$6.90	10
OBJECT CODE - 999999 (AUTH/QI)		\$15.40	0
OBJECT CODE - 999999 (CLAIMS/NETWORK)		\$4.80	10
OBJECT CODE - 999999 (AUTH/QI)		\$18.10	0
TOTAL PAYMENT TO MAGELLAN -		\$113.30	50

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Recipient ID	Enrollee Permanent Identification Number		
2	Dates of service	Claim Service From Date		
3	Age	Enrollee age		Calculate using Enrollee DOB.
4	Date of Birth	Enrollee DOB		
5	Rate	Calculated		Calculated from CLAIMS/NETWORK and AUTH/QI
6	CLAIMS/NETWORK			
7	AUTH/QI			
9	Object Code	Budget Object Code		
10	Object Code Description	Budget Object Code Description		
11	Members Total	Calculated		
12	Payment Amount Total	Calculated		

Output Reports FN-O-311 HIPP Alpha Case Report by Analyst

General Information

The report shows all HIPP cases that have been approved or suspended.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Case Status Reporting Program (FNM310)
Confidential:	Yes
Sequence:	Premium Type, Analyst ID, HIPP Status and Payee Name
Control Breaks:	Premium Type and Analyst ID

HIPP Alpha Case Report by Analyst (FN-O-311)

FNM310
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ALPHA CASE REPORT BY ANALYST

RE
PA

(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
PREM TYPE: X		ANL	HIPP #	PAYEE NAME	PAYEE ID	CASE ID	CASE NAME	CASE STAT	STATUS DATE
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0
XXX	9999999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X99 MM/DD/0

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

HIPP Alpha Case Report by Analyst (FN-O-311)

FNM310
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ALPHA CASE REPORT BY ANALYST

RE
P

SUMMARY OF THE REPORT

(1)		(2)	(11)	(12)	(13)
PREM TYPE: X		ANL	APPROVED	SUSPENDED	TOTAL
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
XXX	999,999	999,999	999,999	9,999,999	
(13)	TOTAL	9,999,999	9,999,999	99,999,999	
(14)	GRAND TOTAL	9,999,999	9,999,999	99,999,999	

*** 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	HIPP Number	HIPP File Number	DE9522	
4	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
5	Payee ID	Payee Identifier	DE9558	
6	Case ID	Case Identification Number	DE3043	
7	Case Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
8	Case Status	HIPP Case Status	DE9603	
9	Status Date	Row Insert Date	DE0010	
10	Payment Amount	HIPP Monthly Average Premium Cost	DE9524	
11	Approved	Calculated	DE0002	The number of approved HIPP cases per Premium Type and Analyst.
12	Suspended	Calculated	DE0002	The number of suspended HIPP cases per Premium Type and Analyst.
13	Total	Calculated	DE0002	Total of approved and/or suspended HIPP cases per Premium Type and Analyst.
14	Grand Total	Calculated	DE0002	Total of all HIPP cases in the report.

Output Reports FN-O-312 HIPP Cancelled Case Report

General Information

The report shows all HIPP cases that have been cancelled since the last run.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Case Status Reporting Program (FNM310)
Confidential:	Yes
Sequence:	Premium Type, Analyst ID, HIPP Status and Payee Name
Control Breaks:	Premium Type and Analyst ID

HIPP Cancelled Case Report (FN-O-312)

FNM310
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP CANCELLED CASE REPORT

(1)

PREM TYPE: X

(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
ANL	HIPP #	PAYEE NAME	PAYEE ID	CASE ID	CASE NAME	CASE STAT	STAT DAT	
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999999999	999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	X99 MM/DD/

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

HIPP Cancelled Case Report (FN-O-312)

FNM310
 AS OF:MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 HIPP CANCELLED CASE REPORT

SUMMARY OF THE REPORT

(1) PREM TYPE: X	(2) ANL	(11) CANCELLED	(12) TOTAL
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
XXX	999,999	9,999,999	9,999,999
(12) TOTAL	9,999,999	99,999,999	
(13) GRAND TOTAL	9,999,999	99,999,999	

*** 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	HIPP Number	HIPP File Number	DE9522	
4	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
5	Payee ID	Payee Identifier	DE9558	
6	Case ID	Case Identification Number	DE3043	
7	Case Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
8	Case Status	HIPP Case Status	DE9603	
9	Status Date	Row Insert Date	DE0010	
10	Last Pay Month	HIPP Payment Sent	DE9556	

		Date		
11	Cancelled	Calculated	DE0002	The number of cancelled HIPP cases per Premium Type and per Analyst.
12	Total	Calculated	DE0002	Total of cancelled HIPP cases in the report.
13	Grand Total	Calculated	DE0002	Total of all HIPP cases present in the report.

Output Reports FN-O-316 HIPP Open Enrollment Report by Analyst

General Information

The report includes all approved and suspended HIPP cases with open enrollment periods starting after two months from the run date of the report. All cases with no open enrollment period are reported at the end.

Subsystem:	Financial
Frequency:	Monthly
Volume:	variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Open Enrollment Reporting Program (FNM315)
Confidential:	Yes
Sequence:	Premium Type, Analyst, Open Enrollment Begin Date and Payee Name
Control Breaks:	Premium Type and Analyst

HIPP Open Enrollment Report by Analyst (FN-O-316)

FNMB15
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS am

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP OPEN ENROLLMENT REPORT BY ANALYST

REP
PAGE

(1)
PREM TYPE: X
(2)
ANALYST: XXX
(12)

(3) BEGIN DATE	(4) END DATE	(5) EFF DATE	(6) HIPP #	(7) PAYEE NAME	(8) CASE ID	(9) CASE NAME	(10) CASE STAT	(11) STATUS DATE
MM/DD	MM/DD	MM/DD	9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY
MM/DD	MM/DD	MM/DD	9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY
MM/DD	MM/DD	MM/DD	9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY

XXXXXXXXXXXXX

BEGIN DATE	END DATE	EFF DATE	HIPP #	PAYEE NAME	CASE ID	CASE NAME	CASE STAT	STATUS DATE
MM/DD	MM/DD	MM/DD	9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY
MM/DD	MM/DD	MM/DD	9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY

.....
.....
.....
.....

NO BEGIN DATE

BEGIN DATE	END DATE	EFF DATE	HIPP #	PAYEE NAME	CASE ID	CASE NAME	CASE STAT	STATUS DATE
			9999999	XXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXX	X99	MM/DD/CCYY

* * * * * 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	Begin Date	HIPP Open Enrollment From Date	DE9550	
4	End Date	HIPP Open Enrollment To Date	DE9510	
5	Effective Date	HIPP Open Enrollment Effective Date	DE9500	
6	HIPP Number	HIPP File Number	DE9522	
7	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)

8	Case ID	Case Identification Number	DE3043	
9	Case Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
10	Case Status	HIPP Case Status	DE9603	
11	Status Date	Row Insert Date	DE0010	
12	Month	Calculated	DE0002	Derived from the begin date month. It will be 'January', 'February', 'March', etc.

Output Reports FN-O-317 HIPP Master Open Enrollment Report

General Information

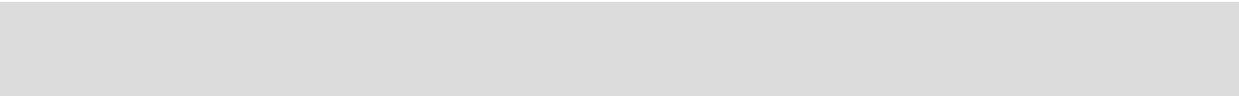
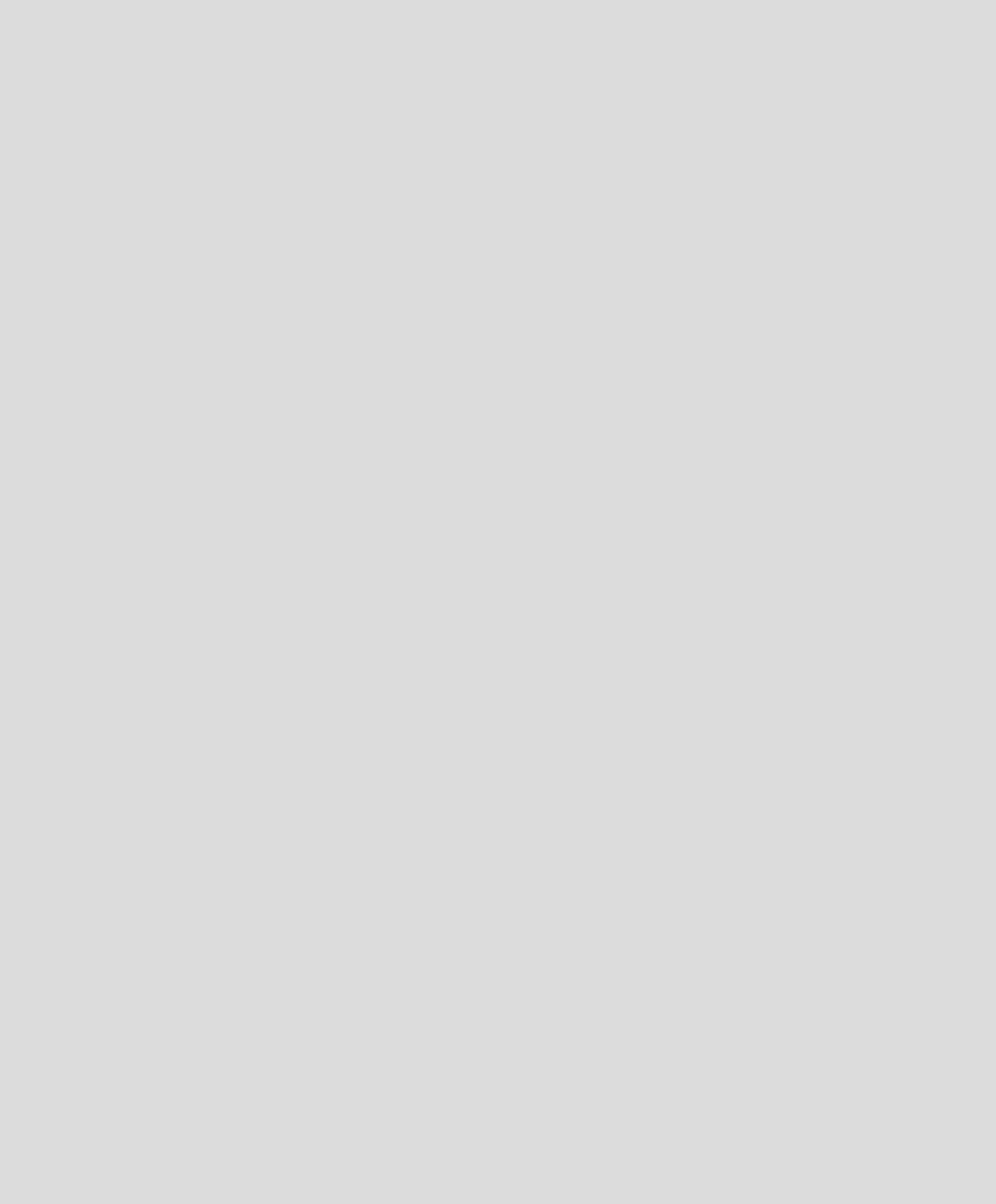
The report includes all approved and suspended HIPP cases with open enrollment periods starting two months from the run date of the report. All cases with no open enrollment period are reported at the end.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Open Enrollment Reporting Program (FNM315)
Confidential:	Yes
Sequence:	Premium Type, Analyst, Open Enrollment Begin Date and Payee Name
Control Breaks:	Premium Type

HIPP Master Open Enrollment Report (FN-O-317)



				Name (DE 3487) and Case First Name (DE 3488)
9	Case Status	HIPP Case Status	DE9603	
10	Status Date	Row Insert Date	DE0010	
11	Analyst ID	HIPP Analyst ID	DE9552	



Output Reports FN-O-320 HIPP Enrollees Eligibility Cancelled with Open Benefit Plan Report

General Information

The report lists all approved and suspended HIPP enrollees that do not have eligibility but have an open benefit in the system as of the run date.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP users
Program:	HIPP Enrollees Eligibility Cancelled with Open Benefit Plan (FNM320)
Confidential:	Yes
Sequence:	Premium Type, Analyst and Payee Name
Control Breaks:	Premium Type and Analyst

HIPP Enrollees Eligibility Cancelled with Open Benefit Plan Report (FN-O-320)

FNM320
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS am

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ENROLLEES ELIGIBILITY CANCELLED WITH OPEN BENEFIT PLAN

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
PREM TYPE: X	ANL	HIPP #	PAYEE NAME	ENROLLEE ID	ENROLLEE NAME	ENR STAT	ELIG CXL DATE	CXL RSN
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXX XXXXXXXXXXXX	X99	MM/DD/CCYY	999
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXX XXXXXXXXXXXX	X99	MM/DD/CCYY	999
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXX XXXXXXXXXXXX	X99	MM/DD/CCYY	999
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXX XXXXXXXXXXXX	X99	MM/DD/CCYY	999
XXX	9999999	XXXXXXXXXXXX	XXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXX XXXXXXXXXXXX	X99	MM/DD/CCYY	999

* * * * * 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	HIPP Number	HIPP File Number	DE9522	
4	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	The name is created by combining Enrollee Last Name (DE3110), Enrollee First Name (DE3111), Enrollee Middle Initial (DE3112) and Enrollee Suffix (DE3113)
7	Enrollee Status	HIPP Enrollee Status Code	DE9544	
8	Eligibility Cancel Date	Eligibility Cancel Date	DE3452	
9	Eligibility Cancel Reason	Eligibility Cancel Reason	DE3451	

Output Reports FN-O-325 HIPP Enrollees with Active Medicare TPL

General Information

The report lists all HIPP enrollees that are in approved and suspended status with active Medicare part A or/and Medicare part B coverage as of run date.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Enrollees with Active Medicare TPL Report (FNM325)
Confidential:	Yes
Sequence:	Premium Type, Analyst ID and Payee Name
Control Breaks:	Premium Type and Analyst ID

HIPP Enrollees with Active Medicare TPL (FN-O-325)

FNM325
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS am
(1)

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ENROLLEES WITH ACTIVE MEDICARE TPL

PREM TYPE: X

(2)	(3)	(4)	(5)	(6)	(7)	(8)	
ANL	HIPP #	PAYEE NAME	ENROLLEE ID	ENROLLEE NAME	ENR STAT	MEDICARE A BEGIN DATE	MED. BEG.
XXX	9999999	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1
XXX	9999999	XXXXXXXXXX XXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/1

* * * * * 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	HIPP Number	HIPP File Number	DE9522	
4	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	The name is created by combining Enrollee Last Name (DE3110), Enrollee First Name (DE3111), Enrollee Middle Initial (DE3112) and Enrollee Suffix (DE3113)
7	Enrollee Status	HIPP Enrollee Status Code	DE9544	
8	Medicare Part A Begin Date	TPL Coverage Effective (Begin) Date	DE3667	
9	Medicare Part B Begin Date	TPL Coverage Effective (Begin) Date	DE3667	

Output Reports FN-O-330 HIPP Enrollee with Active TPL report

General Information

The report displays all active health coverage of HIPP enrollees that have an approved or suspended status as of the run date of the report.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Enrollees with Active TPL Coverage Report (FNM330)
Confidential:	Yes
Sequence:	Premium Type, Analyst ID and Payee Name
Control Breaks:	Premium Name

HIPP Enrollee with Active TPL report (FN-O-330)

9	Carrier Code	TPL Carrier Code	DE3657	
10	Coverage Codes	TPL Coverage Code	DE3013	There can be up to 10 coverages per health policy displayed on the report.

Output Reports FN-O-335 HIPP COBRA Case Report

General Information

The report displays all HIPP cases with approved or suspended status that has an active COBRA benefit as of the run date of the report.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP COBRA Report (FNM335)
Confidential:	Yes
Sequence:	Analyst ID and Payee Name
Control Breaks:	Analyst ID

HIPP COBRA Case Report (FN-O-335)

FNM335
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS am

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP COBRA CASE REPORT

(1) ANL	(2) HIPP #	(3) PAYEE NAME	(4) CASE ID	(5) CASE NAME	(6) CASE STAT	(7) STATUS DATE	(8) COBRA BEGIN
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXXXXXX XXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	X99	MM/DD/CCYY	MM/DD/CCYY

* * * * * 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	Analyst ID	HIPP Analyst ID	DE9552	
2	HIPP Number	HIPP File Number	DE9522	
3	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
4	Case ID	Case Identification Number	DE3043	
5	Case Name	Case Name	DE3046	It is created by combining Case Last Name (DE 3487) and Case First Name (DE 3488)
6	Case Status	HIPP Case Status	DE9603	
7	Status Date	Row Insert Date	DE0010	
8	COBRA Begin Date	HIPP Cobra Begin Date	DE9564	
9	COBRA End Date	HIPP Cobra End Date	DE9903	

Output Reports FN-O-340 HIPP Enrollees with LTC Exception Indicators

General Information

The report displays all HIPP enrollees that are approved or suspended and have an active LTC exception indicator as of the run date of the report.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180
Distribution:	DMAS HIPP Unit
Program:	HIPP Enrollees with Exception Indicator Report (FNM340)
Confidential:	Yes
Sequence:	Premium Type, Analyst ID and Payee Name
Control Breaks:	Premium Type and Analyst ID

HIPP Enrollees with LTC Exception Indicators (FN-O-340)

FNM340
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS am

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
HIPP ENROLLEES WITH EXCEPTION INDICATORS

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
PREM TYPE: X	ANL	HIPP #	PAYEE NAME	ENROLLEE ID	ENROLLEE NAME	ENR STAT	AC	EI	EI	DOB
									BEGIN DATE	
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY
XXX	9999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999-999999-999	XXXXXXXXXXXXXXXXXXXX	X99	999	X	MM/DD/CCYY	MM/DD/CCYY

* * * * * 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	Premium Type	HIPP Program Indicator	DE9507	
2	Analyst ID	HIPP Analyst ID	DE9552	
3	HIPP Number	HIPP File Number	DE9522	
4	Payee Name	Payee Name	DE9560	In case of individual names, it is created by combining Payee last Name (DE 9599) and Payee First Name (DE 9598)
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	The name is created by combining Enrollee Last Name (DE3110), Enrollee First Name (DE3111), Enrollee Middle Initial (DE3112) and Enrollee Suffix (DE3113)
7	Enrollee Status	HIPP Enrollee Status Code	DE9544	
8	Aid Category	Enrollee Eligibility Aid Category	DE3009	
9	Exception Indic-	Benefit Plan Exception	DE3072	

	ator	Indicator		
10	Exception Indicator Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
11	Enrollee Date of Birth	Enrollee Birth Date	DE3005	
12	Enrollee Age	Calculated	DE0002	The age is calculated using the enrollee date of birth as of the first of the report run month.

Output Reports FN-O-350 CGI Error Report

General Information

This report provides Error messages during validation of input CGI Financial Payment File.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	CGI
Program:	CGI Financial Processing Program (FNW130)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

				Input File
10	SUBPG	Budget Sub-Program Code	DE9838	From CGI Financial Payment Input File
11	OBJCD	Budget Object Code	DE9843	From CGI Financial Payment Input File
12	CNTRL-NUM	Financial Comment Text	DE9809	From CGI Financial Payment Input File
13	ERROR MSG	N/A	N/A	
14	TOTAL NUMBER OF ERROR RECS	Calculated	DE0002	Calculated in the program

Output Reports FN-O-351 CGI Summary Report

General Information

This report provides Summary of all Financial Transactions for CGI Financial Process.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	CGI
Program:	CGI Financial Processing Program (FNW130)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

CGI Summary Report (FN-O-351)

FNNW130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO:
 AS OF:12/31/9999 CGI FINANCIAL TRANS PAGE NUMBER:
 RUN DATE: 12/31/9999 12:00 CGI FINANCIAL TRANSACTION SUMMARY REPORT

(1) FCN	(2) PAYTY	(3) PAYEE-ID	(4) DISP	(5) STA	(6) RSN	(7) TRN-TY	(8) TRANS-AMT	(9) TRN-DATE	(10) PRG	(11) SUBPG	(12) OBJCD	(13) CNTRL-NUM
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
(14) SUMMARY FOR PAYEE 999999999999			(15) (NUMBER OF RECS :			99	(16) PAYEE NEG AMT: \$999,999,9999.99-		(17) PAYEE POS AMT: \$999,999,9999.99-			
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999
(14) SUMMARY FOR PAYEE 999999999999			(15) (NUMBER OF RECS :			99	(16) PAYEE NEG AMT: \$999,999,9999.99-		(17) PAYEE POS AMT: \$999,999,9999.99-			

FNNW130 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO:
 AS OF:12/31/9999 CGI FINANCIAL TRANS PAGE NUMBER:
 RUN DATE: 12/31/9999 12:00 CGI FINANCIAL TRANSACTION SUMMARY REPORT

GRAND TOTAL SUMMARY

(18) GRAND TOTAL NEG AMT: \$999,999,9999.99-	(19) GRAND TOTAL POS AMT: \$999,999,9999.99-
GRAND TOTAL RECS PROCESSED: 999,999	GRAND TOTAL AMT: \$999,999,9999.99-
(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 * * * * *
 *** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FCN	Financial Control Number	DE9874	From CGI Financial Payment Input File
2	PAYTY	Remittance Payee Type Code	DE9597	From CGI Financial Payment Input File
3	PAYEE-ID	National Provider Identifier	DE4700	From CGI Financial Payment Input File
4	DISP	Financial Disposition Code	DE9805	From CGI Financial Payment Input File
5	STA	Financial Status Code	DE9808	From CGI Financial Payment Input File
6	RSN	Adjustment Reason Code	DE9877	From CGI Financial Payment Input File

7	TRN-TY	Financial Transactions Type Code	DE9854	From CGI Financial Payment Input File
8	TRANS-AMT	Financial Amount	DE9817	From CGI Financial Payment Input File
9	TRN-DATE	Financial Transaction Date	DE9825	From CGI Financial Payment Input File
10	PRG	Budget Program Code	DE9835	From CGI Financial Payment Input File
11	SUBPG	Budget Sub-Program Code	DE9838	From CGI Financial Payment Input File
12	OBJCD	Budget Object Code	DE9843	From CGI Financial Payment Input File
13	CNTRL-NUM	Financial Comment Text	DE9809	From CGI Financial Payment Input File
14	SUMMARY FOR PAYEE	National Provider Identifier	DE4700	From CGI Financial Payment Input File
15	NUMBER OF RECS	Calculated	DE0002	Calculated in the Program
16	PAYEE NEG AMT	Calculated	DE0002	Calculated in the Program
17	PAYEE POS AMT	Calculated	DE0002	Calculated in the Program
18	GRAND TOTAL NEG AMT	Calculated	DE0002	Calculated in the Program
19	GRAND TOTAL POS AMT	Calculated	DE0002	Calculated in the Program
20	GRAND TOTAL RECS PROCESSED	Calculated	DE0002	Calculated in the Program
21	GRAND TOTAL AMT	Calculated	DE0002	Calculated in the Program

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PAYTY	Remittance Payee Type Code	DE9597	From PCP Financial Payment Input File
2	PAYEE-ID	National Provider Identifier	DE4700	From PCP Financial Payment Input File
3	DISP	Financial Disposition Code	DE9805	From PCP Financial Payment Input File
4	STA	Financial Status Code	DE9808	From PCP Financial Payment Input File
5	RSN	Adjustment Reason Code	DE9877	From PCP Financial Payment Input File
6	TRN-TY	Financial Transactions Type Code	DE9854	From PCP Financial Payment Input File
7	TRANS-AMT	Financial Amount	DE9817	From PCP Financial Payment Input File
8	TRN-DATE	Financial Transaction Date	DE9825	Current System Date
9	PRG	Budget Program Code	DE9835	From PCP Financial Payment Input File
10	SUBPG	Budget Sub-Program Code	DE9838	From PCP Financial Payment Input File
11	OBJCD	Budget Object Code	DE9843	From PCP Financial Payment Input File
12	CNTRL-NUM	Financial Comment Text	DE9809	From PCP Financial Payment Input File
13	ERROR MSG	N/A	N/A	
14	TOTAL NUMBER OF ERROR RECS	Calculated	DE0002	Calculated in the program

Output Reports FN-O-451 PCP Summary Report

General Information

This report provides Summary of all Financial Transactions for PCP Financial Process.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	PCP
Program:	PCP Financial Processing Program (FNW140)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

PCP Summary Report (FN-O-451)

FNW140
AS OF:12/31/9999
RUN DATE: 12/31/9999 12:00

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PCP FINANCIAL TRANS
PCP FINANCIAL TRANSACTION SUMMARY REPORT

REPORT NO: FN-O-4
PAGE NUMBER:

(1) FCN	(2) PAYTY	(3) PAYEE-ID	(4) DISP	(5) STA	(6) RSN	(7) TRN-TY	(8) TRANS-AMT	(9) TRN-DATE	(10) PRG	(11) SUBPG	(12) OBJCD	(13) CNTRL-NUM	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
(14) SUMMARY FOR PAYEE 9999999999			(15) (NUMBER OF RECS :				99	(16) PAYEE NEG AMT: \$999,999,9999.99-			(17) PAYEE POS AMT: \$999,999,9999.99-)		
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
9999999999	X	9999999999	9	X	9999	99	999999999.99	12319999	999	9999	999999	9999999999999999	
(14) SUMMARY FOR PAYEE 9999999999			(15) (NUMBER OF RECS :				99	(16) PAYEE NEG AMT: \$999,999,9999.99-			(17) PAYEE POS AMT: \$999,999,9999.99-)		

FNW140
AS OF:12/31/9999
RUN DATE: 12/31/9999 12:00

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PCP FINANCIAL TRANS
PCP FINANCIAL TRANSACTION SUMMARY REPORT

REPORT NO: FN-O-4
PAGE NUMBER:

GRAND TOTAL SUMMARY

(18) GRAND TOTAL NEG AMT: \$999,999,9999.99-	(19) GRAND TOTAL POS AMT: \$999,999,9999.99-
GRAND TOTAL RECS PROCESSED: 999,999	GRAND TOTAL AMT: \$999,999,9999.99-
(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 * * * * *

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FCN	Financial Control Number	DE9874	From PCP Financial Payment Input File
2	PAYTY	Remittance Payee Type Code	DE9597	From PCP Financial Payment Input File
3	PAYEE-ID	National Provider Identifier	DE4700	From PCP Financial Payment Input File
4	DISP	Financial Disposition Code	DE9805	From PCP Financial Payment Input File
5	STA	Financial Status Code	DE9808	From PCP Financial Payment Input File
6	RSN	Adjustment Reason Code	DE9877	From PCP Financial Payment Input File
7	TRN-TY	Financial Transactions Type Code	DE9854	From PCP Financial Payment Input File
8	TRANS-AMT	Financial Amount	DE9817	From PCP Financial Payment

				Input File
9	TRN-DATE	Financial Transaction Date	DE9825	Current system date
10	PRG	Budget Program Code	DE9835	From PCP Financial Payment Input File
11	SUBPG	Budget Sub-Program Code	DE9838	From PCP Financial Payment Input File
12	OBJCD	Budget Object Code	DE9843	From PCP Financial Payment Input File
13	CNTRL-NUM	Financial Comment Text	DE9809	From PCP Financial Payment Input File
14	SUMMARY FOR PAYEE	National Provider Identifier	DE4700	From PCP Financial Payment Input File
15	NUMBER OF RECS	Calculated	DE0002	Calculated in the Program
16	PAYEE NEG AMT	Calculated	DE0002	Calculated in the Program
17	PAYEE POS AMT	Calculated	DE0002	Calculated in the Program
18	GRAND TOTAL NEG AMT	Calculated	DE0002	Calculated in the Program
19	GRAND TOTAL POS AMT	Calculated	DE0002	Calculated in the Program
20	GRAND TOTAL RECS PROCESSED	Calculated	DE0002	Calculated in the Program
21	GRAND TOTAL AMT	Calculated	DE0002	Calculated in the Program

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PAYEE-ID	National Provider Identifier	DE4700	From CRT Input File
2	RSN	Adjustment Reason Code	DE9877	From CRT Input File
3	TRN-TY	Financial Transactions Type Code	DE9854	From CRT Input File
4	TRANS-AMT	Financial Amount	DE9817	From CRT Input File
5	TRN-DATE	Financial Transaction Date	DE9825	Current system date
6	PRG	Budget Program Code	DE9835	From CRT Input File
7	SUBPG	Budget Sub-Program Code	DE9838	From CRT Input File
8	OBJCD	Budget Object Code	DE9843	From CRT Input File
9	BNFT	Benefit Definition Plan Program Code	DE3551	From CRT Input File
10	CHECK-NUM	Financial Incoming Check Number	DE9807	From CRT Input File
11	DEPOSIT-NUM	Financial Deposit Number	DE9810	From CRT Input File
12	CHECK-DATE	Financial Incoming Check Date	DE9806	From CRT Input File
13	COMMENT	Financial Comment Text	DE9809	From CRT Input File
14	ERROR MSG	N/A	N/A	
18	TOTAL NUMBER OF ERROR RECS	Calculated	DE0002	Calculated in the Program

Output Reports FN-O-453 CRT Summary Report

General Information

This report provides Summary of all Financial Transactions for Cash Receipt Financial Process for Trans Type '48'.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	CRT
Program:	CRT Financial Processing Program (FNW141)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

CRT Summary Report (FN-O-453)

FNW141 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: FN-O-
AS OF:99/99/9999 CASH RECEIPTS FINANCIAL TRANSACTION SUMMARY REPORT PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

(1) FCN	(2) PAYEE-ID	(3) RSN	(4) TRN-TY	(5) TRANS-AMT	(6) TRN-DATE	(7) PRG	(8) SUBPG	(9) OBJCD	(10) BNFT	(11) CHECK-NUM	(12) DEPOSIT-NUM	(13) CHECK-DATE	(14) COMMENTS
9999999999	9999999999	9999	99	999999999.99	99/99/9999	999	9999	999999	99	9999999999	9999999999	99/99/9999	XXXXXXXXXXXXXXXXXX

(15) SUMMARY FOR PAYEE 9999999999 (16) NUMBER OF RECS : 9999999 (17) TOTAL AMOUNT: \$999,999,999.99-)

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

FNW141 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: FN-O-
AS OF:99/99/9999 CASH RECEIPTS FINANCIAL TRANSACTION SUMMARY REPORT PAGE NUMBER:
RUN DATE: 99/99/9999 99:99

GRAND TOTAL SUMMARY

(18) GRAND TOTAL RECS PROCESSED: 999,999 (19) GRAND TOTAL AMT: \$999,999,999.99-

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FCN	Financial Control Number	DE9874	Program Generates
2	PAYEE-ID	National Provider Identifier	DE4700	From CRT Input File
3	RSN	Adjustment Reason Code	DE9877	From CRT Input File
4	TRN-TY	Financial Transactions Type Code	DE9854	From CRT Input File
5	TRANS-AMT	Financial Amount	DE9817	From CRT Input File
6	TRN-DATE	Financial Transaction Date	DE9825	Current system date
7	PRG	Budget Program Code	DE9835	From CRT Input File
8	SUBPG	Budget Sub-Program Code	DE9838	From CRT Input File
9	OBJCD	Budget Object Code	DE9843	From CRT Input File
10	BNFT	Benefit Definition Plan Program Code	DE3551	From CRT Input File
11	CHECK-NUM	Financial Incoming Check Number	DE9807	From CRT Input File
12	DEPOSIT-NUM	Financial Deposit Number	DE9810	From CRT Input File
13	CHECK-DATE	Financial Incoming Check Date	DE9806	From CRT Input File
14	COMMENT	Financial Comment Text	DE9809	From CRT Input File
15	SUMMARY FOR PAYEE	National Provider Identifier	DE4700	From CRT Input File
16	NUMBER OF RECS	Calculated	DE0002	Calculated in the Program
17	TOTAL AMOUNT	Calculated	DE0002	Calculated in the Program
18	GRAND TOTAL RECS PROCESSED	Calculated	DE0002	Calculated in the Program
19	GRAND TOTAL AMT	Calculated	DE0002	Calculated in the Program

Output Reports FN-O-560 Provider Incentive Output Report

General Information

This is a report that lists the Medicaid Electronic Health Record (EHR) Incentive Program that will provide incentive payments to eligible professionals, eligible hospitals and critical access hospitals (CAH).

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	90 Days
Distribution:	CGI
Program:	CGI Provider Incentive Extract and Reporting Program (FNW560)
Confidential:	No
Sequence:	Remit Payee ID
Control Breaks:	Remit Payee ID

Provider Incentive Payment Output Report (FN-O-560)

FNW560
AS OF: 12/31/9999
RUN DATE: 12/31/9999 12:00:00 pm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER INCENTIVE PAYMENT OUTPUT

REPORT NO:
PAGE NUMBER

NPI --- (1)	FCN --- (2)	DISPOSITION ----- (3)	STATUS ----- (4)	REASON-CODE ----- (5)	TRANS-TYPE ----- (6)	AMOUNT ----- (7)
INVOICE ----- (8)	TRANS-DATE ----- (9)	CHECK-NUMBER ----- (10)	RA-DATE ----- (11)	PAYEE-NAME ----- (12)	CITY (15)---	STATE ZIP (16)--- (17)
ATTN-NAME ----- (13)	ADDRESS ----- (14)					
9999999999	9999999999	X	X	9999	99	\$999999999.99
9999999999999999	12/31/9999	9999999999	12/31/9999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	VA 9999999999
		9999	XXXXXXXXXXXXXXXXXXXX			

NPI: 9999999999 TOTAL PAYMENT: (18) \$999999999.99 COUNT: (19) 9
(1) TOTAL PAYMENT: (20) \$999999999.99 COUNT: (21) 9

***** 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	NPI	Remittance Payee Identification Number	DE9588	
2	FCN	Financial Control Number	DE9854	
3	DISPOSITION	Financial Disposition Code	DE9805	
4	STATUS	Financial Status Code	DE9808	
5	REASON-CODE	Adjustment Reason Code	DE9877	
6	TRANS-TYPE	Financial Transaction Type Code	DE9854	
7	AMOUNT	Financial Amount	DE9817	
8	INVOICE	Contract Invoice Number	DE9936	
9	TRANS-DATE	Financial Transaction Date	DE9825	
10	CHECK-NUMBER	Remittance Check Number	DE9576	
11	RA-DATE	Remittance Payment Date	DE9578	
12	PAYEE-NAME	Payee Name	DE9560	

13	ATTN-NAME	Payee Additional Address Line	DE9513	
14	ADDRESS	Payee Address Line	DE9512	
15	CITY	Payee City	DE9514	
16	STATE	Payee State	DE9518	
17	ZIP	Payee Zip Code	DE9519	
18	TOTAL PAYMENT	Calculated	DE0002	Summation of AMOUNT for a PROVIDER
19	COUNT	Calculated	DE0002	Number of entries for a PROVIDER per page
20	TOTAL PAYMENT	Calculated	DE0002	Summation of AMOUNT for all PROVIDERS
21	COUNT	Calculated	DE0002	Number of entries for all the PROVIDER per page

Output Reports TP-O-001 TPL Resource Audit Trail Report

General Information

This is an audit trail of all activity that occurred on the TPL Policy Master tables.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS - TPL Unit
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) TPL Resource Audit Trail (TP-O-001) (VMPLDL03)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Resource Audit Trail Report (TP-O-001)

VMPLDL03
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL RESOURCE AUDIT TRAIL

PAGE

USER ID	:	XXXXXXXX	(1)	CORRELATION ID	:	XXXXXXXX	(2)	URID	:	XXXX
CONNECTION Id	:	XXXXXXXXXX	(4)	CONNECTION TYPE	:	XXXXXXXXXXXX	(5)	PLAN NAME	:	XXXX
DATE	:	MM-DD-CCYY	(7)	TIME	:	HH:MM:SS.MS	(8)			

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXX (11)

	COL1	COL2	*COL3
(12) New -> 1	AAAAAAAAAA	100000000	
(12.1) Old -> 1	AAAAAAAAAA	200000000	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	
28	ADDRESS	TPL PDP Plan Number	DE3729	

Output Reports TP-O-002 TPL Carrier Audit Trail Report

General Information

This is an audit trail of all activity that occurred on the TPL Carrier Master table.

Subsystem:	Financial
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS - TPL Unit
Program:	TPL Carrier Audit Trail (TP-O-002) (VMPLDL04)
Confidential:	No
Sequence:	Log Date Log Time
Control Breaks:	N/A

TPL Carrier Audit Trail Report (TP-O-002)

VMPLDL04
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL CARRIER AUDIT TRAIL

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : X
CONNECTION Id : XXXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXXXX (5) PLAN NAME : X
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXXXX (11)

	COL1	COL2	*COL3
(12) New ->	1	AAAAAAAAAA	100000000
(12.1) Old ->	1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User Id	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DE0000	
3	URID (Unit of Recovery Id)		DE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DE0000	
5	Connection Type (Connection Type with DB2)		DE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DE0000	
7	Date	Log Date	DE5704	
8	Date	Log Time	DE5705	
9	Table (Name of the modified DB2 Table)		DE0000	
10	Database (Name of the modified Database)		DE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DE0000	
12.1	Old (Before Image of the changed row)		DE0000	

Output Reports TP-O-003 Insurance Extract Enrollee Detail Print

General Information

This report displays enrollees who have third party resources available.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS - TPL Unit
Program:	TPL Resource Monthly Reporting Program (TPM825)
Confidential:	Yes
Sequence:	FIPS Code, Enrollee ID
Control Breaks:	FIPS Code

Insurance Extract Enrollee Detail Print (TP-O-003)

TPM825
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
INSURANCE EXTRACT - ENROLLEE DETAIL PRINT
FOR "H", "K", "M", AND "R" COVERAGES ONLY

REPORT NO: TP-
PAGE NUMBER: 99

(1)
FIPS CODE: XXX

(2) ENROLLEE ID	ENROLLEE NAME	(3) CASE WKR NUMBER	(4) COVERAGE CODES	(5) CARRIER CODE	(6) POLICY NUMBER	(7) FROM DATE
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	99/99/ 99/99/ 99/99/
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	99/99/ 99/99/ 99/99/ 99/99/ 99/99/
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	99/99/ 99/99/ 99/99/
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX	XXXXX	XXXXXXXXXXXXXXXXXXXX	99/99/
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX XX, XX, XX, XX, XX XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	99/99/ 99/99/ 99/99/
999-999999-999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XXXXX	XX, XX, XX, XX, XX XX, XX, XX, XX, XX	XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX	99/99/ 99/99/

(10)
TOTAL RECORDS: 999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIPS Code	Case Administrative FIPS Code	DE3039	Source is C_ADMIN_DSS_FIPS
2	Enrollee ID	Enrollee Permanent Identification Number	DE3093	Source is I_ID_VALUE
3	Enrollee Name	Enrollee Full Name	DE3003	Source is T_NAME_LAST, FIRST, MIDDLE_INIT
4	Case Wkr Number	Case Identification Number	DE3043	Source is I_CASE_WORKER
5	Coverage Codes	TPL Coverage Code	DE3013	Source is C_CVRG_CVAL
6	Carrier Code	TPL Carrier Code	DE3657	Source is I_CARRIER
7	Policy Number	TPL Policy Number	DE3658	Source is I_POLICY
8	From Date	TPL Policy Effective	DE3659	Source is D_POLICY_BEGIN

		Date		
9	Thru Date	TPL Policy End Date	DE3660	Source is D_POLICY_END
10	Total Records	Calculated	DE0002	Total of input records printed

Output Reports TP-O-004 TPL Suspect Verification Letter

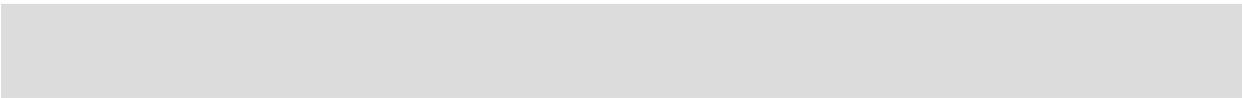
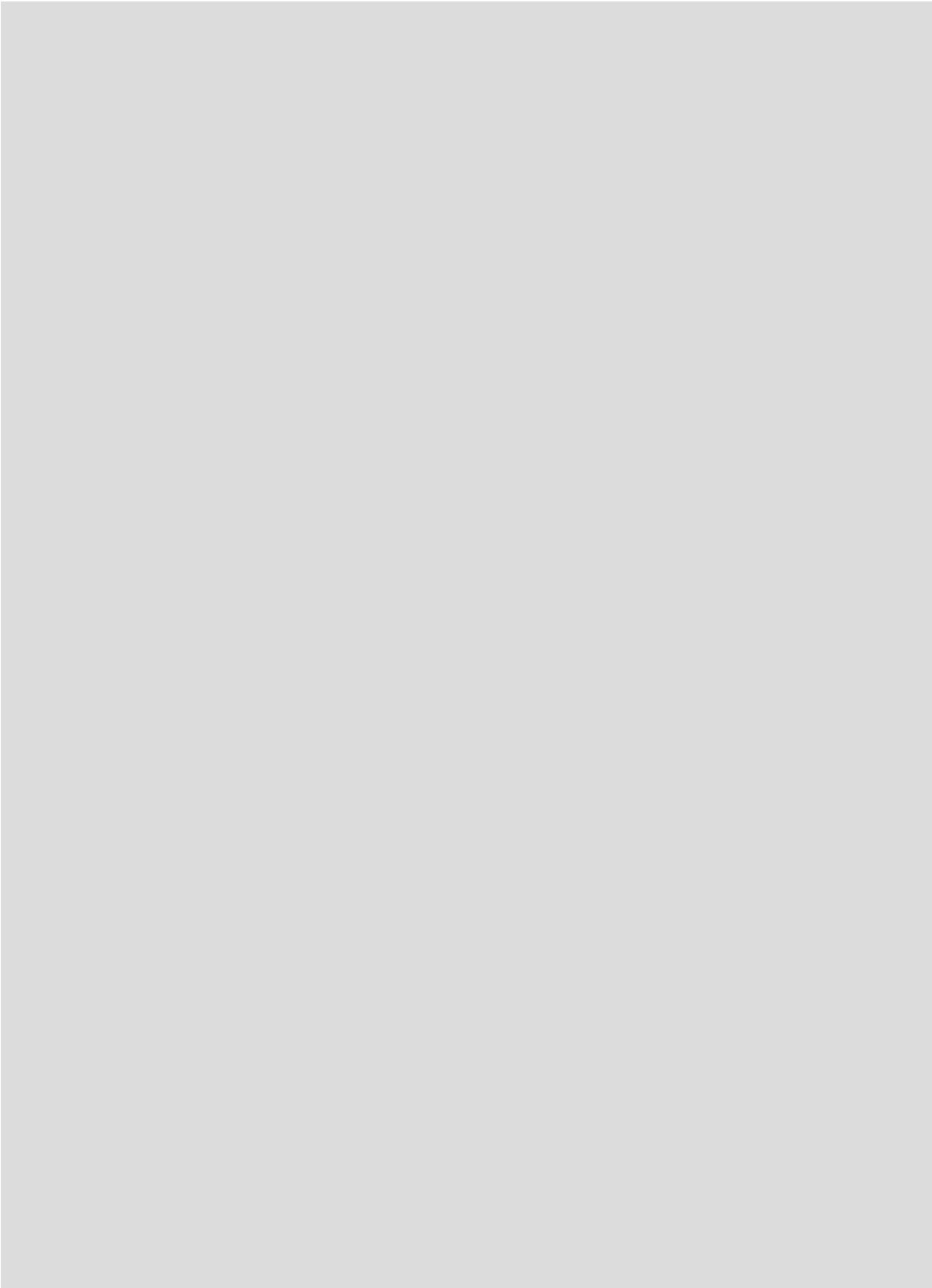
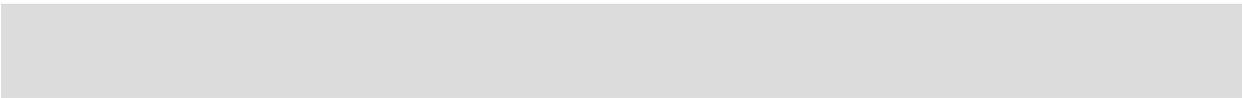
General Information

This letter is generated when a Resource record is flagged as either 'suspect' or 'potential' status during monthly re-certification processing and is used to verify policy information.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - TPL Unit
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

TPL Suspect/Verification Letter (TP-O-004)

1	Carrier Name	TPL Carrier Billing Name	DE3709	Source is T_NAME from TP_INS_CASRR_ADDR where C_INFO_TYPE = 1.
2	Address	TPL Carrier Billing Additional Address Name	DE3712	Source is T_ADDR_1
3	Address	TPL Carrier Billing Address Line	DE3713	Source is T_ADDR_2
4	City	TPL Carrier Billing City Name	DE3714	Source is TP_INS_CARR_ADDR.T_CITY
5	State	TPL Carrier Billing State Code	DE3715	Source is TP_INS_CARR_ADDR.C_STATE
6	Zip	TPL Carrier Billing ZIP Code	DE3716	Source is TP_INS_CARR_ADDR.C_ZIP_9
7	Enrollee Name	Enrollee Full Name	DE3003	Source is T_NAME_LAST, FIRST, MIDDLE_INIT
8	DOB	Enrollee Birth Date	DE3005	Source is D_BIRTH
9	Enrollee ID	Enrollee Permanent Identification Number	DE3093	Source is I_ID_VALUE
10	Sex	Enrollee Sex Code	DE3007	Source is C_GENDER_CVAL
11	Carrier Name	TPL Carrier Name	DE3673	Source is T_NAME for C_INFO_TYPE of INQUIRY
12	Policy #	TPL Policy Number	DE3658	Source is I_POLICY
13	Group #	TPL Group Number	DE3697	Source is I_GROUP
14	Insured	TPL Policy Holder Social Security Number (SSN)	DE3670	Source is I_ID_VALUE
15	Type of Policy	TPL Policy Type	DE3703	Source is C_PLCY_TYPE_CVAL
16	Name of Claims Office	TPL Carrier Billing Name	DE3709	Source is T_NAME for C_INFO_TYPE of BILLING
17	Address	TPL Carrier Billing Additional Address Name	DE3712	Source is T_ADDR_1 for C_INFO_TYPE of BILLING
18	City	TPL Carrier Billing City Name	DE3714	Source is T_CITY for C_INFO_TYPE of BILLING
19	State	TPL Carrier Billing State Code	DE3715	Source is C_STATE for C_INFO_TYPE of BILLING
20	Zip	TPL Carrier Billing ZIP Code	DE3716	Source is C_ZIP for C_INFO_TYPE of BILLING
21	Type (s) of Coverage	TPL Coverage Code	DE3013	Source is C_CVRG_CVAL
22	Policy Effective Date	TPL Policy Effective Date	DE3659	Source is D_POLICY_BEGIN
23	Termination Date	TPL Policy End Date	DE3660	Source is D_POLICY_END



Output Reports TP-O-006 TPL Carrier Master Numeric List

General Information

This report will reflect Carrier and Billing Information contained on the TPL Carrier Master table in Carrier Code order.

Subsystem:	Financial
Frequency:	Weekly
Volume:	Variable
Number of Copies:	1
Output Form:	JHS
Retention:	180 Days
Distribution:	DMAS-TPL Unit
Program:	TPL Carrier Master Report Program (TPM835)
Confidential:	No
Sequence:	Carrier Code
Control Breaks:	N/A

TPL Carrier Master Numeric List (TP-O-006)

TPM835
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL CARRIER MASTER NUMERIC LIST

*****C A R R I E R I N F O R M A T I O N*****
(1) (2) (3)
CARRIER CODE: 21370 CARRIER NAME: ██████████ CONTACT NAME: ██████████
(4) (5) (6) (7)
CARRIER ADDRESS: █████ BYRD AVE XXXXXXXXXXXXXXXXXXXX BRISTOL VA. 24778-
(8) (9) (10)
CARRIER REMARKS: THIS CARRIER EXCEEDS CARRIER CODE LIMIT PH NO: ██████████ FEDERAL ID NUMBER: ██████████

*****B I L L I N G I N F O R M A T I O N*****
(11) (12) (13) (14) (15) (16)
BILLING NAME: ██████████ CONTACT NAME: ██████████
BILLING ADDRESS: █████ BROAD ST. XXXXXXXXXXXXXXXXXXXX BRISTOL VA. 24779-
(17) (18) (19)
BILLING REMARKS: BILL ON FIRST OF MONTH ONLY PH NO: ██████████ FEDERAL ID NUMBER: ██████████

*****C A R R I E R I N F O R M A T I O N*****
CARRIER CODE: 34587 CARRIER NAME: ██████████ CONTACT NAME: ██████████
CARRIER ADDRESS: █████ ORCHARD LA NORFOLK VA. 23451-
CARRIER REMARKS: THIS CARRIER EXCEEDS CARRIER CODE LIMIT PH NO: ██████████ FEDERAL ID NUMBER: ██████████

*****B I L L I N G I N F O R M A T I O N*****
BILLING NAME: ██████████ CONTACT NAME: ██████████
BILLING ADDRESS: █████ NORFOLK ST. NORFOLK VA. 23451-
BILLING REMARKS: BILL SEMI-MONTHLY PH NO: ██████████ FEDERAL ID NUMBER: ██████████

TOTAL RECORDS: 9999999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER CODE	TPL Carrier Code	DE3657	Source is I_CARRIER
2	CARRIER NAME	TPL Carrier Name	DE3673	Source is T_NAME for C_INFO_TYPE of INQUIRY
3	CARRIER CONTACT NAME	TPL Carrier Contact Name	DE3681	Source is T_CONTACT for C_INFO_TYPE of INQUIRY
4	CARRIER ADDRESS	TPL Carrier Address Line	DE3675	Source is T_ADDR_2 for C_INFO_TYPE of INQUIRY
5	CARRIER CITY	TPL Carrier City Name	DE3676	Source is T_CITY for C_INFO_TYPE of INQUIRY
6	CARRIER STATE	TPL Carrier State Code	DE3677	Source is C_STATE for C_INFO_TYPE of INQUIRY
7	CARRIER ZIP CODE	TPL Carrier ZIP Code	DE3678	Source is C_ZIP_9 for C_INFO_TYPE of INQUIRY

8	CARRIER REMARKS	TPL Carrier Remarks	DE3708	Source is T_REMARKS for C_INFO_TYPE of INQUIRY
9	CARRIER PHONE NUMBER	TPL Carrier Phone Number	DE3680	Source is T_PHONE_NUM for C_INFO_TYPE of INQUIRY
10	CARRIER FEDERAL ID #	TPL Carrier Federal Identification Number	DE3679	Source is I_FIN for C_INFO_TYPE of INQUIRY
11	BILLING NAME	TPL Carrier Billing Name	DE3709	Source is T_NAME for C_INFO_TYPE of BILLING
12	BILLING CONTACT NAME	TPL Carrier Billing Contact Name	DE3710	Source is T_CONTACT for C_INFO_TYPE of BILLING
13	BILLING ADDRESS	TPL Carrier Billing Address Line	DE3713	Source is T_ADDR_2 for C_INFO_TYPE of BILLING
14	BILLING CITY	TPL Carrier Billing City Name	DE3714	Source is T_CITY for C_INFO_TYPE of BILLING
15	BILLING STATE	TPL Carrier Billing State Code	DE3715	Source is C_STATE for C_INFO_TYPE of BILLING
16	BILLING ZIP CODE	TPL Carrier Billing ZIP Code	DE3716	Source is C_ZIP_9 for C_INFO_TYPE of BILLING
17	BILLING REMARKS	TPL Carrier Billing Remarks	DE3717	Source is T_REMARKS for C_INFO_TYPE of BILLING
18	BILLING PHONE NUMBER	TPL Carrier Billing Telephone Number	DE3711	Source is T_PHONE_NUM for C_INFO_TYPE of BILLING
19	BILLING FEDERAL ID #	TPL Carrier Federal Identification Number	DE3679	Source is I_FIN for C_INFO_TYPE of BILLING
20	TOTAL RECORDS		DE0000	

Output Reports TP-O-008 Weekly TPL Resource File Counts

General Information

This report reflects TPL Policy Master tables counts.

Subsystem:	Financial
Frequency:	Weekly
Volume:	1 page
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - TPL Unit
Program:	TPL Resource File Counts Reporting Program (TPW510)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Weekly TPL Resource File Counts (TP-O-008)

TPW510
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
WEEKLY TPL RESOURCE FILE COUNTS

(1)
TOTAL ENROLLEES
ON FILE
999,999

(2)
TOTAL ENROLLEES
WITH ACTIVE POLICIES
999,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations
---	------------	-------------------	---------	---------------------

			ID	
1	Total Enrollees On File	Calculated	DE0002	Total number of enrollees on file (excluding duplicates).
2	Total Enrollees with Active Policies	Calculated	DE0002	Total of enrollees with 'A' in status (active).

Output Reports TP-O-009 TPL Summary Report

General Information

This is a summary of enrollees with and without TPL, as well as, the total eligibles by Program Code and the percentage in each category.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - TPL Unit
Program:	TPL Summary Reporting (TPM840)
Confidential:	No
Sequence:	Program Code
Control Breaks:	Program Code

TPL Summary Report (TP-O-009)

TPM840
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL SUMMARY REPORT

TP-
PAGE

BENEFIT PROGRAM CODES	ELIGIBLES	ELIGIBLES WITH TPL	PERCENT OF WITH TPL
(1)	(2)	(3)	(4)
01 MEDICAID fee-for-service	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%
02 TD0	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%
03 STATE AND LOCAL HOSPITAL	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%

TPL Summary Report (TP-O-009)

TPM840
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 TPL SUMMARY REPORT

TP-O-0
 PAGE 99

BENEFIT PROGRAM CODES	ELIGIBLES	ELIGIBLES WITH TPL	PERCENT OF ENROLLEES WITH TPL
04 HIV PREMIUM	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%
05 DISTRICT HOME	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%
06 HEALTH INSURANCE DEMONSTRATION PROG	9,999,999	9,999,999	99.99%
A. MEDICARE ONLY		9,999,999	99.99%
B. OTHER TPL ONLY		9,999,999	99.99%
C. MEDICARE & OTHER TPL		9,999,999	99.99%
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999	99.99%
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999	99.99%

TPL Summary Report (TP-O-009)

TPM840
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL SUMMARY REPORT

BENEFIT PROGRAM CODES	ELIGIBLES	ELIGIBLES WITH TPL
07 FAMIS - MEDALLION PCP	9,999,999	9,999,999
A. MEDICARE ONLY		9,999,999
B. OTHER TPL ONLY		9,999,999
C. MEDICARE & OTHER TPL		9,999,999
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C) (2B + 2C)		9,999,999
08 ASSESSMENTS	9,999,999	9,999,999
A. MEDICARE ONLY		9,999,999
B. OTHER TPL ONLY		9,999,999
C. MEDICARE & OTHER TPL		9,999,999
D. TOTAL NUMBER OF ENROLLEES WITH MEDICARE (A + C)		9,999,999
E. TOTAL NUMBER OF ENROLLEES WITH OTHER TPL (B + C)		9,999,999
(5) * * T O T A L S * *	999,999,999	999,999,999
	*** END OF REPORT ***	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Definition Benefit Program Code Description	Benefit Definition Plan Name	DE3554	Source is T_BNFT_PKG_NAME
2	Eligibles	Calculated	DE0002	Count of eligible enrollees that are active in their Benefit Program Code.
3	Eligibles With TPL	Calculated	DE0002	Count of eligible enrollees that are active in their Benefit Program Code and have TPL.
4	Percent of Eligibles With TPL	Calculated	DE0002	Percentage of Eligibles with TPL out of all Eligibles.
5	Totals	Calculated	DE0002	Totals for Eligibles, Eligibles with TPL , and Percent of Eligibles with TPL.

Output Reports TP-O-014 TPL Resource Records with Medicare Coverages

General Information

This report lists TPL enrollees that have Medicare Supplement Part A and/or Part B.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - TPL Unit
Program:	TPL Resource Monthly Reporting Program (TPM825)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Resource Records with Medicare Coverages (TP-O-014)

TPM825
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL RESOURCE RECORDS WITH MEDICARE COVERAGES

REPORT
PAGE 1

(1) ENROLLEE ID	(2) ENROLLEE NAME	(3) COVERAGE CODES	(4) CARRIER CODE	(5) POLICY NUMBER	
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99 99 99
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99 99 99 99 99
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99 99 99
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99 99 99 99 99
999-999999-99-9	XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX	X XX, XX, XX, XX, XX	XXXXX XXXXX XXXXX	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	99 99 99
(8) TOTAL RECORDS: 999,999					

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	Source is I_ID_VALUE
2	Enrollee Name	Enrollee Full Name	DE3003	Source is T_NAME_LAST, FIRST, MIDDLE_INIT
3	Coverage Codes	TPL Coverage Code	DE3013	Source is C_CVRG_CVAL
4	Carrier Code	TPL Carrier Code	DE3657	Source is I_CARRIER
5	Policy Number	TPL Policy Number	DE3658	Source is I_POLICY
6	Policy Effective Dates	TPL Policy Effective Date	DE3659	Source is D_POLICY_BEGIN
7	Policy Effective Dates	TPL Policy End Date	DE3660	Source is D_POLICY_END
8	Total Records	Calculated	DE0002	Total number of records printed.

Output Reports TP-O-015 DEERS Sponsor Name Mismatch

General Information

This report lists the names updated by DEERS that disagree with the sponsor name sent from the Enrollee Master tables.

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - TPL Unit
Program:	DEERS Sponsor Name Mismatch Process (TPA765)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

DEERS Sponsor Name Mismatch (TP-O-015)

TPA765

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

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

DEERS SPONSOR NAME MISMATCHES - NAMES UPDATED BY DEERS DISAGREE WITH SPONSOR NAMES SENT
 HH:MM

(1) ENROLLEE	(2) ENROLLEE/SPONSOR NAME	(3)	(11)	(4) ENROLLEE/SPONSOR SSN	(5) SSN	(12)	(6) ENROLLEE/SPONSOR DOB	(7) DOB	(13)	(8) MATCH CD	(9) DOB CD
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
999999999999	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999		9	9
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			
	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X	999999999	999999999		99/99/9999	99/99/9999			

TOTAL MISMATCHES 999,999 (14)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	DEERS State Unique ID Number	DE3822	DRR-RECIP-ID
2	Enrollee Name	Enrollee Full Name	DE3003	T_NAME_LAST, FIRST, MIDDLE_INIT
3	Sponsor Name	DEERS Sponsor Name	DE3832	DRR-SPONSOR-NAME
4	Enrollee SSN	Enrollee Social Security Number (SSN)	DE3034	I_ID_VALUE
5	Sponsor SSN	DEERS Sponsor Social Security Number (SSN)	DE3831	DRR-SPONSOR-SSN
6	Enrollee DOB	Enrollee Birth Date	DE3005	D_BIRTH
7	Sponsor DOB	DEERS Sponsor Date of Birth	DE3834	DRR-SPONSOR-DOB

8	Match	DEERS Match Code	DE3828	DRR-MATCH-CODE
9	DOB Cd	DEERS Match Date of Birth Code	DE3830	DRR-DOB-CODE
10	Rel	DEERS Dependent Relationship Code	DE3858	DRR-DEPENDENT-RELATION
11	DRR-D-SPONSOR--NAME	DEERS Sponsor Name	DE3832	
12	DRR-D-SPONSOR-SSN	DEERS Sponsor Social Security Number (SSN)	DE3831	
13	DRR-D-SPONSOR-DOB	DEERS Sponsor Date of Birth	DE3834	
14	Total Mismatches	Calculated	DE0002	

Output Reports TP-O-016 List of Errors Found on the DEERS to Enrollee Match

General Information

This report lists non-matches between the DEERS and Enrollee Master tables on the Enrollee Name, DOB and SSN fields.

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 years
Distribution:	DMAS-TPL UNIT
Program:	DEERS Sponsor Name Mismatch Process (TPA765)
Confidential:	No
Sequence:	Enrollee ID
Control Breaks:	N/A

List of Errors Found on the DEERS to Enrollee Match (TP-O-016)

TPA765
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
LIST OF ERRORS FOUND ON THE DEERS TO ENROLEE MATCH

(1) TYPE	(2) SSN	(3) M C	(4) ENROLLEE ID	(5) ENROLLEE/DEERS DOB	(6)	(7) ENROLLEE/DEERS NAME	(8)	(9)	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
XXX	999999999	9	999999999999	99/99/9999 99/99/9999	XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX X XXXXXXXXXXXX X		XXXXXXXXXXXXXXXXXXXX	
TOTAL MISMATCHES							9999,999	(10)	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type	Calculated	DE0002	'SPN' If DRR-MATCH-CODE = 1 or 2, and a valid DRR-SPONSOR-SSN exists. 'SPD' If DRR-MATCH-CODE = 1 or 2, and a valid DRR-D-SPONSOR-SSN exists.
2	SSN	DEERS Sponsor Social Security Number (SSN)	DE3831	DRR-SPONSOR-SSN
3	Mc	DEERS Match Code	DE3828	DRR-MATCH-CODE
4	Enrollee ID	DEERS State Unique ID Number	DE3822	DRR-RECIP-ID
5	Enrollee DOB	Enrollee Birth Date	DE3005	D_BIRTH
6	DEERS DOB	DEERS Sponsor Date of Birth	DE3834	Derived from DRR-RECORD-TYPE, DRR-SPONSOR-DOB, or DRR-

				DEPENDENT-DOB (DE3848)
7	Enrollee Name	Enrollee Full Name	DE3003	T_NAME_LAST, FIRST, MIDDLE_ INIT
8	DEERS Name	DEERS Sponsor Name	DE3832	Derived from DRR-RECORD-TYPE. DRR-SPONSOR-NAME or DRR- DEPENDENT-NAME (DE3847)
9	Error Message		DE0000	Error message stating which fields do not match Enrollee Master
10	Total Mismatches	Calculated	DE0002	Total number of mismatch records

Output Reports TP-O-019 DEERS Error Report

General Information

This report lists all records rejected because they were duplicates of other records, or the Champus Privilege Code equaled 'N' (None).

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - TPL Unit
Program:	DEERS Interface Resource Add Process (TPA800)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

DEERS Error Report (TP-O-019)

TPA800
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DEERS ERROR REPORT

(1)	(2)	(3)	(4)	(5)	(6)
ENROLLEE ID	SPONSOR NAME	SPONSOR SSN	MATCH CODE	PRIVLEDGE CD	REJECT REAS
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXXXXXX X	999999999	9	X	XXXXXXXXXXXXXXXXXXXX

TOTAL MATCH CODE ERRORS: 999,999 (7)
TOTAL PRIVILEGE CODE ERRORS: 999,999 (8)
GRAND TOTAL: 999,999 (9)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	DEERS State Unique ID Number	DE3822	DRR-RECIP-ID
2	Sponsor Name	DEERS Sponsor Name	DE3832	DRR-SPONSOR-NAME
3	Sponsor SSN	DEERS Sponsor Social Security Number (SSN)	DE3831	DRR-SPONSOR-SSN
4	Match Code	DEERS Match Code	DE3828	DRR-MATCH-CODE
5	Privledge Cd	DEERS Sponsor CHAMPUS Privilege Code	DE3841	DRR-SPONSOR-PRIVILEGE
6	Reject Reason		DE0000	DRR-MATCH-CODE does not equal '2' or '5' DRR-SPONSOR-

				PRIVILEGE equals 'N' (None) DRR-DEPENDENT-PRIVILEGE equals 'N' (None) DRR-D-SPONSOR-NAME equals spaces DRR-D-SPONSOR-SSN equals spaces or zeros DRR-SPONSOR-BEGIN-DATE equals spaces or zeros DRR-DEPENDENT-ELIG-ST-D equals spaces or zeros
7	Total Match Code Errors	Calculated	DE0002	Total number of Match Code related errors.
8	Total Privledge Code Errors	Calculated	DE0002	Total number of Privledge Code related errors.
9	Grand Total	Calculated	DE0002	Total of Match and Privledge Code errors, and duplicate errors.

Output Reports TP-O-020 DEERS Update with Match Codes 2 and 4 Dropped

General Information

This report lists all records with a Match Code '2' or '4'. These match codes indicate that the SSN was found, but are not eligible.

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - TPL Unit
Program:	DEERS Interface Extract (TPA760)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

DEERS Update with Match Codes 2 and 4 Dropped (TP-O-020)

		Name		
9	Depend From Date	DEERS Dependent Begin Date	DE3850	DRR-DEPENDENT-ELIG-ST-D
10	Depend End Date	DEERS Dependent End Date	DE3851	DRR-DEPENDENT-ELIG-END-D
11	Total Match Code 2's Dropped	Calculated	DE0002	Total number of Match Code '2's (SSN found, sponsor not eligible) dropped.
12	Total Match Code 4's Dropped	Calculated	DE0002	Total number of match code 4's dropped.
13	Grand Total	Calculated	DE0002	Total number of Match Code '2's and '4's.

Output Reports TP-O-021 DEERS Audit Report

General Information

This report lists the updates that occurred to the TPL Policy Master tables due to the DEERS match.

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - TPL Unit
Program:	DEERS Interface Resource Add Process (TPA800)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

DEERS Audit Report (TP-O-021)

TPA800
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
DEERS AUDIT REPORT

RE
PA

(1) TYPE	(2) ENROLLEE	(3) CARRIER	(4) GROUP NUM	(5) POLICY NUM	(6) START	(7) END	(8) REL	(9) MATCH	CO
XXXXXX (10)	999999999999	XXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X(11) GROUP NAME:	XX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
XXXXXX	999999999999	XXXXX	XXXXXXXXXXXX	XXXXXXXXXXXXXXXX	9999/99/99	9999/99/99	9	9	
	POLICY HOLDER NAME:	XXXXXXXXXXXXXXXX	XXXXXXXXXXXX	X GROUP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				

TOTAL RECORDS ADDED: 999,999 (12)
TOTAL RECORDS UPDATED: 999,999 (13)
TOTAL RECORDS SUSPECT: 999,999 (13.1)
GRAND TOTAL: 999,999 (14)

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Type	Calculated	DE0002	
2	Enrollee	DEERS State Unique ID Number	DE3822	DRR-RECIP-ID
3	Carrier	TPL Carrier Code	DE3657	Always '00040'
4	Group No.	DEERS Sponsor Status Code	DE3835	DRR-SPONSOR-STATUS
5	Policy No.	DEERS Sponsor Social Security Number (SSN)	DE3831	DRR-D-SPONSOR-SSN
6	Start	DEERS Sponsor Begin Date	DE3839	DRR-SPONSOR-BEGIN-DATE
7	End	DEERS Sponsor End Date	DE3840	DRR-SPONSOR-END-DATE
8	Rel	DEERS Dependent	DE3858	DRR-DEPENDENT-RELATION

		Relationship Code		
9	Match Code	DEERS Match Code	DE3828	DRR-MATCH-CODE
9.1	Type Cov	TPL Coverage Code	DE3013	Determined by the program. The value 'POLICY' indicates the policy is either an ADD or UPDAT. Values J, M and R indicate the type of coverage a dependant has with the third party that is either an ADD or UPDAT.
10	Policy Holder Name	DEERS Sponsor Name	DE3832	DRR-D-SPONSOR-NAME
11	Group Name	DEERS Sponsor Service Code	DE3836	DRR-SPONSOR-SERVICE
12	Total Records Added	Calculated	DE0002	Total number of records added.
13	Total Records Updated	Calculated	DE0002	Total number of records updated.
13.1	Total Records Suspect	Calculated	DE0002	count of the TP_POLICY status change to 'S'.
14	Grand Total	Calculated	DE0002	Total of adds and update transactions printed.

Output Reports TP-O-023 TPL Absent Parent Audit Trail Report

General Information

This report is an audit trail of each record on the Absent Parent Master and Dependent Master tables.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - TPL UNIT
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) TPL Absent Parent Audit Trail Reporting Program (TPD025) TPL Absent Parent Audit Trail (TP-O-023) (VMPLDL02)
Confidential:	Yes
Sequence:	VACIS ID
Control Breaks:	N/A

TPL Absent Parent Audit Trail Report (TP-O-023)

VMPDL02
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL ABSENT PARENT AUDIT TRAIL REPORT

USER ID : XXXXXXXX (1) CORRELATION ID : XXXXXXXX (2) URID : XX
CONNECTION Id : XXXXXXXXXXXX (4) CONNECTION TYPE : XXXXXXXXXXXX (5) PLAN NAME : XX
DATE : MM-DD-CCYY (7) TIME : HH:MM:SS.MS (8)

TABLE XXXXXXXX.XXXXXXXXXXXXXXXXXXXXXX (9) DATABASE: XXXXXXXX (10)

XXXXXXXX (11)

	COL1	COL2	*COL3
(12)	New -> 1	AAAAAAAAAA	100000000
(12.1)	Old -> 1	AAAAAAAAAA	200000000

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User ID	Log Operator Identification	DE5706	
2	Correlation ID (The ID associated with the DB2 Extract)		DEDE0000	
3	URID (Unit of Recovery ID)		DEDE0000	
4	Connection ID (Connection ID used by Call Attachment Facility to communicate with DB2)		DEDE0000	
5	Connection Type (Connection Type with DB2)		DEDE0000	
6	Plan Name (The name of the DB2 Plan that was executed)		DEDE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table (Name of		DEDE0000	

	the modified DB2 Table)			
10	Database (Name of the modified Database)		DEDE0000	
11	Action Type	Log Action Type	DE5702	
12	New (After Image of the changed Row)		DEDE0000	
12.1	Old (Before Image of the changed row)		DEDE0000	

Output Reports TP-O-026 TPL Absent Parent Error Report

General Information

This report lists the error records encountered in processing the Absent Parent file from DSS.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - TPL Unit
Program:	N/A
Confidential:	Yes
Sequence:	VACIS ID
Control Breaks:	N/A

TPL Absent Parent Error Report (TP-O-026)

TPW500
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ABSENT PARENT UPDATE PROCESS - ERROR/CONTROL REPORT

REPORT
PAGE NU

(0) CARRIER NOT ON CARRIER MASTER

(1) UPDATE IND - A (2) IVD CASE NUM - (3) SUPPORT ORDERED_AMT_FREQ_DATE_TYPE_PCT_ - XXXX_ \$650.00_0000_020120
(7) (8) (9) (10) (11)

CP MPI_SSN_NAME - DISTRICT CODE_NAME - KO_NORFOLK
(13) (14) (15) (16) (17)

AP MPI_SSN_NAME - AP_COUNTRY_INT'L ZIP -
(18) (19) (20) (21) (22)

AP ADDRESS LINE 1_ADDRESS LINE 2_CITY_STATE_ZIP - AVENUE - NORFOLK
(23)

AP EMPLOYER DATA - CHESAPEAKE
(24) (25) (26) (27)

DEPENDENT DATA (OCCURS 19) OCCURRENCE_MPI_SSN_NAME -----
[REDACTED]

INSURANCE DATA: POLICY - 229848656 (28) CARRIER INFO: 00139 (29) BLUE CROSS & BLUE SHIELD OF VA (30) [REDACTED] R
(31) (32) (33)

COVERAGES - XX XX XX XX XX START DATE - 19950701 END DATE - 00000000
(36) (37) (38)

COVERED PARTICIPANT DATA (OCCURS 19) OCCURRENCE_MPI_NAME -----
[REDACTED]

*** CONFIDENTIAL INFORMATION ***
*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	Error Message		DE0000	
1	Update Ind	Absent Parent Update Indicator	DE3790	Source is AP-UPDATE-INDICATOR
2	IVD Case Num	Absent Parent IVD Case Number	DE3741	Source is AP-IVD-CASE-NUMBER
3	Support Ordered	Absent Parent Court Order Code	DE3768	Source is AP-SUPPORT-ORDERED
4	Amt	Absent Parent Court Order Amount	DE3769	Source is AP-SUPPORT-ORDER-AMT
5	Freq	Absent Parent Court Order Frequency	DE3770	Source is AP-SUPPORT-ORDER-FREQ
6	Date	Absent Parent Court Order Start Date	DE3771	Source is AP-SUPPORT-START-DATE
7	CP MPI	Absent Parent Custodial Parent MPI Number	DE3743	Source is AP-CUST-PAR-MPI-NUMBER
8	SSN	Absent Parent Custodial Parent Social	DE3750	Source is AP-CUST-PAR-SSN

		Security Number (SSN)		
9	Name	Absent Parent Custodial Parent Last Name	DE3744	Source is AP-CUST-PAR-LAST-NAME
10	District Code	Absent Parent District Code	DE3742	Source is AP-DISTRICT-CODE
11	Name	Absent Parent District Name	DE3791	Source is AP-DISTRICT-NAME
12	Insurance Ind	Absent Parent Insurance Indicator	DE3772	Source is AP-INSURANCE-IND
13	Ap MPI	Absent Parent MPI Number	DE3747	Source is AP-ABS-PAR-MPI-NUMBER
14	SSN	Absent Parent Social Security Number (SSN)	DE3754	Source is AP-ABS-PAR-SSN
15	Name	Absent Parent Last Name	DE3748	Source is AP-ABS-PAR-LAST-NAME
16	AP Country	Absent Parent Country Name	DE3760	Source is AP-ABS-PAR-COUNTRY
17	Int'l zip	Absent Parent International ZIP Code	DE3761	Source is AP-ABS-PAR-INTER-ZIP
18	AP Address Line 1	Absent Parent Additional Address Name	DE3755	Source is AP-ABS-PAR-ADDR-1
19	AP Address Line 2	Absent Parent Address Line	DE3756	Source is AP-ABS-PAR-ADDR-2
20	City	Absent Parent City Name	DE3757	Source is AP-ABS-PAR-CITY
21	State	Absent Parent State Code	DE3758	Source is AP-ABS-PAR-STATE
22	Zip	Absent Parent ZIP Code	DE3759	Source is AP-ABS-PAR-ZIP
23	AP Employer Data	Absent Parent Employer Name	DE3682	Source is AP-ABS-EMP-NAME
24	Occurrence	Calculated	DE0002	Which dependent is being printed ex. 01, 02,etc.
25	MPI	Absent Parent Dependent MPI Number	DE3762	Source is AP-DEP-MPI-NUMBER
26	SSN	Absent Parent Dependent Social Security Number (SSN)	DE3763	Source is AP-DEP-SSN
27	Name	Absent Parent Dependent Last Name	DE3764	Source is AP-DEP-LAST-NAME

28	Policy	TPL Policy Number	DE3658	Source is AP-INS-POLICY-NO
29	Carrier Code	TPL Carrier Code	DE3657	Source is AP-INS-CARRIER-CODE
30	Carrier Name	TPL Carrier Name	DE3673	Source is AP-INS-CARRIER-NAME
31	Coverage Codes	TPL Coverage Code	DE3013	Source is AP-INS-COVERAGE-CODE
32	Start Date	TPL Policy Effective Date	DE3659	Source is AP-INS-START-DATE
33	End Date	TPL Policy End Date	DE3660	Source is AP-INS-END-DATE
34	Support Order Type	Absent Parent Court Order Type Code	DE3776	Source is AP-INS-SUPPORT-ORDER-TYPE
35	Pct	Absent Parent Court Order Percentage Amount	DE3777	Source is AP-INS-PCT-SUPPORT-ORDERED
36	Occurrence	Calculated	DE0002	
37	Covered Participant MPI Number	Covered Participant MPI Number	DE3794	Source is AP-COVPART-MPI-NUMBER
38	Name	Absent Parent Last Name	DE3748	Source is AP-COVPART-LAST-NAME

Output Reports TP-O-027 TPL Suspect Potential Letters No Response Report

General Information

This report lists all resource records that were made 'inactive' because a response to a Suspect Letter was not received.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	TPL Suspect Process Program (TPM830)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Suspect/Potential Letters - No Response Report (TP-O-027)

TPM830
AS OF: 99/99/9999
RUN DATE: 99/99/9999 99:99

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL SUSPECT/POTENTIAL LETTERS - NO RESPONSE REPORT

RE
PA

(1) ENROLLEE ID	(2) POLICY NUMBER	(3) CARRIER	(4) LAST NAME	(5) FIRST NAME	(6) MI	(7) STATUS	(8) ORIGINAL DATE SENT	(9) POLICY END DATE
099999999999	999999999	99999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X	X	99/99/9999	99/99/9999
999999999999	999999999	99999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X	X	99/99/9999	99/99/9999
999999999999	999999999	99999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X	X	99/99/9999	99/99/9999
999999999999	999999999	99999	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	X	X	99/99/9999	99/99/9999

(10)
TOTAL SUSPECT/POTENTIAL RECORDS: 9

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Policy Number	TPL Policy Number	DE3658	
3	Carrier Code	TPL Carrier Code	DE3657	
4	Last Name	Enrollee Last Name	DE3110	
5	First Name	Enrollee First Name	DE3111	
6	MI	Enrollee Middle Initial	DE3112	
7	Status	TPL Status Code	DE3698	
8	Original Date Sent	TPL Letter Sent Date	DE3734	
9	Policy End Date	TPL Policy End Date	DE3660	
10	Total suspect/potential Records	Calculated	DE0002	Total number of suspect/potential records printed.

Output Reports TP-O-029 TPL Resource Report

General Information

This report lists all fields on the TPL Resource Master tables for those enrollees selected on request.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS - TPL Unit
Program:	TPL Resource Master Request Report (TPR010)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Resource Report (TP-O-029)

TPR010
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL RESOURCE REPORT

ENROLLEE ID: 999999999999 (1)

***** P O L I C Y I N F O R M A T I O N *****

CARRIER CDE: XXXXX (3) DATE OF LAST TRAN: 99/99/9999 (4)
DSS UPDATE IND: X (5) TPL LETTER SENT DATE: 99/99/9999 (6) TPL FOLLOWUP DATE: 99/99/9999 (7) STATUS CODE: X (8) ABSENT PARENT I
(10) TPL STATUS DATE: 99/99/9999 (11) TPL PREMIUM IND: X (12) TPL SOURCE IND: X (13) TPL VERIFY IND: X (14) TPL VERIFY DATE: 99/99
(15) POLICY TYPE: X (16) RELATIONSHIP: X (17) BEGIN DATE: 99/99/9999 (18) END DATE: 99/99/9999 (19) POLICY NUMBER: XXXXXXXX
(20) GROUP NUMBER: XXXXXXXXXXXXXXXX (21) GROUP NAME: XX (22) POLICY HOLDER SSN: 9999
(23) POLICYHOLDER NAME: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X (24) POLICYHOLDER ADDR: XX
(25) POLICYHOLDER CITY/STATE/ZIP: XXXXXXXXXXXXXXXXXXXXXXXX XX (26) 99999-9999 (27) PHONE: 999-999-9999 (28)
(29) COINSURANCE AMOUNT: \$99999999.99 (30) COINSURANCE PERCENT: 999 (31) DEDUCTIBLE AMOUNT: \$99999999.99 (32) DEDUCTIBLE MET:

***** C O V E R A G E I N F O R M A T I O N *****

COVERAGE CODE: XX (35) BEGIN DATE: 99/99/9999 (36) END DATE: 99/99/9999 (37) EXHAUSTION IND: X (38)
(39) CO-PAY AMOUNT: \$99999999.99 (40) CO-PAY PERCENT: 999 (41) DEDUCTIBLE AMOUNT: \$99999999.99 (42) DEDUCTIBLE TYPE: X DEDUCTIBLE

***** P O L I C Y I N F O R M A T I O N *****

CARRIER CDE: XXXXX DATE OF LAST TRAN: 99/99/9999
DSS UPDATE IND: X TPL LETTER SENT DATE: 99/99/9999 TPL FOLLOWUP DATE: 99/99/9999 STATUS CODE: X ABSENT PARENT I
TPL STATUS DATE: 99/99/9999 TPL PREMIUM IND: X TPL SOURCE IND: X TPL VERIFY IND: X TPL VERIFY DATE: 99/99
POLICY TYPE: X RELATIONSHIP: X BEGIN DATE: 99/99/9999 END DATE: 99/99/9999 POLICY NUMBER: XXXXXXXX
GROUP NUMBER: XXXXXXXXXXXXXXXX GROUP NAME: XX POLICY HOLDER SSN: 9999
POLICYHOLDER NAME: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X POLICYHOLDER ADDR: XX
POLICYHOLDER CITY/STATE/ZIP: XXXXXXXXXXXXXXXXXXXXXXXX XX 99999-9999 PHONE: 999-999-9999
COINSURANCE AMOUNT: \$99999999.99 COINSURANCE PERCENT: 999 DEDUCTIBLE AMOUNT: \$99999999.99 DEDUCTIBLE MET:

***** C O V E R A G E I N F O R M A T I O N *****

COVERAGE CODE: XX BEGIN DATE: 99/99/9999 END DATE: 99/99/9999 EXHAUSTION IND: X
CO-PAY AMOUNT: \$99999999.99 CO-PAY PERCENT: 999 DEDUCTIBLE AMOUNT: \$99999999.99 DEDUCTIBLE TYPE: X DEDUCTIBLE

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	I_ID_VALUE
3	CARRIER CODE	TPL Carrier Code	DE3657	I_CARRIER
4	DATE OF TRAN	Row Update Date	DE0011	D_REC_UPDT
5	DSS UPDATE IND	TPL DSS Update Indicator	DE3718	F_DSS_UPDATE
6	TPL LETTER SENT DATE	TPL Letter Sent Date	DE3734	D_GENERATED
7	TPL FOLLOW-UP DATE	TPL Letter Follow-up Date	DE3735	D_FOLLOWUP
8	STATUS CODE	TPL Status Code	DE3698	C_STATUS
9	ABSENT	TPL Absent Parent	DE3721	C_AP_CVAL

	PARENT IND	Indicator		
10	TPL STATUS DATE	TPL Status Date	DE3699	D_STATUS
11	TPL PREMIUM IND	TPL Premium Type	DE3688	C_PREM_TYPE_CVAL
12	TPL SOURCE IND	TPL Source Code	DE3726	C_SOURCE_CVAL
13	TPL VERIFY IND	TPL Verify Indicator	DE3700	F_VERIFY
14	TPL VERIFY DATE	TPL Verify Date	DE3701	D_VERIFY
15	POLICY TYPE	TPL Policy Type	DE3703	C_PLCY_TYPE_CVAL
16	RELATIONSHIP	TPL Relationship Code	DE3704	C_REL_CVAL
17	BEGIN DATE	TPL Policy Effective Date	DE3659	D_POLICY_BEGIN
18	END DATE	TPL Policy End Date	DE3660	D_POLICY_END
19	POLICY NUMBER	TPL Policy Number	DE3658	I_POLICY
20	GROUP NUMBER	TPL Group Number	DE3697	I_GROUP
21	GROUP NAME	TPL Group Name	DE3727	T_GROUP_NAME
22	POLICY HOLDER SSN	TPL Policy Holder Social Security Number (SSN)	DE3670	I_HOLDER_SSN
23	POLICYHOLDER NAME (Last)	TPL Policyholder Last Name	DE3737	T_HOLDER_LNAME
24	POLICYHOLDER NAME (First)	TPL Policyholder First Name	DE3738	T_HOLDER_FNAME
25	POLICYHOLDER NAME (Mi)	TPL Policyholder Middle Initial	DE3739	T_HOLDER_MI
26	POLICYHOLDER ADDRESS LINE	TPL Policyholder Address Line	DE3730	T_HOLDER_ADDR1
27	POLICYHOLDER CITY	TPL Policyholder City Name	DE3731	T_HOLDER_CITY
28	POLICYHOLDER STATE	TPL Policyholder State Code	DE3732	C_HOLDER_STATE
29	POLICYHOLDER ZIP CODE	TPL Policyholder ZIP Code	DE3733	C_HOLDER_ZIP_9
30	POLICYHOLDER PHONE	TPL Policyholder Telephone Number	DE3705	T_HOLDER_PHONE
31	COINSURANCE AMOUNT	TPL Policy Coinsurance Amount	DE3671	N_COINS_AMT
32	COINSURANCE PERCENT	TPL Policy Coinsurance Percentage Amount	DE3706	N_COINS_PCT

33	DEDUCTIBLE AMOUNT	TPL Policy Deductible Amount	DE3695	N_DEDUCTIBLE_AMT
34	DEDUCTIBLE MET	TPL Policy Deductible Type Met Indicator	DE3694	F_DEDUCTIBLE_MET
35	COVERAGE CODE	TPL Coverage Code	DE3013	C_CVRG_CVAL
36	BEGIN DATE	TPL Coverage Effective (Begin) Date	DE3667	D_CVRG_BEGIN
37	END DATE	TPL Coverage End Date	DE3668	D_CVRG_END
38	EXHAUSTION IND	TPL Coverage Exhaustion Indicator	DE3690	F_CVRG_EXHAUST
39	CO-PAY AMOUNT	TPL Coverage Co-pay Amount	DE3672	N_COPAY_AMT
40	CO-PAY PERCENT	TPL Coverage Co-pay Percentage Amount	DE3707	N_COPAY_PCT
41	DEDUCTIBLE AMOUNT	TPL Coverage Deductible Amount	DE3696	N_DEDUCTIBLE_AMT
42	DEDUCTIBLE TYPE	TPL Coverage Deductible Type	DE3691	C_DEDUCTIBLE_TYPE
43	DEDUCTIBLE MET	TPL Coverage Deductible Type Met Indicator	DE3692	F_DEDUCTIBLE_MET

Output Reports TP-O-030 TPL Carrier Report

General Information

This report lists all fields on the TPL Carrier Master table for specific Carrier Codes requested.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS-TPL Unit
Program:	TPL Carrier Master Request Report (TPR015)
Confidential:	No
Sequence:	Carrier Code
Control Breaks:	N/A

TPL Carrier Report (TP-O-030)

TPR015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL CARRIER REPORT

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

(1) CARRIER CODE: AB470 (3) LAST TRANSACTION DATE: 01/17/99
(5) CARRIER NAME: [REDACTED] (6) CONTACT: [REDACTED] PHONE NU
(8) CARRIER ADDRESS: [REDACTED] BYRD AVE (10) BRISTOL (11) VA. (12) 24778
(9) FEDERAL ID NUMBER: [REDACTED] (13) CARRIER REMARKS: THIS CARRIER EXCEEDS CARRIER CODE LIMIT (14)

*****B I L L I N G I N F O R M A T I O N*****

(15) BILLING NAME: [REDACTED] (16) CONTACT: [REDACTED] PHONE NU
(18) BILLING ADDRESS: [REDACTED] BROAD ST. (20) BRISTOL (21) VA. (22) 24779
(19) FEDERAL ID NUMBER: [REDACTED] (23) BILLING REMARKS: BILL ON FIRST OF MONTH ONLY (24)

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

CARRIER CODE: 12587 LAST TRANSACTION DATE: 03/12/99
CARRIER NAME: [REDACTED] CONTACT: [REDACTED] PHONE NU
CARRIER ADDRESS: [REDACTED] ORCHARD LA NORFOLK VA. 23451
FEDERAL ID NUMBER: [REDACTED] CARRIER REMARKS: THIS CARRIER EXCEEDS CARRIER CODE LIMIT

*****B I L L I N G I N F O R M A T I O N*****

BILLING NAME: [REDACTED] CONTACT NAME: [REDACTED] PHONE NU
BILLING ADDRESS: [REDACTED] NORFOLK ST. NORFOLK VA. 23451
FEDERAL ID NUMBER: [REDACTED] BILLING REMARKS: BILL SEMI-MONTHLY

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CARRIER CODE	TPL Carrier Code	DE3657	I_CARRIER
3	LAST TRANSACTION DATE	Row Update Date	DE0011	D_REC_UPDT
5	CARRIER NAME	TPL Carrier Name	DE3673	T_NAME for C_INFO_TYPE of INQUIRY
6	CARRIER CONTACT NAME	TPL Carrier Contact Name	DE3681	T_CONTACT for C_INFO_TYPE of INQUIRY
7	CARRIER PHONE NUMBER	TPL Carrier Phone Number	DE3680	T_PHONE_NUM for C_INFO_TYPE of INQUIRY
8	CARRIER ADDITIONAL	TPL Carrier Additional Address Name	DE3674	T_ADDR_1 for C_INFO_TYPE of INQUIRY

	ADDRESS			
9	CARRIER ADDRESS	TPL Carrier Address Line	DE3675	T_ADDR_2 for C_INFO_TYPE of INQUIRY
10	CARRIER CITY	TPL Carrier City Name	DE3676	T_CITY for C_INFO_TYPE of INQUIRY
11	CARRIER STATE	TPL Carrier State Code	DE3677	C_STATE for C_INFO_TYPE of INQUIRY
12	CARRIER ZIP CODE	TPL Carrier ZIP Code	DE3678	C_ZIP_9 for C_INFO_TYPE of INQUIRY
13	CARRIER FEDERAL ID #	TPL Carrier Federal Identification Number	DE3679	I_FIN for C_INFO_TYPE of INQUIRY
14	CARRIER REMARKS	TPL Carrier Remarks	DE3708	T_REMARKS for C_INFO_TYPE of INQUIRY
15	BILLING NAME	TPL Carrier Billing Name	DE3709	T_NAME for C_INFO_TYPE of BILLING
16	BILLING CONTACT NAME	TPL Carrier Billing Contact Name	DE3710	T_CONTACT for C_INFO_TYPE of BILLING
17	BILLING PHONE NUMBER	TPL Carrier Billing Telephone Number	DE3711	T_PHONE_NUM for C_INFO_TYPE of BILLING
18	BILLING ADDITIONAL ADDRESS	TPL Carrier Billing Additional Address Name	DE3712	T_ADDR_1 for C_INFO_TYPE of BILLING
19	BILLING ADDRESS	TPL Carrier Billing Address Line	DE3713	T_ADDR_2 for C_INFO_TYPE of BILLING
20	BILLING CITY	TPL Carrier Billing City Name	DE3714	T_CITY for C_INFO_TYPE of BILLING
21	BILLING STATE	TPL Carrier Billing State Code	DE3715	C_STATE for C_INFO_TYPE of BILLING
22	BILLING ZIP CODE	TPL Carrier Billing ZIP Code	DE3716	C_ZIP_9 for C_INFO_TYPE of BILLING
23	BILLING FEDERAL ID #	TPL Carrier Federal Identification Number	DE3679	I_FIN for C_INFO_TYPE of BILLING
24	BILLING REMARKS	TPL Carrier Billing Remarks	DE3717	T_REMARKS for C_INFO_TYPE of BILLING

Output Reports TP-O-031 TPL Absent Parent Report

General Information

This report lists all fields on the TPL Absent Parent Master tables selected by SSN on request.

Subsystem:	Financial
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS-TPL Unit
Program:	TPL Absent Parent Master Request Report (TPR020)
Confidential:	Yes
Sequence:	VACIS ID
Control Breaks:	N/A

TPL Absent Parent Report (TP-O-031)

TPR020
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL ABSENT PARENT REPORT

REPO
PAGE

ABSENT PARENT SSN: (1) ██████████ LAST UPDATE: 07/02/1999 (5) RETIRED IND: (6) IVD CASE NUMBER: A99999 (7)
DISTRICT CODE: NC (8) DISTRICT NAME: RALEIGH DSS (9) CUSTODIAL PARENT MPI NUMBER: 999999999 (10)
CUSTODIAL PARENT NAME: (11) ██████████ (12) ██████████ (13) CUSTODIAL PARENT SSN: (14) ██████████
ABSENT PARENT MPI NUMBER: 999999999 (15) ABSENT PARENT NAME: (16) ██████████ (17) ██████████ (18)
ABSENT PARENT ADDR: (19) ██████████ VICTORY AVE. (20) PORTSMOUTH (21) ██████████ (22) VA (23) 23451-0111
COUNTRY: USA (24) INTERNAL ZIP: (25) ██████████
EMPLOYER NAME: (26) ██████████ ADDRESS: (27) ██████████ BANK ST (28)
CITY/ST/ZIP: PORTSMOUTH (29) VA (30) 23452 (31)
COURT ORDER CODE: XXXX (32) COURT ORDER AMOUNT: \$1500.00 (33) COURT ORDER FREQUENCY: XXXX (34) COURT ORDER START
ABSENT PARENT INSURANCE IND: Y (36) COURT ORDER TYPE CODE: X (37) COURT ORDER PERCENTAGE AMOUNT: 80% (38)

*****D E P E N D E N T I N F O R M A T I O N*****

DEPENDENT ENROLLEE ID: (39) ██████████ DEPENDENT MPI NUMBER: (40) ██████████
DEPENDENT SSN: (41) ██████████ DEPENDENT NAME: (42) ██████████ (43) ██████████ (44)
DEPENDENT ENROLLEE ID: ██████████ DEPENDENT MPI NUMBER: ██████████
DEPENDENT SSN: ██████████ DEPENDENT NAME: ██████████
DEPENDENT ENROLLEE ID: ██████████ DEPENDENT MPI NUMBER: ██████████
DEPENDENT SSN: ██████████ DEPENDENT NAME: ██████████

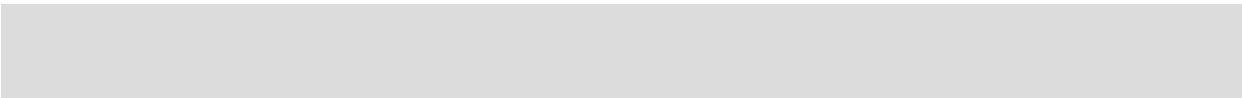
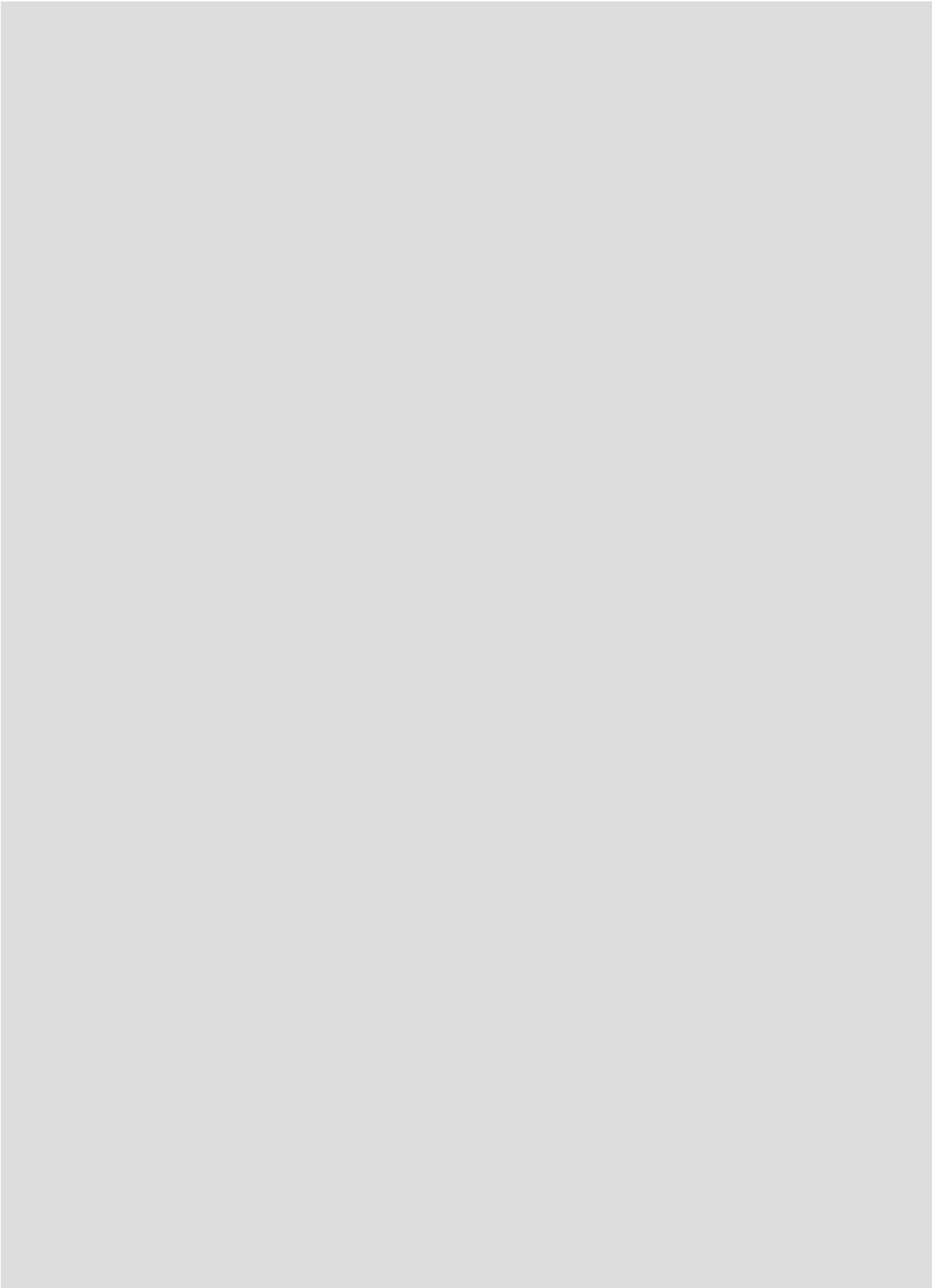
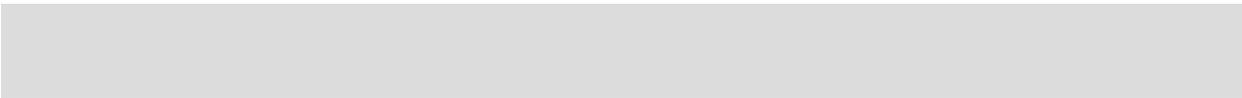
*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSN	Absent Parent Social Security Number (SSN)	DE3754	I_ID_VALUE
5	LAST-UPDATE	Row Update Date	DE0011	D_REC_UPDPT
6	RETIRED IND	Absent Parent Update Indicator	DE3790	Indicates 'R' for retired records, or spaces for non-retired records.
7	IV-D-CASE NUMBER	Absent Parent IVD Case Number	DE3741	I_IVD_CASE
8	DISTRICT CODE	Absent Parent District Code	DE3742	C_DSS_OFFICE
9	DISTRICT NAME	Absent Parent District Name	DE3791	RS_DSS_OFFICE_R.T_DESC
10	CUSTODIAL PARENT MPI	Absent Parent Custodial Parent MPI Num-	DE3743	I_ID_VALUE

	NUMBER	ber		
11	CUSTODIAL PARENT LAST NAME	Absent Parent Custodial Parent Last Name	DE3744	T_NAME_LAST
12	CUSTODIAL PARENT FIRST NAME	Absent Parent Custodial Parent First Name	DE3745	T_NAME_FIRST
13	CUSTODIAL PARENT MIDDLE INITIAL	Absent Parent Custodial Parent Middle Initial	DE3746	T_MIDDLE_INIT
14	CUSTODIAL PARENT SSN	Absent Parent Custodial Parent Social Security Number (SSN)	DE3750	I_ID_VALUE
15	ABSENT PARENT MPI NUMBER	Absent Parent MPI Number	DE3747	I_ID_VALUE
16	ABSENT PARENT LAST NAME	Absent Parent Last Name	DE3748	T_NAME_LAST
17	ABSENT PARENT FIRST NAME	Absent Parent First Name	DE3751	T_NAME_FIRST
18	ABSENT PARENT MIDDLE INITIAL	Absent Parent Middle Initial	DE3752	T_MIDDLE_INIT
19	ABSENT PARENT ADDRESS1	Absent Parent Additional Address Name	DE3755	RS_PERSON_ADDR.T_ADDR_NAME
20	ABSENT PARENT ADDRESS2	Absent Parent Address Line	DE3756	RS_PERSON_ADDR.T_STREET
21	ABSENT PARENT CITY	Absent Parent City Name	DE3757	RS_PERSON_ADDR.T_CITY
22	ABSENT PARENT STATE	Absent Parent State Code	DE3758	RS_PERSON_ADDR.C_STATE
23	ABSENT PARENT ZIP CODE	Absent Parent ZIP Code	DE3759	RS_PERSON_ADDR.C_ZIP_9
24	ABSENT-PARENT-COUNTRY	Absent Parent Country Name	DE3760	T_COUNTRY_RESIDE
25	ABSENT-PARENT-INTL-	Absent Parent International ZIP Code	DE3761	C_GLOBAL_ZIP

	ZIP			
26	EMPLOYER NAME	Absent Parent Employer Name	DE3682	T_EMP_NAME
27	EMPLOYER ADDRESS1	Absent Parent Employer Address Line	DE3684	RS_PERSON_EMPLOYER.T_ADDR_NAME
28	EMPLOYER ADDRESS2	Absent Parent Employer Additional Address Name	DE3683	RS_PERSON_EMPLOYER.T_STREET
29	EMPLOYER CITY	Absent Parent Employer City Name	DE3685	RS_PERSON_EMPLOYER.T_CITY
30	EMPLOYER STATE	Absent Parent Employer State Code	DE3686	RS_PERSON_EMPLOYER.C_STATE
31	EMPLOYER ZIP CODE	Absent Parent Employer ZIP Code	DE3687	RS_PERSON_EMPLOYER.C_ZIP_9
32	COURT ORDER CODE	Absent Parent Court Order Code	DE3768	C_COURT_ORDR
33	COURT ORDER AMOUNT	Absent Parent Court Order Amount	DE3769	N_AMT
34	COURT ORDER FREQUENCY	Absent Parent Court Order Frequency	DE3770	C_FREQ
35	COURT ORDER START DATE	Absent Parent Court Order Start Date	DE3771	D_SUPPORT_START
36	ABSENT PARENT INSURANCE IND	Absent Parent Insurance Indicator	DE3772	F_INSURANCE
37	COURT ORDER TYPE CODE	Absent Parent Court Order Type Code	DE3776	C_SUPPORT_TYPE
38	COURT ORDER PERCENTAGE AMOUNT	Absent Parent Court Order Percentage Amount	DE3777	N_PCT
39	DEPENDENT ENOLLEE ID	Enrollee Permanent Identification Number	DE3093	
40	DEPENDENT MPI NUMBER	Absent Parent Dependent MPI Number	DE3762	
41	DEPENDENT SSN	Absent Parent Dependent Social Security Number (SSN)	DE3763	
42	DEPENDENT LAST NAME	Absent Parent Dependent Last Name	DE3764	3764
43	DEPENDENT FIRST NAME	Absent Parent Dependent First Name	DE3765	
44	DEPENDENT MID INIT	Absent Parent Dependent Middle Initial	DE3766	



Output Reports TP-O-032 TPL Resource Conversion Error Control Totals Report

General Information

This report will provide DMAS with a list of those records that were not converted due to errors, along with the list of those records that were converted, and the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS TPL Unit
Program:	TPL Resource File Conversion (FNR115)
Confidential:	No
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Resource Conversion - Error/Control Totals Report (TP-O-032)

TPL Resource Conversion - Error/Control Totals Report (TP-O-032)

FNR115
 AS OF: MM/DD/CCYY
 RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 TPL RESOURCE CONVERSION - ERROR/CONTROL TOTALS REPORT
 CONTROL TOTALS REPORT

NUMBER OF RECORDS READ ON RECIPIENT ENROLLEE FILE: ZZZ,999
 NUMBER OF TPL RESOURCE FILE RECORDS CONVERTED: ZZZ,999
 TPL RESOURCE FILE NUMBER OF ERRORS: ZZZ,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	CURR VA DE		DE0000	VMAP current Data Element Number.
4	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
5	TARGET FILE		DE0000	Name of the file that the converted field associated with the record will be written out to.
6	NEW VA DE		DE0000	New VAMMIS Data Element number associated with the converted field.
7	AFTER IMAGE		DE0000	The After Image of the field after it was converted and written to the Target File in the New MMIS.
8	ERROR MESSAGE		DE0000	Brief description of the error associated with the conversion of the field.
9	DISPOSITION		DE0000	There two possible types of errors:

				FATAL or WARNING.
10	NUMBER OF RECORDS READ ON RECIPIENT ENROLLEE FILE	Calculated	DE0002	Every single record in the TPL Enrollee Recipient File is tallied as it is read in.
11	NUMBER OF RECORDS WRITTEN TO TPL RESOURCE FILE	Calculated	DE0002	Tally of TPL Resource File records (demographic data) that were successfully converted with no single FATAL error associated with them.
12	NUMBER OF ERRORS	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per record and by each field.

Output Reports TP-O-033 TPL Carrier Conversion Error Control Totals Report

General Information

This report will provide DMAS with a list of those records that were not converted due to errors, along with the list of records that were converted, and the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS TPL Unit
Program:	TPL Carrier File Conversion (FNR114)
Confidential:	No
Sequence:	Carrier Code
Control Breaks:	N/A

TPL Carrier Conversion - Error/Control Totals Report (TP-O-033)

TPL Carrier Conversion - Error/Control Totals Report (TP-O-033)

FNR114
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
CONVERT TPL CARRIER REPORT
CONTROL TOTALS REPORT

NUMBER OF RECORDS READ ON TPL INSURANCE CARRIER FILE: ZZZ,999
NUMBER OF TPL CARRIER FILE RECORDS CONVERTED: ZZZ,999
TPL CARRIER FILE NUMBER OF ERRORS: ZZZ,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
2	CARRIER CODE	TPL Carrier Code	DE3657	INS-CODE after conversion from 3 to 5 bytes (preceed with zeros).
3	CURR VA DE		DE0000	VMAP current Data Element Number.
4	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
5	TARGET FILE		DE0000	Name of the file that the converted field associated with the record will be written out to.
6	NEW VA DE		DE0000	New VAMMIS Data Element number associated with the converted field.
7	AFTER IMAGE		DE0000	The After Image of the field after it was converted and written to the Target File in the New MMIS.
8	ERROR MESSAGE		DE0000	Brief description of the error associated with the conversion of the field.
9	DISPOSITION		DE0000	There two possible types of errors: FATAL or WARNING.

10	NUMBER OF RECORDS READ ON THE TPL INSURANCE CARRIER FILE	Calculated	DE0002	Every single record in the TPL Insurance Carrier File is tallied as it is read in.
11	NUMBER OF RECORDS WRITTEN TO THE TPL CARRIER FILE	Calculated	DE0002	Tally of TPL Carrier File records (demographic data) that were successfully converted with no single FATAL error associated with them.
12	NUMBER OF ERRORS	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per record and by each field.

Output Reports TP-O-034 TPL Absent Parent Conversion Error Control Totals Report

General Information

This report will provide DMAS with a list of those records that were not converted due to errors, along with the list of records converted, and the total number of records read and written for each input and output file.

Subsystem:	Financial
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	10 days
Distribution:	DMAS TPL Unit
Program:	TPL Absent Parent File Conversion (FNR117)
Confidential:	No
Sequence:	IVD Case Number
Control Breaks:	N/A

TPL Absent Parent Conversion - Error/Control Totals Report (TP-O-034)

TPL Absent Parent Conversion - Error/Control Totals Report (TP-O-034)

FNR117
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL ABSENT PARENT CONVERSION - ERROR/CONTROL TOTALS REPORT
CONTROL TOTALS REPORT

NUMBER OF RECORDS READ ON ABSENT PARENT/DEPENDENT FILE: ZZZ,999
NUMBER OF ABSENT PARENT RECORDS CONVERTED: ZZZ,999
NUMBER OF DEPENDENT RECORDS CONVERTED: ZZZ,999
NUMBER OF COVERED DEPENDENT POLICY RECORDS WRITTEN: ZZZ,999
ABSENT PARENT FILE NUMBER OF ERRORS: ZZZ,999
ABSENT PARENT FILE RECORDS BYPASSED: ZZZ,999
DEPENDENT FILE NUMBER OF ERRORS: ZZZ,999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOURCE FILE		DE0000	Name of the file that will be converted to the New VAMMIS.
2	IVD CASE	Absent Parent IVD Case Number	DE3741	
3	CURR VA DE		DE0000	VMAP current Data Element Number.
4	BEFORE IMAGE		DE0000	Displays the before Image of each field in the record whether that field is slated for conversion or not.
5	TARGET FILE		DE0000	Name of the file that the converted field associated with the record will be written out to.
6	NEW VA DE		DE0000	New VAMMIS Data Element number associated with the converted field.
7	AFTER IMAGE		DE0000	The After Image of the field after it

				was converted and written to the Target File in the New MMIS.
8	ERROR MESSAGE		DE0000	Brief description of the error associated with the conversion of the field.
9	DISPOSITION		DE0000	There two possible types of errors: FATAL or WARNING.
10	NUMBER OF RECORDS READ ON ABSENT PARENT/DEPENDENT FILE	Calculated	DE0002	Every single record in the Absent Parent/Dependent File is tallied as it is read in.
11	NUMBER OF ABSENT PARENT RECORDS CONVERTED:	Calculated	DE0002	Tally of Absent Parent File records (demographic data) that were successfully converted with no single FATAL error associated with them.
12	NUMBER OF DEPENDENT RECORDS CONVERTED	Calculated	DE0002	Tally of Dependent File records (demographic data) that were successfully converted with no single FATAL error associated with them.
13	NUMBER OF COVERED DEPENDENT POLICY RECORDS WRITTEN	Calculated	DE0002	Tally of Covered Dependent Policy Records that were successfully created with no single FATAL error associated with them.
14	ABSENT PARENT NUMBER OF ERRORS	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per record and by each field for the Absent Parent records.
15	ABSENT PARENT RECORDS BYPASSED	Calculated	DE0002	Computed number of Absent Parent records bypassed due to the fact that they contained no Medicaid Dependents.
16	DEPENDENT NUMBER OF ERRORS	Calculated	DE0002	Computed number of FATAL errors that will count as 1 fatal error per record and by each field for each Dependent record.

Output Reports TP-O-036 TPL Contractor Resource Update Error Report

General Information

This report will reflect any errors encountered in the TPL Contractor Resource Update to TPL Policy Master Process. Update counts will also be included.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS-TPL UNIT
Program:	TPL Contractor Resource Report Program (TPM820)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

TPL Contractor Resource Update Error Report (TP-O-036)

TPM820
AS OF:MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL CONTRACTOR RESOURCE ADD REPORT

REP
PAG

(1) ENROLLEE ID	(2) ENROLLEE NAME	(3)	(4) COVG CODE	(5) CARRIER CODE	(6) POLICY NUMBER	(7) FROM DATE	(8) THRU DATE	(9) MESSAGES
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL
999999999999	XXXXXXXXXXXXXXXXXX, XXXXXXXXX		L	XXXXX	XXXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	ADDED TO TPL

(10)

TOTAL RECORDS ADDED:

12

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	TPLCONTR-ENROLLEE-ID
2	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	TPLCONTR-LN
3	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	TPLCONTR-FN
4	TYPE COVERAGES	TPL Coverage Code	DE3013	TPLCONTR-CVRG
5	CARRIER CODE	TPL Carrier Code	DE3657	TPLCONTR-CARRIER
6	POLICY NUMBER	TPL Policy Number	DE3658	TPLCONTR-POLICY-NUM
7	POLICYHOLDER BEGIN DATE	TPL Policy Effective Date	DE3659	TPLCONTR-CVRG-BEGIN
8	POLICYHOLDER END DATE	TPL Policy End Date	DE3660	TPLCONTR-CVRG-END
9	ERROR MESSAGE	Calculated	DE0002	Policy Number Missing No match on Enrollee or Carrier Master for add Invalid Coverage Code
10	TOTAL RESOURCE ADDS	Calculated	DE0002	Total number of records added to TPL Policy tables.
11	TOTAL RESOURCE UPDATES	Calculated	DE0002	
12	TOTAL ERRORS	Calculated	DE0002	Total number of errors printed.
13	TOTAL ENROLLEE\CARRIER RECORDS	Calculated	DE0002	

Output Reports TP-O-037 TPL Absent Parent Purge Report

General Information

This report provides a listing of all retired absent parent records that were purged from the Absent Parent Master and Dependent Master tables.

Subsystem:	Financial
Frequency:	Annual
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	3 years
Distribution:	DMAS TPL Unit
Program:	TPL Absent Parent Purge Process (TPA011)
Confidential:	Yes
Sequence:	VACIS Id
Control Breaks:	N/A

TPL Absent Parent Purge Report (TP-O-037)

		(SSN)		
10	Name	Absent Parent Custodial Parent Last Name	DE3744	T_NAME_LAST, FIRST, MIDDLE_INIT
11	District Code	Absent Parent District Code	DE3742	C_DSS_OFFICE
12	Name	Absent Parent District Name	DE3791	T_DESC
13	Insurance Ind	Absent Parent Insurance Indicator	DE3772	F_INSURANCE
14	Ap MPI	Absent Parent MPI Number	DE3747	I_ID_VALUE
15	SSN	Absent Parent Social Security Number (SSN)	DE3754	I_ID_VALUE
16	Name	Absent Parent Last Name	DE3748	T_NAME_LAST, FIRST, MIDDLE_INIT
17	AP Country	Absent Parent Country Name	DE3760	T_COUNTRY_RESIDE
18	Int'l zip	Absent Parent International ZIP Code	DE3761	C_GLOBAL_ZIP
19	AP Address Line 1	Absent Parent Additional Address Name	DE3755	T_ADDR_NAME
20	AP Address Line 2	Absent Parent Address Line	DE3756	RS_PERSON_ADDR.T_STREET
21	City	Absent Parent City Name	DE3757	RS_PERSON_ADDR.T_CITY
22	State	Absent Parent State Code	DE3758	RS_PERSON_ADDR.C_STATE
23	Zip	Absent Parent ZIP Code	DE3759	RS_PERSON_ADDR.C_ZIP_9
24	AP Employer Data	Absent Parent Employer Name	DE3682	T_EMP_NAME, RS_PERSON_EMPLOYER.T_ADDR_NAME, RS_PERSON_EMPLOYER.T_STREET, RS_PERSON_EMPLOYER..T_CITY, RS_PERSON_EMPLOYER.C_STATE, RS_PERSON_EMPLOYER..ZIP_9
25	Support Order Type	Absent Parent Court Order Type Code	DE3776	C_SUPPORT_TYPE
26	Pct	Absent Parent Court Order Percentage Amount	DE3777	N_PCT

27	MPI	Absent Parent Dependent MPI Number	DE3762	I_ID_VALUE
28	SSN	Absent Parent Dependent Social Security Number (SSN)	DE3763	I_ID_VALUE
29	Name	Absent Parent Dependent Last Name	DE3764	T_NAME_LAST, FIRST, MIDDLE_INIT
30	Enrl-ID	Enrollee Permanent Identification Number	DE3093	I_ID_VALUE
31	Records written absent parent history	Calculated	DE0002	No of records written to the absent parent history
32	Records written absent parent depend	Calculated	DE0002	No of records written to the absent parent dependent table.

Output Reports TP-O-038 TPL Absent Parent Update Process Medicare Records For Deletion

General Information

The report shows the Medicare TPL records that needs to be deleted

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - TPL Unit
Program:	N/A
Confidential:	Yes
Sequence:	Policy
Control Breaks:	N/A

TPL Absent Parent Update Prprocess - Medicare Records For Deletion (TP-O-038)

TPW500
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM:SS

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
TPL ABSENT PARENT UPDATE PROCESS - MEDICARE RECORDS FOR DELETION

POLICY (1)	ENROLLEE ID (2)	LAST NAME (3)	FIRST NAME (4)	SEX (5)	DATE OF BIRTH (6)
-----	-----	-----	-----	---	----
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM
XXXXXXXXXX	XXX-XXXXXX-XXX	XXXXXXXXXX	XXXXXXXXXX	X	MM

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

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Policy	TPL Policy Number	DE3658	Source is from TP_POLICY table
2	Enrollee ID	Person Identifier Value	DE3955	Source is RS_PRSN_IDENTIFIER table when C_ID_TYPE_CVAL (DE 3949) equals PERL.
3	Last Name	Enrollee Last Name	DE3110	Source is RS_PERSON_NAME
4	First Name	Enrollee First Name	DE3111	Source RS_PERSON_NAME
5	Date Of Birth	Enrollee Birth Date	DE3005	Source is RS_PERSON
5	Sex	Enrollee Sex Code	DE3007	Source RS_PERSON

Output Reports TP-O-039 TPL Monthly Add/Update Report

General Information

The report shows the accumulated summary of the daily extract files (TPF022) produced by program TPD860.

Subsystem:	Financial
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - TPL Unit
Program:	TPM860
Confidential:	Yes
Sequence:	Policy
Control Breaks:	N/A

TPL Monthly Add/Update Report (TP-O-039)

TPM860	VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	REPORT NO:	TP-O-039
AS OF:12/01/2014	TPL MONTHLY ADD/UPDATE REPORT	PAGE NUMBER:	
RUN DATE: 12/01/2014 10:03			
0	*----- THIRD PARTY RESOURCE TRANSACTION COUNTS -----*		
		RETIRE	
TRANSACTION BY	ADDS	UPDATES	DELETES
EXXXX	999,999	999,999	999,999
EXXXX	999,999	999,999	999,999
EXXXX	999,999	999,999	999,999
EXXXX	999,999	999,999	999,999
MEDICARE POLICY STATUS (RSD990)	999,999	999,999	999,999
BUY-IN PART 1 (RSM390)	999,999	999,999	999,999
BUY-IN PART 2 (RSM391)	999,999	999,999	999,999
BENDEX (RSM420)	999,999	999,999	999,999
TPL CONTRACTOR (TPM815)	999,999	999,999	999,999
TPM860	VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	REPORT NO:	TP-O-039
AS OF:12/01/2014	TPL MONTHLY ADD/UPDATE REPORT	PAGE NUMBER:	
RUN DATE: 12/01/2014 10:03			
	----- THIRD PARTY RESOURCE TRANSACTION COUNTS -----		
		RETIRE	
TRANSACTION BY	ADDS	UPDATES	DELETES
TOTALS	999,999	999,999	999,999
	*** END OF REPORT ***		

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Transaction By	I_USER_ID	DE3658	Source is from TP_POLICY and TP_POLICY_CVRG tables.
2	Adds	N/A	N/A	Sum of Adds for this User Id.
3	Updates	N/A	N/A	Sum of Updates for this User Id.
4	Retired/Deletes	N/A	N/A	Sum of Retired/Deletes for this User Id.
5	Total	N/A	N/A	Sum of Adds, Updates and Retired/Deletes for this User Id.
6	Total Adds	N/A	N/A	Sum of all additions in the report
7	Total Updates	N/A	N/A	Sum of all updates in the report
8	Totals Retired/Delete	N/A	N/A	Sum of all retire/deletes in the report
9	Totals Total	N/A	N/A	Sum of all transactions in the report