Member Outputs

03/29/2016

Output Reports MC-O-001A Recipient MCO Voided Audit Report

General Information

Data extracted from recipient log analyzer report (MC-O-115) that involves changes to DB2 table DB2P85.RS_ENRL_BNFT_PKG for segments that have an MCO Benefit Package, and a disposition change from 'Active' to 'Void'. Each eligible segment has two rows printed on the report: one for the old data and one for the new/changed data.

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	DARS
Retention:	N/A
Distribution:	DARS
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient MCO Voided Audit Report (MC-O-001A)

```
MCOAUDIT                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:MM/DD/YYYY                                RECIPIENT MCO VOIDED AUDIT REPORT                         PA
RUN DATE: MM/DD/YYYY 99:99

          (1)            (2)        (3)            (4)        (5)            (6)            (7)            (
        ENROLLEE       BENEFIT    PROVIDER        SITE       BEGIN          END          CHANGE           E
           ID           PLAN                                  DATE           DATE         SOURCE           P

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**                         9

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      99-99-99        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      99-99-99                         9

  NEW  XXXXXXXXXXXX      99       1234567                  99-99-99      99-99-99        XXXXX            9
  OLD  XXXXXXXXXXXX      99       1234567                  99-99-99      **NULL**                         9

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      99-99-99        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**                         9

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**                         9

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      **NULL**                         9

  NEW  XXXXXXXXXXXX      99      1239967890      9999      99-99-99      99-99-99        XXXXX            9
  OLD  XXXXXXXXXXXX      99      1239967890      9999      99-99-99       **NULL**                        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	MC-O-001A-ENROLLEE-ID	Enrollee Identification Number	DE3001	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
2	MC-O-001A-BENEFIT-PLAN	Benefit Definition Benefit Plan Code	DE3550	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
3	MC-O-001A-PROVIDER	National Provider Identifier	DE4700	MC-O-001A data value for this field is obtained by using the I_PROV extracted by program LGMODRPT from MC-O-115 MCO Audit Report file and calling PSXREFVA to get the NPI number. The NPI number is what is populated in this field. If there is no NPI number available then the I_PROV is used.
4	MC-O-001A-SITE	NPI XREF Site Num-	DE4143	MC-O-001A data value for this field is

		ber		obtained by using the I_PROV extracted by program LGMODRPT from MC-O-115 MCO Audit Report file and calling PSXREFVA to get the site number. If there is no NPI number available for this I_PROV then '***' will be moved to this field.
5	MC-O-001A-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date	DE3064	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
6	MC-O-001A-END-DATE	Enrollee Benefit Enrollment End Date	DE3065	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
7	MC-O-001A-CHANGE-SOURCE	Enrollee Benefit Change Source	DE3074	User Id of the person or process that initiated this segment change. MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
8	MC-O-001A-END-REASON	Enrollee Benefit Closure Reason	DE3073	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
9	MC-O-001A-DISP-DATE	Enrollee Benefit Disposition Date	DE3140	MC-O-001A data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.

Output Reports MC-O-001B Recipient MCO Corrected/Restored Audit Report

General Information

Data extracted from recipient log analyzer report (MC-O-115) that involves changes to DB2 table DB2P85.RS_ENRL_BNFT_PKG for segments that have an MCO Benefit Package, and a disposition change from 'Void' to 'Active'.

Subsystem:	Recipient
Frequency:	Daily
Volume:	2 pages
Number of Copies:	N/A
Output Form:	DARS
Retention:	N/A
Distribution:	DARS
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient MCO Corrected/Restored Audit Report (MC-O-001B)

```
MCOAUDIT                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REP
 AS OF:MM/DD/YYYY                          RECIPIENT MCO CORRECTED/RESTORED AUDIT REPORT                  PAG
 RUN DATE: MM/DD/YYYYY 99:99

          (1)          (2)        (3)          (4)        (5)          (6)          (7)          (8)
        ENROLLEE     BENEFIT   PROVIDER       SITE      BEGIN         END        CHANGE        END
          ID          PLAN                              DATE         DATE        SOURCE        REA

      999999999999     99      1234567890     9999     99-99-99     99-99-99      XXXXXX        999

      999999999999     99      1234567890     9999     99-99-99     99-99-99      XXXXXX        999

      999999999999     99      1234567890     9999     99-99-99     99-99-99      XXXXXX        999

      999999999999     99      1234567890     9999     99-99-99     99-99-99      XXXXXX        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	MC-O-001B-ENROLLEE-ID	Enrollee Identification Number	DE3001	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
2	MC-O-001B-BENEFIT-PLAN	Benefit Definition Benefit Plan Code	DE3550	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
3	MC-O-001B-PROVIDER	National Provider Identifier	DE4700	MC-O-001B data value for this field is obtained by using the I_PROV extracted by program LGMODRPT from MC-O-115 MCO Audit Report file and calling PSXREFVA to get the NPI number. The NPI number is what is populated in this field. If there is no NPI number available then the I_PROV is used..
4	MC-O-001B-SITE	NPI XREF Site Number	DE4143	MC-O-001B data value for this field is obtained by using the I_PROV extracted by program LGMODRPT from MC-O-115 MCO Audit Report file and calling PSXREFVA to get the site number. If there is no NPI number available then '****' is moved to the field..

5	MC-O-001B-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date	DE3064	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
6	MC-O-001B-END-DATE	Enrollee Benefit Enrollment End Date	DE3065	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
7	MC-O-001B-CHANGE-SOURCE	Enrollee Benefit Change Source	DE3074	User Id of the person or process that initiated this segment change. MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
8	MC-O-001B-END-REASON	Enrollee Benefit Closure Reason	DE3073	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.
9	MC-O-001B-DISP-DATE	Enrollee Benefit Disposition Date	DE3140	MC-O-001B data value for this field extracted by program LGMODRPT from MC-O-115 MCO Audit Report file.

Output Reports MC-O-010 Enrollees exempt by claims history

General Information

This report provides counts of enrollees exempt by claims history in the monthly enrollment run.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	< 10 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollees exempt by claims history (MC-O-010)

```
MCM010                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                    M A N A G E D   C A R E
RUN DATE: MM/DD/CCYY HH:MM                        ENROLLEES EXEMPT BY CLAIMS HISTORY


          PROVIDER RECORDS READ:          (1)                    9,999,999

          PROVIDER RECORDS ACTIVE:        (2)                    9,999,999

          PROVIDER RECORDS MARKED FOR DELETION:  (3)             9,999,999

          TOTAL ENROLLEES EXEMPT:   (4)                          9,999,999

          TOTAL ENROLLEES DE-EXEMPT:  (5)                        9,999,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER RECORDS READ	Calculated	DE0002	Total number of provider records read.
2	PROVIDER RECORDS ACTIVE	Calculated	DE0002	Total number of active provider records.
3	PROVIDER RECORDS MARKED FOR DELETION	Calculated	DE0002	Total number of provider records marked for deletion.
4	TOTAL ENROLLEES EXEMPT	Calculated	DE0002	Total number of Enrollees exempt from Managed Care.
5	TOTAL ENROLLEES DE-EXEMPT	Calculated	DE0002	Total number of Enrollees de-exempt from Managed Care.

Output Reports MC-O-015 MEDALLION Number of PCCM Eligible's by Type to be Enrolled within 60 Days

General Information

This report provides counts of the type of eligible's pre-assigned in the monthly enrollment run.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	< 10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	PCCM Eligible Pre-Assignment (MCM015)
Confidential:	No
Sequence:	Sub-program
Control Breaks:	Sub-program

MEDALLION Number of PCCM Eligibles by Type to be Enrolled within 60 Days (MC-O-015)

```
MCM015                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    M E D A L L I O N
RUN DATE: MM/DD/CCYY HH:MM                          PCCM ENROLLMENT CONTROL REPORT
                                                 (1)                  (2)
                                                XX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
_____________________________________________________________________________________________

                                 NUMBER OF PCCM ELIGIBLES BY TYPE TO BE ENROLLED WITHIN 60 DAYS
                                            PCCM ENROLLMENT MONTH (3)   JUNE, 1998

_____________________________________________________________________________________________

                                                   S T A T E   T O T A L S

TOTAL ENROLLEE  FULL      (4)  44,526    TOTAL ENROLLEES  READ    (7)     0
     RECORDS READ                         IN NON-PCCM COUNTIES
TOTAL ENROLLEE  RECORDS   (5)  11,485    TOTAL PROVIDER SLOTS     (8)  170        TOTAL PREASSIGNMENT
     UPDATED                                   UPDATED                              RECORDS VOIDED
TOTAL PCCM MEMBERS STILL  (6)   7,265    TOTAL EXEMPT ENROLLEES (9) 999,999   REMAINING ELIGIBLE ENROLLEES
    ELIGIBLE                                   EXEMPT REASON    X  999,999      PREASSIGNED LAST MONTH
                                                                X  999,999
                                                          (10) X  999,999 (11)

                                          PCCM MEMBERS NOW EXEMPT (14)   132

                                   PCCM ENROLLMENT        TOTAL PCCM ELIGIBLES TO
                                        TYPE              PREASSIGN THIS MONTH
                                   _____________          _____________________

                                   NEW PCCM COUNTY (15)                 0 (16)

                                   NEWLY ELIGIBLE                      30

                                   RE-ELIGIBLE                         32

                                   60-DAY REELIG                       10

                                   TOTAL                          (17) 72


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(BENEFIT SUB PROGRAM)	Benefit Definition Plan Subprogram Code	DE3552	
2	(BENEFIT SUB-PROGRAM NAME)	Description	DE3907	Name of the benefit sub-program.
3	PCCM ENROLLMENT MONTH	Calculated	DE0002	PCCM enrollment month.
4	TOTAL ENROLLEE FULL RECORDS READ	Calculated	DE0002	Total enrollee full records read.
5	TOTAL ENROLLEE RECORDS UPDATED	Calculated	DE0002	Total enrollee records updated.
6	TOTAL PCCM MEMBERS STILL	Calculated	DE0002	Total PCCM members still eligible.

	ELIGIBLE			
7	TOTAL ENROLLEES READ IN NON-PCCM COUNTIES	Calculated	DE0002	Total enrollees read in non-PCCM counties.
8	TOTAL PROVIDER RECORDS UPDATED	Calculated	DE0002	Total number of provider records updated.
9	TOTAL EXEMPT ENROLLEES	Calculated	DE0002	Total exempt enrollees.
10	EXEMPT REASON	Enrollee Benefit Pre-assignment Code	DE3021	
11	TOTAL BY EXEMPT REASON	Calculated	DE0002	Total by exempt reason.
12	TOTAL PREASSIGNMENT RECORDS VOIDED	Calculated	DE0002	Total preassignment records voided.
13	REMAINING ELIGIBLE ENROLLEES PREASSIGNED LAST MONTH	Calculated	DE0002	Total remaining eligible enrollees pre-assigned last month.
14	PCCM MEMBERS NOW EXEMPT	Calculated	DE0002	Total PCCM members now exempt.
15	PCCM ENROLLMENT TYPE	Enrollee Benefit Man-aged Care Type	DE3142	
16	TOTAL PCCM ELIGIBLES TO PREASSIGN THIS MONTH BY TYPE	Calculated	DE0002	Total PCCM eligible's to preassign this month by type.
17	TOTAL	Calculated	DE0002	Total records.

Output Reports MC-O-020 MEDALLION PCCM Enrollment Control Report Number Of Physicians Slots

General Information

This report lists the total number of provider slots available for the pre-assignment run.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	< 5 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	PCCM Provider Slot Processing (MCM020)
Confidential:	No
Sequence:	Sub-program
Control Breaks:	Sub-program

MEDALLION PCCM Enrollment Control Report Number Of Physicians Slots (MC-O-020)

```
MCM020                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                          M E D A L L I O N
RUN DATE: MM/DD/CCYY HH:MM                                 PCCM ENROLLMENT CONTROL REPORT
                                                   (1)                    (2)
                                                XX-XX-XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

NUMBER OF PHYSICIANS SLOTS
PCCM ENROLLMENT MONTH (3) JUNE , 1998

TOTAL PREASSIGNMENT PHYSICIANS	PROVIDER SLOT TYPE	TOTAL PCCM SLOTS	TOTAL SLOTS AVAILABLE
	XX (4)	9,999,999 (5)	9,999,999 (6)
	XX	9,999,999	9,999,999
	XX	9,999,999	9,999,999
	XX	9,999,999	9,999,999
	XX	9,999,999	9,999,999
2,278 (11)		1,638,593	1,447,209

S T A T E T O T A L S

TOTAL PCP'S W/ SLOTS :	1,990 (7)
TOTAL PCP'S W/ NO SLOTS:	288 (8)
TOTAL HMOS :	6 (9)
TOTAL PCCM PROVIDERS :	2,284 (10)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Managed Care Program	Benefit Definition Plan Subprogram Code	DE3552	
2	Benefit Sub Program Description	Description	DE3907	
3	PCCM ENROLLMENT MONTH	Calculated	DE0002	
4	PROVIDER SLOT TYPE	Provider Managed Care Panel Enrollment Type	DE4402	
5	TOTAL PCCM SLOTS	Calculated	DE0002	
6	TOTAL SLOTS AVAILABLE	Calculated	DE0002	
7	PCP' S WITH SLOTS	Calculated	DE0002	
8	PCP'S WITH NO SLOTS	Calculated	DE0002	

9	TOTAL HMOS	Calculated	DE0002	
10	TOTAL PCCM PROVIDERS	Calculated	DE0002	
11	TOTAL PCCM PHYSICIANS	Calculated	DE0002	

Output Reports MC-O-025 Newborn Exception Report

General Information

MC-O-025, the Newborn Exception report lists Newborn enrollees that were added to Medicaid but could not be enrolled in the mother's HMO due to data or managed care enrollment related errors. It also lists totals of the Newborn enrollees that were successfully enrolled in their mother's HMO by program MCD010.

Subsystem:	Recipient
Frequency:	Daily
Volume:	less than 5 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 months
Distribution:	DMAS - Managed Care Section
Program:	Newborn Managed Care Enrollment (MCD010)
Confidential:	Yes
Sequence:	RECIPIENT ID
Control Breaks:	N/A

Newborn Exception Report (MC-O-025)

```
MCD010                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                             M A N A G E D    C A R E                                 PA

RUN DATE: MM/DD/CCYY HH:MM                          NEWBORN EXCEPTION REPORT
  ENROLLEE ID.                ENROLLEE NAME                   BIRTH DATE RC    CASE    ERROR
                  LAST                FIRST        M/I SUF                FIPS WORKER
       (1)          (2)                 (3)         (4) (5)   (6)       (7) (8)   (9)    (10)
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX
  999999999999    XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X  XXX  MM/DD/CCYY 99 999  XXXX  XXXXXXXXXXXXXXXXXXXX


          (11) NEWBORN RECORDS READ-------------------------------------:   9,999,999
          (12) NEWBORN RECORDS WITH EXCEPTIONS--------------------------:   9,999,999
          (13) NEWBORN EXCEPTION MESSAGES WRITTEN-----------------------:   9,999,999
          (14) TOTAL NEWBORN RECORDS HMO UPDATED------------------------:   9,999,999
                                          *** 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	RECIPIENT ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
3	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
4	ENROLLEE M/I	Enrollee Middle Initial	DE3112	
5	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	RELATIONSHIP CODE	Enrollee Relationship to Case Head Code	DE3480	
8	CASE FIPS	Case Administrative FIPS Code	DE3039	
9	CASEWORKER	Case Worker Number	DE3431	
10	ERROR	Calculated	DE0002	Text Error Message indicating reason why Newborn was not added to Mother's HMO.
11	NEWBORN RECORDS READ	Calculated	DE0002	
12	NEWBORN RECORDS WITH EXCEPTIONS	Calculated	DE0002	

13	NEWBORN EXCEPTION MESSAGES WRITTEN	Calculated	DE0002	
14	TOTAL NEWBORN RECORDS HMO UPDATED	Calculated	DE0002	Total number of Newborn Enrollees added to an HMO

Output Reports MC-O-030 MEDALLION Totals For Pre-Assignment Of Previous PCP/PPH

General Information

This report lists pre-assignment totals by pre-assignment algorithm, such as previous PCP, Claims History, etc.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Enrollee Provider Assignment Processing (MCM050)
Confidential:	No
Sequence:	Sub-program
Control Breaks:	Sub-program

MEDALLION Totals For Pre-Assignment Of Previous PCP/PPH (MC-O-030)

```
MCM050                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        M E D A L L I O N
RUN DATE:  MM/DD/CCYY HH:MM                            PCCM ENROLLMENT CONTROL REPORT
                                                 (1)                    (2)
                                            XX-XX-XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                   PREASSIGNMENT TOTALS
                                          PCCM ENROLLMENT MONTH (3) JUNE 1998

                          TYPE OF RECORDS                                NUMBER OF RECORDS

                            RECORDS READ

                                  NEW COUNTY/RE-ELIGIBLE ENROLLEES        11,176 (4)
                                       TO BE PREASSIGNED

                                  OTHER PREASSIGNMENT RECORDS             38,988 (5)

                                  TOTAL PREASSIGNMENT RECORDS READ        50,164 (6)

                            ENROLLEES PREASSIGNED

                                  PREVIOUS PCP                             7,199 (7)

                                  CLAIM/FAMILY HISTORY                     9,999 (8)

                                  RANDOM                                   4,352 (9)

                                  PROVIDER PREFERENCE                      4,352 (10)

                            TOTAL PREASSIGNED                          9,999,999 (11)

                            60 DAY RE-ENROLLMENT                           9,199 (12)

                            ENROLLEES WITH NO PCP                      9,999,999 (13)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PLAN CODE	Benefit Definition Benefit Plan Code	DE3550	
2	BENEFIT PLAN CODE NAME	Benefit Definition Plan Name	DE3554	
3	PCCM ENROLLMENT MONTH	Calculated	DE0002	
4	NEW COUNTY/RE-ELIGIBLE ENROLLEES TO BE PREASSIGNED	Enrollee Benefit Managed Care Type	DE3142	
5	OTHER	Calculated	DE0002	

	PREASSIGNMENT RECORDS			
6	TOTAL PREASSIGNMENT RECORDS READ	Calculated	DE0002	
7	PREVIOUS PCP	Calculated	DE0002	
8	CLAIM HISTORY	Calculated	DE0002	
9	RANDOM	Calculated	DE0002	
10	PROVIDER PREFERENCE	Calculated	DE0002	
11	TOTAL PREASSIGNED	Calculated	DE0002	
12	60 DAY RE-ENROLLMENT	Calculated	DE0002	
13	ENROLLEES WITH NO PCP	Calculated	DE0002	

Output Reports MC-O-035 MEDALLION County Totals Used to Compute Provider Slots Available

General Information

This report lists the total current managed care eligible enrollees and the total provider slots available by city/county.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	< 10
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Locality Totals for Provider Slots Processing (MCM035)
Confidential:	No
Sequence:	Sub-program City/County Code
Control Breaks:	Sub-program

MEDALLION County Totals Used to Compute Provider Slots Available (MC-O-035)

```
MCM035                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                          M E D A L L I O N
RUN DATE: MM/DD/CCYY HH:MM                              PCCM ENROLLMENT CONTROL REPORT

                    COUNTY TOTALS USED TO COMPUTE PROVIDER SLOTS AVAILABLE FOR THE
                              PCCM ENROLLMENT MONTH      JUN, 1998

                                                          (3)

                      COUNTY                    BNFT     BNFT            ENROLS        SLOT
                    CODE  NAME                  PLAN     PLAN NAME       W/NO PCP       TYPE

                    001 ACCOMACK              XX-XX-XXXX XXXXXXXXXXXXX    68
                                                                                        XX
                                                                                        XX
                                                                                   (6)  XX (8)
                    (4)     (5)  COUNTY TOTALS  (1)            (2)         999,999
                    003 ALBEMARLE             XX-XX-XXXX XXXXXXXXXXXXX    57
                                                                                        XX
                                                                                        XX
                                                                                        XX
                                 COUNTY TOTALS                           999,999

                    005 ALLEGHANY             XX-XX-XXXX XXXXXXXXXXXXX    28
                                                                                        XX
                                                                                        XX
                                                                                        XX

                                 COUNTY TOTALS                           999,999
                                                                            (10)

                                          *** END OF REPORT ***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(BENEFIT PLAN CODE)	Benefit Definition Bene-fit Plan Code	DE3550	
2	(BENEFIT PLAN CODE NAME)	Benefit Definition Plan Name	DE3554	
3	PCCM ENROLLMENT MONTH	Calculated	DE0002	
4	COUNTY CODE	Case Administrative FIPS Code	DE3039	
5	COUNTY NAME	Region End Date	DE5252	
6	ENROLS W/NO PCP	Calculated	DE0002	
8	SLOT TYPE	Calculated	DE0002	
9	TOTAL PROV	Calculated	DE0002	

	SLOTS PER SLOT TYPE WITHIN COUNTY			
10	COUNTY TOTALS - ENROLS W/NO PCP	Calculated	DE0002	
11	COUNTY TOTALS - TOTAL PROV SLOTS AVAIL	Calculated	DE0002	

Output Reports MC-O-040 Managed Care Locality Statistics Report

General Information

This report lists by city/county within Benefit Plan, slots available, eligible enrollees available for pre-assignment, and the number of enrollees by assignment type (how they were pre-assigned).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	36 Months
Distribution:	DMAS - Managed Care Section
Program:	Region and Locality Statistics Report (MCM070)
Confidential:	No
Sequence:	Locality Code within Medallion Benefit Plans
Control Breaks:	Locality Code, Medallion Benefit Plan

Managed Care Locality Statistics Report (MC-O-040)

```
MCM070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                          MANAGED CARE LOCALITY STATS REPORT
RUN DATE: MM/DD/CCYY HH:MM

BENEFIT PLAN:  99-99-9999 (1)     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)

LOCALITY                            ASSIGN  ENR  ENROLL  SLOT SLOTS ELIG TO PRE-ASN    ENROLL
CODE & NAME                         STATUS  TYP  TOTALS  TYPE AVAIL PRE-ASN THIS MNTH  THIS MNTH
(3)                                   (5)   (6)   (7)    (9)  (10)   (12)      (13)       (14)
999                                   XXX    X   9999999  XX 9999999 9999999 9999999    9999999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          X   9999999  XX 9999999
(4)                                          X   9999999  XX 9999999
                                             X   9999999  XX 9999999
                                             X   9999999  XX 9999999
                                                 -------  XX 9999999
                                            (8)  9999999  XX 9999999
                                                           -------
                                                          99,999,999 (11)


BENEFIT PLAN: XX-XX-XXXX   T O T A L S :    X   9999999  XX 9999999 9999999 9999999    9999999
                                             X   9999999  XX 9999999
                                             X   9999999  XX 9999999
                                             X   9999999  XX 9999999
                                             X   9999999  XX 9999999
                                                 -------  XX 9999999
                                                 9999999  XX 9999999
                                                 -------
                                              99,999,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BENEFIT PLAN	Benefit Definition Bene-fit Plan Code	DE3550	
2	BENEFIT PLAN NAME	Benefit Definition Plan Name	DE3554	
3	LOCALITY CODE	Enrollee FIPS Code	DE3008	
4	LOCALITY NAME	Locality Name	DE5255	
5	ASSIGN STATUS	Locality Region Type Status Code	DE5271	
6	ENROLLMENT TYPE	Enrollee Benefit Initial Preassignment Code	DE3067	
7	TOTALS BY ENROLLMENT TYPE	Calculated	DE0002	Total by Enrollment Type
8	ENROLLMENT TOTAL	Calculated	DE0002	Sum Total by Locality of all Enrollment Totals by Enrollment Type.

9	SLOT TYPE	Provider Managed Care Panel Enrollment Type	DE4402	
10	TOTAL SLOTS AVAILABLE (BY SLOT TYPE)	Calculated	DE0002	Total Slots Available (By Slot Type)
11	TOTAL SLOTS	Calculated	DE0002	Sum Total of all Slots Available.
12	ELIG TO PRE-ASN	Calculated	DE0002	Total Enrollees eligible to Preassign by Locality
13	PRE-ASSIGNED THIS MONTH	Calculated	DE0002	
14	ENROLL THIS MONTH	Calculated	DE0002	Total Providers Available This month by Locality
15	PCCM EXEMPT	Calculated	DE0002	Enrollees PCCM Exempt by Locality
16	PRE-ASSIGNED THIS MONTH	Calculated	DE0002	Count of Enrollees pre-assigned this month.

Output Reports MC-O-045 MEDALLION Enrollment Control Report PCCM Provider Over Assigned

General Information

This report lists the MEDALLION providers that have more than their maximum amount of enrollees assigned to them for the current enrollment period.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Post Provider Assignment Processing (MCM052)
Confidential:	No
Sequence:	City/County Code Provider ID
Control Breaks:	City/County Code

MEDALLION Enrollment Control Report PCCM Provider Over Assigned (MC-O-045)

```
MCM0X2                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/YYYY                             MEDALLION ENROLLMENT CONTROL REPORT                            P
RUN DATE: MM/DD/YYYY 99:99                        PCCM PROVIDER OVER ASSIGNED

                                                   T H I S   M O N T H

-----------------------------------------------------------------------------------------------------------------
                                          (1) PCCM ENROLLMENT MONTH XXXXXXXXXX, 9999
        (2)         (3)
        999     XXXXXXXXXXXXXXXXXXXX
-----------------------------------------------------------------------------------------------------------------

                                                                  BEFORE                              AFTE
                                                          ---------------------              -----------------
      (4)            (5)                                   (6)              (7)               (8)
    PROVIDER     PROVIDER NAME                             MAX             OPEN            PRE-ASSIGNED
       ID                                               ENROLLEES         SLOTS           THIS ENROLL
    --------     -------------                           ---------         -----           -----------

    XXXXXXXXXX   XXXXXXXXX        XXXXXXXX        XX          X             -X                 X
    XXXXXXXXXX   XXXXXXXXX        XXXXXXXX        XX          X              X                 X
    XXXXXXXXXX   XXXXXXXXX        XXXXXXXX        XX          X              X                 X
    XXXXXXXXXX   XXXXXXXXX        XXXXXXXX        XX          X              X                 X


    *  *  *  *  *   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	PCN ENROLLMENT MONTH	Calculated	DE0002	
2	(CITY/COUNTY CODE)	Enrollee FIPS Code	DE3008	
3	(CITY/COUNTY CODE NAME)	Locality Name	DE5255	
4	PROVIDER ID	National Provider Identifier	DE4700	
5	PROVIDER NAME	Provider Name	DE4085	
6	MAX ENROLLEES	Provider Managed Care Panel Enrollment Size	DE4403	
7	OPEN SLOTS	Calculated	DE0002	
8	PRE-ASSIGNED THIS ENROLL	Calculated	DE0002	

9	OPEN SLOTS	Calculated	DE0002	

Output Reports MC-O-050 MEDALLION PCCM Enrollee Primary Care Provider Assignment Summary

General Information

This report lists the total number of enrollees assigned by city/county, and the number that were assigned based on the enrollees' choice versus the default PCP.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Enrollee Provider Assignment Processing (MCM050)
Confidential:	No
Sequence:	Sub-program City/County Code
Control Breaks:	Sub-program City/County Code

MEDALLION PCCM Enrollee Primary Care Provider Assignment Summary (MC-O-050)

MCM050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
M E D A L L I O N
PCCM ENROLLMENT CONTROL REPORT

PCCM ENROLLEE PRIMARY CARE PROVIDER ASSIGNMENT SUMMARY
JUNE, 1998 (1)

XX-XX-XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(2) (3)

PROVIDER ASSIGNMENT TOTALS

(4)	(5)	AS PRE-ASSIGNED (6)	AS PRE-ASSIGNED % (7)	ENROLLEE CHOICE (8)	ENROLLEE CHOICE % (9)	TOTAL ASSIGNED (10)	TO BE ASSIGNED (11)	TO BE PRE ASSIGNED (12
775	SALEM	10	999	1	999	11	24	0
780	SOUTH BOSTON	0	999	0	999	0	0	0
790	STAUNTON	67	999	13	999	80	152	0
800	SUFFOLK	212	999	44	999	256	397	0
810	VIRGINIA BEACH	571	999	193	999	764	1,388	0
820	WAYNESBORO	64	999	18	999	82	125	0
830	WILLIAMSBURG	25	999	2	999	27	26	0
840	WINCHESTER	75	999	14	999	89	157	0
	STATE TOTALS (13)	14,033	999	4,748	999	18,781	31,293	90

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PCCM ENROLLMENT MONTH	Calculated	DE0002	
2	BENEFIT PLAN CODE	Benefit Definition Bene-fit Plan Code	DE3550	
3	BENEFIT PLAN CODE NAME	Benefit Definition Plan Name	DE3554	
4	LOCALITY CODE	MMIS Locality Code based on Postal Code	DE5254	
5	LOCALITY NAME	Locality Name	DE5255	
6	AS PRE-ASSIGNED	Calculated	DE0002	
7	AS PRE-	Calculated	DE0002	

	ASSIGNED %			
8	ENROLLEE CHOICE	Calculated	DE0002	
9	ENROLLEE CHOICE %	Calculated	DE0002	
10	TOTAL ASSIGNED	Calculated	DE0002	
11	TO BE ASSIGNED	Calculated	DE0002	
12	TO BE PRE-ASSIGNED	Calculated	DE0002	
13	STATE TOTALS	Calculated	DE0002	

Output Reports MC-O-060 MEDALLION Provider Pre-Assignment Audit Report

General Information

This report lists before and after images of changes in slot counts as a result of the monthly pre-assignment run.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	3 Years
Distribution:	DMAS - Managed Care Section
Program:	Provider Pre-Assignment Audit Processing (MCM060) Medallion Provider Pre-Assignment Audit Report (MC-O-060) (VMPEDL08)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

MEDALLION Provider Pre-Assignment Audit Report (MC-O-060)

```
VMPEDL08                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                           MEDALLION PROVIDER PRE-ASSIGNMENT AUDIT REPORT                     PA
RUN DATE: MM/DD/CCYY HH:MM

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

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


   XXXXXXXXX (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 Iden-tification	DE5706	
2	Correlation ID		DE0000	
3	URID		DE0000	
4	Connection Id		DE0000	
5	Connection Type		DE0000	
6	Plan Name		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table		DE0000	
10	Database		DE0000	
11	(Action Type)	Log Action Type	DE5702	
12	New		DE0000	
12.1	Old		DE0000	

Output Reports MC-O-065B MEDALLION/HMO/MEDALLION II Enrollees Not Receiving Letters

General Information

The report lists enrollees who did not receive pre-assignment letters as a result of cancellation. These letters are generated during the monthly pre-assignment process.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Pre-Enrollment Letters Processing (MCM065)
Confidential:	Yes
Sequence:	City/County Code Enrollee ID
Control Breaks:	N/A

MEDALLION/HMO/MEDALLION II Enrollees Not Receiving Letters (MC-O-065B)

```
MCM065                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDALLION/HMO/MEDALLION II
RUN DATE: MM/DD/CCYY HH:MM                           ENROLLEES NOT RECEIVING LETTERS
                                                            (12)
                                       BENEFIT PACKAGE : XX-XX-XXXX   - XXXXXXXXXXXXXXXXXXXXXXXXXX (13)

                (1)                                                                    (3)
        CITY/COUNTY = 810          ENROLLEE  ID   =[redacted] (4) (5)   BYPASS REASON = ENROLLEE CANCELLED/CAS
                                   ENROLLEE  NAME = [redacted] (6)
                                   ENROLLEE  ADDR = [redacted]CT (7)
                                                (2)
                                                (8)
                                                   VIRGINIA BEACH (9)  VA (10)  23456-3014 (11)

        CITY/COUNTY = 810          ENROLLEE  ID   = [redacted]          BYPASS REASON = ENROLLEE CANCELLED/CAS
                                   ENROLLEE  NAME = [redacted]          [redacted]
                                   ENROLLEE  ADDR = [redacted]

                                                   VIRGINIA BEACH      VA     23456-3014

        CITY/COUNTY = 810          ENROLLEE  ID   = [redacted]          BYPASS REASON = ENROLLEE CANCELLED/CAS
                                   ENROLLEE  NAME = [redacted]          [redacted]
                                   ENROLLEE  ADDR = [redacted]

                                                   VIRGINIA BEACH      VA     23462-1609

                                        TOTAL LETTERS NOT SENT        =  9,999   (14)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Enrollee FIPS Code	DE3008	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	BYPASS REASON	Calculated	DE0002	
4	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
5	(FIRST)	Enrollee First Name	DE3111	
6	(MI)	Enrollee Middle Initial	DE3112	
7	ENROLLEE ADDR (LINE 1)	Enrollee Street Address	DE3115	
8	(LINE 2)	Enrollee Additional Address Name	DE3114	
9	(CITY)	Enrollee City Name	DE3116	
10	(STATE)	Enrollee State Code	DE3117	
11	(ZIP)	Enrollee ZIP Code	DE3118	
12	BENEFIT PACKAGE	Benefit Definition Bene-fit Plan Code	DE3550	

13	BENEFIT PACKAGE DESCRIPTION	Benefit Definition Plan Name	DE3554	
14	TOTAL LETTERS NOT SENT	Calculated	DE0002	

Output Reports MC-O-065C MEDALLION/HMO/MEDALLION II - Number of Letters Written Per Locality

General Information

The report lists for audit trail purposes, the number of managed care letters written by locality. These pre-assignment and initial assignment letters are generated (via a tape sent to North American marketing) as a product of the monthly pre-assignment process.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 months
Distribution:	DMAS - Managed Care Section
Program:	Pre-Enrollment Letters Processing (MCM065)
Confidential:	No
Sequence:	City/County Code (Locality Code)
Control Breaks:	N/A

MEDALLION/HMO/MEDALLION II - Number of Letters Written Per Locality (MC-O-065C)

```
MCM065                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    MEDALLION/HMO/MEDALLION II
RUN DATE: MM/DD/CCYY HH:MM                           NUMBER OF LETTERS WRITTEN PER LOCALITY

                                                (3)      (4)        (5)          (6)            (7)        (8)
   LOCALITY # AND NAME                           HMO  FAMIS/HMO  MEDALLION  FAMIS/MEDALLION  REELIG ENROL FAMIS/REELIG
     820        WAYNESBORO                        0      0          73           0              0            0

     830        WILLIAMSBURG                      0      0          73           0              0            0

     840        WINCHESTER                        0      0          73           0              0            0


   ---------------- TOTALS ----------------

     TOTAL EXTRACT RECORDS READ          = 19,637     (11)

     TOTAL MEDALLION RCDS OUT            =  9,409     (12)

     TOTAL FAMIS MEDALLION RCDS OUT      =  9,409     (13)

     TOTAL REELIG RECORDS  OUT           =  3,302     (14)

     TOTAL FAMIS REELIG RECORDS  OUT     =  3,302     (15)

     TOTAL MEDALLION II RCDS OUT         =  2,676     (16)

     TOTAL FAMIS MEDALLION II RCDS OUT   =  2,676     (17)

     TOTAL HMO RECORDS WRITTEN           =  2,578     (18)

     TOTAL FAMIS HMO RECORDS WRITTEN     =  2,578     (19)

     TOTAL RECORDS WRITTEN               = 11,987     (20)

     TOTAL LETTERS NOT SENT              =    368     (21)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LOCALITY	Enrollee FIPS Code	DE3008	
2	LOCALITY NAME	Locality Name	DE5255	
3	HMO	Calculated	DE0002	
4	FAMIS/HMO	Calculated	DE0002	
5	MEDALLION	Calculated	DE0002	
6	FAMIS/MEDALLION	Calculated	DE0002	
7	REELIG ENROL	Calculated	DE0002	
8	FAMIS/REELIG	Calculated	DE0002	
9	MEDALLION II	Calculated	DE0002	
10	FAMIS/MEDII	Calculated	DE0002	
11	TOTAL EXTRACT RECORDS READ	Calculated	DE0002	
12	TOTAL	Calculated	DE0002	

	MEDALLION RCDS OUT			
13	TOTAL FAMIS/MEDALLION RECORDS OUT	Calculated	DE0002	
14	TOTAL REELIG RECORDS OUT	Calculated	DE0002	
15	TOTAL FAMIS/REELIG RECORDS OUT	Calculated	DE0002	
16	TOTAL MEDALLION II RCDS OUT	Calculated	DE0002	
17	TOTAL FAMIS/MEDALLION II RECORDS OUT	Calculated	DE0002	
18	TOTAL HMO RECORDS WRITTEN	Calculated	DE0002	
19	TOTAL FAMIS/HMO RECORDS WRITTEN	Calculated	DE0002	
20	TOTAL RECORDS WRITTEN	Calculated	DE0002	
21	TOTAL LETTERS NOT SENT	Calculated	DE0002	

Output Reports MC-O-070A MEDALLION Provider List Extract For Mailing Contractor - ADB File Control Totals

General Information

This report lists control totals that identify the number of aged, blind, and disabled enrollees and provider lists that were grouped together for mailing by the mailing contractor.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Pre-Enrollment Providers Processing (MCM066)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEDALLION Provider List Extract For Mailing Contractor - ADB File Control Totals (MC-O-070A)

```
MCM066                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                    MEDALLION PROVIDER LIST EXTRACT FOR MAILING CONTRACTOR
RUN DATE: MM/DD/CCYY HH:MM                  AGED, BLIND AND DISABLED FILE CONTROL TOTALS


                    ENROLLEE PRE-ASSIGNMENT RECORDS READ:    (1)                    1,452

                    NUMBER OF ENROLLEE CITY/COUNTY CODES:(2)                          115

                    NUMBER OF PROVIDER LISTS WRITTEN:   (3)                           115

                    PROVIDER LIST RECORDS WRITTEN:   (4)                           16,147


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE PRE-ENROLLMENT RECORDS READ	Calculated	DE0002	
2	NUMBER OF ENROLLEE CITY/COUNTY	Calculated	DE0002	
3	NUMBER OF PROVIDER LISTS WRITTEN	Calculated	DE0002	
4	PROVIDER LIST RECORDS WRITTEN	Calculated	DE0002	

Output Reports MC-O-070B MEDALLION Provider List Extract - Families & Children File Control Totals

General Information

This report lists control totals that identify the number of TANF (ADC) enrollees and provider lists that were grouped together for mailing by the mailing contractor.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Pre-Enrollment Providers Processing (MCM066)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEDALLION Provider List Extract - Families & Children File Control Totals (MC-O-070B)

```
MCM066                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                    MEDALLION PROVIDER LIST EXTRACT FOR MAILING CONTRACTOR
RUN DATE: MM/DD/CCYY HH:MM                     FAMILIES & CHILDREN FILE CONTROL TOTALS


                    TOTAL PRE-ASSIGNED ENROLLEES:          (1)                    10,535

                    NUMBER OF ENROLLEE CITY/COUNTY CODES:(2)                         122

                    NUMBER OF PROVIDER LISTS WRITTEN:   (3)                          122

                    PROVIDER LIST RECORDS WRITTEN:   (4)                          17,442


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL PRE-ASSIGNED ENROLLEES	Calculated	DE0002	
2	NUMBER OF ENROLLEE CITY/COUNTY	Calculated	DE0002	
3	NUMBER OF PROVIDER LISTS WRITTEN	Calculated	DE0002	
4	PROVIDER LIST RECORDS WRITTEN	Calculated	DE0002	

Output Reports MC-O-090 HMO Enrollment Report (Monthly)

General Information

This report is the hard-copy HMO Enrollment Roster and is sent to the HMOs.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand & EDI(MC-F0271)
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	HMO Enrollment Processing (MCM090)
Confidential:	Yes
Sequence:	Provider ID Region Code Benefit Package Last Name First Name Middle Initial
Control Breaks:	Provider ID Region Code Benefit Package

HMO Enrollment Report (Monthly) (MC-O-090)

```
MCM090                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   HMO ENROLLMENT REPORT
RUN DATE: MM/DD/CCYY HH:MM                              EFFECTIVE DATE: JUNE 1999
     (1)                                  (2)                                                  (15)
 HMO:XXXXXXXXXXXXXXXXXXX             REGION: REGION 3                          BENEFIT PLAN CODE: 00-00-0000
                                                                                                                S
                                                                                                                E
 ENROLLEE NAME            ENROLLEE ID  MAILING ADDRESS                                                    AGE  X
 ____________________________________________________________________________________________________________________
                                                 (7)      (8)                  (9)      (10)    (11)          (12) (13)
   (3)      (4)     (5)          (6)
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              059  F
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              001  F
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              023  M
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              011  M
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              010  M
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              009  M
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              009  M
 XXXXXXXX,XXXXXX X        999999999999 XXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX XX 99999-9999              015  M

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HMO NAME	Provider Name	DE4085	
2	REGION	Region Type Name	DE5245	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	ENROL. ID	Enrollee Permanent Identification Number	DE3093	
7	MAILING ADDRESS (LINE 1)	Enrollee Additional Address Name	DE3114	
8	(LINE 2)	Enrollee Street Address	DE3115	
9	(CITY)	Enrollee City Name	DE3116	
10	(STATE)	Enrollee State Code	DE3117	
11	(ZIP)	Enrollee ZIP Code	DE3118	
12	AGE	Calculated	DE0002	Enrollee's Age in Years
13	SEX	Enrollee Sex Code	DE3007	
14	PD	Enrollee Eligibility Aid Category	DE3009	
15	BENEFIT PLAN CODE	Benefit Definition Benefit Plan Code	DE3550	
16	Cancel/Disassociation	Enrollee Benefit Clos-	DE3073	

	Reason	ure Reason		
17	Primary Language	Enrollee Primary Language Code	DE3476	
18	Enrollment Indicator	Calculated	DE0002	NEW - Enrollees Enrolled this Month DRP - Enrollees Dropped this Month

Output Reports MC-O-091 VALTC Enrollment Report (Weekly)

General Information

Weekly VALTC Enrollment Report (MC-O-091)

Subsystem:	Recipient
Frequency:	Weekly
Volume:	Variable
Number of Copies:	N/A
Output Form:	FirstDars
Retention:	18 Months
Distribution:	DMAS - VALTC Managed Care Section
Program:	VALTC Weekly MCO Enrollment Processing (MCW090)
Confidential:	Yes
Sequence:	Provider ID Region Code Benefit Package Last Name First Name Middle Initial
Control Breaks:	Provider ID Region Code Benefit Package

VALTC Enrollment Report (Weekly) (MC-O-091)

```
MCW090                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:10/01/2008                                  VALTC ENROLLMENT REPORT                                   PA
RUN DATE: 10/01/2008 18:02                  EFFECTIVE DATES: 10/01/2008 TO 10/06/2008
                (01)                                (02)
VALTC HMO: XXXXXXXXXXXXXXXXX              REGION: XXXXXXXXXXXXXXXXXXXX                BENEFIT PLAN CODE: 00-0


ENROLLEE NAME              ENROLLEE ID  MAILING ADDRESS                                                          AGE
-----------------------------------------------------------------------------------------------------------------------
(04)  (05)  (06)            (07)        (08) (09)                                  (10)        (11)(12)      (13)(1
XXXXXX,XXXXX  X           999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXX XX 99999-9999 061

XXXXXX,XXXXX  X           999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXX XX 99999-9999 014

XXXXXX,XXXXX  X           999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXX XX 99999-9999 066

XXXXXX,XXXXX  X           999999999999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXX XX 99999-9999 051

                                                  *** 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	VALTC HMO	Provider Name	DE4085	
2	REGION	Region Type Name	DE5245	
3	BENEFIT PLAN CODE	Benefit Definition Bene-fit Plan Code	DE3550	
4	ENROLLEE NAME (Last)	Enrollee Last Name	DE3110	
5	ENROLLEE NAME (First)	Enrollee First Name	DE3111	
6	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
7	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
8	MAILING ADDRESS (Line 1)	Enrollee Additional Address Name	DE3114	
9	MAILING ADDRESS (Line 2)	Enrollee Street Address	DE3115	
10	(CITY)	Enrollee City Name	DE3116	
11	(STATE CODE)	Enrollee State Code	DE3117	
12	(ZIP CODE)	Enrollee ZIP Code	DE3118	
13	AGE	Calculated	DE0002	Enrollee age in years

14	SEX	Enrollee Sex Code	DE3007	
15	AID CAT	Enrollee Eligibility Aid Category	DE3009	
16	DIS CD	Enrollee Benefit Closure Reason	DE3073	
17	LAN	Enrollee Primary Language Code	DE3476	
18	IND	Calculated	DE0002	Value 'NEW' - Enrollee Enrolled this week. Value 'Blank' - Continuing Enrollee

Output Reports MC-O-092 MCO Early Intervention Enrollment Report

General Information

The report displays the Early Intervention benefit enrollment and cancellation.

Subsystem:	Recipient
Frequency:	Weekly
Volume:	Variable
Number of Copies:	N/A
Output Form:	On Demand
Retention:	18 months
Distribution:	DMAS - Managed Care Section
Program:	MCO EARLY INTERVENTION ENROLLMENT REPORT (MCW092)
Confidential:	Yes
Sequence:	HMO, Region, Benefit Plan Code, Indicator Enrollee Name
Control Breaks:	HMO, Region, Benefit Plan Code

MCO Early Intervention Enrollment Report (MC-O-092)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HMO	Provider Name	DE4085	
2	Region	Region Type Name	DE5245	
3	Benefit Plan Code	Benefit Definition Bene-fit Plan Code	DE3550	
4	Enrollee Name	Enrollee Full Name	DE3003	
5	Enrollee ID	Enrollee Permanent	DE3093	

		Identification Number		
6	EI Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
7	EI End date	Enrollee Benefit Enrollment End Date	DE3065	
8	Age	Calculated	DE0002	Calculated from Date of Birth (3005)
9	Sex	Enrollee Sex Code	DE3007	
10	Aid Catg	Enrollee Eligibility Aid Category	DE3009	
11	End Rsn	Enrollee Benefit Closure Reason	DE3073	
12	Lang	Enrollee Primary Language Code	DE3476	
13	Ind	Calculated	DE0002	The indicator becomes a 'ADD' in case of new addition, and 'DRP' when a coverage is cancelled.

Output Reports MC-O-095 New MEDALLION Client Provider Extract File Control Totals

General Information

This report is a Control Totals report of records read, records written, and cancelled enrollees dropped; used for internal balancing by the FA Quality Control area.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 months
Distribution:	FA - Quality Control
Program:	Proposed New Enrollee Assignment Processing (MCM100)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

New MEDALLION Client Provider Extract File Control Totals (MC-O-095)

```
MCM100                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                               NEW MEDALLION CLIENT PROVIDER EXTRACT
RUN DATE: MM/DD/CCYY HH:MM                                     CONTROL TOTALS


(1)   MEDALLION NEWLY ELIGIBLE ENROLLEE RECORDS READ:          6,673
(2)   MEDICAID CANCELLED ENROLLEES DROPPED:                    8,958


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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	MEDALLION NEWLY ELIGIBLE ENROLLEE RECORDS READ	Calculated	DE0002	
2	MEDICAID CANCELLED ENROLLEES DROPPED	Calculated	DE0002	

Output Reports MC-O-100 MEDALLION Physician Proposed New Client Assignments

General Information

This report lists proposed client assignments to primary care providers for the next month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Proposed New Enrollee Assignment Processing (MCM100) Claims Provider Labels Extract Process MEDALLION Physician Proposed New Client Assignment (MCR211)
Confidential:	Yes
Sequence:	FIPS Code Provider Specialty Code Provider Name
Control Breaks:	FIPS Code Provider Specialty Code Provider Name

MEDALLION Physician Proposed New Client Assignments (MC-O-100)

```
MCM100                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:10/30/2006                          MEDALLION PHYSICIAN PROPOSED NEW CLIENT ASSIGNMENT                PAGE
RUN DATE: 10/30/2006 04:21                     EFFECTIVE DATE :    11/01/2006

                  (1)      (2)                                                    (3)  (4)
 CITY-COUNTY CODE:999 XXXXXXXXXXX                                  SPECIALTY CODE: 999 XXXXXXXXXXXXXXXXXXXXXX

      (5)                                      (6)              (6.1)
    XXXXXX            XXXXXX                XXXXXXXXXX  SITE IND :99
                (7)                                     (8)                                  (9)
            XXXXXXX XXXXXXXX                      XXXXXXXXXXXXXX                          XXXXXXX

       (12) (13) (14)                 (15)       (25)    (26)      (27)
      ENROLLEE NAME                ENROLLEE ID    SEX     AGE     AID CATG

 XXXX, XXXXXX     (16) (17)        999999999999    F       99       999                          (18)
  ADDRESS :      XXXXXXXXXXXXXX                                                                 XXXXXXX
 XXXX,XXXXXX                       999999999999    M       11       092
  ADDRESS :      XXXXXXXXXXXXXX                                                                 XXXXXXX
 XXX, XXXXX X                      999999999999    M       06       007
  ADDRESS :      XXXXXXXXXXXXXX                                                                 XXXXXXX
 XXX, XXXXXX X                     999999999999    F       01       091
  ADDRESS :      XXXXXXXXXXXXXX                                                                 XXXXXXX
 XXX, XXXXXX X                     999999999999    F       01       091
  ADDRESS :      XXXXXXXXXXXXXX                                                                 XXXXXXX

         TOTALS FOR PHYSICIAN :                      77  (21)

         TOTAL NEW CLIENTS    :                  8,399  (22)
         TOTAL PHYSICIANS     :                    853  (23)
         TOTAL ENROLLEES REPORTED  :            65,510  (24)

                                          *** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY-COUNTY CODE	Provider Locality Code	DE4089	
2	(CITY-COUNTY DESCRIPTION)	Locality Name	DE5255	
3	SPECIALTY CODE	Provider Specialty Code	DE4007	
4	(SPECIALTY CODE DESCRIPTION)	Calculated	DE0002	
5	(PROVIDER NAME)	Provider Name	DE4085	
6	NPI	National Provider Iden-tifier	DE4700	
6.1	SITE IND	NPI XREF Site Num-	DE4143	

		ber		
7	(ADDRESS LINE 1)	Provider Attention Name	DE4096	
8	(ADDRESS LINE 2)	Provider Address Line	DE4097	
9	(CITY)	Provider Address City Name	DE4130	
10	(STATE)	Provider Address State	DE4098	
11	(ZIP)	Provider Address ZIP Code	DE4099	
12	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
13	(FIRST)	Enrollee First Name	DE3111	
14	(MI)	Enrollee Middle Initial	DE3112	
15	ENROL. ID	Enrollee Permanent Identification Number	DE3093	
16	MAILING ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
17	(LINE 2)	Enrollee Additional Address Name	DE3114	
18	(CITY)	Enrollee City Name	DE3116	
19	(STATE)	Enrollee State Code	DE3117	
20	(ZIP)	Enrollee ZIP Code	DE3118	
21	TOTAL FOR PHYSICIAN (end of report)	Calculated	DE0002	
22	TOTAL NEW CLIENTS (end of report)	Calculated	DE0002	
23	TOTAL PHYSICIANS (end of report)	Calculated	DE0002	
24	TOTAL ENROLLEES REPORTED (end of report)	Calculated	DE0002	
25	SEX	Enrollee Sex Code	DE3007	
26	Age	Calculated	DE0002	
27	Program Designation (Aid Category)	Enrollee Eligibility Aid Category	DE3009	

Output Reports MC-O-115 Managed Care Audit Trail

General Information

This audit trail report lists enrollees that have had Managed Care data updated. It is used by multiple Managed Care processes such as Managed Care cancellations, Managed Care eligibility changes, and Managed Care pre-assignments. The report will list any Managed Care field changed during the process, displaying the old value and new value of the field.

Subsystem:	Recipient
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	ON-DEMAND
Retention:	5 years
Distribution:	DMAS - Managed Care Section
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) Enrollee Pre-Assignment Audit Processing (MCM055) Managed Care Audit Trail (MC-O-115) (VMPEDL06)
Confidential:	Yes
Sequence:	Enrollee ID Last Activity Date Time
Control Breaks:	N/A

Managed Care Audit Trail (MC-O-115)

```
VMPEDL06                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                           MANAGED CARE AUDIT TRAIL                                            PA
RUN DATE: MM/DD/CCYY HH:MM

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

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


   XXXXXXXXX (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 Iden-tification	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 MC-O-116 VALTC Audit Trail

General Information

This is the DB2 Log Analyzer report that produces an audit trail of all updates to the VALTC tables. The reports show all columns in the tables being reported and shows the data contents both before and after the update. The columns that changed are indicated with an asterisk in front of the column name.

Subsystem:	Recipient
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	On-demand
Retention:	5 Years
Distribution:	DMAS - Managed Care Section
Program:	VALTC Audit trail report (MC-O-116) (VMPEDL09)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

VALTC Audit Trail (MC-O-116)

```
VMPEDL07   99/99/9999 99:99:99          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    P
AS OF:99/99/9999                            VALTC AUDIT TRAIL                                              PAG
RUN DATE: 99/99/9999 99:99

        USER ID          : XXXXXXX (1)              CORRELATION ID  : XXXXXXXXXXXX (2)          URID
        CONNECTION Id    : XXXXXXXX  (4)            CONNECTION TYPE : XXXX         (5)          PLAN NAME
        DATE             : 99-99-99 (7)             TIME            : 99:99:99.99  (8)
        ---------------------------------------------------------------------------------------------------

        TABLE XXXXXX.XXXXXXXXXXXXXXXX (9)    DATABASE: XXXXXXXX (10)

        XXXXXX (11)

            COL 1          COL 2            * COL 3
            -------------  ---------------  ------------------
        (12) New ->         99               999999999999
        (13) Old ->         99               999999999999


      ---------------------------------------------------------------------------------------------------
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	User ID	Log Operator Identification	DE5706	
2	Correlation ID		DE0000	
3	URID		DE0000	
4	Connection ID		DE0000	
5	Connection Type		DE0000	
6	Plan Name		DE0000	
7	Date	Log Date	DE5704	
8	Time	Log Time	DE5705	
9	Table		DE0000	
10	Database		DE0000	
11	(Action Type)	Log Action Type	DE5702	
12	New	Log Record Data	DE5708	
13	Old	Log Record Data	DE5708	

Output Reports MC-O-117 VALTC BENEFIT ASSIGNMENTS

General Information

Reports the VALTC Benefits assignments made to each enrollee on a daily basis.

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	FirstDARS
Program:	Enrollee Provider Assignment Processing (MCM050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

VALTC BENEFIT ASSIGNMENTS (MC-O-117)

MCM050 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:11/20/2008 VALTC BENEFIT ASSIGNMENTS PA
RUN DATE: 11/20/2008 13:22

[1] ENROLLEE ID	[2] FIPS	[3] DSS WORKER ID	[4] VALTC BENEFIT	[5] DEFAULT VALTC MCO	[6] ASSIGNED VALTC MCO	[7] DATE REPORTED	[8] DATE ASSIGNED	[9] DATE AUTO ASSIGNED	[10] DATE PRE-ASGNED
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999
999999999999	999	XXXXX	01-13-0801	9999999999	9999999999	12/31/9999		12/31/9999	12/31/9999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	FIPS	Enrollee FIPS Code	DE3008	
3	DSS Worker ID	Case Worker Number	DE3431	
4	VALTC Benefit	Benefit Definition Benefit Plan Code	DE3550	
5	Default VALTC MCO	National Provider Identifier	DE4700	
6	Assigned VALTC HMO	National Provider Identifier	DE4700	
7	Date Reported	Enrollee Benefit Assignment Code Update Date	DE3154	
8	Date Assigned	Enrollee Benefit Disposition Date	DE3140	
9	Date Auto Assigned	Current Date	DE0005	
10	Date Pre-Asgned	Enrollee Benefit Assignment Code Update Date	DE3154	
11	Days Reported		DE0000	Date assigned/auto assigned - Date reported

Output Reports MC-O-120 HMO Enrollment Files

General Information

This report lists the files that are sent to HMOs.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	HMO Enrollment Processing (MCM090)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

HMO Enrollment Files (MC-O-120)

```
MCM090                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                                      HMO ENROLLMENT FILES                                  P

RUN DATE: MM/DD/CCYY HH:MM

            (1)                     (2)                                          (3)          (4)
        PROVIDER ID            DATA SET NAME                                  VOLSER     TOTAL RECORDS

        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT002        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT067        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT138        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT002        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT081        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT021        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT029        zzz,zz9
        1234567890    VMP.TESTS.DU.MCM090.HMO.ROSTER.P123.P4567890            FHT146        zzz,zz9
                                                                                         ------------
                                                                                          zz,zzz,zz9 (5)
                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NPI	National Provider Identifier	DE4700	
2	DATA SET NAME	System Parameter Value	DE5386	This is a dynamically allocated Dataset name (DSN) in the format of VMP.**.%%.MCM090.HMO.ROSTER.Pfff.Pllllll, where ** is the Second DSN Node (PRODS / TESTS), %% is the Third SN node (PR / DU), fff is the first three bytes of the NPI Id and llllll is the last 7 bytes of the NPI Id. NPI Id is DE4700.
3	VOLSER		DE0000	This field shows the name of the Mainframe Disk storage pack that the datasets are stored on.
4	TOTAL RECORDS FOR EACH HMO	Calculated	DE0002	Total Records for Each HMO
5	TOTAL RECORDS FOR THIS RUN	Calculated	DE0002	Sum Total of all records for all HMOs together

Output Reports MC-O-125 Denied/Ended Prior Authorizations For HMO Enrollees

General Information

This report lists prior authorizations that were either denied or ended as a result of the enrollment of an enrollee into an HMO.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 months
Distribution:	DMAS - Managed Care Section
Program:	Denied/Ended Prior-Authorizations Processing (MCM125)
Confidential:	Yes
Sequence:	PA Service Type Enrollee ID
Control Breaks:	PA Service Type

Denied/Ended Prior Authorizations For HMO Enrollees (MC-O-125)

```
MCM125                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/YYYY                             DENIED/ENDED PRIOR AUTHORIZATIONS FOR HMO ENROLLEES              PA

RUN DATE: MM/DD/YYYY 99:99                          (1)                     (2)
                                             PA SERVICE TYPE: 0203 - SPECIAL CONTRACT (OUT OF STATE)

                                     (6) (7)   (8)          (9)        (10)     (11)  (12)       (13)(14)(15) (16)
(3)             (4)        (5)      LINE CAN   PROC         AUTH       AUTH     ---STATUS---   AUTH RSN RSN ---LE
ENROLLEE      PROVIDER   PA NUM      NO  RSN   OR NDC       FROM       THRU     CODE  DATE      BY   1   2   IND

999999999999 XXXXXXXXXX 99999999999 99 9999 XXXXX       MM/DD/CCYY MM/DD/CCYY  X  MM/DD/CCYY  XXX  9   9   XX  N
999999999999 XXXXXXXXXX 99999999999 99 9999 XXXXX       MM/DD/CCYY MM/DD/CCYY  X  MM/DD/CCYY  XXX  9   9   XX  N

                                                   (19)
NUMBER OF PRIOR AUTHORIZATIONS FOR PA SERVICE TYPE:     2

                                              *** 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	PA SERVICE TYPE	PA Service Type Code	DE2635	
2	(PA SERVICE TYPE DESCRIPTION)	PA Service Type Description	DE2636	
3	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
4	PROVIDER	National Provider Identifier	DE4700	
5	PA NUM	Prior Authorization Control Number	DE2024	
6	PA LINE NUMBER	PA Line Number	DE2607	
7	CAN RSN	PA Detail Action Reason Code	DE2637	
8	PROC OR NDC	Procedure Code	DE5002	
9	AUTH FROM	PA Authorized From Date	DE2610	
10	AUTH THRU	PA Authorized Through Date	DE2611	
11	STATUS CODE	PA Detail Action Status Sequence Number	DE2623	
12	STATUS DATE	PA Detail Action Status Date	DE2624	

13	AUTH BY	Claims PA Authorized By	DE2485	
14	RSN 1	PA Detail Action Reason Code	DE2637	
15	RSN 2	PA Detail Action Reason Code	DE2637	
16	LETTER IND	PA Request Category Code	DE2629	
17	LETTER DATE	PA Letter Sent Date	DE2630	
18	UPDATED BY	PA Service Center Number	DE2602	
19	NUMBER OF PRIOR AUTHORIZATIONS FOR PROGRAM CATEGORY	Calculated	DE0002	

Output Reports MC-O-130 MEDALLION II/HMO Assigned/Pre-Assigned Report

General Information

Report lists pre-assignment and assignment totals by pre-assignment indicator, assignment indicator, provider, and city/county.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Enrollee Provider Assignment Processing (MCM050)
Confidential:	No
Sequence:	FIPS Code Provider ID
Control Breaks:	N/A

MEDALLION II/HMO Assigned/Pre-Assigned Report (MC-O-130)

```
MCM050                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                           MEDALLION II/HMO ASSIGNED/PRE-ASSIGNED REPORT                    PAG
RUN DATE: MM/DD/YYYY 99:99

                          (1)     (2)         (3)         (4)        (5)         (6)          (7)
                          CITY PREASSIGN   PREASSIGN PREASSIGN  ASSIGNED    ASSIGNED     ASSIGNED
                          CNTY PROVIDER    INDICATOR   COUNT    PROVIDER    INDICATOR     COUNT

                          001                                   1234567890      99             99
                                                                1234567890      99             99
                               9999999999      X            99
                               9999999999      X             0
                               9999999999      X             0
                                                                1234567890      99              0
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X             0
                               9999999999      X            99
                                                                1234567890      99              0
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X             0
                               9999999999      X            99
                          003                                   1234567890      99              0
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X             0
                               9999999999      X            99
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X            99
                               9999999999      X            99
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X             0
                               9999999999      X             0
                          099  9999999999      X             0
                                                                1234567890      99              0
                               9999999999      X             0
                               9999999999      X             0
                                                                1234567890      99              0
                               999999999       X             0
                               999999999       X             0
                               999999999       X             0
                                                                1234567890      99              0
                                                                1234567890      99              0
                               9999999999      X             0
                               9999999999      X            99
                          013                                   1234567890      99             99
                                                                1234567890      99              0
                               9999999999      X            99
                               9999999999      X            99
                               9999999999      X            99
                                                                1234567890      99              0
                               999999999       X            99
                               999999999       X            99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	City/County	Enrollee FIPS Code	DE3008	
2	Preassign Provider	National Provider Identifier	DE4700	
3	Preassign Indicator	Enrollee Benefit Initial Preassignment Code	DE3067	
4	Preassign Count	Calculated	DE0002	
5	Assigned Provider	National Provider Identifier	DE4700	
6	Assigned Indicator	Enrollee Benefit Assignment Code	DE3019	
7	Assigned Count	Calculated	DE0002	

Output Reports MC-O-135 Withdrawn Provider - Detailed Enrollee Listing

General Information

This report lists, by withdrawn provider, the enrollees that were placed back into fee-for-service until the next monthly batch MEDALLION cycle attempts to pre-assign them to new Primary Care Providers.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Withdrawn Provider Processing (MCR140)
Confidential:	Yes
Sequence:	Provider ID Enrollee ID
Control Breaks:	Provider ID

Withdrawn Provider - Detailed Enrollee Listing (MC-O-135)

```
MCR140                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                              MANAGED CARE WITHDRAWN PROVIDER
RUN DATE: MM/DD/CCYY HH:MM                           DETAILED ENROLLEE LISTING

                    (1)                                  (2)                          (2.1)                    (3)
     PROVIDER NUMBER = 1234567890      PROVIDER NAME = XXXXXXXXXXXXXXX MD     SITE IND = 99   CANCEL DATE = MM/D

                          (4)              (5)                  (6)          (7)  (8)              (9)
                   ENROLLEE  ID          ENROLLEE  NAME                                     BEGIN DATE        EN

                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/
                 999-999999-99-9         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                     MM/DD/CCYY       MM/

          (11)
        TOTAL ENROLLEES :  11

                                                    *** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NPI	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
2.1	PROV SITE LOCATION	NPI XREF Site Number	DE4143	
3	CANCEL DATE	Calculated	DE0002	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
6	(FIRST)	Enrollee First Name	DE3111	
7	(MI)	Enrollee Middle Initial	DE3112	
8	(SUFFIX)	Enrollee Name Suffix	DE3113	
9	BEGIN DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
10	END DATE	Enrollee Benefit Enrollment End Date	DE3065	

11	TOTAL ENROLLEES	Calculated	DE0002	Total Enrollees for Provider

Output Reports MC-O-140 Withdrawn Provider - Enrollees Closed Without Reassignment

General Information

This report lists enrollees whose assignment data was not changed because the enrollee was cancelled.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Withdrawn Provider Processing (MCR140)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Withdrawn Provider - Enrollees Closed Without Reassignment (MC-O-140)

```
MCR140                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MANAGED CARE WITHDRAWN PROVIDER
RUN DATE: MM/DD/CCYY HH:MM                            ENROLLEES CLOSED WITHOUT REASSIGNMENT
```

(1) ENROLLEE ID	(2) CANCEL REASON
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	903
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	912
001-999999-01-9	912
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	903
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	907
001-999999-01-9	903
001-999999-01-9	903
001-999999-01-9	913
001-999999-01-9	913
001-999999-01-9	918
001-999999-01-9	903
001-999999-01-9	903
001-999999-01-9	903
001-999999-01-9	907
001-999999-01-9	918
001-999999-01-9	903
001-999999-01-9	903
001-999999-01-9	912

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CANCEL REASON	Eligibility Cancel Reason	DE3451	

Output Reports MC-O-140S Withdrawn Provider - Control Totals

General Information

This report lists control totals accumulated during the run of the Withdrawn Provider program.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Withdrawn Provider Processing (MCR140)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Withdrawn Provider - Control Totals (MC-O-140S)

```
MCR140                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MANAGED CARE WITHDRAWN PROVIDER
RUN DATE: MM/DD/CCYY HH:MM                                       CONTROL TOTALS

     TOTAL CANCELLED PROVIDER RECORDS READ       =          1  (1)

     TOTAL ENROLLEES AFFECTED                    =     44,526  (2)

     TOTAL ENROLLEES REASSIGNED                  =     44,476  (3)

     TOTAL ENROLLEES CLOSED WITHOUT REASSIGNMENT =         50  (4)

     TOTAL EXTRACT RECORDS WRITTEN (MCF014)      =         50  (5)


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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	TOTAL CANCELLED PROVIDER RECORDS READ	Calculated	DE0002	Total Cancelled Provider Record
2	TOTAL ENROLLEES AFFECTED	Calculated	DE0002	Count of all Enrollees whether reassigned or dropped.
3	TOTAL ENROLLEES REASSIGNED	Calculated	DE0002	Count of Enrollees reassigned to another Provider
4	TOTAL ENROLLEES CLOSED WITHOUT REASSIGNMENT	Calculated	DE0002	Count of Enrollees dropped.
5	TOTAL EXTRACT RECORDS WRITTEN (MCF014)	Calculated	DE0002	Total Extract Records Written

Output Reports MC-O-150 PCP Assignment Within HMO Control Totals

General Information

This report lists by HMO, the number of assignment records read, and the number of assignment adds, updates, and deletes made to the PCP within HMO assignment data on the Enrollee Master File. The assignment information is received from HMOs and used to update the managed care data. It also lists the number of assignments not applied due to errors. These assignments pertain only to the assignment of an enrollee to a PCP within the HMO, and not the Enrollee/HMO assignment.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Update PCP Assignments Within HMO for Enrollees (MCR150)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	Provider ID

PCP Assignment Within HMO Control Totals (MC-O-150)

```
MCR150                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                   PCP ASSIGNMENT WITHIN HMO
RUN DATE: MM/DD/CCYY HH:MM                                   CONTROL TOTALS

                      (1)          (2)                                    (3)          (4)
     HMO PROVIDER ID: 1234567890  XXXXXXXXXXXXXXXXXXXX          BENEFIT PLAN: XX-XXX-XXXX  XXXXXXXXXXXXXXXXX

                  (5) TOTAL INPUT RECORDS READ:       Z,ZZZ,ZZ9
                  (6) TOTAL ASSIGNMENTS ADDED:        Z,ZZZ,ZZ9
                  (7) TOTAL ASSIGNMENTS UPDATED:      Z,ZZZ,ZZ9
                  (9) TOTAL ASSIGNMENTS NOT APPLIED:  Z,ZZZ,ZZ9

     HMO PROVIDER ID: 1234567890  XXXXXXXXXXXXXXXXXXXX          BENEFIT PLAN: XX-XXX-XXXX  XXXXXXXXXXXXXXXXX

                      TOTAL INPUT RECORDS READ:       Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS ADDED:        Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS UPDATED:      Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS NOT APPLIED:  Z,ZZZ,ZZ9

     HMO PROVIDER ID: 1234567890  XXXXXXXXXXXXXXXXXXXX          BENEFIT PLAN: XX-XXX-XXXX  XXXXXXXXXXXXXXXXX

                      TOTAL INPUT RECORDS READ:       Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS ADDED:        Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS UPDATED:      Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS NOT APPLIED:  Z,ZZZ,ZZ9

     HMO PROVIDER ID: 1234567890  XXXXXXXXXXXXXXXXXXXX          BENEFIT PLAN: XX-XXX-XXXX  XXXXXXXXXXXXXXXXX

                      TOTAL INPUT RECORDS READ:       Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS ADDED:        Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS UPDATED:      Z,ZZZ,ZZ9
                      TOTAL ASSIGNMENTS NOT APPLIED:  Z,ZZZ,ZZ9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	HMO PROVIDER ID	National Provider Identifier	DE4700	
2	(PROVIDER NAME)	Provider Name	DE4085	
3	BENEFIT PLAN	Benefit Definition Benefit Plan Code	DE3550	
4	(BENEFIT PLAN NAME)	Benefit Definition Plan Name	DE3554	
5	TOTAL INPUT RECORDS READ	Calculated	DE0002	
6	TOTAL ASSIGNMENTS ADDED	Calculated	DE0002	

7	TOTAL ASSIGNMENTS UPDATED	Calculated	DE0002	
9	TOTAL ASSIGNMENTS NOT APPLIED	Calculated	DE0002	

Output Reports MC-O-155 PCP Assignment Within HMO Exception Report

General Information

This report lists by HMO, the PCP within HMO assignment data that was not applied to the Enrollee Master File because of errors (Enrollee ID or Provider ID not valid, or invalid begin and end dates). This information is received on a file sent by an HMO and contains assignments of enrollees to primary care providers within the HMO (NOT the assignment of the enrollee to the HMO).

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Update PCP Assignments Within HMO for Enrollees (MCR150)
Confidential:	Yes
Sequence:	ENROLLEE-ID
Control Breaks:	N/A

PCP Assignment Within HMO Exception Report (MC-O-155)

```
MCR150                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                   PCP ASSIGNMENT WITHIN HMO
RUN DATE: MM/DD/CCYY HH:MM                                 EXCEPTION REPORT

    (1)          (2)           (3)           (4)       (5)         (6)      (7)       (8)          (9)
   TRAN        ENROLLEE     HMO PROVIDER    PCP PROV   PCP BEG     PCP END   PROV    PCP UPDATE   ERROR REASC
    ID           ID             ID            ID        DATE        DATE     TYPE      DATE

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   TOTAL RECORDS IN ERROR FOR HMO:    Z,ZZZ,ZZ9

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   XXXX    XXX-XXXXXX-XX-X    1234567890    1234567890  99/99/9999  99/99/9999   XXX    99/99/9999    XXXXXXXXXX

   TOTAL RECORDS IN ERROR FOR HMO:    Z,ZZZ,ZZ9 (11)

   TOTAL RECORDS IN ERROR:            Z,ZZZ,ZZ9 (12)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TRAN ID	Calculated	DE0002	The Tran ID can be 'A' for add, 'C' for Change, or 'D' for Delete.
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	HMO PROVIDER ID	National Provider Identifier	DE4700 DE	
4	PCP PROV ID	National Provider Identifier	DE4700	
5	PCP BEG DATE	Enrollee Benefit Plan HMO/PCP Provider Begin Date	DE3145	
6	PCP END DATE	Enrollee Benefit Plan HMO/PCP Provider End Date	DE3147	
7	PROV TYPE	Enrollee Benefit Plan HMO/PCP Provider	DE3149	

		Type		
8	PCP UPDATE DATE	Enrollee Benefit Plan HMO/PCP Provider Update Date	DE3150	
9	ERROR REASON	Calculated	DE0002	Lists an error message describing why the PCP/HMO assignment was not applied to the Enrollee Master File.
10	TOTAL RECORDS IN ERROR FOR HMO	Calculated	DE0002	
11	TOTAL RECORDS IN ERROR	Calculated	DE0002	

Output Reports MC-O-165 Control Totals Enrollees Eligible For Managed Care

General Information

This report lists control totals that pertain to the number of enrollees eligible for Managed Care in specified localities. The Program MCR115 also produces a set of extract files of Managed Care eligible enrollees that is sent to North American Marketing.

Subsystem:	Recipient
Frequency:	Upon Request
Volume:	
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS - Managed Care Section
Program:	Managed Care Eligible Enrollee Extract Processing (MCR115)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Control Totals Enrollees Eligible For Managed Care (MC-O-165)

```
MCR115                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                 ENROLLEES ELIGIBLE FOR MANAGED CARE
RUN DATE: MM/DD/CCYY HH:MM                                     CONTROL TOTALS
                                                             MEDALLION ENROLLEES

      CITY/COUNTY REQUESTED:  720  (1)

      TOTAL ENROLLEES IN THE LOCALITY:                      1,856  (9)

      ENROLLEES ACTIVE IN MEDICAID OR FAMIS:                  858  (2)
      ENROLLEES NOT ACTIVE IN MEDICAID OR FAMIS:              998  (3)

      ACTIVE ENROLLEES NOT ELIGIBLE:                          320  (4)
      ACTIVE ENROLLEES ELIGIBLE FOR MANAGED CARE:             538
                                                                   (5)
```

Control Totals Enrollees Eligible For Managed Care (MC-O-165)

```
MCR115                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                            ENROLLEES ELIGIBLE FOR MANAGED CARE
RUN DATE: MM/DD/CCYY HH:MM                              CONTROL TOTALS
                                                   MEDALLION II ENROLLEES


      CITY/COUNTY REQUESTED:  730  (1)

      TOTAL ENROLLEES IN THE LOCALITY:                      16,112  (9)

      ENROLLEES ACTIVE IN MEDICAID OR FAMIS:                 6,273  (2)
      ENROLLEES NOT ACTIVE IN MEDICAID OR FAMIS:             9,839  (3)

      ACTIVE ENROLLEES NOT ELIGIBLE:                         1,928  (4)
      ACTIVE ENROLLEES ELIGIBLE FOR MANAGED CARE:            4,345  (5)
```

Control Totals Enrollees Eligible For Managed Care (MC-O-165)

```
MCR115                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                            ENROLLEES ELIGIBLE FOR MANAGED CARE
RUN DATE: MM/DD/CCYY HH:MM                              CONTROL TOTALS
                                                   MANAGED CARE ENROLLEES


      MEDALLION II EXTRACT RECORDS WRITTEN:                  4,345  (6)

      MEDALLION EXTRACT RECORDS WRITTEN:                       538  (7)

      OPTIONS EXTRACT RECORDS WRITTEN:                           0  (8)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY REQUESTED	Enrollee FIPS Code	DE3008	
2	TOTAL ENROLLEES IN LOCALITY	Calculated	DE0002	
3	ENROLLEES ACTIVE IN MEDICAID OR FAMIS	Calculated	DE0002	
4	ENROLLEES NOT ACTIVE IN MEDICAID OR	Calculated	DE0002	

	FAMIS			
5	ACTIVE ENROLLEES NOT ELIGIBLE	Calculated	DE0002	
6	ACTIVE ENROLLEES ELIGIBLE FOR MANAGED CARE	Calculated	DE0002	
7	MEDALLION II EXTRACT RECORDS WRITTEN	Calculated	DE0002	
8	MEDALLION EXTRACT RECORDS WRITTEN	Calculated	DE0002	
9	OPTIONS EXTRACT RECORDS WRITTEN	Calculated	DE0002	

Output Reports MC-O-170 Expansion Enrollees with Multiple Records for a Social Security Number

General Information

This report is used to prevent enrollees from being enrolled in both fee-for-service and an HMO at the same time by way of two Medicaid ID numbers (for the same enrollee).

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	< 5 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	N/A
Confidential:	No
Sequence:	Social Security Number
Control Breaks:	N/A

Expansion Enrollees with Multiple Records for a Social Security Number (MC-O-170)

```
MCR165                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY              EXPANSION ENROLLEES WITH MULTIPLE RECORDS FOR A SOCIAL SECURITY NUMBER
RUN DATE: MM/DD/CCYY HH:MM
```

(1) SOCIAL SECURITY	(2) ENROLLEE ID	(3) ENROLLEE NAME LAST	(4) FIRST	(5) M/I	(6) SUF	(7) ADDRESS 1	(8) CITY CNTY	(9) DATE BIRT
[redacted]	001[redacted]	[redacted]	[redacted]			[redacted]	073	[redacted]
	001[redacted]						095	
[redacted]	001[redacted]			R	JR		073	
	001[redacted]			S			700	
[redacted]	001[redacted]						073	
	001[redacted]			D			700	
[redacted]	001[redacted]			D			073	
	001[redacted]			G			073	
[redacted]	001[redacted]						195	
	001[redacted]			M			073	

```
TOTAL RECORDS READ (12)                1,482

TOTAL GOOD RECORDS - NO DUPS (13)      1,472

TOTAL DUPLICATE SOCIAL SECURITY (14)      10

TOTAL DUPLICATE ENROLLEES (15)            20


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOCIAL SECURITY	Enrollee Social Security Number (SSN)	DE3034	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE NAME - LAST	Enrollee Last Name	DE3110	
4	FIRST	Enrollee First Name	DE3111	
5	M/I	Enrollee Middle Initial	DE3112	
6	SUF	Enrollee Name Suffix	DE3113	
7	ADDRESS 1	Enrollee Street Address	DE3115	
8	CITY CNTY	Enrollee FIPS Code	DE3008	
9	DATE OF BIRTH	Enrollee Birth Date	DE3005	
10	CASE WRKR	Case Worker Number	DE3431	

11	PGM DES	Enrollee Eligibility Aid Category	DE3009	
12	TOTAL RECORDS READ	Calculated	DE0002	
13	TOTAL GOOD RECORDS - NO DUPS	Calculated	DE0002	
14	TOTAL DUPLICATE SOCIAL SECURITY	Calculated	DE0002	
15	TOTAL DUPLICATE ENROLLEES	Calculated	DE0002	

Output Reports MC-O-180 Cancelled MEDALLION/HMO Enrollees

General Information

This report lists cancelled MEDALLION/HMO enrollees. These enrollees were cancelled as a part of the monthly recertification process.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	6 Months
Distribution:	DMAS - Recipient Coordinator
Program:	Cancelled Medallion/HMO Enrollees Report (MCM180)
Confidential:	Yes
Sequence:	ENROLLEE ID
Control Breaks:	N/A

Cancelled MEDALLION/HMO Enrollees (MC-O-180)

```
MCM180                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                  CANCELLED MEDALLION/HMO ENROLLEES
RUN DATE: MM/DD/CCYY HH:MM

                (1)            (2)            (3)              (4)
      ENROLLEE ID        CANCEL DATE   CANCEL REASON    ENROL TYPE*

    001-999999-01-9      05/31/1998        189               P
    001-999999-01-9      05/31/1998        189               P
    001-999999-01-9      05/31/1998        139               P
    001-999999-01-9      05/31/1998        139               P
    001-999999-01-9      05/31/1998        229               P
    001-999999-01-9      05/31/1998        259               P
    001-999999-01-9      05/31/1998        259               P
    001-999999-01-9      05/31/1998        259               P
    001-999999-01-9      05/31/1998        229               P
    001-999999-01-9      05/31/1998        189               P
    001-999999-01-9      05/31/1998        259               P
    001-999999-01-9      05/31/1998        259               P
    001-999999-01-9      05/31/1998        269               P
    001-999999-01-9      05/31/1998        269               P
    001-999999-01-9      05/31/1998        269               P
    001-999999-01-9      05/31/1998        189               P
    001-999999-01-9      05/31/1998        189               P
    001-999999-01-9      05/31/1998        229               P
    001-999999-01-9      05/31/1991        189               P
    001-999999-01-9      05/31/1998        189               P

TOTAL CANCELLED MEDALLION ENROLLEES    (5)          40

      TOTAL CANCELLED HMO ENROLLEES    (6)                0

     * P - MEDALLION ENROLLEE
       O - HMO ENROLLEE


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CANCEL DATE	Eligibility Cancel Date	DE3452	
3	CANCEL REASON	Eligibility Cancel Reason	DE3451	
4	ENROLL TYPE	Calculated	DE0002	P is for MEDALLION O is for Medallion II and Options
5	TOTAL CANCELLED MEDALLION ENROLLEES	Calculated	DE0002	
6	TOTAL CANCELLED HMO	Calculated	DE0002	

	ENROLLEES			

Output Reports MC-O-190 MEDALLION PCCM Enrollment Control Report (Provider Slot Count Report)

General Information

This reports lists providers whose assigned slots do not equal enrollees assigned/pre-assigned. The program (MCM050) also corrects the provider slot counts on the Provider File to match the actual data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Post Provider Assignment Processing (MCM052)
Confidential:	No
Sequence:	Provider ID
Control Breaks:	N/A

MEDALLION PCCM Enrollment Control Report (Provider Slot Count Report) (MC-O-190)

```
MCM052                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                                        M E D A L L I O N                                  PAG
RUN DATE: MM/DD/YYYY 99:99                        PCCM ENROLLMENT CONTROL REPORT
-----------------------------------------------------------------------------------------------------------------

                              PROVIDERS WHOSE OPEN SLOTS DO NOT EQUAL ENROLLEES ASSIGNED/PREASSIGNED
                                          PCP ENROLLMENT MONTH DECEMBER, 2006 (1)

-----------------------------------------------------------------------------------------------------------------
        (2)                          (3)                        (4)         (5)         (6)         (7)       (
      PROVIDER                     PROVIDER                   PROVIDER    PROVIDER    ACTUAL     PREASSIGN   EN
        ID                           NAME                     MAX SLOTS   OPEN SLOTS  OPEN SLOTS   COUNT     CO

     xxxxxxxxxx   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         9999        9999        9999         0
     xxxxxxxxxx   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         9999        9999        9999         0
     xxxxxxxxxx   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         9999        9999        9999         0
     xxxxxxxxxx   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         9999        9999        9999         0
     xxxxxxxxxx   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         9999        9999        9999         0
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Report Month	Calculated	DE0002	
2	Provider Id	National Provider Identifier	DE4700	
3	Provider Name	Provider Name	DE4085	
4	Provider Max Slots	Provider Managed Care Panel Enrollment Size	DE4403	
5	Provider Open Slots	Calculated	DE0002	
6	Actual Open Slots	Calculated	DE0002	
7	Preassign Count	Calculated	DE0002	
8	Enrollee Count	Calculated	DE0002	
9	Total Used	Calculated	DE0002	

Output Reports MC-O-200A Enrollees Not Assigned to Managed Care (without Exempt Code) by Name

General Information

This report lists Managed Care-eligible enrollees that are not pre-assigned or assigned to a Primary Care Provider or HMO and are not exempt.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Non Managed Care Enrollees Report (MCM200)
Confidential:	Yes
Sequence:	Enrollee FIPS Code Enrollee Name
Control Breaks:	Enrollee FIPS Code

Enrollees Not Assigned to Managed Care (without Exempt Code) by Name (MC-O-200A)

MCM200
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ENROLLEES NOT ASSIGNED TO MANAGED CARE
(ENROLLEES WITHOUT EXEMPT CODE)
COUNTY BY ENROLLEE NAME
FOR MAY (2) 1997

(3) ENROLLEE NAME/ADDRESS2/TELEPHONE NO.	(4)	(5)	ADDRESS1/CITY ST ZIP	(12) CASE NUMBER	(13) MEDICAID ID	(14) SEX	(15 AGE
[redacted] (6)	[redacted]	H	[redacted] (7) (8) [redacted] (9) (10) (11) MS 39180-4258	99[redacted]	99[redacted]	M	3
		R	[redacted]	99[redacted]	99[redacted]	F	8
		D	[redacted]	99[redacted]	99[redacted]	F	19
		C	[redacted]	99[redacted]	99[redacted]	F	0

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	COUNTY	Enrollee FIPS Code	DE3008	
2	(DATE)	Calculated	DE0002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	TELEPHONE NO.	Enrollee Telephone Number	DE3095	
7	ADDRESS1	Enrollee Street Address	DE3115	
8	ADDRESS2	Enrollee Additional Address Name	DE3114	
9	CITY	Enrollee City Name	DE3116	
10	ST	Enrollee State Code	DE3117	
11	ZIP	Enrollee ZIP Code	DE3118	
12	CASE NUMBER	Case Identification Number	DE3043	
13	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	

14	SEX	Enrollee Sex Code	DE3007	
15	AGE	Calculated	DE0002	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	MONY CODE	Aid Category Money Payment Status Code	DE3306	
18	EXEMPT CODE	Enrollee Benefit Pre-assignment Code	DE3021	

Output Reports MC-O-200B Enrollees Not Assigned to Managed Care (without Exempt Code) by Case, Name

General Information

This report lists Managed Care-eligible enrollees that are not pre-assigned or assigned to a Primary Care Provider or HMO and are not exempt.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Non Managed Care Enrollees Report (MCM200)
Confidential:	Yes
Sequence:	Enrollee FIPS Code Case ID Enrollee Name
Control Breaks:	Enrollee FIPS Code

Enrollees Not Assigned to Managed Care (without Exempt Code) by Case, Name (MC-O-200B)

```
MCM200                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ENROLLEES NOT ASSIGNED TO MANAGED CARE
RUN DATE: MM/DD/CCYY HH:MM                        (ENROLLEES WITHOUT EXEMPT CODE)
                                                COUNTY BY CASE NUMBER, ENROLLEE NAME
                                                      FOR     MAY(2)    1997
                                                                                  (12)          (13)                (16
     ENROLLEE                (4)                                                CASE          MEDICAID     (14)  (15)
(3)  NAME/ADDRESS2/TELEPHONE NO.  (5)      ADDRESS1/CITY ST ZIP                NUMBER          ID          SEX   AGE  C
[redacted]                                H [redacted] (7)                   99[redacted]  99[redacted]   M     3   9
[redacted]99 (6)                          (8)[redacted]  (10)     (11)
                                            VICKSBURG (9)          MS 39180-4258
[redacted]                                R [redacted]                       99[redacted]  99[redacted]   F     8   9
[redacted]                                  VICKSBURG            MS 39180-4258
[redacted]                                D [redacted]                       99[redacted]  99[redacted]   F    19   9
[redacted]                                  VICKSBURG            MS 39180-3838
[redacted]                                C [redacted]                       99[redacted]  99[redacted]   F     0   9
[redacted]                                  VICKSBURG            MS 39180-8370

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	COUNTY	Enrollee FIPS Code	DE3008	
2	(DATE)	Calculated	DE0002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	TELEPHONE NO.	Enrollee Telephone Number	DE3095	
7	ADDRESS1	Enrollee Street Address	DE3115	
8	ADDRESS2	Enrollee Additional Address Name	DE3114	
9	CITY	Enrollee City Name	DE3116	
10	ST	Enrollee State Code	DE3117	
11	ZIP	Enrollee ZIP Code	DE3118	
12	CASE NUMBER	Case Identification Number	DE3043	
13	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	

14	SEX	Enrollee Sex Code	DE3007	
15	AGE	Calculated	DE0002	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	MONY CODE	Aid Category Money Payment Status Code	DE3306	
18	EXEMPT CODE	Enrollee Benefit Pre-assignment Code	DE3021	

Output Reports MC-O-200C Enrollees Not Assigned to Managed Care (with Exempt Code) by Name

General Information

This report lists Managed Care-eligible enrollees that are not pre-assigned or assigned to a Primary Care Provider or HMO and have an exempt code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Non Managed Care Enrollees with Exempt Code Report (MCM202)
Confidential:	Yes
Sequence:	Enrollee FIPS Code Exclusion Code Enrollee Name
Control Breaks:	Enrollee FIPS Code Exempt Code

Enrollees Not Assigned to Managed Care (with Exempt Code) by Name (MC-O-200C)

```
MCM200                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ENROLLEES NOT ASSIGNED TO MANAGED CARE
RUN DATE: MM/DD/CCYY HH:MM                        (ENROLLEES WITH EXEMPT CODE)
                                                    COUNTY BY ENROLLEE NAME
                                                      FOR    MAY    1997
                                                                (2)        (12)          (13)          (14)  (15)
     ENROLLEE                (4)                                          CASE          MEDICAID
(3)  NAME/ADDRESS2/TELEPHONE NO.  (5)      ADDRESS1/CITY ST ZIP            NUMBER          ID          SEX   AGE
[redacted]                                H  [redacted] (7)                99[redacted]99  99[redacted]99    M     3
999[redacted]9999 (6)                        (8) VICKSBURG (9)   (10)  (11) MS 39180-4258
[redacted]                                R  [redacted]                    99[redacted]99  99[redacted]99    F     8
999[redacted]9999                            VICKSBURG           MS 39180-4258
[redacted]                                D  [redacted]                    99[redacted]99  99[redacted]99    F    19
999[redacted]9999                            VICKSBURG           MS 39180-3838
[redacted]                                C  [redacted]                    99[redacted]99  99[redacted]99    F     0
999[redacted]9999                            VICKSBURG           MS 39180-8370

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	COUNTY	Enrollee FIPS Code	DE3008	
2	(DATE)	Calculated	DE0002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	TELEPHONE NO.	Enrollee Telephone Number	DE3095	
7	ADDRESS1	Enrollee Street Address	DE3115	
8	ADDRESS2	Enrollee Additional Address Name	DE3114	
9	CITY	Enrollee City Name	DE3116	
10	ST	Enrollee State Code	DE3117	
11	ZIP	Enrollee ZIP Code	DE3118	
12	CASE NUMBER	Case Identification Number	DE3043	
13	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	

14	SEX	Enrollee Sex Code	DE3007	
15	AGE	Calculated	DE0002	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	MONY CODE	Aid Category Money Payment Status Code	DE3306	
18	EXEMPT CODE	Enrollee Benefit Pre-assignment Code	DE3021	

Output Reports MC-O-200D Enrollees Not Assigned to Managed Care (with Exempt Code) by Case, Name

General Information

This report lists Managed Care-eligible enrollees that are not pre-assigned or assigned to a Primary Care Provider or HMO and have an exempt code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Non Managed Care Enrollees with Exempt Code Report (MCM202)
Confidential:	Yes
Sequence:	Enrollee FIPS Code Exempt Code Case ID Enrollee Name
Control Breaks:	Enrollee FIPS Code Exempt Code

Enrollees Not Assigned to Managed Care (with Exempt Code) by Case, Name (MC-O-200D)

MCM200
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
ENROLLEES NOT ASSIGNED TO MANAGED CARE
(ENROLLEES WITH EXEMPT CODE)
COUNTY BY CASE NUMBER, ENROLLEE NAME
FOR MAY 1997

(3) ENROLLEE NAME/ADDRESS2/TELEPHONE NO. (4)	(5)	(7) ADDRESS1/CITY ST ZIP (8) (9)	(10) (11)	(2)	(12) CASE NUMBER	(13) MEDICAID ID	(14) SEX	(15) AGE
[redacted] 999 [redacted] 9999 (6)	H	15[redacted] VICKSBURG	MS 39180-4258		99[redacted]99	99[redacted]99	M	3
[redacted] 999 [redacted] 9999	R	[redacted] VICKSBURG	MS 39180-4258		99[redacted]99	99[redacted]99	F	8
[redacted] 999 [redacted] 9999	D	[redacted] VICKSBURG	MS 39180-3838		99[redacted]99	99[redacted]99	F	19
[redacted] 999 [redacted] 9999	C	[redacted] VICKSBURG	MS 39180-8370		99[redacted]99	99[redacted]99	F	0

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	COUNTY	Enrollee FIPS Code	DE3008	
2	(DATE)	Calculated	DE0002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	TELEPHONE NO.	Enrollee Telephone Number	DE3095	
7	ADDRESS1	Enrollee Street Address	DE3115	
8	ADDRESS2	Enrollee Additional Address Name	DE3114	
9	CITY	Enrollee City Name	DE3116	
10	ST	Enrollee State Code	DE3117	
11	ZIP	Enrollee ZIP Code	DE3118	
12	CASE NUMBER	Case Identification Number	DE3043	
13	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	

14	SEX	Enrollee Sex Code	DE3007	
15	AGE	Calculated	DE0002	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	MONY CODE	Aid Category Money Payment Status Code	DE3306	
18	EXEMPT CODE	Enrollee Benefit Pre-assignment Code	DE3021	

Output Reports MC-O-205 Provider Caseload Report for (Month)

General Information

This report lists MEDALLION provider caseload information in specialty code sequence within FIPS code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Provider Caseload Report (MCM205)
Confidential:	No
Sequence:	FIPS Code Specialty Code Provider Name
Control Breaks:	FIPS Code Specialty Code

Provider Caseload Report for (Month) (MC-O-205)

```
MCM205                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                              PROVIDER CASELOAD REPORT FOR XXXXXXXXXX (1)
RUN DATE: MM/DD/CCYY HH:MM
                (2.1)                   (2.2)
COUNTY: XXXXX                     999                                                  (7)       (8)          (9)       (10)
        (3)            PROV    (4)  SITE (5)      (5)                                  REQ       CURRNT       CSLD      LT
SPECIALTY            NUMBER         IND   PROVIDER NAME                               MAX       CASELD       DIFF      FL

XXXXXXXXXXXXXXXX     1234567890     99    XXXXXXXXXXXXXXXXXXXXXXXXXXX                000                0          000
                                                                                      (12)          (13)         (14)
                                            SPECIALTY TOTALS:                         000                0          000


XXXXXXXXXXXXXXXXX    1234567890     99    XXXXXXXXXXXXXXXXXXXXXXXXXXX                 00                0           00
                                           XXXXXXXXXXXXXXXXXXXXXXXXXXX                 00                0           00
                                           XXXXXXXXXXXXXXXXXXXXXXXXXXX                000                0           00
                                            SPECIALTY TOTALS:                         000                0          000


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(MONTH)	Calculated	DE0002	Month.
2.1	County Name	Locality Name	DE5255	Locality Name.
2.2	COUNTY Code	Provider Locality Code	DE4089	Provider Locality Code.
3	SPECIALTY	Provider Specialty Code	DE4007	Provider Specialty Code.
4	PROV NUMBER	National Provider Identifier	DE4700	Provider Identification Number.
5	PROVIDER SITE INDICATOR	NPI XREF Site Number	DE4143	The provider site number that links the I_PROV to the NPI
6	PROVIDER NAME	Provider Name	DE4085	Provider Name.
7	REQUESTED MAXIMUM	Provider Managed Care Panel Enrollment Size	DE4403	Provider Managed Care Panel Enrollment Size.
8	CURRENT CASELOAD	Provider Managed Care Assigned Slots	DE4122	Provider Managed Care Assigned Slots.
9	CASELOAD DIFFERENCE	Calculated	DE0002	Provider Managed Care Panel Enrollment Size minus the Managed Care Assigned Slots.
10	LIMIT FLAGS	Provider Managed Care Panel Enrollment Type	DE4402	Provider Managed Care Panel Enrollment Type.

11	CLINIC/GROUP TELEPHONE	Provider Phone Number	DE4090	Provider Phone Number.
12	SPECIALTY TOTALS - REQUESTED MAXIMUM	Calculated	DE0002	Total for Provider Managed Care Panel Enrollment Size.
13	SPECIALTY TOTALS - CURRENT CASELOAD	Calculated	DE0002	Total for Provider Managed Care Assigned Slots.
14	SPECIALTY TOTALS - CASELOAD DIFFERENCE	Calculated	DE0002	Total for Provider Managed Care Panel Enrollment Size minus Total for Provider Managed Care Assigned Slots.

Output Reports MC-O-205S Provider Caseload Report for (Month) Summary

General Information

This report lists Summary Totals accumulated from the Provider Caseload Report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	< 5 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Provider Caseload Report (MCM205)
Confidential:	No
Sequence:	Specialty Code
Control Breaks:	N/A

Provider Caseload Report for (Month) Summary (MC-O-205S)

MCM205
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
PROVIDER CASELOAD REPORT FOR JUNE

(1)

	STATE TOTALS	(3) REQUESTED MAXIMUM	(4) CURRENT CASELOAD	(5) CASELOAD DIFFERENCE
(2)	FAMILY PRACTICE	79,560	14,880	64,680
	GENERAL PRACTICE	10,450	1,370	9,080
	PEDIATRICIAN	14,115	3,131	10,984
	INTERNAL MEDICINE	14,170	982	13,188
	PEDIATRIC NURSE PRACTITIONER	0	0	0
		(6)	(7)	(8)
	TOTAL ALL SPECIALTIES	118,295	26,363	97,932

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MONTH	Calculated	DE0002	Month.
2	SPECIALTY CODE DESCRIPTION	Provider Specialty Code Description	DE4298	Provider Specialty Code Description.
3	REQUESTED MAXIMUM	Provider Managed Care Panel Enrollment Size	DE4403	Provider Managed Care Panel Enrollment Size.
4	CURRENT CASELOAD	Provider Managed Care Assigned Slots	DE4122	Provider Managed Care Assigned Slots.
5	CASELOAD DIFFERENCE	Calculated	DE0002	Provider Managed Care Panel Enrollment Size minus Provider Managed Care Assigned Slots.
6	REQUESTED MAXIMUM TOTAL	Calculated	DE0002	Provider Managed Care Panel Enrollment Size.
7	CURRENT CASELOAD TOTAL	Calculated	DE0002	Total Provider Managed Care Assigned Slots.
8	CASELOAD DIFFERENCE TOTAL	Calculated	DE0002	Requested Maximum Total minus Current Caseload Total.

Output Reports MC-O-210 CCC Benefit Assignment (Weekly)

General Information

Create a weekly CCC Benefit Assignment Report which will report all the benefit plan changes that have occurred during the week. (MC-O-210)

Subsystem:	Recipient
Frequency:	Weekly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Benefit Assignment (MCW210)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Benefit Assignment (Weekly) (MC-O-210)

```
MCW210                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-210A

AS OF:11/01/2013                COMMONWEALTH COORDINATED CARE (CCC) WEEKLY BENEFIT ASSIGNMENT     PAGE NUMBER:        1
RUN DATE: 11/01/2013 15:16

                  (1)                    (2)
          MCO: 016999709         REGION: DTW1

   MEMBER ID       FIPS   REGION   AGE    BENEFIT    PRE-ASSIGNED    PRE-ASSIGNED      ASSIGNED      ASSIGNED     INDICATOR CODE
                                          PLAN          MCO             DATE            MCO           DATE
     (3)           (4)     (5)     (6)     (7)          (8)             (9)            (10)          (11)            (12)
 00[redacted]011     131     DTW1     85    0[redacted]0                                0[redacted]9   10/01/2013        E
 00[redacted]011     131     DTW1     85    0[redacted]0                                0[redacted]9   10/01/2013        I
 00[redacted]016     001     DTW1     68    0[redacted]0                                0[redacted]9   10/01/2013        ES
 00[redacted]016     001     DTW1     68    0[redacted]0                                0[redacted]9   10/01/2013        I
 00[redacted]016     001     DTW1     68    0[redacted]0                                0[redacted]9   10/01/2013        P
 00[redacted]016     001     DTW1     68    0[redacted]0                                0[redacted]9   10/01/2013        X
 00[redacted]012     131     DTW1     83    0[redacted]0                                0[redacted]9   10/01/2013        I

                                                                          (13)          (14)
                                                                INDICATOR E  COUNT:       1
                                                                INDICATOR ES COUNT:       1
                                                                INDICATOR I  COUNT:       3

                                                                INDICATOR X  COUNT:       1
                                   (15)                 (16)
                            REGION: DTW1     TOTAL:      9

                                  (17)                  (18)
                            MCO: 0[redacted]      TOTAL:     17

                                                                          (19)          (20)
                            GRAND TOTAL FOR ALL MCOs-           INDICATOR D  COUNT:       6
                                                                INDICATOR E  COUNT:      20
                                                                INDICATOR ES COUNT:       3
                                                                INDICATOR I  COUNT:      26
                                                                INDICATOR R  COUNT:       1
                                                                INDICATOR X  COUNT:       1

                                        *** 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	MCO:	I_PROV	DE4002	PS_PROV_MC
2	REGION:	C_REGION	DE5249	RF_REGION
3	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER
4	FIPS	C_ENROLLEE_ FIPS	DE3008	RS_ENROLLEE
5	REGION	C_REGION	DE5249	RF_REGION
6	AGE	calculated		Current Date minus D_BIRTH (DE3005)
7	BENEFIT PLAN	I_BNFT_PGM I_ BNFT_SUB_PGM I_PLAN_CD	DE3551 DE3552 DE3553	RS_BENEFIT_PACKAGE Plan Program Code + Plan Subprogram Code + Plan Benefit Code combined
8	PRE-ASSIGNED MCO	I_PROV	DE4002	PS_PROV_MC Provider Identification Number , when C_ DISPOSITION_CVAL (DE3141) = 'P'
9	PRE-ASSIGNED DATE	D_ENROLL_BEGIN	DE3064	RS_ENRL_BNFT_PKG Enrollee Benefit Enrollment Begin Date, when C_DISPOSITION_CVAL (DE3141) = 'P'
10	ASSIGNED MCO	I_PROV	DE4002	PS_PROV_MC Provider Identification Number , when C_ DISPOSITION_CVAL (DE3141) = 'A'
11	ASSIGNED DATE	D_ENROLL_BEGIN	DE3064	RS_ENRL_BNFT_PKG Enrollee Benefit Enrollment Begin Date, when C_DISPOSITION_CVAL (DE3141) = 'A'
12	INDICATOR CODE	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
13	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
14	COUNT:	Calculated		Number of CCC Indicator within the region
15	REGION:	I_REGION	DE5249	RF_REGION
16	TOTAL:	Calculated		Number of records within the region
17	MCO:	I_PROV	DE4002	PS_PROV_MC
18	TOTAL:	Calculated		Number of records within the MCO

19	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
20	COUNT:	Calculated		Total Number of CCC Indicator

Output Reports MC-O-211A CCC Eligible Members Not Assigned with NO Indicator Code (Monthly)

General Information

Monthly CCC Eligible Member Not Assigned with NO Indicator Code (MC-O-211A)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Eligible Members Not Assigned (MCM211)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Eligible Members Not Assigned with NO Indicator Code (Monthly) (MC-O-211A)

```
MCM211                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-211A
AS OF:10/30/2013                   CCC ELIGIBLE MEMBERS NOT ASSIGNED - NO INDICATOR CODE              PAGE NUMBER:         1
                                                REGION BY INDICATOR CODE
                                                     FOR  OCT  2013

        MEMBER          MEMBER          MEMBER        MEMBER     REGION     MEDICARE     DATE OF BIRTH    CCC INDICATOR
      LAST NAME       FIRST NAME         ID           FIPS                     ID                            CODE

         (1)             (2)            (3)           (4)        (5)         (6)           (7)             (8)
   XXXXXXXXXXXXXX   XXXXXXXXXXX    XXXXXXXXXXXX      XXX        XXXX      XXXXXXXXXX      MM/DD/CCYY        XX

                          (9)                                   (10)        (11)
                   REGION XXXX TOTAL -                 INDICATOR XX COUNT: 999999

                                          *** 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	MEMBER LAST NAME	T_NAME_LAST	DE3110	RS_PERSON_NAME
2	MEMBER FIRST	T_NAME_FIRST	DE3111	RS_PERSON_NAME

	NAME			
3	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'PERL'
4	MEMBER FIPS	C_ENROLLEE_ FIPS	DE3008	RS_ENROLLEE
5	REGION	I_REGION	DE5249	RF_REGION
6	MEDICARE ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'HIC '
7	DATE OF BIRTH	D_BIRTH	DE3005	RS_PERSON
8	INDICATOR CODE	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
9	END REASON	C_END_RVAL	DE3073	RS_ENRL_BNFT_PKG
10	REGION:	I_REGION	DE5249	RF_REGION
11	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
12	COUNT:	Calculated		Number of CCC Indicator within the region

Output Reports MC-O-211B CCC Eligible Members Not Assigned with Indicator Code (Monthly)

General Information

Monthly CCC Eligible Member Not Assigned (MC-O-211B)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Eligible Members Not Assigned (MCM211)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Eligible Members Not Assigned with Indicator Code (Monthly) (MC-O-211B)

```
MCM211                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-211B
AS OF:10/30/2013                  CCC ELIGIBLE MEMBERS NOT ASSIGNED - WITH INDICATOR CODE               PAGE NUMBER:         1
                                                REGION BY INDICATOR CODE
                                                     FOR  OCT  2013

          MEMBER          MEMBER          MEMBER        MEMBER     REGION     MEDICARE     DATE OF BIRTH    CCC INDICATOR
        LAST NAME       FIRST NAME          ID           FIPS                    ID                            CODE

           (1)             (2)             (3)           (4)        (5)         (6)           (7)             (8)
     XXXXXXXXXXXXXX   XXXXXXXXXXX     XXXXXXXXXXXX      XXX        XXXX     XXXXXXXXXX     MM/DD/CCYY        XX

                            (9)                                   (10)        (11)
                   REGION XXXX TOTAL -                   INDICATOR xx COUNT: 999999


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

MCM211                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-211B
AS OF:10/30/2013                  CCC ELIGIBLE MEMBERS NOT ASSIGNED - WITH INDICATOR CODE               PAGE NUMBER:         2
                                                REGION BY INDICATOR CODE
                                                     FOR  OCT  2013

                                                              (12)        (13)
                   GRAND TOTALS -                        INDICATOR E  COUNT: 9999999

                                         *** 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	MEMBER LAST NAME	T_NAME_LAST	DE3110	RS_PERSON_NAME
2	MEMBER FIRST NAME	T_NAME_FIRST	DE3111	RS_PERSON_NAME
3	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'PERL'
4	MEMBER FIPS	C_ENROLLEE_ FIPS	DE3008	RS_ENROLLEE
5	REGION	I_REGION	DE5249	RF_REGION
6	MEDICARE ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'HIC '
7	DATE OF BIRTH	D_BIRTH	DE3005	RS_PERSON
8	INDICATOR CODE	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
9	REGION:	I_REGION	DE5249	RF_REGION
10	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
11	COUNT:	Calculated		Number of CCC Indicator within the region
12	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
13	COUNT:	Calculated		Number of CCC Indicator total

Output Reports MC-O-213 CCC Summary Totals of Enrolled Members (Monthly)

General Information

Create a CCC monthly Summary Totals Report which provides Summary and Grand Total of all CCC enrolled members for a given month. (MC-O-213)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	36 Months
Distribution:	?????
Program:	CCC Summary Totals Report (MCM213)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Eligible Members Not Assigned with Indicator Code (Monthly) (MC-O-211B)

```
MCM211                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-211B
AS OF:10/30/2013                   CCC ELIGIBLE MEMBERS NOT ASSIGNED - WITH INDICATOR CODE              PAGE NUMBER:         1
                                                REGION BY INDICATOR CODE
                                                     FOR  OCT  2013

          MEMBER          MEMBER          MEMBER        MEMBER     REGION      MEDICARE     DATE OF BIRTH    CCC INDICATOR
        LAST NAME       FIRST NAME          ID           FIPS                      ID                            CODE

           (1)             (2)            (3)           (4)        (5)          (6)            (7)             (8)
     XXXXXXXXXXXXXX    XXXXXXXXXXX    XXXXXXXXXXXX      XXX        XXXX      XXXXXXXXXX      MM/DD/CCYY        XX

                            (9)                                   (10)        (11)
                     REGION XXXX TOTAL -                   INDICATOR xx COUNT: 999999


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

MCM211                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-211B
AS OF:10/30/2013                   CCC ELIGIBLE MEMBERS NOT ASSIGNED - WITH INDICATOR CODE              PAGE NUMBER:         2
                                                REGION BY INDICATOR CODE
                                                     FOR  OCT  2013

                                                              (12)        (13)
                     GRAND TOTALS -                        INDICATOR E  COUNT: 9999999

                                         *** 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	MEMBER LAST NAME	T_NAME_LAST	DE3110	RS_PERSON_NAME
2	MEMBER FIRST NAME	T_NAME_FIRST	DE3111	RS_PERSON_NAME
3	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'PERL'
4	MEMBER FIPS	C_ENROLLEE_ FIPS	DE3008	RS_ENROLLEE
5	REGION	I_REGION	DE5249	RF_REGION
6	MEDICARE ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, when C_ID_ TYPE_CVAL = 'HIC '
7	DATE OF BIRTH	D_BIRTH	DE3005	RS_PERSON
8	INDICATOR CODE	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
9	REGION:	I_REGION	DE5249	RF_REGION
10	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
11	COUNT:	Calculated		Number of CCC Indicator within the region
12	INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
13	COUNT:	Calculated		Number of CCC Indicator total

Output Reports MC-O-214 CCC Member MCO Change Report (Monthly)

General Information

Create a Monthly Member MCO History report to track member movement between MCOs to use as part of a quality tracking process. (MC-O-214)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Member MCO Change (MCM214)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Member MCO Change Report (Monthly) (MC-O-214)

```
MCM214                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:   MC-O-214D
AS OF:10/22/2013            COMMONWEALTH COORDINATED CARE (CCC) MONTHLY MEMBER MCO CHANGE REPORT          PAGE NUMBER:         1
RUN DATE: 10/22/2013 17:16

 MEMBER ID        LAST NAME            FIRST NAME
                                 NPI          PROVIDER NAME                                   ELIG BEGIN   ELIG CANCEL   CL RSN
      (1)               (2)                 (3)
 XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX
                        (4)          (5)              (6)                                          (7)          (8)          (9)
                     CURRENT      XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY     XXX


 XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX
                     PROSP        XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY     XXX

 XXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX
                     CURRENT      XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY     XXX
                     PROSP        XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    MM/DD/CCYY    MM/DD/CCYY     XXX
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, where C_ID_TYPE_CVAL = 'PERL'
2	LAST NAME	T_NAME_LAST	DE3110	RS_PERSON_NAME

3	FIRST NAME	T_NAME_FIRST	DE3111	RS_PERSON_NAME
4		Calculated		Change type… Literal set based on the Begin and end dates “CURRENT”, “PROSP “, or “PREV “
5	NPI	I_PROV_NPI	DE4700	PS_NPI_XREF
6	PROVIDER NAME	T_PROV_NAME	DE4085	PS_NAME
7	ELIG BEGIN	D_ENROLL_BEGIN	DE3064	RS_ENRL_BNFT_PKG
8	ELIG CANCEL	D_ENROLL_END	DE3065	RS_ENRL_BNFT_PKG
9	CL RSN	C_END_RVAL	DE3073	RS_ENRL_BNFT_PKG

Output Reports MC-O-215 Monthly Re-Enrollment Enrollee Transactions

General Information

This report lists enrollees enrolled as a result of 60-day re-enrollment.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Enrollee Provider Assignment Processing (MCM050)
Confidential:	Yes
Sequence:	Benefit Plan Code Enrollee ID
Control Breaks:	Benefit Plan Code

Monthly Re-Enrollment Enrollee Transactions (MC-O-215)

```
MCM050                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                               MONTHLY RE-ENROLLMENT ENROLLEE TRANSACTIONS
RUN DATE: MM/DD/CCYY HH:MM
                                                     (1)                    (2)
                                                XX-XX-XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  (3)                 (4)                                                   (8)          (9)
CASE            ENROLLEE        (5)                 (6)  (7)              PROVIDER     SITE   (10)      (11)        (12
NUMBER          ID NO           ENROLLEE NAME                             NUMBER       IND    SEX       DOB          AG
-----------------------------------------------------------------------------------------------------------------------------

999999999999  999999999999  XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 1234567890    XX     X      99999999      99
999999999999  999999999999  XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 1234567890    XX     X      99999999      99
999999999999  999999999999  XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 1234567890    XX     X      99999999      99
999999999999  999999999999  XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 1234567890    XX     X      99999999      99
999999999999  999999999999  XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX 1234567890    XX     X      99999999      99


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(BENEFIT PLAN CODE)	Benefit Definition Benefit Plan Code	DE3550	
2	(BENEFIT PLAN CODE NAME)	Benefit Definition Plan Name	DE3554	
3	CASE NUMBER	Case Identification Number	DE3043	
4	ENROL ID NO	Enrollee Permanent Identification Number	DE3093	
5	ENROL NAME (FIRST)	Enrollee First Name	DE3111	
6	(MI)	Enrollee Middle Initial	DE3112	
7	(LAST)	Enrollee Last Name	DE3110	
8	PROV NUM	National Provider Identifier	DE4700	
9	Provider Site Indicator	NPI XREF Site Number	DE4143	
10	SEX	Enrollee Sex Code	DE3007	
11	DOB	Enrollee Birth Date	DE3005	
12	AGE	Calculated	DE0002	
13	AID CAT	Enrollee Eligibility Aid Category	DE3009	

Output Reports MC-O-230 HMO Enrollment Summary Report (Month) by County

General Information

This report summarizes by county, HMO enrollee enrollment, listing current enrollee totals, new, continued, and dropped enrollee totals.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	HMO Enrollment Summary Report by County (MCM230)
Confidential:	No
Sequence:	Enrollee FIPS Code Provider Number
Control Breaks:	Enrollee FIPS Code

HMO Enrollment Summary Report (Month) by County (MC-O-230)

```
MCM230                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                  HMO ENROLLMENT SUMMARY REPORT FOR THE MONTH OF XXXXXXX, CCYY
RUN DATE: MM/DD/CCYY HH:MM                                BY LOCALITY
                                                                                          (1)
      (2)      (3)
LOCALITY:  99  -  XXXXXXXXXX

        (4)                                                  (6)          (7)          (8)          (9)
                                  (5)
      PROVIDER                                          CURRENT       NEW       CONTINUED      DROPPED
       NUMBER      HMO NAME                            ENROLLEES    ENROLLEES   ENROLLEES    ENROLLEES

      1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXX               999          999          999           99

      1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXX               999          999          999           99

      1234567890   XXXXXXXXXXXXXXXXXXXXXXXXXX               999          999          999           99

                   TOTALS                                 9,999          999        9,999          999


            STATE  TOTALS                                 9,999          999        9,999          999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	DATE	Calculated	DE0002	
2	LOCALITY	Provider Locality Code	DE4089	
3	COUNTY NAME	Locality Name	DE5255	
4	PROVIDER NUMBER	National Provider Identifier	DE4700	
5	HMO NAME	Provider Name	DE4085	
6	CURRENT ENROLLEES	Calculated	DE0002	
7	NEW ENROLLEES	Calculated	DE0002	
8	CONTINUED ENROLLEES	Calculated	DE0002	
9	DROPPED ENROLLEES	Calculated	DE0002	

Output Reports MC-O-245 Client Medical Management Restriction Review Due

General Information

This report lists enrollees whose CMM review date falls in the current reporting month. Enrollees with restriction periods longer than 12 months will also appear on this report at 12 month intervals from the start of their restriction period. The report is to display totals for review type for each caseload, totals for each caseload, and final totals for the report by review types.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Recipient Monitoring Unit
Program:	Client Medical Management Reporting (MCM250)
Confidential:	Yes
Sequence:	Caseload Number 12 Month Review Type FIPS Code Social Security Number
Control Breaks:	Caseload Number 12 Month Review Type

Client Medical Management Restriction Review Due (MC-O-245)

```
MCM250                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                CLIENT MEDICAL MANAGEMENT RESTRICTION REVIEW DUE                            PA
RUN DATE: MM/DD/CCYY HH:MM                 FOR RESTRICTIONS ENDING   MM/CCYY CCYY CCYY  (1)
                                                                          (0)
                                                                                   (11)(12)
  (2)                                                                     (10)      ELG CMM    (13)
 CASE  (3) (4)        (5)             (6)                (7)        (9)   ELIG      CNL REST CMM REST    (14)
 LOAD FIPS SSN       ENROLLEE ID     LAST NAME          FIRST NAME   AC  END DATE   RSN TYPE END DATE    PROV ID
 ---------------------------------------------------------------------------------------------------------------
 XX9  999 999999999 XXX-XXXXXX-XXX XXXXXXXXXXX         XXXXXX       999 MM/DD/CCYY 999 X99 MM/DD/CCYY 9999999999
                                                                                                      9999999999
                                                                                                      9999999999
 XX9  999 999999999 XXX-XXXXXX-XXX XXXXXXX             XXXXXX       999 MM/DD/CCYY 999 X99 MM/DD/CCYY 9999999999
                                                                                                      9999999999
                                                                                                      9999999999
 XX9  999 999999999 XXX-XXXXXX-XXX XXXXXX              XXXXXXXXX    999 MM/DD/CCYY 999 X99 MM/DD/CCYY 9999999999
                                                                                                      9999999999
                                                                                                      0000000009

                          (16)                  (17)
      RESTRICTION TYPE:   X99      TOTAL          6

                          (18)                  (19)
      CASELOAD NUMBER :   XX9      TOTAL         14

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	Restriction Due Date : Reported date (in MM/CCYY) next future year (in CCYY format) Next to next future year (in CCYY format)	Calculated	DE0002	
1	RESTRICTION ENDING DATE reported month/year (in MM/CCYY format) Next future year (in CCYY format) Next to Next future year (in CCYY format). (Period is 2 future Years from the reported year)	Calculated	DE0002	

2	CASELOAD	Region Code	DE5249	
3	FIPS	Enrollee FIPS Code	DE3008	
4	SSN	Enrollee Social Security Number (SSN)	DE3034	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
6	LAST NAME	Enrollee Last Name	DE3110	
7	FIRST NAME	Enrollee First Name	DE3111	
8	MI	Enrollee Middle Initial	DE3112	
9	AC	Enrollee Eligibility Aid Category	DE3009	
10	ELIG END DATE	Enrollee Eligibility End Date	DE3011	
11	ELIG CNCL RSN	Eligibility Cancel Reason	DE3451	
12	CMM REST TYPE CMM REST TYPE	Enrollee CMM Restriction Type	DE3131	
13	CMM REST END DATE	Enrollee CMM Restriction End Date	DE3130	
14	PROV ID	National Provider Identifier	DE4700	
14.1	SITEIND	NPI XREF Site Number	DE4143	
15	ASSIGNMENT END-DATE	Enrollee Benefit Enrollment End Date	DE3065	
16	12 MONTH REVIEW TYPE	Enrollee CMM Restriction Type	DE3131	
17	TOTAL (Restriction Type)	Calculated	DE0002	Total by Restriction Type within Caseload
18	CASELOAD	Region Code	DE5249	
19	TOTAL (Caseload)	Calculated	DE0002	Total by Caseload

Output Reports MC-O-250 Client Medical Management Disassociation Tracking

General Information

This report lists CMM enrollees who are not assigned to a CMM provider but should be, as specified by the restriction data (Enrollee Benefit Closure Reason).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Recipient Monitoring Unit
Program:	Client Medical Management Reporting (MCM250)
Confidential:	Yes
Sequence:	Caseload Number Disassociation Code Enrollee ID
Control Breaks:	Caseload Number

Client Medical Management Disassociation Tracking (MC-O-250)

```
MCM250                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:MM/DD/CCYY                       CLIENT MEDICAL MANAGEMENT DISASSOCIATION TRACKING                    PAGE
RUN DATE: MM/DD/CCYY HH:MM                                AS OF MM/DD/CCYY (1)

 (2)   (3)        (4)            (5)               (6)          (7) (8)  (9)    (10)       (10.1)    (11)        (12)
 CASE  DISASSOC   (13)                                            CMM  EXCEP                          PROVIDER    RESTRICT
 LOAD  REASON    ENROLLEE ID    LAST NAME         FIRST NAME    MI LVL  IND    PROV.ID    SITEIND   END DATE    END DATE
-----------------------------------------------------------------------------------------------------------------------------

 XX9    999     999-999999-999  XXXXXXXXXXXX      XXXXXXXXXX    X   9   9      9999999999 99       MM/DD/CCYY MM/DD/CC
                LOCALITY NOT IN PRE-ASSIGNMENT TABLE
 XX9    999     999-999999-999  XXXXXXXXXXXX      XXXXXXXXXX    X   9   9      9999999999 99       MM/DD/CCYY MM/DD/CC
                LOCALITY NOT IN PRE-ASSIGNMENT TABLE
 XX9    999     999-999999-999  XXXXXXXXXXXX      XXXXXXXXXX    X   9   9      9999999999 99       MM/DD/CCYY MM/DD/CC
                LOCALITY NOT IN PRE-ASSIGNMENT TABLE
 XX9    999     999-999999-999  XXXXXXXXXXXX      XXXXXXXXXX    X   9   9      9999999999 99       MM/DD/CCYY MM/DD/CC
                LOCALITY NOT IN PRE-ASSIGNMENT TABLE
 XX9    999     999-999999-999  XXXXXXXXXXXX      XXXXXXXXXX    X   9   9      9999999999 99       MM/DD/CCYY MM/DD/CC
                LOCALITY NOT IN PRE-ASSIGNMENT TABLE

                                                        (14)     (15)
          TOTAL CASELOAD     DISASSOCIATED PROVIDERS:  228       8
                                                       303      10
                                                       488       2
                                              (16)
          TOTAL DISASSOCIATED PROVIDERS:      118,900

                                          *** 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	AS OF (DATE)	Calculated	DE0002	
2	CASELOAD	Region Code	DE5249	
3	DISASSOC REASON	Enrollee Benefit Closure Reason	DE3073	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	LAST NAME	Enrollee Last Name	DE3110	
6	FIRST NAME	Enrollee First Name	DE3111	
7	MI	Enrollee Middle Initial	DE3112	
8	CMM LVL	Enrollee CMM Restriction Level	DE3136	
9	EXCEP IND	Benefit Plan Exception Indicator	DE3072	
10	PROV.ID	National Provider Identifier	DE4700	

10.1	SITEIND	NPI XREF Site Number	DE4143	
11	PROVIDER END DATE	Enrollee Benefit Enrollment End Date	DE3065	
12	RESTRICTION END DATE	Enrollee CMM Restriction End Date	DE3130	
13	Enrollee Benefit Closure Reason Description	Calculated	DE0002	Description based on DE3073 (Enrollee Benefit Closure Reason)
14	Enrollee Benefit Closure Reason	Enrollee Benefit Closure Reason	DE3073	
15	TOTAL CASELOAD, DISASSOCIATION REASON - DISASSOCIATED PROVIDERS	Calculated	DE0002	Total Providers by Disassociation reason within Caseload
16	TOTAL DISASSOCIATED PROVIDERS	Calculated	DE0002	

Output Reports MC-O-255 Client Medical Management Restriction Listing

General Information

This report lists CMM enrollees that have at least one active CMM Provider/Enrollee assignment. The 'as of' date used for this process will be the first of the month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Recipient Monitoring Group
Program:	CMM Restriction Listing (MCM255)
Confidential:	Yes
Sequence:	FIPS Code Enrollee ID
Control Breaks:	FIPS Code

Client Medical Management Restriction Listing (MC-O-255)

```
MCM255                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF: MM/DD/CCYY                          CLIENT MEDICAL MANAGEMENT RESTRICTION LISTING                       P
RUN DATE: MM/DD/CCYY HH:MM                                AS OF   MM/DD/CCYY (1)
       (2)    (3)
  FIPS 730   PETERSBURG
 (4)   (5)            (6)            (7)         (8) (9)     (10)      (11) (12)       (12.1) (13)
 CMM                                                CMM   CMM REST   AID                SITE  EXCEP
 LVL   ENROLLEE ID   LAST NAME     FIRST NAME   MI TYPE END DATE   CAT PROV ID        IND   IND
-----------------------------------------------------------------------------------------------------------------
 999  999-999999-999 XXXXXXXXXXXX  XXXXXXXXX    X  X99  MM/DD/CCYY 999 9999999999         9
                                                                       9999999999  99     9
                                                                       9999999999  99     9
 999  999-999999-999 XXXXXXXXXXXX  XXXXXXXXX    X  X99  MM/DD/CCYY 999 9999999999         9
                                                                       9999999999         9
                                                                       9999999999         9
                                                                       9999999999  99     9
 999  999-999999-999 XXXXXXXXXXXX  XXXXXXXXX    X  X99  MM/DD/CCYY 999 9999999999         9
                                                                       9999999999         9
                                                                       9999999999  99     9
                    (14)                    (16)
          FIPS:      730    TOTAL:           3

                    (15)                    (17)
          AC:        051    TOTAL:           1
                     052                     2

                    (21)                    (18)
          CMM TYPE:  I36    TOTAL:           2
                     C36                     1

                    (22)                    (19)
          CMM LEVEL: 001    TOTAL:           3

               *  *  *  *  *   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	AS OF DATE	Calculated	DE0002	
2	FIPS CODE	Enrollee FIPS Code	DE3008	
3	FIPS DESCRIPTION	Locality Name	DE5255	
4	CMM LVL	Enrollee CMM Restric-tion Level	DE3136	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
6	LAST NAME	Enrollee Last Name	DE3110	
7	FIRST NAME	Enrollee First Name	DE3111	
8	MI	Enrollee Middle Initial	DE3112	
9	CMM TYPE	Enrollee CMM Restric-tion Type	DE3131	
10	CMM RESTR.	Enrollee CMM Restric-	DE3130	

	END DATE	tion End Date		
11	AID CAT	Enrollee Eligibility Aid Category	DE3009	
12	PROV ID	National Provider Identifier	DE4700	
12.1	SITE IND	NPI XREF Site Number	DE4143	
13	EXCEP IND	Benefit Plan Exception Indicator	DE3072	
14	FIPS CODE	Enrollee FIPS Code	DE3008	
15	AC	Enrollee Eligibility Aid Category	DE3009	
16	TOTAL (FIPS)	Calculated	DE0002	Total by Fips
17	TOTALS (AC)	Calculated	DE0002	Total by Aid Category
18	TOTAL (CMM TYPE)	Calculated	DE0002	Total by CMM Type
19	TOTAL (CMM LEVEL)	Calculated	DE0002	Total by CMM Level
20	TOTAL NUMBER OF ENROLLEES	Calculated	DE0002	Total Enrollees across all Fips
21	CMM TYPE	Enrollee CMM Restriction Type	DE3131	
22	CMM LEVEL	Enrollee CMM Restriction Level	DE3136	

Output Reports MC-O-260 Managed Care Enrollees with Providers Due for Re-Enrollment

General Information

This report lists Managed Care enrollees assigned to providers whose provider end date falls within the current month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section DMAS - Recipient Monitoring Unit
Program:	N/A
Confidential:	Yes
Sequence:	Benefit Plan Code Exception Code Provider Number Enrollee Name
Control Breaks:	Benefit Plan Code Exception Code Provider Number

Managed Care Enrollees with Providers Due for Re-Enrollment (MC-O-260)

```
MCM250                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        MANAGED CARE ENROLLEES
RUN DATE: MM/DD/CCYY HH:MM                            WITH PROVIDERS DUE FOR RE-ENROLLMENT

                                                          MM/DD/CCYY - MM/DD/CCYY (1)
                                                                (2)
                                                      BENEFIT PLAN: XX-XX-XXXX X (3)

    (4)        PROV (5)                    (6)                                        (9)
PROV ID        END DATE                ENROLLEE NAME        (7)    (8)    ENROLLEE ID
---------      ----------    ------------------------------------------    --------------
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999

    TOTAL ENROLLEES: 9,999,999 (10)

9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999

    TOTAL ENROLLEES: 9,999,999

9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999
9999999999      MM/DD/CCYY    XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X    999-999999-999

    TOTAL ENROLLEES: 9,999,999

TOTAL ENROLLEES WITH PROVIDER ENROLLMENT ENDING: 999,999 (11)


                                                    *** 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	(DATE RANGE)	Calculated	DE0002	
2	BENEFIT PLAN CODE	Benefit Definition Benefit Plan Code	DE3550	
3	EXCEPTION CODE	Benefit Plan Exception Indicator	DE3072	
4	PROV ID	National Provider Identifier	DE4700	
5	PROV END DATE	Provider Type End Date	DE4011	
6	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
7	(FIRST)	Enrollee First Name	DE3111	
8	(MI)	Enrollee Middle Initial	DE3112	
9	ENROLLEE ID	Enrollee Permanent	DE3093	

		Identification Number		
10	TOTAL ENROLLEES	Calculated	DE0002	
11	TOTAL ENROLLEES WITH PROVIDER ENROLLMENT ENDING	Calculated	DE0002	

Output Reports MC-O-265 Client Medical Management Restriction Review Past Due

General Information

This report lists enrollees that have a CMM review date that is prior to the reporting month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Recipient Monitoring Unit
Program:	Client Medical Management Reporting (MCM250)
Confidential:	Yes
Sequence:	Caseload Number FIPS Code Social Security Number
Control Breaks:	N/A

Client Medical Management Restriction Review Past Due (MC-O-265)

```
MCM250                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                                   CLIENT MEDICAL MANAGEMENT                                P
RUN DATE: MM/DD/CCYY 23:51                       RESTRICTION REVIEW PAST DUE

                                                                                  (10)
(1)  (2)  (3)      (4)            (5)  (6)  (7)            (8) (9)        ELG (11)(17) (12)    (12.1) (13)
CASE                                                       AID ELIG       CNL DIS EXC           SITE ASGNMNT
LOAD FIPS SSN      ENROLLEE ID    ENROLLEE NAME            CAT END DATE   RSN RSN IND PROV ID   IND  END DATE
-------------------------------------------------------------------------------------------------------------------

XX9  999 999999999 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 MM/DD/CCYY
XX9  999 999999999 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 MM/DD/CCYY
XX9  999 999999999 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 MM/DD/CCYY
XX9  999 999999999 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 MM/DD/CCYY
XX9  999 999999999 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 MM/DD/CCYY
                                                                            999 9  9999999999 99 MM/DD/CCYY
XX9  999 230043145 999999999999  XXXXXXXXXXXXXXXXXXXX     999 MM/DD/CCYY 999 999 9  9999999999 99 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	CASELOAD	Region Code	DE5249	
2	FIPS	Enrollee FIPS Code	DE3008	
3	SSN	Enrollee Social Security Number (SSN)	DE3034	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	LAST NAME	Enrollee Last Name	DE3110	
6	FIRST NAME	Enrollee First Name	DE3111	
7	MIDDLE INITIAL	Enrollee Middle Initial	DE3112	
8	AID CAT	Enrollee Eligibility Aid Category	DE3009	
9	ELIG END DATE	Enrollee Eligibility End Date	DE3011	Contents determined by program logic. See Calculations for fields 9.1, 9.2 and 9.3.
9.1	ELIG END DATE	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date (DE 3452) is populated, 'ELIG END DATE' contains Eligibility Cancel Date (DE 3452).
9.2	ELIG END DATE	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Date (DE 3452) is not populated and Eligibility End Date (DE 3011) is populated, 'ELIG END DATE' contains Eligibility End Date (DE 3011).

9.3	ELIG END DATE	Static Default Literal	DE9987	If neither Eligibility Cancel Date (DE 3452) nor Eligibility End Date (DE 3011) is populated, 'ELIG END DATE' contains the literal '12/31/9999'.
10	ELIG CNCL RSN	Eligibility Cancel Reason	DE3451	
11	DIS RSN	Enrollee Benefit Closure Reason	DE3073	
12	PROV ID	National Provider Identifier	DE4700	
12.1	SITE IND	NPI XREF Site Number	DE4143	
13	ASSIGNMENT END DATE	Enrollee Benefit Enrollment End Date	DE3065	
14	REVIEW DTE	Enrollee CMM Restriction Review Date	DE3133	
15	RESTR. END DATE	Enrollee CMM Restriction End Date	DE3130	
16	TOTAL CMM ENROLLEE REVIEWS PAST DUE	Calculated	DE0002	Total Enrollees Reported
17	EXCP IND	Benefit Plan Exception Indicator	DE3072	

Output Reports MC-O-270 Client Medical Management Enrollees without CMM Provider

General Information

This report lists non-canceled enrollees with a current CMM Restriction Period that does not have an active CMM assignment for the type of restriction.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Recipient Monitoring Unit
Program:	Client Medical Management Reporting (MCM250)
Confidential:	Yes
Sequence:	Caseload Number FIPS Code Enrollee ID
Control Breaks:	Caseload Number

Client Medical Management Enrollees without CMM Provider (MC-O-270)

```
MCM250                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                   CLIENT MEDICAL MANAGEMENT                                PA
RUN DATE: MM/DD/CCYY HH:MM                       ENROLLEES WITHOUT CMM PROVIDER

 (1)       (2)   (3)    (4)              (5)                 (6)        (7) (8)   (9)     (10)         (10.1)
 CASELOAD        CMM                                                        CMM   AID     LAST
 NUMBER    FIPS  LVL    ENROLLEE ID      LAST NAME           FIRST NAME  MI TYPE  CAT  PROV ASSIGNED   SITEIND
-----------------------------------------------------------------------------------------------------------------

 XX9       999   999    999-999999-999  XXXXXXXXXXXXXX       XXXXXXXXXX  X  X99   999       XXXXXXX      99
                                                                                          XXXXXXXXXX      99

 XX9       999   999    999-999999-999  XXXXXXXXXXXXXX       XXXXXXXXXX  X  X99   999       XXXXXXX      99
                                                                                            XXXXXXX      99

                     (12)                          (13)
          CASELOAD:   XX9      TOTAL:                2
                                                                          (14)
          TOTAL CMM RESTRICTED ENROLLEES WITHOUT CMM PROVIDER:            30
               *  *  *  *  *   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	CASELOAD NUMBER	Region Code	DE5249	
2	FIPS	Enrollee FIPS Code	DE3008	
3	CMM LVL	Enrollee CMM Restriction Level	DE3136	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	LAST NAME	Enrollee Last Name	DE3110	
6	FIRST NAME	Enrollee First Name	DE3111	
7	MI	Enrollee Middle Initial	DE3112	
8	CMM TYPE	Enrollee CMM Restriction Type	DE3131	
9	AID CAT	Enrollee Eligibility Aid Category	DE3009	
10	LAST PROV ASSIGNED	National Provider Identifier	DE4700	
10.1	SITEIND	NPI XREF Site Number	DE4143	
11	EXCEP IND	Benefit Plan Exception Indicator	DE3072	
12	CASELOAD	Region Code	DE5249	
13	TOTAL (CASELOAD)	Calculated	DE0002	Total Enrollees by Caseload

14	TOTAL CMM RESTRICTED ENROLLEES WITHOUT CMM PROVIDERS	Calculated	DE0002	Total Enrollees Reported
15	DIS RSN	Enrollee Benefit Closure Reason	DE3073	Disassociation reason (DE 3073)

Output Reports MC-O-275 Medicare Part-D Enrollee CMM Restriction Cancelled for TPL Eligibility

General Information

Monthly program to cancel CMM restrictions for Medicare Part-D enrollees who have TPL coverage 'RD', "Part-D Recipient Restricted Due to Abuse of Medicare-Exempt Drugs".

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	DARS
Retention:	N/A
Distribution:	N/A
Program:	Monthly CMM Restricted Enrollees Cancelled for Part-D Eligibility (MCM270) Provider NPI Cross Reference Information Subroutine (PSXREFVA)
Confidential:	No
Sequence:	Region Code (DE5249), Enrollee ID (DE3008), Permanent Enrollee ID (DE3993)
Control Breaks:	Region Code (DE5249)

Medicare Part-D Enrollee CMM Restriction Cancelled for TPL Eligibility (MC-O-275)

```
MCM270                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                                   CLIENT MEDICAL MANAGEMENT                                P
RUN DATE: 99/99/9999 99:99          MEDICARE CMM RESTRICTED ENROLLEES CANCELLED FOR PART-D ELIGIBILITY

(1)        (2)    (3)    (4)               (5)               (6)        (7) (8)    (9)     (10)         (11)    (12)
CASELOAD          CMM                                                     CMM    AID     LAST         SITE    EXCEP
NUMBER     FIPS   LVL    ENROLLEE ID    LAST NAME         FIRST NAME  MI  TYPE   CAT  PROV ASSIGNED  IND     IND
-----------------------------------------------------------------------------------------------------------------------

XXX        999    999    999-999999-999 XXXXXXX           XXXXXXX      X  XXX    999    9999999999    99      9
XXX        999    999    999-999999-999 XXXXXXX           XXXXXXX      X  XXX    999    9999999999    99      9

     (15)CASELOAD:     XXX      TOTAL:   9

     (16)MEDICARE CMM RESTRICTED ENROLLEES CANCELLED FOR PART-D ELIGIBILITY:   9

     (17)ENROLLEE BENEFIT PACKAGES:  TOTAL:  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	Case Load Number	Region Code	DE5249	Region code
2	Enrollee FIPS	Enrollee FIPS Code	DE3008	Enrollee FIPS code
3	Enrollee CMM Restriction Level	Enrollee CMM Restriction Level	DE3136	Enrollee CMM restriction level code
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	Enrollee permanent ID value
5	Enrollee Last Name	Enrollee Last Name	DE3110	Enrollee last name
6	Enrollee First Name	Enrollee First Name	DE3111	Enrollee first name
7	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	Enrollee middle initial
8	Enrollee CMM Restriction Type Code	Enrollee CMM Restriction Type	DE3131	Enrollee CMM restriction type code
9	Enrollee Aid Category	Enrollee Eligibility Aid Category	DE3009	Enrollee category of aid
10	Provider Last Assigned	National Provider Identifier	DE4700	Current provider for case
11	Provider site number	NPI XREF Site Number	DE4143	SITE NUMBER ASSOCAITED WITH THE NPI NUMBER

12	Enrollee Benefit Exception Indicator	Benefit Plan Exception Indicator	DE3072	Enrollee benefit plan exception indicator
13	Assignment Date	Enrollee CMM Restriction End Date	DE3130	One day prior to the beginning of TPL Part-D coverage
14	End Reason Code	Enrollee CMM Restriction End Reason	DE3132	Ending reason for terminating CMM restriction for TPL Part-D coverage
15	Total (Caseload)	Calculated	DE0002	Total number of cases processed
16	CMM Enrollees Cancelled for Part-D Eligibility	Calculated	DE0002	Total number of enrollee line items
17	Enrollee Benefit Packages	Calculated	DE0002	Enrollee Benefit Packages Processed Count.

Output Reports MC-O-280 Medicare Part-D Enrollee Eligibility and CMM Restriction Overlap

General Information

Monthly report of enrollees whose Part-D eligibility overlaps active CMM restricted period history dates.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	DARS
Retention:	18 Months/2 Years
Distribution:	N/A
Program:	Medicare Enrollees with Overlapping CMM Restrictions and Part-D Eligibility (MCM265)
Confidential:	No
Sequence:	Region Code (DE5249), Enrollee FIPS (DE3008), Permanent Enrollee ID (DE3993)
Control Breaks:	Region Code (DE5249)

Medicare Part-D Enrollee Eligibility and CMM Restriction Overlap (MC-O-280)

```
MCM265                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                                   CLIENT MEDICAL MANAGEMENT                                PA
RUN DATE: 99/99/9999 99:99          MEDICARE ENROLLEES PART-D ELIGIBILITY AND CMM RESTRICTIONS OVERLAP

(1)        (2)    (3)     (4)              (5)                 (6)          (7)(8)    (9)      (10)          (11)    (12
CASELOAD          CMM                                                          CMM    AID      LAST          SITE    EXC
NUMBER     FIPS   LVL     ENROLLEE ID      LAST NAME           FIRST NAME   MI TYPE   CAT   PROV ASSIGNED    IND     IND
 ---------------------------------------------------------------------------------------------------------------------------

XXX        999    999     999-999999-999   XXXXXX              XXXXXXX       X  XXX   999   9999999999       99      9
XXX        999    999     999-999999-999   XXXXXX              XXXXXXX       X  XXX   999   9999999999       99      9

      (13)CASELOAD:     XXX      TOTAL:              9

      (14)MEDICARE CMM ENROLLEES WITH PART-D ELIGIBILIITY OVERLAPPING SPANS:              9

      (15)ENROLLEE BENEFIT PACKAGES:  TOTAL:              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	Case Load Number	Region Code	DE5249	Region code
2	FIPS	Enrollee FIPS Code	DE3008	Enrollee FIPS code
3	Enrollee CMM Restriction Level	Enrollee CMM Restriction Level	DE3136	Enrollee CMM restriction level
4	Enrollee ID	Person Identifier Value	DE3955	Enrollee permanent identification number
5	Enrollee Last Name	Enrollee Last Name	DE3110	Enrollee last name
6	Enrollee First Name	Enrollee First Name	DE3111	Enrollee first name
7	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	Enrollee middle initial
8	CMM Restriction Type	Enrollee CMM Restriction Type	DE3131	Enrollee CMM restriction type code
9	Enrollee Aid Category	Enrollee Eligibility Aid Category	DE3009	Enrollee category of aid
10	Last Provider Assigned	National Provider Identifier	DE4700	Current provider assigned to case
11	Prov Site Indicator	NPI XREF Site Number	DE4143	
12	Enrollee Benefit Exception Indic-	Benefit Plan Exception Indicator	DE3072	Enrollee benefit exception indicator

	ator			
13	Total (Caseload)	Calculated	DE0002	Total number of cases reported
14	Enrollees can-celled for Part-D Eligibility	Calculated	DE0002	Total number of enrollee line items on report.
15	Enrollee Benefit Packages	Calculated	DE0002	Enrollee Benefits Packages count.

Output Reports MC-O-285 Managed Care Enrollment (Month)

General Information

This monthly report lists by locality, pre-assignment and assignment totals for the various Managed Care programs.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	4 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Managed Care Monthly Enrollment Reports (MCM300)
Confidential:	No
Sequence:	BENEFIT PROGRAM Locality Code
Control Breaks:	BENEFIT PROGRAM

Managed Care Enrollment (Month) (MC-O-285)

```
MCM300                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MANAGED CARE ENROLLMENT
RUN DATE:  MM/DD/CCYY HH:MM                          FOR THE MONTH OF: JULY 1998 (1)

           (16)                          (17)
PROGRAM:   XX   XXXXXXXXXXXXXXXXXXXXXXXXXXXX

   (2)                                   (4)          (5)          (6)                  (7)          (8)
LOCALITY          (3)                   ACTIVE       MANG CARE
CODE      LOCALITY NAME                 MEDICAID     ELIGIBLE     PREASSIGN            MEDALLION    OPTIONS      MEDA
001       ACCOMACK                       9,999        9,999        9,999                9,999        9,999        9
003       ALBEMARLE                      9,999        9,999        9,999                9,999        9,999        9
005       ALLEGHANY                      9,999        9,999        9,999                9,999        9,999        9
007       AMELIA                         9,999        9,999        9,999                9,999        9,999        9
                                        (10)         (11)         (12)                 (13)
                                                                                                     (14)
                                       999,999      999,999      999,999              999,999      999,999      999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(REPORT MONTH)	Calculated	DE0002	
2	LOCALITY CODE	Enrollee FIPS Code	DE3008	
3	LOCALITY NAME	Locality Name	DE5255	
4	ACTIVE MEDICAID	Calculated	DE0002	
5	MGR. CARE ELIGIBLE	Calculated	DE0002	
6	PREASSIGN (FFS)	Calculated	DE0002	
7	MEDALLION	Calculated	DE0002	
8	OPTIONS	Calculated	DE0002	
9	MEDALLION II	Calculated	DE0002	
10	TOTAL - ACTIVE MEDICAID	Calculated	DE0002	
11	TOTAL - MGR. CARE ELIGIBLE	Calculated	DE0002	
12	TOTAL - PREASSIGN (FFS)	Calculated	DE0002	
13	TOTAL - MEDALLION	Calculated	DE0002	
14	TOTAL - OPTIONS	Calculated	DE0002	
15	TOTAL - MEDALLION II	Calculated	DE0002	
16	PROGRAM	Benefit Definition Bene-fit Plan Code	DE3550	
17	(BENEFIT PLAN NAME)	Benefit Definition Plan Name	DE3554	

Output Reports MC-O-290 HMO Enrollment By City/County

General Information

This monthly report lists by locality, provider id and program code, the enrollment (assignment) totals for each active HMO.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	2
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Managed Care Monthly Enrollment Reports (MCM300)
Confidential:	No
Sequence:	Locality Code Provider id Program code
Control Breaks:	Locality

HMO Enrollment By City/County (MC-O-290)

```
MCM300                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      HMO ENROLLMENT BY LOCALITY
RUN DATE: MM/DD/CCYY HH:MM                                 FOR THE MONTH OF: XXXXXXXXXX CCYY(1)

            (2)       (3)
LOCALITY:  999 - XXXXXXXXXXXX                                   (4)    (7)     (5)         (6)

           HMO: XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                FAMIS       1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                FAMIS       1234567890    99   9,999

           TOTAL:                                                              99,999
                  (8)

LOCALITY:  999 - XXXXXXXXXXXX

           HMO: XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                FAMIS       1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                MEDICAID    1234567890    99   9,999
                XXXXXXXXXXXXX                                FAMIS       1234567890    99   9,999

           TOTAL:                                                              99,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REPORT MONTH	Calculated	DE0002	
2	LOCALITY	Enrollee FIPS Code	DE3008	
3	LOCALITY NAME	Locality Name	DE5255	
4	PROGRAM	Benefit Definition Benefit Plan Code	DE3550	
5	PROVIDER ID	National Provider Identifier	DE4700	
6	Provider Site Number	NPI XREF Site Number	DE4143	The site number links the NPI to the I_PROV
7	TOTALS	Calculated	DE0002	
8	TOTAL	Calculated	DE0002	

Output Reports MC-O-295 Managed Care Disenrollment Report Updated (Month/Year)

General Information

This report lists disenrollment year-to-date totals by type of disenrollment (Disassociation Code and Cancel Reason).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	2 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Managed Care Dis-enrollment Report (MCM320)
Confidential:	No
Sequence:	Month and Year
Control Breaks:	PROGRAM

Managed Care Disenrollment Report Updated (Month/Year) (MC-O-295)

```
MCM320                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                  MANAGED CARE DISENROLLMENT REPORT
RUN DATE: MM/DD/CCYY HH:MM                          UPDATED FOR THE MONTH OF: JULY 1998
                                                                                    (1)

                        (2)       (3)                                    (4)    (5)
              PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXX        SUB PROGRAM:  XX  XXXXXXXXXXXXXXXXXXXXXXXXXXX

 (6)          (7)          (8)                (9)            (10)         (11)        (12)                (13
              PLAN       SELECTED          LOSS OF        AID PROGRAM
MONTH       CHANGE      MEDALLION        ELIGIBILITY       CHANGE          TPL       DEATH        NURSING HOM

JAN-98         373            0              9,999             1           96          27                  3
FEB-98         361            0              9,999             1           70          18
MAR-98         399            0              9,999             2          113          17
APR-98         400            0              9,999             1           81          16
MAY-98         375            0              9,999             2           91           9
JUN-98         394            0              9,999             1           93          10
JUL-98
AUG-98
SEP-98
OCT-98
NOV-98
DEC-98
              (15)          (16)              (17)           (18)        (19)        (20)                (21

 GRAND TOTAL:  9,999            0             99,999             8         544          97


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(REPORT MONTH)	Calculated	DE0002	
2	PROGRAM	Benefit Definition Plan Program Code	DE3551	
3	PROGRAM DESCRIPTION	Enrollee Benefit Plan Exception Code Description	DE3076	
4	SUB PROGRAM	Benefit Definition Plan Subprogram Code	DE3552	
5	SUBPROGRAM DESCRIPTION	Description	DE3907	
6	MONTH	Calculated	DE0002	
7	PLAN CHANGE	Calculated	DE0002	
8	SELECTED MEDALLION	Calculated	DE0002	
9	LOSS OF ELIGIBILITY	Calculated	DE0002	

10	PROGRAM DESIGNATION CHANGE	Calculated	DE0002	
11	TPL	Calculated	DE0002	
12	DEATH	Calculated	DE0002	
13	NURSING HOME	Calculated	DE0002	
14	TOTAL LOSS	Calculated	DE0002	
15	TOTAL - PLAN CHANGE	Calculated	DE0002	
16	TOTAL - SELECTED MEDALLION	Calculated	DE0002	
17	TOTAL - LOSS OF ELIGIBILITY	Calculated	DE0002	
18	TOTAL - PROGRAM DESIGNATION CODE	Calculated	DE0002	
19	TOTAL - TPL	Calculated	DE0002	
20	TOTAL - DEATH	Calculated	DE0002	
21	TOTAL - NURSING HOME	Calculated	DE0002	
22	TOTAL - TOTAL LOSS	Calculated	DE0002	

Output Reports MC-O-300 Managed Care Pre-Assignment Outcomes

General Information

This report lists by locality, the total number of enrollees assigned using the default pre-assignment and the total assigned due to selecting a provider. The report also lists percentages.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	2 Pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 Months
Distribution:	DMAS - Managed Care Section
Program:	Managed Care Monthly Enrollment Reports (MCM300)
Confidential:	No
Sequence:	Locality Code
Control Breaks:	BENEFIT PACKAGE

Managed Care Pre-Assignment Outcomes (MC-O-300)

```
MCM300                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                  MANAGED CARE PREASSIGNMENT OUTCOMES
RUN DATE: MM/DD/CCYY HH:MM                      JUNE 1998 CYCLE FOR THE MONTH OF: JULY 1998  (1)
                                (8.1
            (8)
PROGRAM:  XX-XXX-XXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                          (3)                (4)                (5)                (6)
     (2)                                LOCALITY        DEFAULT            SELECTED           PERCENT          PERCE
LOCALITY NAME                           CODE           ASSIGNMENT         ASSIGNMENT         DEFAULTED        SELEC

ACCOMACK                                 001                103                 55                65%
ARLINGTON                                013                270                 84                76%
CHESTERFIELD                             041                281                133                68%
ESSEX                                    057                 39                 11                78%
GLOUCESTER                               073                 57                 14                80%

TOTAL SELECTED      (9)        9,999

TOTAL DEFAULTED     (10)       9,999

AVG % DEFAULTED     (11)          78%

AVG % SELECTED      (12)          22%

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REPORT MONTH	Calculated	DE0002	
2	LOCALITY NAME	Locality Name	DE5255	
3	LOCALITY CODE	Enrollee FIPS Code	DE3008	
4	DEFAULT ASSIGNMENT	Calculated	DE0002	
5	SELECTED ASSIGNMENT	Calculated	DE0002	
6	PERCENT DEFAULTED	Calculated	DE0002	
7	PERCENT SELECTED	Calculated	DE0002	
8	PROGRAM	Benefit Definition Bene-fit Plan Code	DE3550	
8.1	BENEFIT PLAN NAME	Benefit Definition Plan Name	DE3554	
9	TOTAL SELECTED	Calculated	DE0002	
10	TOTAL	Calculated	DE0002	

	DEFAULTED			
11	AVG % DEFAULTED	Calculated	DE0002	
12	AVG % SELECTED	Calculated	DE0002	

Output Reports MC-O-305 Medicare Part-D Enrollees Cancelled for Part-D Eligibility

General Information

One time batch program to run on 12/31/2005 that cancels active CMM Physician and Pharmacy, exception indicators '4' and '5', respectively for which TPL Part-D eligibility exists.

Subsystem:	Recipient
Frequency:	N/A
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

Medicare Part-D Enrollees Cancelled for Part-D Eligibility (MC-O-305)

```
MCM260                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                                   CLIENT MEDICAL MANAGEMENT                                P
RUN DATE: 99/99/9999 09:43          MEDICARE CMM RESTRICTED ENROLLEES CANCELLED FOR PART-D ELIGIBILITY

 (1)        (2)   (3)    (4)              (5)                  (6)         (7) (8)   (9)        (10)      911)
 CASELOAD         CMM                                                         CMM   AID        LAST      EXCEP
 NUMBER     FIPS  LVL    ENROLLEE ID      LAST NAME            FIRST NAME  MI TYPE  CAT      PROVIDER    IND
 ---------------------------------------------------------------------------------------------------------------

 CM4        999   999    999-999999-999   XXXXXXX              XXXXXXX      E C36   051      9999999     5
 CM4        999   999    999-999999-999   XXXXXXX              XXXXXXX      E C36   051      9999999     4

(14)       CASELOAD:     CM4      TOTAL:              9

(15)       MEDICARE CMM RESTRICTED ENROLLEES CANCELLED FOR PART-D ELIGIBILITY:              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	Caseload Number	Region Code	DE5249	Region code for CMM client
2	FIPS	Enrollee FIPS Code	DE3008	Enrollee FIPS code
3	Enrollee CMM Restriction Level	Enrollee CMM Restriction Level	DE3136	Enrollee CMM restriction level
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	Enrollee permanent ID
5	Enrollee Last Name	Enrollee Last Name	DE3110	Enrollee last name
6	Enrollee First Name	Enrollee First Name	DE3111	Enrollee first name
7	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	Enrollee middle initial
8	Enrollee Restriction Type	Enrollee CMM Restriction Type	DE3131	Enrollee restriction type
9	Enrollee Aid Category	Enrollee Eligibility Aid Category	DE3009	Enrollee category of aid
10	Last Provider Assigned	Enrollee Benefit Provider Identification Number	DE3062	Provider Number for case
11	Enrollee Benefit Exception Indicator	Benefit Plan Exception Indicator	DE3072	Enrollee benefit plan exception indicator
12	Assignment Date	TPL Coverage Effective (Begin) Date	DE3667	One day prior to the beginning date of TPL Part-D coverage

13	End Reason Code	Enrollee CMM Restric-tion End Reason	DE3132	Reason code for terminating CMM restriction during TPL Part-D coverage
14	Total (Caseload)	Calculated	DE0002	Total number of cases for the report
15	Total CMM	Calculated	DE0002	Total of restricted enrollee line items
16	Region Caseload	Calculated	DE0002	

Output Reports MC-O-310 Pre-assigned Enrollees in City/County Codes '999' with Prior Authorizations

General Information

This report, which is run on request, allows DMAS to list pre-assigned enrollees that have Prior Authorizations in localities specified by DMAS.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	6 Months
Distribution:	DMAS - Managed Care Section
Program:	Pre-Assigned Enrollees w/ Prior-Auths Reporting (MCR310)
Confidential:	Yes
Sequence:	Enrollee Benefit Provider ID
Control Breaks:	LOCALITY

Preassigned Enrollees in City/County Codes '999' with Prior Authorizations (MC-O-310)

```
MCR310                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                          PREASSIGNED ENROLLEES IN CITY/COUNTY CODES
RUN DATE: MM/DD/CCYY HH:MM                            WITH PRIOR AUTHORIZATIONS
                    (1)
LOCALITY CODE : 999
   (2)              (3)                    (4)          (5)                    (6)          (7) (8) (9) (10)     (11

HMO NUMBER    HMO NAME                  SER PROV    SERVICE PROV NAME       ENROLLEE ID   ENROLLEE NAME       PR

9999999999 XXXXXXXXXXXXXXXXXXXXXXXXXX  9999999999  XXXXXXXXXXXXXX          999999999999  XXXXXXXXXXXXX       99


                                                  *** 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	LOCALITY CODE	Calculated	DE0002	
2	HMO NO.	National Provider Identifier	DE4700	
3	HMO NAME	Provider Name	DE4085	
4	SER PROV	National Provider Identifier	DE4700	
5	SERVICE PROV NAME	Provider Name	DE4085	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	ENROLLEE NAME LAST	Enrollee Last Name	DE3110	
8	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
9	(ENROLLEE MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
10	(ENROLLEE SUFFIX)	Enrollee Name Suffix	DE3113	
11	PROC	PA Service Trace Number - Clearing House	DE2649	
12	FROM DT	PA Authorized From Date	DE2610	
13	THRU DT	PA Authorized Through Date	DE2611	

Output Reports MC-O-315 Managed Care Pre-Assignment Support Data Audit Trail

General Information

This audit trail lists changes that were made to the Pre-Assignment Algorithms File, Open Enrollment File, and New County Enrollment file.

Subsystem:	Recipient
Frequency:	Daily
Volume:	< 10 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	36 Months
Distribution:	DMAS - Managed Care Section
Program:	Enrollee Audit Trail Report (RSD025) Managed Care Pre-Assignment Support (MC-O-315) (VMPEDL07)
Confidential:	No
Sequence:	Change Date Change Time
Control Breaks:	N/A

Managed Care Pre-Assignment Support Data Audit Trail (MC-O-315)

```
VMPEDL07                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/CCYY                             MANAGED CARE PRE-ASSIGNMENT SUPPORT DATA AUDIT TRAIL
RUN DATE: MM/DD/CCYY HH:MM

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

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


   XXXXXXXXX (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 MC-O-318 Commonwealth Coordinated Care Long Term Care Patient Pay

General Information

Create a Monthly Commonwealth Coordinated Care Long Term Care Patietn Pay Report. (MC-O-318).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC LTC Patient Pay Report Program (MCM318)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

Monthly Commonwealth Coordinated Care Long Term Care Patietn Pay Report. (MC-O-318)

```
MCM318                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MC-O-318
AS OF:MM/DD/CCYY                COMMONWEALTH COORDINATED CARE LONG TERM CARE PATIENT PAY          PAGE NUMBER:      ZZZ9
RUN DATE: MM/DD/CCYY HH:MM

                (1)                 (2)
SERVICE VENDOR: XXXX  PROVIDER:  9999999999   XXXXXXXXXXXXXXXXXX

   (3)        (4)                        (5)      (6) (7)       (8)            (9)          (10)        (11)       (12)
MEMBER ID    MEMBER NAME                BIRTHDATE  AID TPL      DATE OF       DISCHARGE   PP BEG DTE  PP END DTE  PP AMOUNT
                                                   CAT CODES  DEATH/DISCHARGE  DESTINATION

999999999999 XXXXXXXXXXXXXXXXXX         MM/DD/CCYY XXX XXXX     MM/DD/CCYY      XXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
                                                                                            MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
999999999999 XXXXXXXXXXXXXXXXXX         MM/DD/CCYY XXX XXXX     MM/DD/CCYY      XXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
                                                                                            MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
999999999999 XXXXXXXXXXXXXXXXXX         MM/DD/CCYY XXX XXXX     MM/DD/CCYY      XXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
                                                                                            MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
999999999999 XXXXXXXXXXXXXXXXXX         MM/DD/CCYY XXX XXXX     MM/DD/CCYY      XXXXXXXXXX  MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99
                                                                                            MM/DD/CCYY  MM/DD/CCYY  Z,ZZZ.99

                                  (13)          (14)
   TOTAL MEMBERS FOR PROVIDER    9999999999      ZZ9

            * * * * * * * 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	SERVICE VENDOR	I_SRVC_VNDR	DE4082	PS_PROV_ECOMM_TYPE
2	PROVIDER	I_PROV T-PROV-NAME	DE4002 DE4085	PS_PROV_MC PS_NAME
3	MEMBER ID	I_PERSON		RS_ENRL_AID_CATG
4	MEMBER NAME	T_NAME_LAST T_NAME_FIRST T_MIDDLE_INIT	DE3111 DE3112 DE3110	RS_PERSON_NAME
5	BIRTHDATE	D_BIRTH	DE3005	RS_PERSON
6	AID CAT	C_AID_CATG	DE3009	RS_ENRL_AID_CATG
7	TPL CODES	C_CVRG_CVAL	DE3013	TP_POLICY_CVRG
8	DATE OF DEATH/DISCHARGE			
9	DISCHARGE DESTINATION			Currently not populated
10	PP BEG DTE	D_PP_BEGIN	DE4801	RS_ENRL_PATN_PAY
11	PP END DTE	D_PP_END	DE4802	RS_ENRL_PATN_PAY
12	PP AMOUNT	N_PP_PATN_PAY_ AMT	DE4835	RS_ENRL_PATN_PAY
	TOTAL MEMBERS			

	FOR PROVIDER			
13	PROVIDER	I_PROV	DE4002	PS_PROV_MC
14	TOTAL	Calculated	DE0002	

Output Reports MC-O-320 Managed Care Benefit Pre-Assignment table

General Information

This report lists the managed care pre assignment details.

Subsystem:	Recipient
Frequency:	On Request
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	Managed care Distribution
Program:	Report Pre-Assignment Details (MCR320)
Confidential:	No
Sequence:	BENEFIT PACKAGE REGION PREASSIGN-END
Control Breaks:	N/A

Managed Care Benefit Pre-Assignment table (MC-O-320)

```
MCR320                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF MM/DD/YYYY                           MANAGED CARE BENEFIT PREASSIGNMENT TABLE                         PA
RUN DATE: MM/DD/YYYY HH:MM

BENEFIT PACKAGE DESCRIPTION                        REGION  REGION   PROVIDER    AID    PREASSIGN  BEGIN DATE  EN
                                                    TYPE           SPECIALITY CATEGORY   CVAL

    (1)              (2)                             (3)    (4)      (5)        (6)      (7)        (8)

99-99-9999 X     MEDICAID - MEDALLION PCP           PCCM   OTHR     XXX        XXX      H        MM/DD/YYYY  MM

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Package	Benefit Definition Benefit Plan Code	DE3550	I_BNFT_PGM - I_BNFT_SUB_PGM - I_PLAN_CD I_BNFT_LOC_EXCP
2	Benefit Package Description	Benefit Definition Plan Name	DE3554	
3	Region Type	Region Type	DE5244	
4	Region	Region Code	DE5249	
5	Provider Specialty	Preassignment Provider Specialty	DE3228	
6	Aid Category	Enrollee Eligibility Aid Category	DE3009	
7	Preassign cval	Preassignment Algorithm Code	DE3229	
8	Begin Date	Preassignment Algorithm Begin Date	DE3230	
9	End Date	Preassignment Algorithm End Date	DE3231	
10	Preassign End Rval	Preassignment Algorithm End Reason	DE3182	

Output Reports MC-O-325 CMM Enrollees with Canceled Eligibility

General Information

Monthly report of CMM Enrollees with Canceled Eligibility" (MC-O-325).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	18 months
Distribution:	DMAS - Recipient Monitoring Unit
Program:	CMM Enrollees with Cancelled Eligibility Report (MCM325)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CMM Enrollees with Canceled Eligibility (MC-O-325)

```
MCM325                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
 AS OF:05/05/2008                     CMM ENROLLEES WITH CANCELED ELIGIBILITY FOR MMMMMMMM 2008              PA
 RUN DATE: 05/05/2008 20:02

   FIPS 005   ALLEGHANY
    (1)         (2)                                                      ELIGIBILITY  CAN    AID
   ENROLLEE ID        LAST NAME              FIRST NAME       MI        CAN DATE     RSN    CAT
   --------------     -------------------    --------------   --        ----------   ---    ---
   999-999999-999     XXXXX                  XXXXXXXXX        B         04/22/2008   AAA    051
        (3)             (4)                   (5)             (6)         (7)        (8)    (9)
           FIPS:        005     TOTAL:      999,999,999
                        (10)                 (11)

FIPS 005   XXXXXXXXXXXXXXXXXXXXXXXXX
                                                                        ELIGIBILTY    CAN    AID
   ENROLLEE ID        LAST NAME              FIRST NAME       MI        CAN DATE     RSN    CAT
   --------------     -------------------    --------------   --        ----------   ---    ---
   999-999999-999     XXXXX                  XXXXXXXXX        B         04/22/2008   AAA    051

           FIPS:        005     TOTAL:      999,999,999



                        (12)                   (13)
           FIPS:        005     TOTAL:      999,999,999
                        009                 999,999,999
                        (14)                   (15)
           REASON:      AAA     TOTAL:      999,999,999
                        BBB                 999,999,999

         TOTAL NUMBER OF ENROLLEES:         999,999,999 (16)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIPS	Enrollee FIPS Code	DE3008	
2	(FIPS DESCRIPTION)	Locality Name	DE5255	FIPS code
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	Enrollee ID.
4	LAST NAME	Enrollee Last Name	DE3110	Enrollee Last name
5	FIRST NAME	Enrollee First Name	DE3111	enrollee First Name
6	MI	Enrollee Middle Initial	DE3112	Enrollee Middle Initial
7	ELIGIBILITY CAN DATE	Eligibility Cancel Date	DE3452	Eligibility Cancel Date
8	CAN RSN	Eligibility Cancel Reason	DE3451	Eligibility Cancel Reason
9	AID CAT	Enrollee Eligibility Aid Category	DE3009	Enrollee Eligibility Aid Category
10	FIPS	Enrollee FIPS Code	DE3008	Enrollee FIPS Code
11	TOTAL (FIPS)	Calculated	DE0002	

12	FIPS	Enrollee FIPS Code	DE3008	Enrollee FIPS Code
13	TOTAL (FIPS GRAND TOTAL)	Calculated	DE0002	
14	REASON	Eligibility Cancel Reason	DE3451	Eligibility Cancel Reason
15	TOTAL (REASON CODE GRAND TOTAL)	Calculated	DE0002	
16	TOTAL NUMBER OF ENROLLEES	Calculated	DE0002	

Output Reports MC-O-401 Reassign Error Listing (Annually)

General Information

Annual Reassign Error Listing (MC-O-401)

Subsystem:	Recipient
Frequency:	Annually
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	Reassign File Processing (MCY401)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

Reassign Error Listing (Annually) (MC-O-401)

```
MCY401                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:   MC-O-401A
AS OF:10/08/2013                                ANNUAL REASSIGN ERROR LISTING                           PAGE NUMBER:         1
RUN DATE: 10/08/2013 15:13

 HIC NUMBER    PERSON-ID  END-DATE   FIRST-NAME   MI  LAST-NAME                    ERROR-TYPE
    (1)          (2)        (3)        (4)       (5)     (6)                          (7)
 XXXXXXXXXX    XXXXXXXXX MM/DD/CCYY XXXXXXXXXXX  X   XXXXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXX    XXXXXXXXX MM/DD/CCYY XXXXXXXXXXX  X   XXXXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXX    XXXXXXXXX MM/DD/CCYY XXXXXXXXXXX  X   XXXXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXX    XXXXXXXXX MM/DD/CCYY XXXXXXXXXXX  X   XXXXXXXXXXXXXXXXX            XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                                 *** 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	HIC NUMBER	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, where C_ID_TYPE_CVAL = 'HIC'
2	PERSON-ID	I_PERSON	DE3901	RS_PERSON_NAME

3	END-DATE	D_CCC_HIST_END_ DATE	DE3282	RS_ENRL_CCC_IND
4	FIRST-NAME	T_NAME_FIRST	DE3111	RS_PERSON_NAME
5	MI	T_MIDDLE_INIT	DE3112	RS_PERSON_NAME
6	LAST-NAME	T_NAME_LAST	DE3110	RS_PERSON_NAME
7	ERROR-TYPE	Error Message		Error message set within the program

Output Reports MC-O-406 CCC Infocrossing Eligibility Error Report

General Information

Create a Monthly CCC Infocrossing Eligibility Error Report that contains unmatched/ineligible or erroneous members. (MC-O-406)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Infocrossing Eligibility Error Report Program (MCM406)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Infocrossing Eligibility Error Report (Monthly) (MC-O-406)

```
MCM406                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MC-O-406
AS OF:08/01/2014                     CCC INFOCROSSING ELIGIBILITY ERROR REPORT                    PAGE NUMBER:         1
RUN DATE: 07/13/2014 05:44

   (1)            (2)       (3)              (4)             (5)        (6)         (7)                        (8)         (9)

 MEMBER ID       HIC NO    LNAME            FNAME             DOB       DOD     RESPONSE                   START DATE  END DATE
 ------------- ---------- ---------------- ---------------- ---------- ---------- -------------------------- ----------  ----------

 XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999  99/99/9999
 XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999  99/99/9999
 XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999  99/99/9999
 XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999  99/99/9999
 XXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999  99/99/9999

              * * * * *   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	MEMBER ID	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, where C_ID_

				TYPE_CVAL = 'PERL'
2	HIC NO	I_ID_VALUE	DE3955	RS_PRSN_IDENTIFIER Person Identifier Value, where C_ID_ TYPE_CVAL = 'HIC'
3	LAST NAME	T_NAME_LAST	DE3110	RS_PERSON
4	FIRST NAME	T_NAME_FIRST	DE3111	RS_PERSON
5	DOB	D_BIRTH	DE3005	RS_PERSON
6	DOD	D_DEATH	DE3036	RS_PERSON
7	RESPONSE			Determined by error code.
8	START DATE			
9	END DATE			

Output Reports MC-O-415 CCC Enrollment Control Report

General Information

Create a Monthly CCC Enrollment Control Report. (MC-O-415)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	CCC Monthly Extract of Members who are Eligible for Pre-Assignment Program (MCM415)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Enrollment Control Report (Monthly) (MC-O-415)

```
MCM415                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MC-O-415
AS OF:MM/DD/CCYY                          COMMONWEALTH COORDINATED CARE                           PAGE NUMBER:         1
RUN DATE: MM/DD/CCYY HH:MM                CCC ENROLLMENT CONTROL REPORT

-----------------------------------------------------------------------------------------------------------------------
                                NUMBER OF 0025 ELIGIBLES BY TYPE TO BE ENROLLED  WITHIN 60 DAYS
                                       CCC ENROLLMENT MONTH     XXXXXXXXX,   CCYY
-----------------------------------------------------------------------------------------------------------------------

                                          S T A T E   T O T A L S

                                   (1)                                        (2)
     TOTAL ENROLLEE FULL          ZZ,ZZ9  TOTAL ENROLLEES READ              ZZ,ZZ9
          RECORDS READ                       IN NON-0025 COUNTIES

                                   (3)                                        (4)
     TOTAL CCC MEMBERS ELIGIBLE   ZZ,ZZ9  TOTAL CCC MEMBERS STILL           ZZ,ZZ9
          FOR PREASSIGNMENT                       ELIGIBLE

                                   (5)                                        (6)
     TOTAL ASSIGNED RECORDS       ZZ,ZZ9  TOTAL PREASSIGNMENT               ZZ,ZZ9
         CANCELLED                        RECORDS VOIDED

                                   (7)
     TOTAL OPT-OUT MEMBERS        ZZ,ZZ9
     ELIGIBLE FOR ANNUAL LETTER

                                   CCC ENROLLMENT                            TOTAL CCC ELIGIBLES TO

                                       TYPE                                  PREASSIGN THIS MONTH
                                   ---------------                           -----------------------
                                   NEWLY ELIGIBLE                                   ZZ,ZZ9     (8)
                                   RE-ELIGIBLE                                      ZZ,ZZ9     (9)

                                   TOTAL                                            ZZ,ZZ9     (10)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL ENROLLEE FULL RECORDS READ			Total count of all member's
2	TOTAL ENROLLEES READ IN NON-0025 COUNTIES			Total count of all member's not residing in 0025 counties.
3	TOTAL CCC MEMBERS ELIGIBLE FOR PRE-ASSIGNMENT			Total count of all CCC members that do not already have a MCO assignment
4	TOTAL CCC MEMBERS STILL ELIGIBLE			Total count of members that are eligible for CCC
5	TOTAL ASSIGNED RECORDS CANCELLED			Total count of CCC members that have been cancelled

6	TOTAL PRE-ASSIGNMENT RECORDS VOIDED			Total count of CCC pre-assignment records that have been voided
7	TOTAL OPTOUT MEMBERS ELIGIBLE FOR ANNUAL LETTER			Total Count of members that have opt'd out for at least 1 year.
8	NEWLY ELIGIBLE			Total count of new members that are eligible for CCC
9	RE-ELIGIBLE			Total count of CCC members that are re-eligible.
10	TOTAL			Total count of NEWLY ELIGIBLE and RE-ELIGIBLE.

Output Reports MC-O-430 CCC MCO Pre-Assignment Control Report

General Information

Create a Monthly CCC MCO Pre-Assignment Control Report. (MC-O-430)

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	Actual Assignment of Enrollees Processing (MCM450)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC MCO Pre-Assignment Control Report. (MC-O-430)

```
MCM450                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:    MC-O-430
AS OF:MM/DD/CCYY                           COMMONWEALTH COORDINATED CARE MMP                      PAGE NUMBER:      ZZZ9
RUN DATE: MM/DD/CCYY HH:MM            CCC MCO PRE-ASSIGNMENT/RE-ENROLLMENT CONTROL REPORT
                                          12    COMMONWEALTH COORDINATED CARE MMP
-------------------------------------------------------------------------------------------------------------------------
                                                PREASSIGNMENT TOTALS
                                              CCC MCO ENROLLMENT MONTH  XXXXXXXX, CCYY
-------------------------------------------------------------------------------------------------------------------------
                                  TYPE OF RECORDS              NUMBER OF RECORDS
                    RECORDS READ
                        NEW ELIGIBLE/RE-ELIGIBLE ENROLLEES        ZZ,ZZ9   (1)
                            TO BE PREASSIGNED
                        OTHER PREASSIGNMENT RECORDS               ZZ,ZZ9   (2)
                        TOTAL PREASSIGNMENT RECORDS READ          ZZ,ZZ9   (3)

                    ENROLLEES PREASSIGNED
                        PREVIOUS MCO                              ZZ,ZZ9   (4)
                        CLAIM/FAMILY HISTORY                      ZZ,ZZ9   (5)
                        RANDOM                                    ZZ,ZZ9   (6)
                        PROVIDER PREFERENCE                       ZZ,ZZ9   (7)
                        MAC ID                                    ZZ,ZZ9   (8)
                        2 MCO NETWORK                             ZZ,ZZ9   (9)
                    TOTAL PREASSIGNED                             ZZ,ZZ9   (10)
                    60 DAY RE-ENROLLMENT                          ZZ,ZZ9   (11)
                    ENROLLEES WITH NO MCO                         ZZ,ZZ9   (12)
-------------------------------------------------------------------------------------------------------------------------
                         REPORT OF ENROLLEE WITH OVERLAP DETECTED SO NEW SEGMENT IS NOT ADDED
  ENROLLEE ID   PERSON ID         ENROLLEE NAME
-------------------------------------------------------------------------------------------------------------------------
XXXXXXXXXXXX  XXXXXXXXX     FIRST NAME MIDDLE INITIAL LAST NAME
                         TOTAL OVERLAP RECORDS DETECTED :          ZZ,ZZ9   (13)
                                        *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
	RECORDS READ:			
1	NEW ELIGIBLE ENROLLEES TO BE PRE-ASSIGNED			Count of new eligible enrollees that qualify for pre-assignment.
2	OTHER PRE-ASSIGNMENT RECORDS			Count of other types of pre-assignment enrollees.
3	TOTAL PRE-ASSIGNMENT RECORDS READ			Total of the "New Eligible/Re-Eligible Enrollees to be Pre-Assigned" and "Other Pre-Assignment Records" .
	ENROLLEES PREASIGNED:			
4	PREVIOUS MCO			Count of Enrollees that are remaining with their previous MCO.
5	CLAIM/FAMILY HISTORY			Count of Enrollees that were assigned to a MCO based on their Claim or Family History.
6	RANDOM			Count of Enrollees that were assigned a MCO randomly.
7	PROVIDER PREFERENCE			Count of Enrollees that were assigned to a MCO based on their provider preference.
8	MAC ID			Count of Enrollees that were assigned to MAC
9	2 MCO NETWORK			Count of Enrollees with second MCOÂ assigned
10	TOTAL PRE-ASSIGNED			Total count of all "ENROLLEES PREASSIGNED" .
11	ENROLLEES WITH NO MCO			Count of Enrollees with no MCO assigned.
	REPORT OF ENROLLEE			

	WITH OVERLAP DETECTED			
12	TOTAL OVERLAP RECORDS DETECTED			Count of Enrollees with Overlap detected so new segmented was not added.

Output Reports MC-O-431 CCC MCO Assigned Report

General Information

Create a Monthly CCC MCO Assignment Control Report. (MC-O-431). This report displays the providers that have been used in assignment, the assignment indicator and the number of enrollees enrolled.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	Actual Assignment of Enrollees Processing (MCM450)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC MCO Assignment Report. (MC-O-431)

```
MCM450                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MC-O-431
AS OF:MM/DD/CCYY               CCC MCO ASSIGNED REPORT                                      PAGE NUMBER:       ZZ9
RUN DATE: MM/DD/CCYY HH:MM
REGION: XXXX   (1)

                                  (2)          (3)         (4)
                               ASSIGNED     ASSIGNED    ASSIGNED
                               PROVIDER     INDICATOR    COUNT

                               XXXXXXXXXX      XX        ZZ,ZZ9
                               XXXXXXXXXX      XX        ZZ,ZZ9
                               XXXXXXXXXX      XX        ZZ,ZZ9
                               XXXXXXXXXX      XX        ZZ,ZZ9


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	C_REGION	DE5249	RF_REGION
2	ASSIGNED PROVIDER	I_PROV	DE4002	PS_PROV_MC
3	ASSIGNED INDICATOR	C_CCC_ INDICATOR	DE3280	RS_ENRL_CCC_IND
4	ASSIGNED COUNT			Total number of enrollees assigned to the provider.

Output Reports MC-O-470 Commonwealth Coordinated Care (CCC) Eligibility Summary

General Information

Create a Monthly Commonwealth Coordinated Care (CCC) Eligibility Summary Report. (MC-O-470).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	Infocrossing Monthly Summary Report Program (MCM470)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

Monthly Commonwealth Coordinated Care (CCC) Eligibility Summary Report. (MC-O-470)

```
MCM470                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    MC-O-470
AS OF:MM/DD/CCYY              COMMONWEALTH COORDINATED CARE (CCC) ELIGIBILITY SUMMARY             PAGE NUMBER:     ZZZ9
RUN DATE: MM/DD/CCYY HH:MM

INTERFACE                                          RECORD COUNT

     INFOCROSSING ELIGIBLITY RECORDS SENT:            ZZ,ZZ9  (1)
                                 MATCHED:             ZZ,ZZ9  (2)
                                REJECTED:             ZZ,ZZ9  (3)

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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	INFOCROSSING ELIGIBILITY RECORDS SENT:	Calculated	DE0002	
2	MATCHED:	Calculated	DE0002	
3	REJECTED:	Calculated	DE0002	

Output Reports MC-O-515 CCC Monthly Re-Enrollment Member Transactions

General Information

Create a Monthly CCC Monthly Re-enrollment Member Transactions Report. (MC-O-515).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	N/A
Output Form:	N/A
Retention:	18 Months
Distribution:	?????
Program:	Actual Assignment of Enrollees Processing (MCM450)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N /A

CCC Monthly Re-enrollment Member Transactions Report. (MC-O-515)

```
MCM450                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:    MC-O-515
AS OF:MM/DD/CCYY                   CCC MONTHLY RE-ENROLLMENT MEMBER TRANSACTIONS            PAGE NUMBER:     ZZZ9
RUN DATE: MM/DD/CCYY HH:MM

                          (1)                    (2)
                       99-99-9999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

  (3)          (4)          (5)                                (6)       (7)  (8)     (9)         (10)    (11)
  CASE        ENROLLEE                                       PROVIDER    SITE                              AID
  NUMBER      ID NO       ENROLLEE NAME                      NUMBER      IND  SEX     DOB          AGE    CAT
-------------------------------------------------------------------------------------------------------------------

999999999999 999999999999 XXXXXXXXXX X XXXXXXXXXXXXXXXX     9999999999    XX   X     MM/DD/CYY     99    999
999999999999 999999999999 XXXXXXXXXX X XXXXXXXXXXXXXXXX     9999999999    XX   X     MM/DD/CYY     99    999
999999999999 999999999999 XXXXXXXXXX X XXXXXXXXXXXXXXXX     9999999999    XX   X     MM/DD/CYY     99    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	BENEFIT PACKAGE	I_BENEFIT_PKG	DE3550	RS_BENEFIT_PACKAGE
2	MCO NAME	T_DESC	DE3907	RS_BNFT_SUB_PGM_R
3	CASE NUMBER	I_CASE	DE3043	RS_CASE
4	ENROLLEE ID NO	I_ENROLLEE_ID	DE3093	CP_CLM_PYMT_REQ
5	ENROLLEE NAME	T_NAME_FIRST T_MIDDLE_INIT T_NAME_LAST	DE3111 DE3112 DE3110	RS_PERSON_NAME
6	PROVIDER NUMBER	I_PROV	DE4002	PS_PROV_MC
7	SITE IND	I_SITE_NO	DE4143	PS_NPI_XREF
8	SEX	C_ENROLLEE_SEX	DE3007	RS_PERSON
9	DOB	D_ENROLLEE_ BIRTH	DE3005	RS_PERSON
10	AGE		DE0002	Current Date minus D_ENROLLEE_ BIRTH (DE3005)
11	AID CAT	C_AID_CATG	DE3009	RS_ENRL_AID_CATG

Output Reports MC-O-834 CCC Enrollment Report

General Information

This report is the hard-copy CCC Enrollment Roster and is sent to the MCOs.

Subsystem:	Recipient
Frequency:	Daily and Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand & EDI(MC-F0271)
Retention:	18 Months
Distribution:	DMAS – Managed Care Section
Program:	CCC Enrollment Processing (MCM834)
Confidential:	Yes
Sequence:	Provider ID Region Code Benefit Package Last Name First Name Middle Initial
Control Breaks:	Provider ID Region Code Benefit Package

CCC Enrollment Report (MC-O-834)

```
MCM834                                 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                      REPORT NO:    MC-O-834
AS OF:MM/DD/CCYY                                       CCC MCO ENROLLMENT                                      PAGE NUMBER:      ZZZ9
RUN DATE: MM/DD/CCYY HH:MM                       EFFECTIVE DATE: XXXXXXXXX CCYY

              (1)                           (2)                                                   (3)
HMO: XXXXXXXXXXXXXXXXXXXXXXXXXXX      REGION: XXXXX                              BENEFIT PLAN CODE: 99-99-9999

     (4)                         (5)           (6)                                                       (7)   (9) (10)    (12)
                                                                                                            (8)       (11)
                                                                                                             S
                                                                                                             E AID DIS
MEMBER NAME                      MEMBER ID    MAILING ADDRESS                                           AGE X CAT CD  LAN IND
-------------------------------------------------------------------------------------------------------------------------------

XXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999 X XXX 999 XX XXX
XXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999 X XXX 999 XX XXX
XXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999 X XXX 999 XX XXX
XXXXXXXXXXXXXXXXXXXXXX           XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      999 X XXX 999 XX XXX

                * * * * *  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	MCO NAME	T_PROV_NAME	DE4085	PS_NAME
2	REGION	C_REGION	DE5249	RF_REGION
3	BENEFIT PLAN CODE	I_BNFT_PGM I_BNFT_ SUB_PGM I_PLAN_CD	DE3551 DE3552 DE3553	RS_BENEFIT_PACKAGE Plan Program Code + Plan Sub-program Code + Plan Benefit Code combined
3	MEMBER NAME	T_NAME_LAST T_NAME_FIRST T_MIDDLE_INIT	DE3110 DE3111 DE3112	RS_PERSON_NAME
4	MEMBER ID	I_ENROLLEE_ID	DE3093	CP_CLM_PYMT_REQ
5	MAILING ADDRESS	T_ADDL_NAME T_STREET T_CITY C_STATE C_ZIP_9	DE3114 DE3115 DE3116 DE3117 DE3118	RS_PERSON_ADDR
6	AGE	Calculated	DE0002	Enrollee's Age in Years
7	SEX	C_ENROLLEE_SEX	DE3007	RS_PERSON
8	AID CAT	C_AID_CATG	DE3009	RS_ENRL_AID_CATG
9	DIS CD	C_END_RVAL	DE3073	RS_ENRL_BNFT_PKG
10	LAN	C_LANGUAGE_CVAL	DE3476	RS_PERSON
11	IND	Calculated	DE0002	NEW - Enrollees Enrolled this Month DRP - Enrollees Dropped this Month

Output Reports RS-O-001 PMPM Payments to Transportation Broker

General Information

Shows PMPM amounts owed to the state-wide transportation broker by region and category for previous month. Report RS-O-001 is a statistical summary of the previous month first 4 weeks and is calculated by deriving average member count of each region and category from previous month's first four weekly 834 Extract files, which are created from the first four weekly member detail files created each Friday. In the statistical summary report, Enrollee member count and total amount for each rate category in all regions are rounded to nearest value when calculating average member counts from the previous month's first four weekly files, Decimal values will be rounded to the nearest digit when calculating average member counts. For example, 1.4 and less is rounded to 1 and 1.5 and greater is rounded to 2. The PMPM rates are not rounded in the summary report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 page per region
Number of Copies:	1
Output Form:	Standard
Retention:	N/A
Distribution:	N/A
Program:	Produce 'PMPM Payments to Transportation Broker' (RS-O-001) Report (RSM205EA)
Confidential:	No
Sequence:	Region, report category
Control Breaks:	Region

PMPM Payments to Transportation Broker (RS-O-001)

```
1RSM205                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RS-O-0
 AS OF:99/99/9999                       PMPM PAYMENTS TO TRANSPORTATION BROKER                         PAGE NUMBER:        1
 RUN DATE: 99/99/9999 99:99
0                                 REGION  1 JANUARY                        CALCULATION
0                                                              MEMBERS   RATE        TOTAL
                                                               ----------   ----        -----
                                  ABAD AND RELATED
                                  ----------------
                                  MR/DD WAIVER                     0     261.97          0
                                  NURSING HOME                     0      47.22          0
                                  OTHER ABAD CHILDREN UNDER 21     0      13.39          0
                                  OTHER ABAD ADULTS 21+            0      31.50          0
0                                 FAMIS
                                  -----
                                  CHILDREN UNDER 21                0       0.84          0
0                                 TANF
                                  ----
                                  CHILDREN UNDER 21                0       2.51          0
                                  ADULTS 21+                       0       3.49          0
0                                 MAGI
                                  ----
                                  CHILDREN UNDER 21                0          0          0
                                  ADULTS 21+                       0          0          0
                                  PLAN FIRST                       0       0.78          0

0                                 TOTAL:    $999,999.99  REGION 1                          PAYMENT FOR JANUARY
0              *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *  *  *  *
```

```
1RSM205                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RS-O-0
 AS OF: 99/99/9999                      PMPM PAYMENTS TO TRANSPORTATION BROKER                         PAGE NUMBER:        8
 RUN DATE: 99/99/9999 99:99
0                                                              TOTAL PAYMENT REGIONS 1-7  $9,999,999.99
0                                                   *** END OF REPORT ***
0              *  *  *  *  *   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	Region	Region Code	DE5249	None
2	Month name of the period being reported		DE0000	Derived from operating system date function month number, then converted to month name from an internal COBOL program table.
3	Recipients		DE0000	Average of Enrollee member count of each region and category from previous month's first four weekly 834 Extract files.
4	Rate	Capitation Rate for Age	DE5483	PMPM rate.
5	Total		DE0000	Average Total amount of each region and category from previous month's first four weekly 834 Extract files.
6	ABAD and Related		DE0000	Definition: Aid to Blind and Disabled
7	MR/DD		DE0000	Enrollee with benefit plan value of 'MR WAIVER' or

	WAIVER			'IFDDS WAIVER' and 'DAY SUPPORT WAIVER' and eligibility dates within the reporting period.
8	NURSING HOME		DE0000	Enrollee with benefit plan value of 'XIX ICF' or 'XIX SNF' and eligibility dates within the reporting period.
9	OTHER ABAD CHILDREN UNDER 21		DE0000	Enrollee with benefit plan value of 'MEDICAID FFS', an aid category of 031 or 032 or 038 or 039 or 040 or 041 or 042 or 044 or 045 or 048 or 049 or 051 or 052 or 054 or 058 or 059 or 060 or 061 or 062 or 068, eligibility dates within the reporting period and a calculated age of less than twenty-one years old while within the reporting period.
10	OTHER ABAD ADULTS 21+		DE0000	Enrollee with benefit plan value of 'MEDICAID FFS', an aid category of 011 or 012 or 018 or 020 or 021 or 022 or 024 or 025 or 028 or 029 or 031 or 032 or 038 or 039 or 040 or 041 or 042 or 044 or 045 or 048 or 049 or 051 or 052 or 054 or 058 or 59 or 060 or 061 or 062 or 068, eligibility dates within the reporting period and a calculated age of twenty-one years old or older while within the reporting period.
11	FAMIS		DE0000	Definition: Family Access to Medical Insurance
12	FAMIS - CHILDREN UNDER 21		DE0000	Enrollee with benefit plan value of 'FAMIS', an aid category of 005 or 006 or 007 or 008 or 009 or 010 or 014 and eligibility dates within the reporting period. All FAMIS enrollees are by definition less than twenty-one years old.
13	TANF		DE0000	Definition: Temporary Aid to Needy Families
14	TANF - CHILDREN UNDER 21		DE0000	Enrollee with benefit plan value of 'MEDICAID FFS', an aid category of 035 or 064 or 065 or 066 or 067 or 070 or 072 or 075 or 076 or 077 or 078 or 079 or 081 or 082 or 083 or 085 or 086 or 088 or 090 or 091 or 092 or 093 or 094 or 097 or 098 or 099, eligibility dates within the reporting period and a calculated age of less than twenty-one years old while within the reporting period.
15	TANF - ADULTS 21+		DE0000	Enrollee with benefit plan value of 'MEDICAID FFS', an aid category of 005 or 035 or 065 or 066 or 067 or 070 or 077 or 078 or 081 or 083 or 091 or 097, eligibility dates within the reporting period and a calculated age of twenty-one years old or older while within the reporting period.
16	MAGI		DE0000	Definition: 'Modified Adjusted Gross Income'
17	MAGI CHILDREN UNDER 21		DE0000	
18	MAGI ADULTS 21+		DE0000	

19	PLAN FIRST		DE0000	Enrollee with benefit plan value of PLAN FIRST', an aid category of 080 or 084, eligibility dates within the reporting period.
20	MR/DD WAIVER RATE	Non-emergency transportation rate - MR/DD Waiver	DE4102	
21	NURSING HOME RATE	Non-emergency transportation rate - nursing home	DE4103	
22	ABAD UNDER 21 RATE	Non-emergency transportation rate - other ABAD < 21	DE4110	
23	ABAD ADULTS 21+	Non-emergency transportation rate - other ABAD 21+	DE4111	
24	FAMIS RATE	Non-emergency transportation rate - FAMIS	DE4113	
25	TANF - CHILDREN UNDER 21 RATE	Non emergency transportation rate - TANF < 21	DE4115	
26	TANF - ADULTS 21+	Non-emergency transportation rate - TANF 21+	DE4116	
27	MAGI - CHILDREN UNDER 21 RATE	Non emergency transportation rate - MAGI < 21	DE0000	
28	MAGI - ADULTS 21+ RATE	Non-emergency transportation rate - MAGI 21+	DE0000	
29	PLAN FIRST RATE	Non-emergency transportation rate - PLAN FIRST	DE0000	

Output Reports RS-O-001D Capitation Payments to Transportation Broker Detail

General Information

Shows capitation rates owed to the state-wide transportation broker by member and object code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Varied
Number of Copies:	1
Output Form:	Standard
Retention:	N/A
Distribution:	N/A
Program:	Produce 'Capitation Payments to Transportation Broker Detail' (RS-O-001D) Report (RSM205)
Confidential:	No
Sequence:	Region, report category
Control Breaks:	Region

Capitation Payments to Transportation Broker Detail (RS-O-001D)

```
RSM205                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:09/15/2011                       CAPITATION PAYMENTS TO TRANSPORTATION BROKER DETAIL                  PAGE NUMBER:
RUN DATE: 09/15/2011 16:23
PROVIDER ID: 009014306   LOGISTICARE

  OBJECT CD: 128607   MEDICAID - NON-EMERGENCY TRANSPORTATION

                                RECIPIENT ID  DATE BEGIN   DATE END                                CAP RATE
                                ------------  ----------  ----------                            ------------
                                001013311010  2011/09/01  2011/09/30                                   27.13
                                001013372019  2011/09/01  2011/09/30                                   27.13
                                001013453019  2011/09/01  2011/09/30                                   27.13
                                001013496010  2011/09/01  2011/09/30                                   27.13
                                001013530013  2011/09/01  2011/09/30                                   27.13
                                001013597011  2011/09/01  2011/09/30                                   27.13
                                001013790015  2011/09/01  2011/09/30                                   27.13
                                001013795017  2011/09/01  2011/09/30                                   27.13
                                001013978014  2011/09/01  2011/09/30                                   27.13
                                001014029016  2011/09/01  2011/09/30                                   27.13
                                001014192014  2011/09/01  2011/09/30                                   27.13
                                001014193011  2011/09/01  2011/09/30                                   27.13
                                001014208018  2011/09/01  2011/09/30                                   27.13
                                001014235015  2011/09/01  2011/09/30                                   27.13
                                001014346011  2011/09/01  2011/09/30                                   27.13
                                001014354014  2011/09/01  2011/09/30                                   27.13
OBJECT CD: 128607 - MEDICAID - NON-EMERGENCY TRANSPORTATION                      100                $2,713.00
```

Capitation Payments to Transportation Broker Detail (RS-O-001D)

```
RSM205                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:09/15/2011                       CAPITATION PAYMENTS TO TRANSPORTATION BROKER DETAIL                  PAGE NUMBER:
RUN DATE: 09/15/2011 16:23
PROVIDER ID: 009014306   LOGISTICARE

OBJECT CD: 128607 - MEDICAID - NON-EMERGENCY TRANSPORTATION                      100                $2,713.00

OBJECT CD: 128608 - MEDICAID EXPANSION - NON-EMERGENCY TRANSPORTATION              0                    $.00

OBJECT CD: 128609 - CHIP - NON-EMERGENCY TRANSPORTATION                            0                    $.00

OBJECT CD: TOTAL  - REPORT TOTALS                                                  100                $2,713.00

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Provider ID	National Provider ID	DE4700	National Provider ID
2	Object Code	Budget Object Code	DE9843	Values: 128607 - MEDICAID - NON-EMERGENCY TRANSPORTATION 128608 - MEDICAID EXPANSION

				- NON-EMERGENCY TRANSPORTATION 128609 - CHIP - NON-EMERGENCY TRANSPORTATION
3	Recipient ID		DE0000	Number of enrollees determined to be eligible in one of the seven reporting categories for the reporting period named in field 1.
4	Date Begin		DE0000	The first date of the members eligibility that falls within the reporting period
5	Date End		DE0000	The last date of the members eligibility that falls within the reporting period
6	CAP RATE	Non-emergency transportation rate - MR/DD Waiver Non-emergency transportation rate - Nursing Home Non-emergency transportation rate - other ABAD < 21 Non-emergency transportation rate - other ABAD 21+ Non-emergency transportation rate - FAMIS Non emergency transportation rate - TANF < 21 Non-emergency transportation rate - TANF 21+ Non-emergency transportation rate - ALTC	DE4102 DE4103 DE4110 DE4111 DE4113 DE4115 DE4116 DE4117	Varied Non-emergency transportation rate depending on the members coverage.

Output Reports RS-O-002A Eligibility Backup Control Totals

General Information

This report lists control totals from the Enrollee and Case Data Stores. If a parm value of 'B' is passed to the program, an extract backup of each case is written to RS-F-103 and an extract backup of each enrollee is written to RS-F-104.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control
Program:	Enrollee Backup Control Totals (RSD005)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Backup Control Totals (RS-O-002A)

```
RSD005                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            ELIGIBILITY BACKUP CONTROL TOTALS
RUN DATE: MM/DD/CCYY HH:MM

                                   CASE RECORDS READ (1)                    69,471

                                   ENROLLEE RECORDS READ (2)               126,287

                                   ENROLLEE RECORDS CANCELLED (3)           63,876

                                   CASE RECORDS WRITTEN TO TAPE (4)         69,471

                                   ENROLLEE RECORDS WRITTEN TO TAPE (5)    126,287

                                   TOTAL ELIGIBILITY RECORDS OUT (6)       195,758

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE RECORDS READ	Calculated	DE0002	Total Case Records read
2	ENROLLEE RECORDS READ	Calculated	DE0002	Total Enrollee Records read
3	ENROLLEE RECORDS CANCELLED	Calculated	DE0002	Total Enrollee Records Cancelled
4	CASE RECORDS WRITTEN TO TAPE	Calculated	DE0002	Total Case Records written to Tape
5	ENROLLEE RECORDS WRITTEN TO TAPE	Calculated	DE0002	Total Enrollee Records written to Tape
6	TOTAL ELIGIBILITY RECORDS OUT	Calculated	DE0002	Total of Case and Enrollee Records written to tape

Output Reports RS-O-002B Eligibility Trigger Control Totals

General Information

This report lists control counts for CICS trigger transactions.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - CRT Supervisor
Program:	Enrollee Trigger File Control Totals (RSD010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Trigger Control Totals (RS-O-002B)

```
RSD010                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            ELIGIBILITY TRIGGER CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM

                        ID CARD/CID TRIGGER RECORDS WRITTEN                          1237 (1)
                                ID CARD TRIGGERS                              895 (2)
                                CID TRIGGERS                                  342 (3)

                        NEWBORN TRIGGER RECORDS WRITTEN                               243 (4)

                        ID CARD REISSUES/CANCEL RSN TRIGGER RECORDS WRITTEN           171 (5)
                                ID CARD REISSUE REQUEST TRIGGERS                  2 (6)
                                ID CARD REISSUE ENROLLMENT CHANGE TRIGGERS       76 (7)
                                CANCEL REASON 001, 012 AND 101 TRIGGERS          93 (8)

                        CMM CANCEL/REINSTATE TRIGGER RECORDS WRITTEN                   26 (9)
                                CMM CANCELLATION TRIGGERS                        21 (10)
                                CMM REINSTATEMENT TRIGGERS                        5 (11)

                        TPL VERIFICATION TRIGGER RECORDS WRITTEN                     2831 (12)

                        PREMIUM NOTIFICATION TRIGGER RECORDS WRITTEN                 1174 (13)
                                AID CATEGORY 053/055 APPROVAL TRIGGERS          429 (14)
                                AID CATEGORY 053/055 DENIAL TRIGGERS            611 (15)
                                AID CATEGORY 056/057 DENIAL TRIGGERS            134 (16)

                        CASELOAD EXTRACT TRIGGER RECORDS WRITTEN                     3416 (17)

                        CLAIMS REPROCESSING TRIGGER RECORDS WRITTEN                   929 (18)

                        EPSDT TRIGGER RECORDS WRITTEN                                 102 (19)
                                NEW ENROLLEE TRIGGERS                            63 (20)
                                MODIFIED ENROLLEE TRIGGERS                       37 (21)
                                LINKED ENROLLEE TRIGGERS                          2 (22)
                                UNLINKED ENROLLEE TRIGGERS                        0 (23)

                        LINK/UNLINK ENROLLEE TRIGGER RECORDS WRITTEN                    2 (24)
                                LINKED ENROLLEE TRIGGERS                          2 (25)
                                UNLINKED ENROLLEE TRIGGERS                        0 (26)

                        PRIOR AUTHORIZATION CANCEL TRIGGER RECORDS WRITTEN            100 (27)

                        LTC CANCELLATION NOTICE TRIGGER RECORDS WRITTEN           3 (28)

                        TOTAL TRIGGER FILE RECORDS WRITTEN                          10229 (29)
                        TOTAL TRIGGER FILE RECORDS READ                             10229 (30)
                        TOTAL TRIGGER FILE RECORDS DROPPED                              0 (31)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ID CARD/CID TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 01 records
2	ID CARD TRIGGERS	Calculated	DE0002	Number trigger code 01 records with trigger flag D
3	CID TRIGGERS	Calculated	DE0002	Number trigger code 01 records with trigger flag S
4	NEWBORN TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 02 records
5	ID CARD REISSUES/CANCEL RSN TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 03 records

6	ID CARD REISSUE REQUEST TRIGGERS	Calculated	DE0002	Number trigger code 03 records with trigger flag I
7	ID CARD REISSUE ENROLLMENT CHANGE TRIGGERS	Calculated	DE0002	Number trigger code 03 records with trigger flag E
8	CANCEL REASON 001, 012 AND 101 TRIGGERS	Calculated	DE0002	Number trigger code 03 records with trigger flag L
9	CMM CANCEL/REINSTATE TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 04 records
10	CMM CANCELLATION TRIGGERS	Calculated	DE0002	Number trigger code 04 records with trigger flag P
11	CMM REINSTATEMENT TRIGGERS	Calculated	DE0002	Number trigger code 04 records with trigger flag R
12	TPL VERIFICATION TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 05 records
13	PREMIUM NOTIFICATION TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 06 records
14	AID CATEGORY 053/055 APPROVAL TRIGGER	Calculated	DE0002	Number trigger code 06 records with trigger flag A
15	AID CATEGORY 053/055 DENIAL TRIGGER	Calculated	DE0002	Number trigger code 06 records with trigger flag C
16	AID CATEGORY 056/057 DENIAL TRIGGER	Calculated	DE0002	Number trigger code 06 records with trigger flag X
17	CASELOAD EXTRACT TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 07 records
18	CLAIMS REPROCESSING TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 08 records
19	EPSDT TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 09 records

20	NEW ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 09 records with trigger flag N
21	MODIFIED ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 09 records with trigger flag M
22	LINKED ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 09 records with trigger flag K
23	UNLINKED ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 09 records with trigger flag U
24	LINK/UNLINK ENROLLEE TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 10 records
25	LINKED ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 10 records with trigger flag K
26	UNLINKED ENROLLEE TRIGGERS	Calculated	DE0002	Number trigger code 10 records with trigger flag U
27	PRIOR AUTHORIZATION CANCEL TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 11 records
28	LTC CANCELLATION NOTICE TRIGGER RECORDS WRITTEN	Calculated	DE0002	Total number trigger code 12 records
29	TOTAL TRIGGER FILE RECORDS WRITTEN	Calculated	DE0002	Total all records written
30	TOTAL TRIGGER FILE RECORDS READ	Calculated	DE0002	Total all records read
31	TOTAL TRIGGER FILE RECORDS DROPPED	Calculated	DE0002	Total records read that were not written due to an invalid trigger code or trigger flag

Output Reports RS-O-003A Possible Duplicate Enrollees

General Information

This report lists possible duplicate enrollees based on SSN, sex, birth date, and the enrollee's name.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Possible Duplicate Enrollees Report (RSQ005)
Confidential:	Yes
Sequence:	SSN (part 1) Name (part 2)
Control Breaks:	N/A

Possible Duplicate Enrollees (RS-O-003A)

```
RSQ005                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                   POSSIBLE DUPLICATE ENROLLEES                             PA
RUN DATE: MM/DD/CCYY HH:MM

(1.1),(1.2) (1.3)                    (2)      (3)    (4)   (5)          (6)            (7)
ENROLLEE NAME                        SSN      RACE   SEX   BIRTH-DTE    MEDICAID-ID    C/C
                                                                                   ** INDICATES FIRST OF A SET OF
                                                                                          (8)
XXXXXX,XXXXXX                     999-99-9999  9      M    MM/DD/CCYY  999-999999-999  999 **
XXXXXX,XXXXXX X                   999-99-9999  9      M    MM/DD/CCYY  999-999999-999  999
XXXXXXXXX,XXXXXX                  999-99-9999  9      F    MM/DD/CCYY  999-999999-999  999 **
XXXXXX,XXXXX X                    999-99-9999  9      F    MM/DD/CCYY  999-999999-999  999
XXXXXX,XXXXXXXX                   999-99-9999  9      M    MM/DD/CCYY  999-999999-999  999 **
XXXXXX,XXXXXXXX                   999-99-9999  9      M    MM/DD/CCYY  999-999999-999  999
XXXXXX,XXXXXXXX                   999-99-9999  9      M    MM/DD/CCYY  999-999999-999  999


 ACTIVE ENROLLEES IN - RSQ001         9,999,999  (9)
 POSSIBLE DUPLICATES OUT              9,999,999  (10)

                                          *** 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
1.1	ENROLLEE NAME (Last)	Enrollee Last Name	DE3110	
1.2	ENROLLEE NAME (First)	Enrollee First Name	DE3111	
1.3	ENROLLEE NAME (Middle Initial)	Enrollee Middle Initial	DE3112	
2	SSN	Enrollee Social Security Number (SSN)	DE3034	
3	RACE	Enrollee Race Code	DE3006	
4	SEX	Enrollee Sex Code	DE3007	
5	BIRTH-DTE	Enrollee Birth Date	DE3005	
6	MEDICAID-ID	Enrollee Permanent Identification Number	DE3093	
7	C/C	Case Administrative FIPS Code	DE3039	
8	** INDICATES FIRST OF A SET OF POSSIBLE DUPLICATES	Calculated	DE0002	

	INDICATOR			
9	Active ENROLLEES IN - RSQ001	Calculated	DE0002	
10	POSSIBLE DUPLICATES OUT	Calculated	DE0002	

Output Reports RS-O-003B Possible Duplicate Enrollees DSS(City/County)

General Information

This report shows Medicaid and SLH individuals having the same name elements, race code, sex code, and birth date.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DMAS, DSS - Local Welfare Agency
Program:	Possible Duplicate Enrollees by City/County Report (RSQ010)
Confidential:	Yes
Sequence:	Locality, caseworker
Control Breaks:	N/A

Possible Duplicate Enrollees DSS(City/County) (RS-O-003B)

```
RSQ010                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                     POSSIBLE DUPLICATE ENROLLEES MASTER LIST(CITY/COUNTY)                  PAG
RUN DATE: MM/DD/CCYY HH:MM


CITY-COUNTY       999   XXXXXXXXXXXX  (1,2)
CASEWORKER        X999 (3)                        POSSIBLE DUPLICATE                  RESPONSE TO DMAS

SSN: 999-99-9999   SSN-STAT: X  (4,5)       SSN: 999-99-9999   SSN-STAT: X  (4,5)       DUPLICATE ENROLLEE:
ENR NAME:XXXXX, XXXXXXX X  (6,7,8)          ENR NAME:XXXXXX, XXXXXX   (6,7,8)            NO _____  YES _____  UNK
RACE: 9  SEX: X  DOB: MM/DD/CCYY (9,10,11)  RACE: 9  SEX: X  DOB: MM/DD/CCYY (9,10,11)    IF YES, PROVIDE:
                                            C/C: 999     CASEWORKER: X999  (1,2)         PERM ENR ID: ___________
ENROLLEE-ID: 999-999999-999 AC: 999 (12,13) ENROLLEE-ID: 999-999999-999 AC: 999 (12,13) IF UNKNOWN, ATTACH SVES S
CAN DTE: MM/DD/CCYY    CAN RSN: XXX (14,15) CAN DTE: MM/DD/CCYY    CAN RSN: 999 (14,15) SSN VERIFICATION.
ADR1:XXXXXXXXXXXX  (16)                     ADR1:XXXXXXXXXXXXXXXXXX (16)
ADR2:XXXXXXXXXXXXXXXXX  (17)                ADR2:XXXXXXXXXXXXX (17)
     XXXXXXXX, XX 99999-9999  (18,19,20)         XXXXXXXXXX, XX 99999-9999  (18,19,20)

*****************************************************************************************************************

SSN: 999-99-9999   SSN-STAT: X              SSN: 999-99-9999   SSN-STAT: X              DUPLICATE ENROLLEE:
ENR NAME:XXXXXXXX, XXXXXXX X                ENR NAME:XXXXXXXX, XXXXXXX                  NO _____  YES _____  UNKN
RACE: 9  SEX: X  DOB: MM/DD/CCYY            RACE: 9  SEX: X  DOB: MM/DD/CCYY            IF YES, PROVIDE:
                                            C/C: 999     CASEWORKER: X999               PERM ENR ID: ___________
ENROLLEE-ID: 999-999999-999    AC: 999      ENROLLEE-ID: 999-999999-999    AC: 999      IF UNKNOWN, ATTACH SVES S
CAN DTE: MM/DD/CCYY    CAN RSN: XXX         CAN DTE: MM/DD/CCYY    CAN RSN: 999         SSN VERIFICATION.
ADR1:XXXXXXXXXXX                            ADR1:XXXXXXXXXXXXXXXXXXX
ADR2:                                       ADR2:XXXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXX, XX 99999-9999                 XXXXXXX, XX 99999-9999


                                        *** END OF REPORT ***

                    *  *  *    COMPLETE RESPONSE INFORMATION AND RETURN TO DMAS, ATTN: ELIGIBILITY UNIT   *  *

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

Possible Duplicate Enrollees DSS(City/County) (RS-O-003B)

```
RSQ010                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                         POSSIBLE DUPLICATE ENROLLEES DSS(CITY/COUNTY)                      PAG
RUN DATE: MM/DD/CCYY HH:MM


CITY-COUNTY       999   XXXXXXXXXXXX  (1,2)
CASEWORKER        X999 (3)                        POSSIBLE DUPLICATE                  RESPONSE TO DMAS

SSN: 999-99-9999   SSN-STAT: X  (4,5)       SSN: 999-99-9999   SSN-STAT: X  (4,5)       DUPLICATE ENROLLEE:
ENR NAME:XXXXX, XXXXXXX X  (6,7,8)          ENR NAME:XXXXXX, XXXXXX   (6,7,8)            NO _____  YES _____  UNK
RACE: 9  SEX: X  DOB: MM/DD/CCYY (9,10,11)  RACE: 9  SEX: X  DOB: MM/DD/CCYY (9,10,11)    IF YES, PROVIDE:
                                            C/C: 999     CASEWORKER: X999  (1,2)         PERM ENR ID: ___________
ENROLLEE-ID: 999-999999-999 AC: 999 (12,13) ENROLLEE-ID: 999-999999-999 AC: 999 (12,13) IF UNKNOWN, ATTACH SVES S
CAN DTE: MM/DD/CCYY    CAN RSN: XXX (14,15) CAN DTE: MM/DD/CCYY    CAN RSN: 999 (14,15) SSN VERIFICATION.
ADR1:XXXXXXXXXXXX  (16)                     ADR1:XXXXXXXXXXXXXXXXXX (16)
ADR2:XXXXXXXXXXXXXXXXX  (17)                ADR2:XXXXXXXXXXXXX (17)
     XXXXXXXX, XX 99999-9999  (18,19,20)         XXXXXXXXXX, XX 99999-9999  (18,19,20)

*****************************************************************************************************************

SSN: 999-99-9999   SSN-STAT: X              SSN: 999-99-9999   SSN-STAT: X              DUPLICATE ENROLLEE:
ENR NAME:XXXXXXXX, XXXXXXX X                ENR NAME:XXXXXXXX, XXXXXXX                  NO _____  YES _____  UNKN
RACE: 9  SEX: X  DOB: MM/DD/CCYY            RACE: 9  SEX: X  DOB: MM/DD/CCYY            IF YES, PROVIDE:
                                            C/C: 999     CASEWORKER: X999               PERM ENR ID: ___________
ENROLLEE-ID: 999-999999-999    AC: 999      ENROLLEE-ID: 999-999999-999    AC: 999      IF UNKNOWN, ATTACH SVES S
CAN DTE: MM/DD/CCYY    CAN RSN: XXX         CAN DTE: MM/DD/CCYY    CAN RSN: 999         SSN VERIFICATION.
ADR1:XXXXXXXXXXX                            ADR1:XXXXXXXXXXXXXXXXXXX
ADR2:                                       ADR2:XXXXXXXXXXXXXXXXXX
     XXXXXXXXXXXX, XX 99999-9999                 XXXXXXX, XX 99999-9999


                                        *** END OF REPORT ***

                  *  *  *    COMPLETE RESPONSE INFORMATION AND RETURN TO DMAS, ATTN: ELIGIBILITY UNIT   *  *

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY-COUNTY	Case Administrative FIPS Code	DE3039	
2	(CITY-COUNTY DESCRIPTION)	Locality Name	DE5255	
3	CASEWORKER	Case Worker Number	DE3431	
4	SSN	Enrollee Social Security Number (SSN)	DE3034	
5	SSN-STAT	Social Security Number (SSN) Status Code	DE3443	
6	ENR (LAST) NAME	Enrollee Last Name	DE3110	

7	(ENROLLEE FIRST)	Enrollee First Name	DE3111	
8	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
9	RACE	Enrollee Race Code	DE3006	
10	SEX	Enrollee Sex Code	DE3007	
11	DOB	Enrollee Birth Date	DE3005	
12	ENROLLEE-ID	Enrollee Permanent Identification Number	DE3093	
13	AC	Enrollee Eligibility Aid Category	DE3009	
14	CAN DTE	Eligibility Cancel Date	DE3452	
15	CAN RSN	Eligibility Cancel Reason	DE3451	
16	ADR1	Enrollee Additional Address Name	DE3114	
17	ADR2	Enrollee Street Address	DE3115	
18	(ENROLLEE CITY)	Enrollee City Name	DE3116	
19	(ENROLLEE STATE)	Enrollee State Code	DE3117	
20	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-005 Recipient Reconciliation File Creation Totals

General Information

This report is a control totals report. It reports the number of case records read, the enrollee records read, the HIPP case records read and the total number of records written to the RS-F-190 file.

Subsystem:	Recipient
Frequency:	Weekly or On-request
Volume:	
Number of Copies:	1
Output Form:	On Demand
Retention:	3 years
Distribution:	N/A
Program:	Enrollee Reconciliation Detail File Creation (RSW005)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient Reconciliation File Creation Totals (RS-O-005)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Records Read	Calculated	DE0002	This field contains the total number of Case Records read from RS_LOG_ANALYZE_SAS or RS_CASE_REL table.
2	Enrollee Records Read	Calculated	DE0002	This field contains the total number of enrollee records read.
3	HIPP Case Records Read	Calculated	DE0002	This field contains the total number of records modified on FN_HIPP_CASE_ENRL table since the last execution. This field will have a value only when executed in a Weekly mode.

4	Enrollee Records Written To Tape	Calculated	DE0002	This field contains the total number of records written to Output File RS-F-190.

Output Reports RS-O-006 Recipient Reconciliation Control Totals

General Information

This report is a control totals report. It reports the number of records read from the Master file and the Weekly file. It also reports the number of records inserted in the Control file RS-F-191 from the Master file and the Weekly file. It indicates the number of records replaced from the Master file. It reports the number of records written to the Control File RS-F-191.

Subsystem:	Recipient
Frequency:	Weekly
Volume:	
Number of Copies:	1
Output Form:	On Demand
Retention:	3 years
Distribution:	N/A
Program:	Updating of Recipient Reconciliation Master File (RSW007)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient Reconciliation Control Totals (RS-O-006)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Master Records Read	Calculated	DE0002	This field contains the number of records read from the Master File.
2	Weekly Records Read	Calculated	DE0002	This field contains the number of records read from the Weekly file.
3	Records Replaced	Calculated	DE0002	This field contains the number of records replaced from the Master file.
4	Master Records Inserted	Calculated	DE0002	This field contains the number of records inserted in the Output file from the Master file.

5	Weekly Records Inserted	Calculated	DE0002	This field contains the number of records inserted in the Output file from the Weekly file.
6	Total number of records on file	Calculated	DE0002	This field contains the total number of records on the Output file.

Output Reports RS-O-007A Annual Enrollee Eligibility Alphabetic List

General Information

This report is an unduplicated count of enrollees that were active in the past year.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Provider Relations
Program:	Annual Enrollee Eligibility Alphabetic List (RSY001)
Confidential:	Yes
Sequence:	Program, Enrollee Name
Control Breaks:	N/A

Annual Enrollee Eligibility Alphabetic List (RS-O-007A)

```
RSY001                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                        ANNUAL ENROLLEE ELIGIBILITY ALPHABETIC LIST
RUN DATE: MM/DD/CCYY HH:MM                    FOR PAST FISCAL YEAR MMDDCCYY - MMDDCCYY  (1)

PROGRAM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (2)

     (3) (4) (5)            (6)          (7)          (8)    (9)        (10)                    (13)          (14)
    NAME                ID-NUMBER     CASE FIPS     SEX    RACE    AID CATEGORY                  CITY          STATE
        ADDRESS LINE 1                                ADDRESS LINE 2
            (11)                                          (12)
[redacted]                                  [redacted]     M                 053
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     F                 056
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     M                 052
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     F                 091
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     F                 021
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     M                 012
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     M                 081
*                                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     F                 092
*                                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA
[redacted]                                  [redacted]     M                 001
ATTN:  [redacted]                           [redacted]BURLINGTON,  [redacted]                RICHMOND          VA

                                                  (16)
                    TOTAL ENROLLEE RECORDS PROCESSED        126,284


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CALENDAR YEAR (DATES)		DE0000	
2	PROGRAM	Benefit Definition Plan Program Code	DE3551	
3	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
4	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
5	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
6	ID-NUMBER	Enrollee Permanent Identification Number	DE3093	
7	CASE FIPS	Case Administrative FIPS Code	DE3039	

8	SEX	Enrollee Sex Code	DE3007	
9	RACE	Enrollee Race Code	DE3006	
10	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
11	ADDRESS LINE 1	Enrollee Street Address	DE3115	
12	ADDRESS LINE 2	Enrollee Additional Address Name	DE3114	
13	CITY	Enrollee City Name	DE3116	
14	STATE	Enrollee State Code	DE3117	
15	ZIP	Enrollee ZIP Code	DE3118	
16	TOTAL ENROLLEE RECORDS PROCESSED	Calculated	DE0002	

Output Reports RS-O-016 Recipient NPI Conversion Report

General Information

Summary of all Enrollee Benefit Package Rows Voided, Cancelled, and Inserted during the NPI Conversion Process (program RSC015).

Subsystem:	Recipient
Frequency:	Monthly during Conversion
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Recipient NPI Conversion Report (RSC016)
Confidential:	No
Sequence:	Normal/Final Provider Name Plan Name Action (Close/Void/Add)
Control Breaks:	Normal/Final Provider Name Plan Name

Recipient NPI Conversion Report (RS-O-016)

```
RSC016                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:MM/DD/CCYY                                  RECIPIENT NPI CONVERSION                                    PAGE
RUN DATE: MM/DD/CCYY HH:MM              NORMAL RUN STATISTICS FOR THE MONTH OF XXXXXXX, CCYY
                                                     (1)
                                  BENEFIT CLOSE DATE: MM/DD/CCYY - BENEFIT OPEN DATE: MM/DD/CCYY (2)

                                   BENEFIT CATEGORY: XXXXX - XXXXXXXXXXX (3)
                                                        (4)
                                        PROVIDER:    1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                                           (6,7,8,9)
                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXXXXXX (10)

                                                     BENEFITS CLOSED:           0  (11)
                                                     BENEFITS VOIDED:           0  (12)
                                                     BENEFITS ADDED :           0  (13)

                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXXXX

                                                     BENEFITS CLOSED:           4
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0

                                        PROVIDER:    1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXXXXX

                                                     BENEFITS CLOSED:           0
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0

                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXXXX

                                                     BENEFITS CLOSED:           0
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0

                                        PROVIDER:    1234567890 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXX

                                                     BENEFITS CLOSED:           0
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0

                                        PROVIDER:    999999999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

                                             BENEFIT PLAN: 99-99-9999     XXXXX - XXXXXXXXXXXXXXXXX

                                                     BENEFITS CLOSED:           0
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0

                                   BENEFIT CATEGORY: GRAND TOTALS
                                                     BENEFITS CLOSED:           0
                                                     BENEFITS VOIDED:           0
                                                     BENEFITS ADDED :           0
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Close Date	Calculated	DE0002	
2	Benefit Open Date	Calculated	DE0002	
3	Benefit Category	Calculated	DE0002	
4	Provider	Provider Identification Number	DE4002	
5	Provider Name	Provider Name	DE4085	
6	Benefit Plan - Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
7	Benefit Plan - Benefit Sub-program Code	Benefit Definition Plan Subprogram Code	DE3552	

8	Benefit Plan - Benefit Code	Benefit Definition Plan Benefit Code	DE3553	
9	Benefit Plan - Exception Indicator	Benefit Plan Exception Indicator	DE3072	
10	Benefit Package Name	Benefit Definition Plan Name	DE3554	
11	Benefits Closed	Calculated	DE0002	
12	Benefits Voided	Calculated	DE0002	
13	Benefits Added	Calculated	DE0002	

Output Reports RS-O-032 Recipient School Services Reimbursement Report

General Information

Listing by school division number of all qualified enrollees aged 3 to 22 years old.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	1000 pages
Number of Copies:	1
Output Form:	DARS
Retention:	N/A
Distribution:	N/A
Program:	School Services Reimbursement Report Program (RSQ032)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient School Services Reimbursement Report (RS-O-032)

```
RSQ032                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:06/01/2007                            SCHOOL SERVICES REIMBURSEMENT REPORT                            PA
RUN DATE: 06/01/2007 16:23
                    (1)              (2)
SCHOOL DIVISION:    9999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
          (3)            (4)                  (5)       (6)    (7)            (8)       (9)    (10)        (11)
       MEDICAID ID    LAST NAME           FIRST NAME    MI    SSN        BIRTH DATE  GENDER PROGRAM    MCO ASSGN


       999999999999   XXXXXXXXXXXXXXXX   XXXXXXXXXXX   X  999-99-9999   99/99/9999    M    MEDICAID   004700066
ADDR   XXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX, VA 99999-9999
                (14)(15)                    (16)        (17)   (18)
       999999999999   XXXXXXXXXXXXXXXX   XXXXXXXXXXX   X  999-99-9999   99/99/9999    M    MEDICAID   004700082
ADDR   XXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX, VA 99999-9999

       999999999999   XXXXXXXXXXXXXXXX   XXXXXXXXXXX   X  999-99-9999   99/99/9999    M    MEDICAID   004700066
ADDR   XXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX, VA 99999-9999

       (19)TOTAL ENROLLEES FOR SCHOOL DIVISION 9999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX:   99,999


       (20)TOTAL ENROLLEES FOR ALL SCHOOL DIVISIONS :     99,999



                                        *** 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	SCHOOL DIVISION NUMBER	School Division Number	DE4900	SCHOOL DIVISION NUMBER is the same as RS-ENROLLEE-FIPS on the 'Recipient Master Extract Enrollee' (RS-F-104). EPM092 moves the RS-ENROLLEE-FIPS from RS-F-104 to the School Services Extract RS-F-105 as School Division Number. This School Division Number will be the number of the previous school division's data printed on the report and will be the same as the School Division Number printed as field # 3 in the heading of the current page of this report.
2	(SCHOOL DIVISION NAME)	School Division Name	DE4901	School Division Name is retrieved in RSQ030 from the Reference DB2 table named RF_REGION using the School Division Number as the key to retrieve the data. School Division Number is the same as RS-ENROLLEE-

				FIPS on the 'Recipient Master Extract Enrollee' (RS-F-104). It is then written to RS-F-105 (School Services Extract) and passed to RSQ032 where the value is moved to RS-O-032.
3	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
4	LAST NAME	Enrollee Last Name	DE3110	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
5	FIRST NAME	Enrollee First Name	DE3111	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
6	MI	Enrollee Middle Initial	DE3112	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
7	SSN	Enrollee Social Security Number (SSN)	DE3034	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032. Formatted as 999-99-3644.
8	BIRTH DATE	Enrollee Birth Date	DE3005	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032. Formatted as MM/DD/CCYY.
9	GENDER	Enrollee Sex Code	DE3007	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
10	PROGRAM	Calculated	DE0002	The numeric value was extracted from 'Recipient Master Extract Enrollee' (RS-F-105) in RSQ030. The numeric

				value was then converted to text and written to RS-F-105 as follows: 1. When eligibility aid category = '094', value is 'EXPANSION'. 1. When program code = '01' or '09', value is 'MEDICAID'. 2. When program code = '07', value is 'FAMIS'. RSQ032 then moves the text value to RS-O-032.
11	MCO ASSGN	National Provider Identifier	DE4700	
12	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
13	PARENT SIGN	Enrollee Relationship to Case Head Code	DE3480	The numeric value was extracted from 'Recipient Master Extract Enrollee' (RS-F-105) in RSQ030. The numeric value was then converted to text and written to RS-F-105 as follows: 1. When RS-CASE-RELATIONSHIP = '2', PARENT SIGN ='Y', 2. Otherwise PARENT SIGN = 'N'. RSQ032 then moves the text value to RS-O-032.
14	ADDR (ADDL ADDRESS)	Enrollee Additional Address Name	DE3114	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
15	ADDR (STREET)	Enrollee Street Address	DE3115	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
16	ADDR (CITY)	Enrollee City Name	DE3116	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
17	ADDR (STATE)	Enrollee State Code	DE3117	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
18	ADDR (ZIP)	Enrollee ZIP Code	DE3118	Extracted from 'Recipient Master

				Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ032 moves it to RS-O-032.
19	TOTAL ENROLLEES FOR LOCALITY CODE 9999	Calculated	DE0002	Incremented by +1 for each locality code printed within a unique school division number. Printed on a locality number control break.
20	TOTAL ENROLLEES FOR SCHOOL DIVISION 9999	Calculated	DE0002	Incremented by +1 for each enrollee printed within a unique school division number. Printed on a school division control break
21	TOTAL FOR ALL SCHOOL DIVISIONS	Calculated	DE0002	The total of all school division totals. Printed at the end of the report.

Output Reports RS-O-033 Recipient School Services Reimbursement Error Report

General Information

Listing by school division number of all that did not qualify for inclusion on report RS-O-032 (School Services Reimbursement Report) because of unknown school division information.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	2 pages
Number of Copies:	1
Output Form:	DARS
Retention:	N/A
Distribution:	N/A
Program:	School Services Reimbursement Error Report (RSQ033)
Confidential:	No
Sequence:	School Division Number, Enrollee Last Name, Enrollee First Name.
Control Breaks:	Final.

Recipient School Services Reimbursement Error Report (RS-O-033)

```
RSQ033                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:06/01/2007 (1)                            SCHOOL SERVICES ERROR REPORT  (2)                          PA
RUN DATE: 06/01/2007 16:23

SCHOOL DIVISION:    ALL SCHOOL DIVISIONS

          (3)            (4)                    (5)       (6)    (7)            (8)       (9)   (10)     (11)
       MEDICAID ID    LAST NAME            FIRST NAME    MI    SSN         BIRTH DATE  GENDER PROGRAM    MCO ASSGN


       999999999999   XXXXXXXXXXXXXXXXX   XXXXXXXXXXX   X  999-99-9999   99/99/9999    M    MEDICAID   004700066
ADDR   XXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXX, VA 99999-9999
               (14)(15)                      (16)      (17)   (18)

      (19) TOTAL ENROLLEES FOR ALL SCHOOL DIVISIONS :     99,999



                                        *** 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	AS OF DATE	Calculated	DE0002	Always the first of the run date month. For example, run date of 12/02/2006 would produce an 'AS OF' date or 12/01/2006.
2	REPORT TITLE	Batch Report Title	DE9992	Value always 'SCHOOL SERVICES REIMBURSEMENT ERROR REPORT'.
3	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
4	LAST NAME	Enrollee Last Name	DE3110	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
5	FIRST NAME	Enrollee First Name	DE3111	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
6	MI	Enrollee Middle Initial	DE3112	Extracted from 'Recipient Master

				Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
7	SSN	Enrollee Social Security Number (SSN)	DE3034	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
8	BIRTH DATE	Enrollee Birth Date	DE3005	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
9	GENDER	Enrollee Sex Code	DE3007	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
10	PROGRAM	Calculated	DEDE0002	The numeric value was extracted from 'Recipient Master Extract Enrollee' (RS-F-105) in RSQ030. The numeric value was then converted to text and written to RS-F-105 as follows: 1. When eligibility aid category = '094', value is 'EXPANSION'. 2. When program code = '01' or '09', value is 'MEDICAID'. 3. When program code = '07', value is 'FAMIS'. RSQ033 then moves the text value to RS-O-033.
11	MCO ASSGN	National Provider Identifier	DE4700	
12	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
13	PARENT SIGN	Enrollee Relationship to Case Head Code	DE3480	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033. When RS-CASE-RELATIONSHIP = '2', PARENT SIGN ='Y', otherwise PARENT SIGN = 'N'.

14	ADDR (ADDL ADDRESS)	Enrollee Additional Address Name	DE3114	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
15	ADDR (STREET)	Enrollee Street Address	DE3115	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
16	ADDR (CITY)	Enrollee City Name	DE3116	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
17	STATE	Enrollee State Code	DE3117	
18	ADDR (ZIP)	Enrollee ZIP Code	DE3118	Extracted from 'Recipient Master Extract Enrollee' (RS-F-104) in EPM092 and written to School Services Extract RS-F-105 from which RSQ033 moves it to RS-O-033.
19	TOTAL ENROLLEES FOR ALL SCHOOL DIVISIONS	Calculated	DE0002	Incremented by +1 from every enrollee error printed

Output Reports RS-O-039 Medicare Eligibility Codes (Part B) Conversion Processing

General Information

This report lists all enrollees and their Medicare Part B Premium Segments that were either processed or bypassed by the Buy-In Codes Conversion program, RSC039. The value of the new Buy-in or Eligibility Codes on each Premium History Record will be based on the enrollee's Aid Category. In some cases, the buy-in code has already been manually changed or is correctly defined. These records will not be modified, but will be listed on this report. Those records whose buy-in codes are not properly set, will be modified by the program and also printed on this report.

Subsystem:	Recipient
Frequency:	Once
Volume:	1.6 Million Lines
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	DMAS - Buy-In Coordinator
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Medicare Eligibility Codes (Part B) Conversion Processing (RS-O-039)

```
RSC039              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES        REPORT
AS OF:04/25/2005              MEDICARE ELIGIBILITY CODES (PART B)             PAGE NU
RUN DATE: 04/25/2005 13:04         CONVERSION   PROCESSING

                                                   (6)    (7)
 (1)       (2)           (3)            (4)      (5)              OLD(8) NEW    (9)          (10)
                                                 BIRTH       AID ELIG ELIG BEGIN      END
SSN  NUMBER ENROLLEE ID  ENROLLEE NAME  DATE       CAT CODE CODE DATE       DATE
-----------------------------------------------------------------------------------------------
XXX-XX-XXXX 000000000000 JAMES    DEE  99/99/9999 051  V    D  01/01/2005 05/31/2005
(12) COMMENT:    BUY-IN CODE WAS MODIFIED
XXX-XX-XXXX 000000000000 JAMES    DEE  99/99/9999 051  V    D  01/01/2004 12/31/2004
COMMENT:    BUY-IN CODE WAS MODIFIED
-----------------------------------------------------------------------------------------------
XXX-XX-XXXX 111111111111 JAMIE    LEE  77/77/7777 011  A    A  01/01/2004 12/31/2005
COMMENT:    BUY-IN CODE WAS NOT CHANGED
-----------------------------------------------------------------------------------------------
XXX-XX-XXXX 999999999999 JEFF     DUNN 88/88/8888 012  L    E  02/01/1990
COMMENT:    BUY-IN CODE WAS MODIFIED


                                CONTROL TOTALS

                TOTAL MEDICARE  BUYIN (PART B ) RECORDS          25,779   (13)
                TOTAL RECORDS CHANGED                               123   (14)
                TOTAL RECORDS UNCHANGED                          25,656   (15)
                TOTAL RECORDS NOT MATCHED TO RECIPIENTS               0   (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	SSN (NUMBER)	Enrollee Social Security Number (SSN)	DE3034	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE NAME	Enrollee Full Name	DE3003	
4	BIRTH DATE	Enrollee Birth Date	DE3005	
5	AID CAT	Enrollee Eligibility Aid Category	DE3009	
6	OLD ELIG CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
7	NEW ELIG CODE	Enrollee Buy-In SMI Eli-	DE3102	

		gibility Code		
8	BEGIN DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
9	END DATE	Enrollee Medicare Premium Payment Stop Date	DE3033	
10	ACT DATE	Eligibility Date Added	DE3037	
11	TRANS	Premium Payment Transaction Code Response	DE3103	
12	COMMENT	Calculated	DE0002	
13	TOTAL MEDICARE BUYIN (Part B) RECORDS	Calculated	DE0002	The total count of Medicare Part B Premium History records read on the Recipient Database that could not be matched to an enrollee record.
14	TOTAL RECORDS CHANGED	Calculated	DE0002	The total count of Medicare Part B Premium History records read on the Recipient Database that contained Buy-In Codes that were modified. This is the total number of records that will be written to RSF039.
15	TOTAL RECORDS UNCHANGED	Calculated	DE0002	The total count of Medicare Part B Premium History Records read on the Recipient Database that were bypassed because the Buy-In Codes did not require modification. The existing Buy-In code(s) on the records have been set correctly based on an enrollee's Aid Category Assignment.
16	TOTAL RECORDS NOT MATCHED TO RECIPIENTS	Calculated	DE0002	The total count of Medicare Part B Premium History records read on the Recipient Database that could not be matched to an enrollee record.

Output Reports RS-O-041B Citizenship and Identity by Cancel Reason

General Information

A report of canceled enrollees with an Enrollee Citizenship Status (DE3251) of 'C' (US Citizen) or 'N' (Naturalized US Citizen) that also have an Eligibility Cancel Reason (DE 3451) of '060' (Failure to provide citizenship documentation), '061' (Failure to provide identity documentation) or '062' (Failure to provide both citizenship and identity documentation) and an Eligibility Cancel Date (DE 3452) greater than the previous date on which VMPEM041/RSM041 was executed.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100 Pages
Number of Copies:	N/A
Output Form:	First DARS
Retention:	N/A
Distribution:	N/A
Program:	N/A
Confidential:	No
Sequence:	Region (DE 4249), Locality (DE 5254), Enrollee ID (DE 3955)
Control Breaks:	Region (DE 4249), Locality (DE 5254)

Citizenship and Identity by Cancel Reason (RS-O-041B)

RSM041 **(01)** VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:99/99/9999 CITIZENSHIP AND IDENTITY BY CANCEL REASON REPORT PA
RUN DATE: 99/99/9999 99:99

(03) (04) REGION: XXXXXXXXXXXXX**(02)**

LOCALITY: 999 XXXXXXXXXXXX

(05)	**(06)**	**(07)**	**(08)**	**(09)**	**(10)**
ENROLLEE ID	NAME	CASEWORKER	CANCEL REASON	SSN	AID CAT
999-999999-999	XXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX	999	999-99-9999	999

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

Citizenship and Identity by Cancel Reason (RS-O-041B)

RSM041 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:99/99/9999 CITIZENSHIP AND IDENTITY BY CANCEL REASON REPORT PA
RUN DATE: 99/99/9999 99:99

REGION: XXXXXXXXXXXXXXX (11)

(12)	(13)	(14)	(15)	(16)
CITY/COUNTY	CITY/COUNTY NO.	060 CANCEL REASON	061 CANCEL REASON	062 CANCEL REASON
XXXXXXXXXXXX	999	99,999	99,999	99,999
REGION	999	TOTAL 060 99,999	TOTAL 061 99,999	TOTAL 062 99,999
	(18)	(19)	(20)	(21)

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

Citizenship and Identity by Cancel Reason (RS-O-041B)

```
RSM041                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:99/99/9999                       CITIZENSHIP AND IDENTITY BY CANCEL REASON REPORT                 PAGE
RUN DATE: 99/99/9999 99:99


                                                    STATE TOTALS
    (23)                        (24)                        (25)                        (26)

STATE REGION            060 CANCEL REASON           061 CANCEL REASON           062 CANCEL REASON

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

XXXXXXXXXXXXXXXXXXX                99,999                      99,999                      99,999

                        060 TOTAL: 99,999           061 TOTAL: 99,999           062 TOTAL: 99,999
                               (28)                        (29)                        (30)


                 * * * * *   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	Program Name	Program Name	DE4000	
2	REGION	Region Code	DE5249	
3	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
4	(LOCALITY NAME)	Locality Name	DE5255	
5	ENROLLEE ID	Person Identifier Value	DE3955	
6	NAME	Enrollee Full Name	DE3003	
7	CASEWORKER	Case Worker Number	DE3431	
8	CANCEL	Eligibility Cancel	DE3451	

	REASON	Reason		
9	SSN	Person Identifier Value	DE3955	Person Identifier Type Code = 'PERL'.
10	AID CAT	Enrollee Eligibility Aid Category	DE3009	
11	REGION	Region Code	DE5249	
12	CITY/COUNTY	Locality Name	DE5255	
13	CITY/COUNTY NO.	MMIS Locality Code based on Postal Code	DE5254	
14	060 CANCEL REASON	Calculated	DE0002	Incremented by +1 for each Person Identifier Value (DE 3955) appearing in field 'ENROLLEE ID' (No. 6) with an Enrollee Cancel Reason (DE 3451) value of '060'. This totals accumulation is stored for printing summary totals. This totals accumulation is stored and retrieved with a key comprised of the value of the enrollee's Region Code (DE 5249), Locality (DE 5254) and '060'. Counts for all enrollees with matching Region Code (DE 5249), Locality (DE 5254) and Cancel Reason (DE 3451) = '060' are accumulated in this area without regard for enrollee number.
15	061 CANCEL REASON	Calculated	DE0002	Incremented by +1 for each Person Identifier Value (DE 3955) appearing in field 'ENROLLEE ID' (No. 6) with an Enrollee Cancel Reason (DE 3451) value of '061'. This totals accumulation is stored for printing summary totals. This totals accumulation is stored and retrieved with a key comprised of the value of the enrollee's Region Code (DE 5249), Locality (DE 5254) and '061'. Counts for all enrollees with matching Region Code (DE 5249), Locality (DE 5254) and Cancel Reason (DE 3451) = '061' are accumulated in this area without regard for enrollee number.
16	062 CANCEL REASON	Calculated	DE0002	Incremented by +1 for each Person Identifier Value (DE 3955) appearing in field 'ENROLLEE ID' (No. 6) with an Enrollee Cancel Reason (DE 3451) value of '062'. This totals accumulation

				is stored for printing summary totals. This totals accumulation is stored and retrieved with a key comprised of the value of the enrollee's Region Code (DE 5249), Locality (DE 5254) and '062'. Counts for all enrollees with matching Region Code (DE 5249), Locality (DE 5254) and Cancel Reason (DE 3451) = '062' are accumulated in this area without regard for enrollee number.
17	TOTAL	Calculated	DE0002	Total of the values of fields '060 CANCEL REASON' (No. 14), '061 CANCEL REASON' (No. 15) and '062' CANCEL REASON' (No. 16) printed on the same locality summary counts line as the current iteration of field 'TOTAL' (No. 17).
18	REGION	Region Code	DE5249	
19	TOTAL 060	Calculated	DE0002	Total of the values for all occurrences of field '060 Cancel Reason' (No. 14) within the current region totals being printed whose Region Code (DE 5249) value is printed in the 'REGION' field (No. 18).
20	TOTAL 061	Calculated	DE0002	Total of the values for all occurrences of field '061 Cancel Reason' (No. 15) within the current region totals being printed whose Region Code (DE 5249) value is printed in the 'REGION' field (No. 18).
21	TOTAL 062	Calculated	DE0002	Total of the value for all occurrences of field '062 Cancel Reason' (No. 16) within the current region totals being printed whose Region Code (DE 5249) value is printed in the 'REGION' field (No. 18).
22	TOTAL	Calculated	DE0002	Total of the value for fields '061 Total (No. 19), '062 Total (Field No. 20) and '062 Total (No. 21) within the current region being printed whose Region Code (DE 5249) value is printed in the 'REGION' field (No. 18). It is also the region total of the values for all occurrences of field 'TOTAL' (No. 17) within the current region being printed

23	STATE REGION	Region Code	DE5249	
24	060 CANCEL REASON	Calculated	DE0002	Same as the value of field '060 TOTAL' (No. 19) on the 'REGIONAL TOTALS' page whose field 'REGION' (No. 11) matches the value of field 'STATE REGION' (No. 23) on the current regional totals summary line for which the value of field '060 CANCEL REASON' (No. 24) is being printed.
25	061 CANCEL REASON	Calculated	DE0002	Same as the value of field '061 TOTAL' (No. 20) on the 'REGIONAL TOTALS' page whose field 'REGION' (No. 11) matches the value of field 'STATE REGION' (No. 23) on the current regional totals summary line for which the value of field '061 CANCEL REASON' (No. 25) is being printed.
26	062 CANCEL REASON	Calculated	DE0002	Same as the value of field '062 TOTAL' (No. 21) on the 'REGIONAL TOTALS' page whose field 'REGION' (No. 11) matches the value of field 'STATE REGION' (No. 23) on the current regional totals summary line for which the value of field '062 CANCEL REASON' (No. 25) is being printed.
27	TOTAL	Calculated	DE0002	Total for the value of fields '060 Cancel Reason' (No. 24), '061 Cancel Reason' (No. 25) and '062 Cancel Reason' (No. 26) for the current state region summary total line on which the value of field 'TOTAL' (No. 27) is being printed.
28	060 TOTAL	Calculated	DE0002	Total for the value of all occurrences of field '060 CANCEL REASON' (No. 24) for all the 'STATE REGION' (No. 23) summary total lines printed on the 'STATE TOTALS' page.
29	061 TOTAL	Calculated	DE0002	Total for the value of all occurrences of field '061 CANCEL REASON' (No. 25) for all the 'STATE REGION' (No. 23) summary total lines printed on the 'STATE TOTALS' page.
30	062 TOTAL	Calculated	DE0002	Total for the value of all occurrences of field '062 CANCEL REASON' (No. 26) for all the 'STATE REGION' (No.

				23) summary total lines printed on the 'STATE TOTALS' page.
31	TOTAL	Calculated	DE0002	Total for the value of fields '060 TOTAL' (No. 28), '061 TOTAL' (No. 29) and '062 TOTAL' (No. 30) printed on the 'STATE TOTALS' page. It is also the total for the values of all occurrences of field 'TOTAL' (No. 27) printed on the 'STATE TOTALS' page.

Output Reports RS-O-041D Citizenship and Identity by Cancel Reason (DMAS) - CSV file

General Information

A file in comma delimited(CSV) format that contains all enrollees that meet all three criteria listed below: 1) have a Citizenship Status (DE3251) of 'C' (US Citizen) or 'N' (Naturalized US Citizen), 2) and their Eligibility Cancel Date (DE 3452) is between the last time program RSM041 was executed and the 16th day of the current month, 3) and their eligibility was canceled with an Eligibility Cancel Reason (DE 3451) of '060' (Failure to provide citizenship documentation), '061' (Failure to provide identity documentation) or '062' (Failure to provide both citizenship and identity documentation). This report is limited to non-V000 records. This CSV file can be downloaded and loaded into any software that supports importing of CSV format files (examples: MS-Excel, MS- Access).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	Citizenship Level and Identity Verification Reporting (RSM041)
Confidential:	Yes
Sequence:	Region (DE 4249), Locality (DE 5254) .
Control Breaks:	N/A

Citizenship and Identity by Cancel Reason (DMAS) - CSV file (RS-O-041D)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AS OF:	Calculated	DE0002	Calculated by moving a day value of 16 into the month and year of the pro-

				gram execution (example: If the program runs any day in October 2009, this date will be set to 10/16/2009). Enrollees who meet the cancel selection criteria and whose Eligibility Cancel Date (DE3452) is greater than the date this program last executed and less than or equal to this AS OF date will be included on the output file.
2	RUN DATE:	Calculated	DE0002	This is the date and time that program RSM041 started running. At the end of processing, this date is stored in table GL_PROGRAM_CONTROL and will be used during the following month's run to set the Last Run Date, which is used to control data selection (see field AS OF for additional detail).
3	REGION	Region Name	DE5250	
4	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
5	LOC NAME	Locality Name	DE5255	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	LAST NAME	Enrollee Last Name	DE3110	
8	FIRST NAME	Enrollee First Name	DE3111	
9	MI	Enrollee Middle Initial	DE3112	
10	CASEWORKER	Case Worker Number	DE3431	
11	CANCEL REASON	Eligibility Cancel Reason	DE3451	
12	SSN	Enrollee Social Security Number (SSN)	DE3034	
13	AID CAT	Enrollee Eligibility Aid Category	DE3009	

Output Reports RS-O-041E Citizenship and Identity by Cancel Reason (FAMIS) - CSV file

General Information

A file in comma delimited (CSV) format that contains FAMIS enrollees that meet all four criteria listed below: 1) have a Citizenship Status (DE3251) of 'C' (US Citizen) or 'N' (Naturalized US Citizen), 2) and their Eligibility Cancel Date (DE 3452) is between the last time program RSM041 was executed and the 16th day of the current month, 3) and their Eligibility was canceled with an Eligibility Cancel Reason (DE 3451) of '060' (Failure to provide citizenship documentation), '061' (Failure to provide identity documentation) or '062' (Failure to provide both citizenship and identity documentation), 4) and whose Caseworker (DE 3421) has a first character equal to 'V' (indicates a FAMIS Enrollee). This CSV file can be downloaded and loaded into any software that supports importing of CSV format files (examples: MS-Excel, MS- Access).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	Citizenship Level and Identity Verification Reporting (RSM041)
Confidential:	Yes
Sequence:	Region (DE 4249), Locality (DE 5254).
Control Breaks:	N/A

Citizenship and Identity by Cancel Reason (FAMIS) - CSV file (RS-O-041E)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AS OF:	Calculated	0002	Calculated by moving a day value of

				16 into the month and year of the program execution (example: If the program runs any day in October 2009, this date will be set to 10/16/2009). Enrollees who meet the cancel selection criteria and whose Eligibility Cancel Date (DE3452) is greater than the date this program last executed and less than or equal to this AS OF date will be included on the output file.
2	RUN DATE:	Calculated	0002	This is the date and time that program RSM041 started running. At the end of processing this date is stored in table GL_PROGRAM_CONTROL and will be used during the following month's run to set the Last Run Date, which is used to control data selection (see field AS OF for additional detail).
3	REGION	Region Name	DE5250	
4	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
5	LOC NAME	Locality Name	DE5255	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	LAST NAME	Enrollee Last Name	DE3110	
8	FIRST NAME	Enrollee First Name	DE3111	
9	MI	Enrollee Middle Initial	DE3112	
10	CASEWORKER	Case Worker Number	DE3431	
11	CANCEL REASON	Eligibility Cancel Reason	DE3451	
12	SSN	Enrollee Social Security Number (SSN)	DE3034	
13	AID CAT	Enrollee Eligibility Aid Category	DE3009	

Output Reports RS-O-041H Citizenship and Identity GF Report (DMAS) - CSV file

General Information

A file in comma delimited (CSV) format that contains all enrollees that meet all three of the criteria listed below: 1) are Active; Enrollee Eligibility Status Code (DE 3499) = 'A', 2) and whose Citizenship Status (DE3251) is either 'C' (US Citizen) or 'N' (Naturalized US Citizen), 3) and either their Enrollee Identity Verification (DE 3080) or their Enrollee Citizenship Level (DE 3081) has a value of 'GF' (Good Faith). This CSV file can be downloaded and loaded into any software that supports importing of CSV format files (examples: MS-Excel, MS- Access).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	N/A
Program:	Citizenship Level and Identity Verification Reporting (RSM041)
Confidential:	Yes
Sequence:	Region (DE 5250), Locality (5254), Case Worker (DE3431).
Control Breaks:	N/A

Citizenship and Identity GF Report (DMAS) - CSV file (RS-O-041H)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AS OF:	Calculated	DE0002	Calculated by moving a day value of 16 into the month and year of the program execution (example: If the program runs any day in October 2009, this date will be set to 10/16/2009).

2	RUN DATE:	Calculated	DE0002	This is the date and time that program RSM041started running.
3	REGION	Region Name	DE5250	
4	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
5	C/W#	Case Worker Number	DE3431	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	LAST NAME	Enrollee Last Name	DE3110	
8	FIRST NAME	Enrollee First Name	DE3111	
9	MI	Enrollee Middle Initial	DE3112	
10	ADAPT#	Enrollee ADAPT/VACIS Client Identification Number	DE3096	
11	DOB	Enrollee Birth Date	DE3005	
12	SSN	Enrollee Social Security Number (SSN)	DE3034	
13	AC	Enrollee Eligibility Aid Category	DE3009	
14	GF DATE	Enrollee Citizenship Identity Date	DE3624	
15	SSA CIT ST	SSA Citizenship Status	DE3622	
16	SSA CIT DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-041I Citizenship and Identity GF Report (FAMIS) - CSV file

General Information

A file in comma delimited (CSV) format that contains all enrollees that meet all four of the criteria listed below: 1) are Active; Enrollee Eligibility Status Code (DE 3499) = 'A', 2) and whose Citizenship Status (DE3251) is either 'C' (US Citizen) or 'N' (Naturalized US Citizen), 3) and either their Enrollee Identity Verification (DE 3080) or their Enrollee Citizenship Level (DE 3081) has a value of 'GF', 4) and whose Caseworker (DE 3421) has a first character equal to 'V' (indicates a FAMIS Enrollee). This CSV file can be downloaded and loaded into any software that supports importing of CSV format files (examples: MS-Excel, MS- Access).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	N/A
Program:	Citizenship Level and Identity Verification Reporting (RSM041)
Confidential:	Yes
Sequence:	Region (DE 5250), Locality (5254), Case Worker (DE3431).
Control Breaks:	N/A

Citizenship and Identity GF Report (FAMIS) - CSV file (RS-O-041I)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AS OF:	Calculated	DE0002	Calculated by moving a day value of 16 into the month and year of the program execution (example: If the program runs any day in October 2009, this date will be set to 10/16/2009).

2	RUN DATE:	Calculated	DE0002	This is the date and time that program RSM041 started running.
3	REGION	Region Name	DE5250	
4	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
5	C/W#	Case Worker Number	DE3431	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	LAST NAME	Enrollee Last Name	DE3110	
8	FIRST NAME	Enrollee First Name	DE3111	
9	MI	Enrollee Middle Initial	DE3112	
10	ADAPT#	Enrollee ADAPT/VACIS Client Identification Number	DE3096	
11	DOB	Enrollee Birth Date	DE3005	
12	SSN	Enrollee Social Security Number (SSN)	DE3034	
13	AC	Enrollee Eligibility Aid Category	DE3009	
14	GF DATE	Enrollee Citizenship Identity Date	DE3624	
15	SSA CIT ST	SSA Citizenship Status	DE3622	
16	SSA CIT DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-050 Benefit Package Audit Trail

General Information

This report shows the audit trail for Benefit Package information.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Quality Control
Program:	Benefit Package Audit Trail (RS-O-050) (VMPEDL05)
Confidential:	No
Sequence:	Benefit Plan Code Date Time
Control Breaks:	N/A

Benefit Package Audit Trail (RS-O-050)

```
VMPEDL05                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                           BENEFIT PACKAGE AUDIT TRAIL                                        P
RUN DATE: MM/DD/CCYY HH:MM


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

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


   XXXXXXXXX (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 Iden-tification	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 RS-O-051 Enrollees in Benefit Plan to be Closed

General Information

This report lists enrollee data for individuals enrolled in a benefit plan that DMAS proposes to close.

Subsystem:	Recipient
Frequency:	Upon Request
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS Recipient Coordinator, FA Quality Control
Program:	Enrollees in Benefit Plan to be Closed Report (RSR075)
Confidential:	Yes
Sequence:	Alphabetically within the Benefit Plan
Control Breaks:	N/A

Enrollees in Benefit Plan to be Closed (RS-O-051)

```
RSR075                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ENROLLEES IN BENEFIT PLAN TO BE CLOSED
RUN DATE: MM/DD/CCYY HH:MM
                                                        (13)
                                                 BENEFIT PLAN: FAMIS 07-01-0100

 (1)  (2) (3)  (4)          (5)            (6)        (7)       (8)                        (9)                    BENE
          NAME            ID-NUMBER      LOCALITY     AC    BENEFIT PLAN 2             BENEFIT PLAN 3

[redacted], B[redacted]    0[redacted]9    087        056    9[redacted]9 XX            9[redacted]9 XX          9
[redacted], D[redacted]    0[redacted]9    059        052    9[redacted]9
            E[redacted]    0[redacted]9    059        091
[redacted], A[redacted]    0[redacted]9    087        021    9[redacted]9               9[redacted]9
[redacted], A[redacted]    0[redacted]9    059        012    9[redacted]9               9[redacted]9
            B[redacted]    0[redacted]9    001        081    9[redacted]9               9[redacted]9
[redacted], B[redacted]    0[redacted]9    001        092    9[redacted]9 XX
[redacted], C[redacted]    0[redacted]9    001        091    9[redacted]9               9[redacted]9             9
            E[redacted]    0[redacted]9    550        051    9[redacted]9               9[redacted]9 XX
[redacted], J[redacted]    0[redacted]9    001        071    9[redacted]9               9[redacted]9
[redacted], K[redacted]    0[redacted]9    001        071    9[redacted]9 XX
[redacted], T[redacted]    0[redacted]9    001        092    9[redacted]9               9[redacted]9

                TOTAL ENROLLEE RECORDS READ (11)          126,284
                TOTAL ENROLLEE RECORDS LISTED (12)          6,137


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Name (Last)	Enrollee Last Name	DE3110	
2	Name (First)	Enrollee First Name	DE3111	
3	Name (Middle Initial)	Enrollee Middle Initial	DE3112	
4	Name (Suffix)	Enrollee Name Suffix	DE3113	
5	ID-Number	Enrollee Permanent Identification Number	DE3093	
6	Locality	Enrollee FIPS Code	DE3008	
7	AC	Enrollee Eligibility Aid Category	DE3009	
8	Benefit Plan 2	Benefit Definition Benefit Plan Code	DE3550	
9	Benefit Plan 3	Benefit Definition Benefit Plan Code	DE3550	
10	Benefit Plan 4	Benefit Definition Benefit Plan Code	DE3550	

11	Total Enrollee Records Read	Calculated	DE0002	Total each input record read.
12	Total Enrollee Records Listed	Calculated	DE0002	Total each enrollee found to be in plan
13	Benefit Plan	Benefit Definition Benefit Plan Code	DE3550	

Output Reports RS-O-052 Active Enrollees Within Benefit Plan by Age Categories

General Information

This report is produced monthly to provide counts of enrollees for each Benefit Plan, subtotaled by age category.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	30 pages
Number of Copies:	2
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS Recipient Coordinator; FA Quality Control
Program:	Enrollees Within Benefit Plan by Age Report (RSM052)
Confidential:	No
Sequence:	Benefit Plan Code
Control Breaks:	N/A

Active Enrollees Within Benefit Plan by Age Categories (RS-O-052)

```
RSM052                                      VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                     ACTIVE ENROLLEES WITHIN BENEFIT PLAN BY AGE CATEGORIES
RUN DATE: MM/DD/CCYY HH:MM                      FOR THE PERIOD XX/XX/XXXX THRU XX/XX/XXXX
                                                          (1)        (2)          (3)
                                            BENEFIT PLAN: 99-99-9999 XX XXXXXXXXXXXXXXXXXXXXX

 AGE GROUP UNDER 1          999,999,999    (4)
 AGE GROUP 1 TO 5           999,999,999    (5)
 AGE GROUP 6 TO 17          999,999,999    (6)
 AGE GROUP 18 TO 19         999,999,999    (7)
 AGE GROUP 20 TO 21         999,999,999    (8)
 AGE GROUP 22 TO 64         999,999,999    (9)
 AGE GROUP 65 AND OLDER     999,999,999   (10)
 AGE GROUP UNKNOWN          999,999,999   (11)

 TOTAL ACTIVE ENROLLEES FOR BENEFIT PLAN  999,999,999      (12)

                                            BENEFIT PLAN: 99-99-9999 XX XXXXXXXXXXXXXXXXXXXXX

 AGE GROUP UNDER 1          999,999,999
 AGE GROUP 1 TO 5           999,999,999
 AGE GROUP 6 TO 17          999,999,999
 AGE GROUP 18 TO 19         999,999,999
 AGE GROUP 20 TO 21         999,999,999
 AGE GROUP 22 TO 64         999,999,999
 AGE GROUP 65 AND OLDER     999,999,999
 AGE GROUP UNKNOWN          999,999,999

 TOTAL ACTIVE ENROLLEES FOR BENEFIT PLAN  999,999,999

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Plan	Benefit Definition Benefit Plan Code	DE3550	
2	(Exception Indicator)	Benefit Plan Exception Indicator	DE3072	
3	(Benefit Plan Description)	Benefit Definition Plan Short Name	DE3555	
4	Age Group Under 1	Calculated	DE0002	
5	Age Group 1 to 5	Calculated	DE0002	
6	Age Group 6 to 17	Calculated	DE0002	
7	Age Group 18 to 19	Calculated	DE0002	
8	Age Group 20 to	Calculated	DE0002	

	21			
9	Age Group 22 to 64	Calculated	DE0002	
10	Age Group 65 and older	Calculated	DE0002	
11	Age Group Unknown	Calculated	DE0002	
12	Total Active Enrollees for Benefit Plan	Calculated	DE0002	

Output Reports RS-O-054 FAMIS Enrollees Aggregate Months of Coverage

General Information

This report is created quarterly to provide DMAS with a number of aggregate months of FAMIS coverage within the quarter, for each enrollee.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	Variable
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS Recipient Coordinator; FA Quality Control
Program:	FAMIS Enrollees Aggregate Months of Coverage (RSQ054)
Confidential:	No
Sequence:	Locality; Enrollee Last Name
Control Breaks:	Locality

FAMIS Enrollees Aggregate Months of Coverage (RS-O-054)

```
RSQ054                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            FAMIS ENROLLEES AGGREGATE MONTHS OF COVERAGE
RUN DATE: MM/DD/CCYY HH:MM                                  XXXXXXXX QUARTER

LOCALITY: 999  (10)

    (1) (2) (3) (4)                      (5)
       NAME  SMITH,  DANISH A            ID-NUMBER  001-999999-019
          (6)                                (7)
       ENROLLMENT BEGIN                  ENROLLMENT END
          99/99/9999                       99/99/9999
          99/99/9999                       99/99/9999

   ******************************  E L I G I B I L I T Y   P E R I O D S  ****************************************
        (8)
                        AC     BEGIN DATE    END DATE   CANCEL DATE            AC    BEGIN DATE     END DATE     CANCEL DA
   1st MONTH (1)        009    99/99/9999   99/99/9999
   2nd MONTH (1)        009    99/99/9999   99/99/9999
   3rd MONTH (1)        009    99/99/9999   99/99/9999
     (9)
    AGGREGATE MONTHS OF COVERAGE: 3
   ******************************************************************************************************************

       NAME  SMITH,  DANISH A            ID-NUMBER  001-999999-019

       ENROLLMENT BEGIN                  ENROLLMENT END
          99/99/9999                       99/99/9999
          99/99/9999                       99/99/9999

   ******************************  E L I G I B I L I T Y   P E R I O D S  ****************************************
        (6)
                        AC     BEGIN DATE    END DATE   CANCEL DATE             AC    BEGIN DATE     END DATE     CANCEL D
   1st MONTH (1)        009    99/99/9999   99/99/9999
   2nd MONTH (1)        009    99/99/9999   99/99/9999
   3rd MONTH (1)        009    99/99/9999   99/99/9999
     (9)
    AGGREGATE MONTHS OF COVERAGE: 3
  ******************************************************************************************************************

     TOTAL ENROLLEE RECORDS LISTED                  :  99,999 (11)
     TOTAL AGGREGATE MONTHS ALL ENROLLEES           : 999,999 (12)

     ************************************************ G R A N D T O T A L  ****************************************
     TOTAL ENROLLEE RECORDS LISTED IN ALL LOCALITIES  :  99,999(13)
     TOTAL AGGREGATE MONTHS IN ALL LOCALITIES         : 999,9999(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	Name (Last)	Enrollee Last Name	DE3110	
2	Name (First)	Enrollee First Name	DE3111	
3	Name (Middle Initial)	Enrollee Middle Initial	DE3112	
4	Name (Suffix)	Enrollee Name Suffix	DE3113	
5	ID-Number	Enrollee Permanent Identification Number	DE3093	
6	Enrollment Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
7	Enrollment End	Enrollee Benefit Enrollment End Date	DE3065	
8	AC	Enrollee Eligibility Aid	DE3009	

		Category		
9	Aggregate Months of Coverage	Calculated	DE0002	
10	Locality	Case Administrative FIPS Code	DE3039	
11	Total Enrollee Records Listed	Calculated	DE0002	
12	Total Aggregate Months All Enrollees	Calculated	DE0002	
13	Total Enrollee Records Listed in All Localities	Calculated	DE0002	
14	Total Aggregate Months in All localities	Calculated	DE0002	

Output Reports RS-O-059A Monthly enrollment report

General Information

List the monthly enrollment details for those enrollees who have been enrolled in aid category 059 since the previous month's cutoff.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	On demand
Retention:	60 days
Distribution:	DARS
Program:	Enrollees reports for aid category 059 (RSM049)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly enrollment report (RS-O-059A)

```
RSM049                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                           MONTHLY NEW ENROLLMENT REPORT FOR AID CATEGORY 059                 P
RUN DATE: MM/DD/CCYY HH:MM

LAST NAME            FIRST NAME    MI      ENROLLEE ID      SOC SEC     COV BEGIN      CASE ID        CASE FIPS   CASE
      (1)                 (2)      (3)        (4)            (5)         (6)           (7)            (8)         (9
XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X       XXXXXXXXXXXX    XXXXXXXXX   XXXXXXXXXX    XXXXXXXXXXXX    XXX         XXX

                                                        *** 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	Last Name	Enrollee Last Name	DE3110	
2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	Enrollee ID	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is PERL, it represent Enrollee ID.
5	Soc Sec	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is SSN, it represent Social security ID.
6	Cov Begin	Enrollee Eligibility Begin Date	DE3010	
7	Case ID	Case Identification Number	DE3043	
8	Case Fips	Case Administrative FIPS Code	DE3039	
9	Case Worker	Case Worker Number	DE3431	

Output Reports RS-O-059B Monthly Enrollees Cancelled Report

General Information

This report lists the monthly enrollment details for those enrollees in aid category 059 who have been cancelled since the previous month's cutoff.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	On demand
Retention:	60 days
Distribution:	DARS
Program:	Enrollees reports for aid category 059 (RSM049)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly Enrollees Cancelled Report (RS-O-059B)

```
RSM049                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT
AS OF:MM/DD/CCYY                           MONTHLY CANCELLED REPORT FOR AID CATEGORY 059                      PAGE NU
RUN DATE: MM/DD/CCYY HH:MM

LAST NAME           FIRST NAME   MI     ENROLLEE ID     SOC SEC     COV BEGIN   CANCEL DATE  CAN RSN  CASE ID         C
     (1)               (2)      (3)        (4)           (5)         (6)         (7)         (8)        (9)           (
XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X      XXXXXXXXXXXX   XXXXXXXXX   XXXXXXXXXX  XXXXXXXXXX   XXX       XXXXXXXXXXXX   X

                                                        *** 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	Last Name	Enrollee Last Name	DE3110	
2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	Enrollee ID	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is PERL, it represent Enrollee ID.
5	Soc Sec	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is SSN, it represent Social Security ID.
6	Cov Begin	Enrollee Eligibility Begin Date	DE3010	
7	Cancel Date	Eligibility Cancel Date	DE3452	
8	Can Rsn	Eligibility Cancel Reason	DE3451	
9	Case ID	Case Identification Number	DE3043	
10	Case Fips	Case Administrative FIPS Code	DE3039	
11	Case Worker	Case Worker Number	DE3431	

Output Reports RS-O-059C Total Active Enrl Report For Aid Category 059

General Information

Lists all active enrollees in aid category 059 in the system.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	On demand
Retention:	60 days
Distribution:	DARS
Program:	Enrollees reports for aid category 059 (RSM049)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Active enrollees report (RS-O-059C)

```
RSM049                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                         TOTAL ACTIVE ENRL REPORT FOR AID CATEGORY 059                      PAG
RUN DATE: MM/DD/CCYY HH:MM

LAST NAME           FIRST NAME  MI ENROLLEE ID  SOC SEC   DOB        COVERAGE   MEDICARE   TITLE II    TITLE II TI
                                                                      BEGIN      BEGIN      BEGIN       AMOUNT   ST
(1)                 (2)         (3)     (4)       (5)      (6)        (7)        (8)        (9)         (10)      (
XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX  ZZZ9.99

                                                   *** 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	Last Name	Enrollee Last Name	DE3110	
2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	Enrollee ID	Person Identifier Value	DE3955	
5	Soc Sec	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is SSN, it represent Social Security ID.
6	DOB	Enrollee Birth Date	DE3005	
7	Coverage Begin	Enrollee Eligibility Begin Date	DE3010	
8	Medicare Begin	TPL Coverage Effective (Begin) Date	DE3667	
9	Title Begin	BENDEX Initial Entitlement Date	DE3518	
10	Title Amount	BENDEX Monthly Benefit Payable	DE3517	
11	Title Status	BENDEX Payment Status Code	DE3516	
12	EI	Benefit Plan Exception Indicator	DE3072	
13	Case FIPS	Case Administrative FIPS Code	DE3039	
14	Case Worker	Case Worker Number	DE3431	

Output Reports RS-O-060 Case 3-up Labels

General Information

Enrollee Labels

Subsystem:	Recipient
Frequency:	On Request
Volume:	N/A
Number of Copies:	1
Output Form:	3-up Labels
Retention:	N/A
Distribution:	Requestor
Program:	Create Enrollee or Case Labels on Request (RSR060)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Case 3-up Labels (RS-O-060)

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
     (1)            (2)          (3)
C/W 99999      C/C  999   999-999999-999
XXXXXX X XXXXXXX
XXXXXXXXXXXXXXXXXXXX          (4)
XXXXXXXXX            (6)      (5)
XXXXXXXX,XX 99999-9999
  (7)      (8)        (9)
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Worker Number	Case Worker Number	DE3431	
2	Case Administrative FIPS Code	Case Administrative FIPS Code	DE3039	
3	Case Identification Number	Case Identification Number	DE3043	
4	Case Name	Case Name	DE3046	
5	Case Street Address	Case Street Address	DE3561	
6	Case Additional Address Name	Case Additional Address Name	DE3560	

7	Case City Name	Case City Name	DE3562	
8	Case State Code	Case State Code	DE3563	
9	Case ZIP Code	Case ZIP Code	DE3564	

Output Reports RS-O-061 Enrollee 3-up Labels

General Information

Enrollee Labels

Subsystem:	Recipient
Frequency:	On Request
Volume:	N/A
Number of Copies:	1
Output Form:	3-up Labels
Retention:	N/A
Distribution:	Requestor
Program:	Create Enrollee or Case Labels on Request (RSR060)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee 3-up Labels (RS-O-061)

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
     (1)            (2)           (3)
C/W 99999      C/C  999   999-999999-999
XXXXXX X XXXXXXX
XXXXXXXXXXXXXXXXXXX      (4)
XXXXXXXXX            (6) (5)
XXXXXXXX,XX 99999-9999
  (7)      (8)       (9)
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

```
C/W 99999      C/C  999   999-999999-999
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX,XX 99999-9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Worker Number	Case Worker Number	DE3431	
2	Enrollee FIPS Code	Enrollee FIPS Code	DE3008	
3	Enrollee Permanent Identification Number	Enrollee Permanent Identification Number	DE3093	
4	Enrollee Name	Enrollee Full Name	DE3003	
5	Enrollee Street Address	Enrollee Street Address	DE3115	
6	Enrollee Additional Address Name	Enrollee Additional Address Name	DE3114	
7	Enrollee City Name	Enrollee City Name	DE3116	

8	Enrollee State Code	Enrollee State Code	DE3117	
9	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	

Output Reports RS-O-062 Case/Enrollee Label Request Control Totals

General Information

This report will display the label request parameters and the number of labels printed.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 days
Distribution:	Requestor
Program:	Create Enrollee or Case Labels on Request (RSR060)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Case/Enrollee Label Request Control Totals (RS-O-062)

```
RSR060                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                         CASE/ENROLLEE LABEL REQUEST CONTROL TOTALS
RUN DATE: MM/DD/CCYY HH:MM


TYPE LABELS REQUESTED: X (1)

LOCALITIES REQUESTED:  999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 99
                    (2)999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 99
                       999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 99
                       999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 99

NUMBER LABELS PRINTED: 9,999,999 (3)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TYPE LABELS REQUESTED	Input Request Data	DE3101	
2	LOCALITIES REQUESTED	Input Request Data	DE3101	
3	NUMBER LABELS PRINTED	Calculated	DE0002	

Output Reports RS-O-063A Patient Pay Add/Update (DSS)

General Information

This reports lists patient pay adds and updates for the reporting period.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Patient Pay Add/Update (DSS) (RS-O-063A)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
 AS OF:MM/DD/CCYY                          PATIENT PAY ADD/UPDATES (DSS)                                     PAGE
 RUN DATE: MM/DD/CCYY HH:MM

 REGION : 9999 (1)
 LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXX(3)
 CASEWORKER : XXXXX (4)
   ENROLLEE ID        ENROLLEE NAME            ADD/UPDATE    REASON   PATIENT PAY    PRIOR PATIENT PAY
      (5)                 (6)                    (7)         (8)         (9)             (10)
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99
  999-999999-999     XXXXXXXX,XXXXXXXX X          X          XXX     9999999.99       9999999.99

                                   *** 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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	Add/Update		DE0000	
8	Reason	Patient Pay Reason Code	DE4800	
9	Patient Pay	Medicaid Rate	DE4834	
10	Prior Patient Pay	Medicaid Rate	DE4834	

Output Reports RS-O-063B Patient Pay Add/Updates

General Information

This program extracts particular patient pay data to be reported to DMAS in various ways.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Patient Pay Add/Updates (RS-O-063B)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                         PATIENT PAY ADD/UPDATES                                            PAGE
RUN DATE: MM/DD/CCYY HH:MM

REGION C/C  C/W#   ENROLLEE ID     ENROLLEE NAME          ADD/UPD    REASON      PATIENT PAY    PRIOR PATIENT PAY
 (1)   (2)  (3)        (4)          (5)                    (6)       (7)          (8)             (9)
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X     X          XXX        9999999.99      9999999.99
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X     X          XXX        9999999.99      9999999.99
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X     X          XXX        9999999.99      9999999.99
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X     X          XXX        9999999.99      9999999.99
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X     X          XXX        9999999.99      9999999.99
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	

2	C/C	MMIS Locality Code based on Postal Code	DE5254	
3	Case Worker	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	Add/Update		DE0000	
7	Reason	Patient Pay Reason Code	DE4800	
9	Patient Pay	Medicaid Rate	DE4834	
10	Prior patient pay	Medicaid Rate	DE4834	

Output Reports RS-O-064A Cumulative Report of All Enrollees with Active LOC and Eligibility but no 122 (DSS)

General Information

This program extracts data of active LOC enrollees and eligibility but no 122.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees with Active LOC and Eligibility but no 122 (DSS) (RS-O-064A)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY       CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY BUT NO 122 (DSS)    PA
RUN DATE: MM/DD/CCYY HH:MM

REGION : 9999 (1)
LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXXX(3)
CASEWORKER : XXXXX (4)
  ENROLLEE ID        ENROLLEE NAME         EI    PROVIDER      LOC         LOC          AID CAT         ELIG
                                                               BEGIN       END                          BEGIN
     (5)                  (6)             (7)      (8)        (9)         (10)          (11)           (12)
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      999         MM/DD/CCYY
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      999         MM/DD/CCYY
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      999         MM/DD/CCYY
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      999         MM/DD/CCYY
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      999         MM/DD/CCYY
 999-999999-999     XXXXXXXX,XXXXXXXXX X   XX    9999999999  MM/DD/CCYY  MM/DD/CCYY      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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	C/W#	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
11	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
12	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
13	Elig End	Enrollee Eligibility End Date	DE3011	

RS-O-064A Enrollees with Active LOC and Eligibility but no Patient Pay (DSS)

General Information

This program extracts data of active LOC enrollees and eligibility but no Patient Pay.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Enrollees with Active LOC and Eligibility but no Patient Pay (DSS) (RS-O-064A)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR


AS OF:MM/DD/CCYY                  ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY BUT NO PATIENT PAY(DSS)         PAGE
 RUN DATE: MM/DD/CCYY HH:MM

  REGION : 9999 (1)
  LOCALITY : 999 (2) XXXXXXXXXXXXXXXXXXXX (3)
  CASEWORKER : XXXX (4)
  ENROLLEE ID         NROLLEE NAME                          EI    PROVIDER        LOC          LOC       AID      E
                                                                                  BEGIN        END       CAT     BE

      (5)                 (6)                              (7)      (8)          (9)          (10)      (11)      (
 999-999999-999   XXXXXXXX,XXXXXXXX X                       XX    9999999999   MM/DD/CCYY   MM/DD/CCYY   999   MM/D
 999-999999-999   XXXXXXXX,XXXXXXXX X                       XX    9999999999   MM/DD/CCYY   MM/DD/CCYY   999   MM/D
 999-999999-999   XXXXXXXX,XXXXXXXX X                       XX    9999999999   MM/DD/CCYY   MM/DD/CCYY   999   MM/D
 999-999999-999   XXXXXXXX,XXXXXXXX X                       XX    9999999999   MM/DD/CCYY   MM/DD/CCYY   999   MM/D
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	C/W#	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
11	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
12	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
13	Elig End	Enrollee Eligibility End Date	DE3011	

Output Reports RS-O-064B Cumulative Report of All Enrollees With Active LOC and Eligibility But No 122

General Information

Cumulative report of all enrollees with active LOC and eligibility but no 122.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees With Active LOC and Eligibility But No 122 (RS-O-064B)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
 AS OF:MM/DD/CCYY     CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY BUT NO 122          PAGE
 RUN DATE: MM/DD/CCYY HH:MM

 REGION C/C  C/W#   ENROLLEE ID     ENROLLEE NAME          EI     PROVIDER     LOC      LOC     AID CAT      ELIG
                                                                               BEGIN    END                  BEGIN
  (1)   (2)  (3)        (4)          (5)                  (6)       (7)      (8)      (9)      (10)        (11)
  9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X   X    9999999999  MM/DD/CCYY MM/DD/CCYY  999    MM/DD/CCY
  9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X   X    9999999999  MM/DD/CCYY MM/DD/CCYY  999    MM/DD/CCY
  9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X   X    9999999999  MM/DD/CCYY MM/DD/CCYY  999    MM/DD/CCY
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	
2	C/C	MMIS Locality Code based on Postal Code	DE5254	
3	C/W#	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	EI	Benefit Plan Exception Indicator	DE3072	
7	Provider	National Provider Identifier	DE4700	
8	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
9	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
10	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
11	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
12	Elig End	Enrollee Eligibility End Date	DE3011	

RS-O-064B Enrollees with Active LOC and Eligibility but No Patient Pay

General Information

Enrollees with active LOC and eligibility but no Patient Pay.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Enrollees with Active LOC and Eligibility but No Patient Pay (RS-O-064B)

```
RSM062                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:   RS-O-064B
 AS OF:MM/DD/CCYY                    ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY BUT NO PATIENT PAY              PAG
 RUN DATE: MM/DD/CCYY HH:MM

 REG  C/C C/W#   ENROLLEE ID            ENROLLEE NAME                  EI  PROVIDER      LOC        LOC     AID
                                                                                         BEGIN      END     CAT
 (1)  (2) (3)       (4)                     (5)                       (6)     (7)          (8)      (9)     (10)
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
 9999 999 XXXX  999-999999-999        XXXXXXX,XXXXXXX X              XX  9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	

2	C/C	MMIS Locality Code based on Postal Code	DE5254	
3	C/W#	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	EI	Benefit Plan Exception Indicator	DE3072	
7	Provider	National Provider Identifier	DE4700	
8	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
9	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
10	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
11	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
12	Elig End	Enrollee Eligibility End Date	DE3011	

Output Reports RS-O-065A Cumulative Report of All Enrollees With Active LOC and Eligibility With 122 On File (DSS)

General Information

Cumulative report of all enrollees with active LOC and eligibility with 122 on file (DSS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees With Active LOC and Eligibility With 122 On File (DSS) (RS-O-065A)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY  CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY WITH 122 ON FILE(DSS)    PAGE
RUN DATE: MM/DD/CCYY HH:MM

 REGION : 9999 (1)
 LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXXX(3)
 CASEWORKER : XXXXX (4)
   ENROLLEE ID   ENROLLEE NAME         EI  PROVIDER      LOC         LOC      AID  ELIG         ELIG      PATIENT
                                                        BEGIN        END     CAT  BEGIN         END        PAY
      (5)                (6)           (7)   (8)         (9)        (10)     (11) (12)         (13)       (14)
  999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999  MM/DD/CCYY  MM/DD/CCYY  999 MM/DD/CCYY  MM/DD/CCYY  9999999.
  999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999  MM/DD/CCYY  MM/DD/CCYY  999 MM/DD/CCYY  MM/DD/CCYY  9999999.


                                        *** 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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
11	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
12	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
13	Elig End	Enrollee Eligibility End Date	DE3011	
14	Patient Pay	Medicaid Rate	DE4834	
15	Last 122 Date	Patient Pay Begin Date	DE4801	

RS-O-065A Enrollees with Active LOC and Eligibility with Patient Pay on File (DSS)

General Information

Enrollees with active LOC and eligibility with Patient Pay on file (DSS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Enrollees with Active LOC and Eligibility with Patient Pay on File (DSS) (RS-O-065A)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
 AS OF:MM/DD/CCYY                  ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY WITH PATIENT PAY ON FILE(DSS)    PAG
 RUN DATE: MM/DD/CCYY HH:MM

  REGION : 9999 (1)
  LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXX (3)
  CASEWORKER : XXXX (4)
  ENROLLEE ID       ENROLLEE NAME                  EI  PROVIDER    LOC        LOC      AID  ELIG       ELIG     PA
                                                                   BEGIN      END      CAT  BEGIN       END
    (5)              (6)                          (7)    (8)        (9)       (10)     (11)  (12)       (13)
 999-999999-999      XXXXXXX,XXXXXXX X            XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY MM/DD/CCYY
 999-999999-999      XXXXXXX,XXXXXXX X            XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY MM/DD/CCYY
 999-999999-999      XXXXXXX,XXXXXXX X            XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY MM/DD/CCYY
 999-999999-999      XXXXXXX,XXXXXXX X            XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999  MM/DD/CCYY MM/DD/CCYY
 999-999999-999      XXXXXXX,XXXXXXX X            XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999  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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
11	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
12	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
13	Elig End	Enrollee Eligibility End Date	DE3011	
14	Patient Pay	Medicaid Rate	DE4834	
15	Last 122 Date	Patient Pay Begin Date	DE4801	

Output Reports RS-O-065B Enrollees with active LOC and eligibility with 122 on file

General Information

Cumulative report of all enrollees with active LOC and eligibility with 122 on file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollees with active LOC and eligibility with 122 on file (RS-O-065B)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY     CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND ELIGIBILITY WITH 122 ON FILE      PA
RUN DATE: MM/DD/CCYY HH:MM

REG C/C  C/W#   ENROLLEE ID    ENROLLEE NAME      EI  PROVIDER    LOC      LOC       AID      ELIG     ELIG
                                                                BEGIN     END       CAT      BEGIN     END
 (1)  (2)  (3)     (4)                (5)         (6)    (7)      (8)       (9)      (10)    (11)      (12)
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	Case Worker	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	EI	Benefit Plan Exception Indicator	DE3072	
7	Provider ID	National Provider Identifier	DE4700	
8	LOC Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
9	LOC End Date	Enrollee Benefit Enrollment End Date	DE3065	
10	Aid Category	Enrollee Eligibility Aid Category	DE3009	

11	Eligibility Begin Date	Enrollee Eligibility Begin Date	DE3010	
12	Eligibility End Date	Enrollee Eligibility End Date	DE3011	
13	Patient Pay Amount	Medicaid Rate	DE4834	
14	Last 122 Date	Patient Pay Begin Date	DE4801	

Output Reports RS-O-066A Cumulative Report of All Enrollees With Active LOC and No Active Eligibility (DSS)

General Information

Cumulative report of all enrollees with active LOC and no active eligibility(DSS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees With Active LOC and No Active Eligibility (DSS) (RS-O-066A)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR
AS OF:MM/DD/CCYY          CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND NO ACTIVE ELIGIBILITY(DSS)   PAGE
 RUN DATE: MM/DD/CCYY HH:MM

 REGION : 9999 (1)
 LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXXX(3)
 CASEWORKER : XXXXX (4)
   ENROLLEE ID        ENROLLEE NAME                  EI            PROVIDER              LOC            LOC
                                                                                         BEGIN          END
      (5)                (6)                         (7)              (8)                (9)            (10)
  999-999999-999  XXXXXXXX,XXXXXXXXX X               XX           9999999999          MM/DD/CCYY     MM/DD/CCYY
  999-999999-999  XXXXXXXX,XXXXXXXXX X               XX           9999999999          MM/DD/CCYY     MM/DD/CCYY


-
0                                          *** END OF REPORT ***

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```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	(Locality Name)	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	

Output Reports RS-O-066B Cumulative Report of All Enrollees With active LOC and No Active Eligibility

General Information

Cumulative report of all enrollees with active LOC and no active eligibility.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrolles With active LOC and No Active Eligibility (RS-O-066B)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
 AS OF:MM/DD/CCYY     CUMULATIVE REPORT OF ALL ENROLLEES WITH ACTIVE LOC AND NO ACTIVE ELIGIBILITY
 RUN DATE: MM/DD/CCYY HH:MM

 REG    C/C      C/W#    ENROLLEE ID      ENROLLEE NAME        EI            PROVIDER              LOC
                                                                                                   BEGIN
 (1)    (2)      (3)        (4)               (5)             (6)            (7)                  (8)
 9999   999     XXXXX  999-999999-999  XXXXXXXX,XXXXXXXXX X   XX            9999999999          MM/DD/CCYY    MM/
 9999   999     XXXXX  999-999999-999  XXXXXXXX,XXXXXXXXX X   XX            9999999999          MM/DD/CCYY    MM/
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Reg	Region Code	DE5249	
2	C/C	MMIS Locality Code based on Postal Code	DE5254	
3	C/W#	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	EI	Benefit Plan Exception Indicator	DE3072	
7	Provider	National Provider Identifier	DE4700	
8	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
9	LOC End	Enrollee Benefit Enrollment End Date	DE3065	

Output Reports RS-O-067A Cumulative Report of All Enrollees in 300% Group With Active Elig and No Active LOC(DSS)

General Information

Cumulative report of all enrollees in 300% group with active eligibility and no active LOC(DSS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees in 300% Group With Active Elig and No Active LOC(DSS) (RS-O-067A)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY     CUMULATIVE REPORT OF ALL ENROLLEES IN 300% GROUP WITH ACTIVE ELIG AND NO ACTIVE LOC(DSS)  P
 RUN DATE: MM/DD/CCYY HH:MM

 REGION : 9999 (1)
 LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXXX(3)
 CASEWORKER : XXXXX (4)
   ENROLLEE ID        ENROLLEE NAME              AID CATEGORY                          ELIG          ELIG
                                                                                       BEGIN         END
      (5)                (6)                        (7)                                 (9)           (10)
  999-999999-999  XXXXXXXX,XXXXXXXXX X             999                                MM/DD/CCYY    MM/DD/C
  999-999999-999  XXXXXXXX,XXXXXXXXX X             999                                MM/DD/CCYY    MM/DD/C


0                                          *** END OF REPORT ***

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                 *  *  *  *  *   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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	Locality Name	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	Aid Category	Enrollee Eligibility Aid Category	DE3009	
8	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
9	Elig End	Enrollee Eligibility End Date	DE3011	

Output Reports RS-O-067B Cumulative Report of All Enrollees in 300% Group With Active Elig and No Active LOC

General Information

Cumulative report of all enrollees in 300% group with active eligibility and no active LOC.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees in 300% Group With Active Elig and No Active LOC (RS-O-067B)

```
1RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY     CUMULATIVE REPORT OF ALL ENROLLEES IN 300% GROUP WITH ACTIVE ELIG AND NO ACTIVE LOC     PA
 RUN DATE: MM/DD/CCYY HH:MM

 REG    C/C      C/W#    ENROLLEE ID      ENROLLEE NAME       AID CATEGORY          ELIG          ELIG
                                                                                   BEGIN          END
 (1)    (2)      (3)        (4)                (5)              (6)              (7)           (8)
9999   999     XXXXX  999-999999-999  XXXXXXXX,XXXXXXXXX X   999               MM/DD/CCYY    MM/DD/CCYY
9999   999     XXXXX  999-999999-999  XXXXXXXX,XXXXXXXXX X   999               MM/DD/CCYY    MM/DD/CCYY
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Reg	Region Code	DE5249	
2	C/C	MMIS Locality Code based on Postal Code	DE5254	
3	C/W#	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	Aid Category	Enrollee Eligibility Aid Category	DE3009	
7	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
8	Elig End	Enrollee Eligibility End Date	DE3011	

Output Reports RS-O-068A Cumulative Report of All Enrollees With LOC in a Pending Status (DSS)

General Information

Cumulative report of all enrollees with LOC in a pending status (DSS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	Region, Locality and Case worker
Control Breaks:	Region, Locality and Case worker

Cumulative Report of All Enrollees With LOC in a Pending Status (DSS) (RS-O-068A)

```
1RSMD62                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                 CUMULATIVE REPORT OF ALL ENROLLEES WITH LOC IN A PENDING STATUS(DSS)      PAG
RUN DATE: MM/DD/CCYY HH:MM

REGION : 9999 (1)
LOCALITY : 999 (2)  XXXXXXXXXXXXXXXXXXXX(3)
CASEWORKER : XXXXX (4)
  ENROLLEE ID   ENROLLEE NAME         EI  PROVIDER      LOC         LOC      AID  ELIG         ELIG      PATIENT
                                                       BEGIN        END     CAT  BEGIN        END        PAY
     (5)                (6)           (7)   (8)         (9)        (10)     (11) (12)        (13)       (14)
 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999  MM/DD/CCYY  MM/DD/CCYY  999 MM/DD/CCYY  MM/DD/CCYY  9999999
 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999  MM/DD/CCYY  MM/DD/CCYY  999 MM/DD/CCYY  MM/DD/CCYY  9999999


                                   *** 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	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	Locality Name	Locality Name	DE5255	
4	Case Worker	Case Worker Number	DE3431	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Enrollee Name	Enrollee Full Name	DE3003	
7	EI	Benefit Plan Exception Indicator	DE3072	
8	Provider	National Provider Identifier	DE4700	
9	LOC Begin	Enrollee Benefit Enrollment Begin Date	DE3064	
10	LOC End	Enrollee Benefit Enrollment End Date	DE3065	
11	Aid Cat	Enrollee Eligibility Aid Category	DE3009	
12	Elig Begin	Enrollee Eligibility Begin Date	DE3010	
13	Elig End	Enrollee Eligibility End Date	DE3011	

14	Patient Pay	Medicaid Rate	DE4834	
15	Last 122 Date	Patient Pay Begin Date	DE4801	

Output Reports RS-O-068B Enrollees with LOC in a pending status

General Information

Cumulative report of all enrollees with LOC is a pending status.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Patient Pay Monitor Reports to DMAS and DSS (RSM062)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollees with LOC in a pending status (RS-O-068B)

```
RSM062                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                 CUMULATIVE REPORT OF ALL ENROLLEES WITH A LOC IN A PENDING STATUS          PAG
RUN DATE: MM/DD/CCYY HH:MM

REG C/C  C/W#   ENROLLEE ID    ENROLLEE NAME      EI  PROVIDER    LOC       LOC       AID      ELIG     ELIG     P
                                                                BEGIN     END       CAT      BEGIN     END
(1)  (2)  (3)     (4)                (5)          (6)    (7)      (8)        (9)      (10)   (11)       (12)
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
9999 999 XXXX 999-999999-999  XXXXXXXX,XXXXXXXXX X XX 9999999999 MM/DD/CCYY MM/DD/CCYY 999 MM/DD/CCYY MM/DD/CCYY 9
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Region	Region Code	DE5249	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	Case Worker	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	EI	Benefit Plan Exception Indicator	DE3072	
7	Provider ID	National Provider Identifier	DE4700	
8	LOC Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
9	LOC End Date	Enrollee Benefit Enrollment End Date	DE3065	
10	Aid Category	Enrollee Eligibility Aid Category	DE3009	

11	Eligibility Begin Date	Enrollee Eligibility Begin Date	DE3010	
12	Eligibility End Date	Enrollee Eligibility End Date	DE3011	
13	Patient Pay Amount	Medicaid Rate	DE4834	
14	Last 122 Date	Patient Pay Begin Date	DE4801	

Output Reports RS-O-069 Notice Of Obligation Long Term Cost Report

General Information

This reports lists patient pay information that has been added to the RS-F-60 file on a daily basis.

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Notice Of Obligation Report Program (RSD062)
Confidential:	No
Sequence:	Region, Locality, and Case worker
Control Breaks:	Region, Locality, and Case worker

Notice Of Obligation Long Term Cost Report (RS-O-069)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Worker	Case Worker Number	DE3431	
2	Locality	MMIS Locality Code based on Postal Code	DE5254	
3	Region Type Address Name	Locality Region Type Address Name	DE5264	
4	Region Name	Region Name	DE5250	
5	Locality	MMIS Locality Code based on Postal Code	DE5254	
6	Agency Name	Locality Region Type Address Name	DE5264	
7	Agency Street	Locality Region Type	DE5266	

	Address	Street Address		
8	Agency City	Locality Region Type City Name	DE5267	
9	Agency State	Locality Region Type State Code	DE5268	
10	Agency Zip	Locality Region Type Zip Code	DE5269	
11	Agency Phone	Locality Phone No	DE5270	
12	Enrollee Id	Person Identifier Value	DE3955	
14	Last Name	Enrollee Last Name	DE3110	
15	First Name	Enrollee First Name	DE3111	
16	Middle Initial	Enrollee Middle Initial	DE3112	
17	Suffix	Enrollee Name Suffix	DE3113	
18	Mail To Type	Enrollee Address Type	DE3107	
19	Mail To Address 1	Enrollee Additional Address Name	DE3114	
20	Mail To Address 2	Enrollee Street Address	DE3115	
21	Mail To City	Enrollee City Name	DE3116	
22	MAIL To State	Enrollee State Code	DE3117	
23	Mail To Zip	Enrollee ZIP Code	DE3118	
24	Effective Date Of Patient Pay	Patient Pay Begin Date	DE4801	
25	Reason	Patient Pay Reason Code	DE4800	
26	SSA	SSA	DE4803	
27	Other Earned Income	Other Unearned Income	DE4805	
28	Total Earned Income	Calculated	DE0002	Sum of Employer 1 (DE 4808) and Employer 2 (DE 4808).
29	Total Gross Income	Gross Income	DE4844	
30	Spend Down Liability	SD Liability	DE4831	
31	Remaining Income	Remaining Income	DE4832	
32	Personal Maintenance Needs	Total PNA PMA	DE4826	
33	Spousal Allowance	Spousal Allowance	DE4827	
34	Family Allowance	Dependent Family Allow-ance	DE4828	
35	Non Covered Medical	Non Covered Medical Expenses	DE4829	
36	Home Maintenance	Home Maintenance	DE4830	
37	Income Remaining After Allowances	Override Total	DE4845	
38	Spend Down Liability	SD Liability	DE4831	
39	Contributable Income	Contributable Income	DE4833	
40	Medicaid Rate	Medicaid Rate	DE4834	

41	Patient Pay	Patient Pay Amount	DE4835	
42	Date Of Notice	Current Date	DE0005	

Output Reports RS-O-070 Notice Of Obligation Letter

General Information

This letter is produced on a daily basis by the VMPED061 job.

Subsystem:	Recipient
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	On Demand
Retention:	180 days
Distribution:	DMAS Patient Pay Unit
Program:	Notice Of Obligation Letter (RS-O-070) Program (RSD061)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Notice Of Obligation Letter (RS-O-070)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Mail To Last Name	Enrollee Last Name	DE3110	
2	Mail To First Name	Enrollee First Name	DE3111	
3	Mail To Middle Initial	Enrollee Middle Initial	DE3112	
4	Mail To Suffix	Enrollee Name Suffix	DE3113	
5	Mail To Address1	Enrollee Additional Address Name	DE3114	
6	Mail To Address2	Enrollee Street Address	DE3115	
7	Mail To City	Enrollee City Name	DE3116	
8	Mail To State	Enrollee State Code	DE3117	
9	Mail To Zip	Enrollee ZIP Code	DE3118	
10	Local Agency	MMIS Locality Code based on Postal Code	DE5254	

11	Agency Name	Locality Region Type Address Name	DE5264	
12	Agency Address	Locality Region Type Street Address	DE5266	
13	Agency City	Locality Region Type City Name	DE5267	
14	Agency State	Locality Region Type State Code	DE5268	
15	Agency Zip	Locality Region Type Zip Code	DE5269	
16	Agency Phone	Locality Phone No	DE5270	
17	Enrollee Last Name	Enrollee Last Name	DE3110	
18	Enrollee First Name	Enrollee First Name	DE3111	
19	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
20	Enrollee Suffix	Enrollee Name Suffix	DE3113	
21	Enrollee ID	Person Identifier Value	DE3955	
22	Effective Date Of Patient Pay	Patient Pay Begin Date	DE4801	
23	Reason	Patient Pay Reason Code	DE4800	
24	SSA	SSA	DE4803	
25	Other Earned Income	Other Unearned Income	DE4805	
26	Total Earned Income	Calculated	DE0002	Sum of Employer 1 (DE 4808) and Employer 2 (DE 4808).
27	Total Gross Income	Gross Income	DE4844	
28	Spenddown Liability	SD Liability	DE4831	
29	Remaining Income	Remaining Income	DE4832	
30	Personal/Maintenance Needs	Total PNA PMA	DE4826	
31	Spousal Allowance	Spousal Allowance	DE4827	
32	Child/Family Member Allowance	Dependent Family Allow-ance	DE4828	
33	Non Covered Medical Expense	Non Covered Medical Expenses	DE4829	
34	Home Maintenance	Home Maintenance	DE4830	
35	Income After Allow-ances	Override Total	DE4845	
36	Spenddown Liability	SD Liability	DE4831	
37	Contributable Income	Contributable Income	DE4833	
38	Medicaid Rate	Medicaid Rate	DE4834	
39	Patient Pay	Patient Pay Amount	DE4835	
40	Case Worker	Case Worker Number	DE3431	
41	Date Of Notice	Current Date	DE0005	

Output Reports RS-O-070A SSA COLA UPDATE - PATIENT PAY RECALCULATED (DMAS)

General Information

Recipients with a recalculated patient pay liability amount. Only the Patient Pay segments which have been updated and whose patient pay liability is recalculated due to change in the SSA COLA income are included in this report.

Subsystem:	Recipient
Frequency:	Annual
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - PATIENT PAY RECALCULATED (DMAS) (RS-O-070A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	REGN	Region Code	DE5249	
4	LOC	MMIS Locality Code based on Postal Code	DE5254	

5	CS-WK	Case Worker Number	DE3431	
6	PRIOR PP AMT	Patient Pay Amount	DE4835	
7	PRIOR END DATE	Patient Pay End Date	DE4802	
8	NEW PP AMT	Patient Pay Amount	DE4835	
9	NEW BEGIN DATE	Patient Pay Begin Date	DE4801	
10	PROV ID	National Provider Identifier	DE4700	
11	PROVIDER NAME	Provider Name	DE4085	

Output Reports RS-O-070B SSA COLA UPDATE - PATIENT PAY RECALCULATED (DSS)

General Information

Recipients with a recalculated patient pay liability amount. Only the Patient Pay segments which have been updated and whose patient pay liability is recalculated due to change in the SSA COLA income are included in this report.

Subsystem:	Recipient
Frequency:	Annual
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - PATIENT PAY RECALCULATED (DSS) (RS-O-070B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
3	(LOCALITY NAME)	Locality Name	DE5255	
4	CASEWORKER	Case Worker Number	DE3431	

5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	PRIOR PP AMT	Patient Pay Amount	DE4835	
8	PRIOR END DATE	Patient Pay End Date	DE4802	
9	NEW PP AMT	Patient Pay Amount	DE4835	
10	NEW BEGIN DATE	Patient Pay Begin Date	DE4801	
11	PROV ID	National Provider Identifier	DE4700	
12	PROVIDER NAME	Provider Name	DE4085	

Output Reports RS-O-071A SSA COLA UPDATE - PATIENT PAY NOT CHANGED (DMAS)

General Information

Patient Pay segments whose Patient Pay liability amount was not recalculated in the annual SSA Bendex COLA update process.

Subsystem:	Recipient
Frequency:	Annual
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 years
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - PATIENT PAY NOT CHANGED (DMAS) (RS-O-071A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	REGN	Region Code	DE5249	
4	LOC	MMIS Locality Code based on Postal Code	DE5254	

5	CS/WK	Case Worker Number	DE3431	
6	CURRENT PP AMT	Patient Pay Amount	DE4835	
7	CURRENT END DATE	Patient Pay End Date	DE4802	
8	PROVIDER	National Provider Identifier	DE4700	
9	PROVIDER NAME	Provider Name	DE4085	
10	REASON	Error Message Code	DE0025	

Output Reports RS-O-071B SSA COLA UPDATE - PATIENT PAY NOT CHANGED (DSS)

General Information

Patient Pay segments whose Patient Pay liability amount was not recalculated in the annual SSA Bendex COLA update process.

Subsystem:	Recipient
Frequency:	Annual
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - PATIENT PAY NOT CHANGED (DSS) (RS-O-071B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
3	(LOCALITY NAME)	Locality Name	DE5255	
4	CASEWORKER	Case Worker Number	DE3431	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	CURRENT PP AMT	Patient Pay Amount	DE4835	
8	CURRENT END DATE	Patient Pay End Date	DE4802	
9	PROVIDER	National Provider Identifier	DE4700	
10	PROVIDER NAME	Provider Name	DE4085	
11	REASON	Error Message Code	DE0025	

Output Reports RS-O-072A SSA COLA UPDATE - SSA AMOUNT CHANGES (DMAS)

General Information

Changes to Recipients SSA amount. Only the Patient Pay segments which have been updated and whose patient pay liability is recalculated due to change in SSA amount in the Patient Pay COLA update batch process are included in this report.

Subsystem:	Recipient
Frequency:	N/A
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - SSA AMOUNT CHANGES (DMAS) (RS-O-072A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	SSA CLM NO	BENDEX SSA Claim Number	DE3501	
4	FIPS	Enrollee FIPS Code	DE3008	

5	CS/WK	Case Worker Number	DE3431	
6	PRIOR SSA AMT	Patient Pay Amount	DE4835	
7	CURRENT SSA AMT	Patient Pay Amount	DE4835	

Output Reports RS-O-072B SSA COLA UPDATE - SSA AMOUNT CHANGES (DSS)

General Information

Changes to Recipients SSA amount. Only the Patient Pay segments who have been updated and whose patient pay liability is recalculated due to change in SSA amount in the Patient Pay COLA update batch process are included in this report.

Subsystem:	Recipient
Frequency:	N/A
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Patent Pay COLA Update reports generation (RSY041)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SSA COLA UPDATE - SSA AMOUNT CHANGES (DSS) (RS-O-072B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	LOCALITY	MMIS Locality Code based on Postal Code	DE5254	
3	(LOCALITY NAME)	Locality Name	DE5255	
4	CASEWORKER	Case Worker Number	DE3431	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	SSA CLM NO	BENDEX SSA Claim Number	DE3501	
8	FIPS	Enrollee FIPS Code	DE3008	
9	PRIOR SSA AMT	Patient Pay Amount	DE4835	
10	CURRENT SSA AMT	Patient Pay Amount	DE4835	

Output Reports RS-O-080 Benefit Package Enrollment Rules Report

General Information

A report showing by benefit package, all the associated enrollment rules, its effective dates, its related values, and the values effective dates.

Subsystem:	Recipient
Frequency:	As requested
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Benefit Package Enrollment Rules Report (RSR080)
Confidential:	No
Sequence:	Benefit package: Rule Value begin date Value end date
Control Breaks:	Benefit package

Benefit Package Enrollment Rules Report (RS-O-080)

```
RSR080                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                          BENEFIT PACKAGE ENROLLMENT RULES REPORT
RUN DATE: MM/DD/CCYY HH:MM
                                                   (1) (2)  (3) (4)        (8)
                                        BENEFIT PACKAGE: 99-99-9999 XX XXXXXXXXXXXXXXXXXXXX
                                      BEGIN DATE: XX/XX/XXXX  END DATE: XX/XX/XXXX  END RSN:  XXX  (7)
                                                (5)          (6)
                    (21)                    (9)                  (10)                                (11)
PLAN OWNER:   xxxxxxxxxxxxxxxxxxx  PLAN SHORT NAME: XXXXXXXXXXXXXX  PRODUCE ID CRD: X  EXEMPT F/MNGED CARE: x  P

RULE NBR      RULE DESCRIPTION                     OPERATOR     RULE  BEG DT    RULE  END DT
                                                               VALUE BEG DT    VALUE END DT   DATA VALUES
 (13)                 (20)
 EN99         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            (14) XX/XX/XXXX  (15)XX/XX/XXXX
                                                   (17) XX      XX/XX/XXXX     XX/XX/XXXX  (16) XXXXXXXXXXXXXXXXXX
                                                        XX  (18) XX/XX/XXXX  (19)XX/XX/XXXX   XXXXXXXXXXXXXXXXXX
                                                        XX      XX/XX/XXXX     XX/XX/XXXX    XXXXXXXXXXXXXXXXXX

 EN99         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX              XX/XX/XXXX     XX/XX/XXXX
                                                        XX      XX/XX/XXXX     XX/XX/XXXX    XXXXXXXXXXXXXXXXXX
                                                        XX      XX/XX/XXXX     XX/XX/XXXX    XXXXXXXXXXXXXXXXXX
                                                        XX      XX/XX/XXXX     XX/XX/XXXX    XXXXXXXXXXXXXXXXXX

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	I-BNFT-PGM	Benefit Definition Plan Program Code	DE3551	
2	I-BNFT-SUB-PGM	Benefit Definition Plan Subprogram Code	DE3552	
3	I-PLAN-CODE	Benefit Definition Plan Benefit Code	DE3553	
4	I-BNFT-LOC-EXCP	Benefit Plan Exception Indicator	DE3072	
5	D-BNFT-PKG-BEGIN	Benefit Definition Plan Begin (Effective) Date	DE3556	
6	D-BNFT-PKG-END	Benefit Definition Plan End (Termination) Date	DE3557	
7	C-BNFT-END-RVAL	Benefit Definition Plan Termination Reason	DE3559	
8	T-BNFT-PKG-NAME	Benefit Definition Plan Name	DE3554	

9	T-BNFT-SHRT-NAME	Benefit Definition Plan Short Name	DE3555	
10	F-PRODUCE-ID-CARDS	Produce ID Cards	DE3915	
11	F-EXMPT-MNGD-CARE	Exempt Managed Care Flag	DE3916	
12	F-RETRO-ENROLL	Retro Enrollment Flag	DE3917	
13	C-ENRL-RULE-CVAL	Enrollment Edit Rule	DE3044	
14	D-ENRL-RULE-BEGIN	Enrollment Rule Begin Date	DE3053	
15	D-ENRL-RULE-END	Enrollment Rule End Date	DE3054	
16	T-RULE-VALUE	Enrollment Edit Rule Values	DE3077	
17	C-RULE-OPERAND	Enrollment Edit Rule Conditions	DE3048	
18	D-BNFT-VALUE-BEGIN	Benefit Package Rule Value Begin Date	DE3197	
19	D-ENRL-VALUE-END	Benefit Package Rule Value End Date	DE3198	
20	T-VALUE-DESC	Code Value Descrip-tion	DE0018	
21	T-BNFT-PKG-OWNR	Benefit Definition Plan Owner	DE3649	

Output Reports RS-O-090 Aid Category Eligibility Rules Report

General Information

A report by aid category showing data for the A/C, the benefit plans related to the A/C, and eligibility rules and rule values by relationship code for the A/C.

Subsystem:	Recipient
Frequency:	As requested
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Eligibility Rules Report (RSR090)
Confidential:	No
Sequence:	C_AID_CATEGORY I_BENEFIT_PGM I_BNFT_SUB_PGM I_PLAN_CD I_BNFT_LOC_EXE C_CASE_REL_CVAL C_ELIG_RULE_CVAL D_ELIG_VALUE_BEGIN (desc) D_ELIG_VALUE_END (desc)
Control Breaks:	Page Break on C_AID_CATEGORY

Aid Category Eligibility Rules Report (RS-O-090)

```
RSR090                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                    ENROLLMENT ELIGIBILITY RULES REPORT
RUN DATE: MM/DD/CCYY HH:MM
                                                          (1)    (2)
                                         AID CATEGORY: 999  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                       (3)                                 (4)                      (5)          (6)                      (7)               (8)
     BEGIN DATE: XX/XX/XXXX  END DATE: XX/XX/XXXX  END RSN:  XXX COPAY IND: X  ADULT/CHILD IND: X HIPPA CERTIF: X

          (10)          MPS:  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (13)
          (11)    ADULT COE:  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (14)
          (12)    CHILD COE:  XXXXX  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (15)

                                                       B E N E F I T   P L A N S

                                         BENEFIT PLAN     SHORT NAME      DEF    BEGIN DATE      END DATE
                                       (16)  (17  (18)  (19)    (20)          (21)      (22)            (23)
                                         XX-XX-XXXX  XX   XXXXXXXXXXXX     Y     99/99/9999      99/99/9999
                                         XX-XX-XXXX  XX   XXXXXXXXXXXX     Y     99/99/9999      99/99/9999
                                         XX-XX-XXXX  XX   XXXXXXXXXXXX     N     99/99/9999      99/99/9999
                                         XX-XX-XXXX  XX   XXXXXXXXXXXX     N     99/99/9999      99/99/9999


RELATIONSIP: 00  (32)                        RULE   BEG DT            RULE   END DT
RULE / RESTRICTED BY                         VALUE  BEG DT            VALUE  END DT          OP   VALUES
(24)                (31)                       (25)                     (26)
XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          99/99/9999                99/99/9999         (29)   (30)
                                               99/99/9999                99/99/9999 (28)     XX   XXXXXXXX
                                               99/99/9999 (27)           99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX

XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          99/99/9999                99/99/9999
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX

RELATIONSIP: 01                              RULE   BEG DT            RULE   END DT
RULE / RESTRICTED BY                         VALUE  BEG DT            VALUE  END DT          OP   VALUES

XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          99/99/9999                99/99/9999
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX

XXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          99/99/9999                99/99/9999
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
                                               99/99/9999                99/99/9999          XX   XXXXXXXX
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
2	Aid Category Name	Aid Category Code Description	DE3301	
3	Aid Category Begin Date	Aid Category Begin Date	DE3024	
4	Aid Category End Date	Aid Category End Date	DE3027	
5	Aid Category End Reason	Aid Category End Reason	DE3180	
6	Copay Indicator	Aid Category Co-pay Indicator	DE3304	
7	Adult/Child Indic-ator	Aid Category Adult/Child Indicator	DE3305	
8	HIPPA Certificate	HIPPA Certification	DE3313	

		Required		
9	Age Break	Category of Eligibility Age Break	DE3969	
10	MPS	Aid Category Money Payment Status Code	DE3306	
11	Adult COE	Aid Category Basis of Eligibility (Adult)	DE3308	
12	Child COE	Aid Category Basis of Eligibility (Child)	DE3310	
13	MPS Description	Aid Category Money Payment Status Description	DE3307	
14	Adult COE Description	Aid Category Basis of Eligibility Description (Adult)	DE3309	
15	Child COE Description	Aid Category Basis of Eligibility Description (Child)	DE3311	
16	Benefit Program	Benefit Definition Plan Program Code	DE3551	
17	Benefit Sub Program	Benefit Definition Plan Subprogram Code	DE3552	
18	Benefit Plan Code	Benefit Definition Plan Benefit Code	DE3553	
19	Exception Indicator	Benefit Plan Exception Indicator	DE3072	
20	Short Name	Benefit Definition Plan Short Name	DE3555	
21	Default Flag	Default Benefit Package Flag	DE3931	
22	Plan Begin Date	Benefit Definition Plan Begin (Effective) Date	DE3556	
23	Plan End Date	Benefit Definition Plan End (Termination) Date	DE3557	
24	Eligibility Rule	Eligibility Edit Rule	DE3042	
25	Rule Begin Date	Eligibility Rule Begin Date	DE3051	
26	Rule End Date	Eligibility Rule End Date	DE3052	
27	Rule Value Begin Date	Eligibility Rule Value Begin Date	DE3160	
28	Rule Value End Date	Eligibility Rule Value End Date	DE3161	

29	Rule Operator	Eligibility Edit Rule Conditions	DE3047	
30	Rule Values	Eligibility Edit Rule Values	DE3056	
31	Rule Name	Code Value Description	DE0018	
32	Relationship	Enrollee Relationship to Case Head Code	DE3480	

Output Reports RS-O-100 Overlapping MCO + Waiver Benefits report.

General Information

This report lists purged enrollees who have been inactive for three years. The report is written in enrollee ID sequence listing the enrollee name, date of birth, social security number, cancellation reason, cancellation date, and administrative locality.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	2
Output Form:	X/PTR
Retention:	5 Years
Distribution:	DMAS - Recipient Coordinator
Program:	MCO/Waiver overlapping Benefits report generation (RSM110)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Overlapping MCO + Waiver Benefits report. (RS-O-100)

RSY010 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY ENROLLEES PURGED IN RSY999 in MMDDCCYY
RUN DATE: MM/DD/CCYY HH:MM

(1) ENROLLEE ID	(11) CASE ID	(2) LAST NAME	(3) FIRST NAME	(4) MID INI	(5) SUF	(6) DATE OF BIRTH	(7) SOCIAL SECURITY NUMBER	(8) LAST CANCEL REASON	
00[redacted]19	00[redacted]19	[redacted]	[redacted]	P		02/27/1904	22[redacted]99	002	0
00[redacted]19	00[redacted]19			F		08/05/1910	22[redacted]99	012	1
00[redacted]19	00[redacted]19			E		10/15/1909	22[redacted]99	001	0
00[redacted]19	00[redacted]19			B		08/19/1924	22[redacted]99	001	0
00[redacted]19	00[redacted]19					01/26/1921	22[redacted]99	001	0
00[redacted]19	00[redacted]19					05/11/1906	22[redacted]99	001	0
00[redacted]19	00[redacted]19			F		03/27/1929	22[redacted]99	001	0
00[redacted]19	00[redacted]19			R		10/17/1931	22[redacted]99	001	0
00[redacted]19	00[redacted]19					03/26/1932	22[redacted]99	008	0
00[redacted]19	00[redacted]19			_		10/01/1904	22[redacted]99	001	1
00[redacted]19	00[redacted]19					07/05/1911	22[redacted]99	001	1
00[redacted]19	00[redacted]19			K		09/27/1943	22[redacted]99	011	1

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RANGE START DATE	Calculated	DE0002	
2	RANGE END DATE	Calculated	DE0002	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	NAME	Enrollee Full Name	DE3003	
5	SEX	Enrollee Sex Code	DE3007	
6	DATE OF BIRTH	Enrollee Birth Date	DE3005	
7	SOCIAL SECURITY NUMBER	Enrollee Social Secur-ity Number (SSN)	DE3034	

8	PREASSIGN CODE	Preassign Sequence Number	DE3926	
9	BENEFIT PACKAGE	Benefit Definition Plan Benefit Code	DE3553	
10	BENEFIT PACKAGE NAME		DE0000	
11	BENEFIT PACKAGE BEGIN DATE		DE0000	
12	BENEFIT PACKAGE END DATE		DE0000	
12	STATUS		DE0000	

Output Reports RS-O-102 Cancel Error Listing

General Information

This report shows cancellation errors.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	4
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Statistician
Program:	Annual Summary of Enrollee Cancellations (RSY015)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Cancel Error Listing (RS-O-102)

RSY015 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY CANCEL ERROR LISTING
RUN DATE: MM/DD/CCYY HH:MM

DELIVER ALL COPIES TO VMAP: STAT.

ID NUMBER (1)	CURR C/CO (2)	CANCEL CODE (3)	CANCEL DATE (4)	AID CATEGORY (5)	ERROR MESSAGE (6)
999-999999-999	025	098	1969/06/30	199	INVALID AID CATEGORY
999-999999-999	550	097	1996/03/06	018	INVALID AID CATEGORY
999-999999-999	163	098	1969/06/30	201	INVALID AID CATEGORY
999-999999-999	700	097	1997/04/14	011	INVALID AID CATEGORY
999-999999-999	840	097	1996/04/21	999	INVALID AID CATEGORY
999-999999-999	840	097	1996/04/21	053	INVALID AID CATEGORY

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ID NUMBER	Enrollee Permanent Identification Number	DE3093	
2	CURR C/CO	Case Administrative FIPS Code	DE3039	
3	CANCEL CODE	Eligibility Cancel Reason	DE3451	
4	CANCEL DATE	Eligibility Cancel Date	DE3452	
5	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
6	ERROR MESSAGE		DE0000	

Output Reports RS-O-103 Summary of Reasons for Canceling Enrollees

General Information

This report reflects enrollee cancellations with their associated reasons by Money Payment Code.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Statistician
Program:	Annual Summary of Enrollee Cancellations (RSY015)
Confidential:	No
Sequence:	C_CANCEL_RSN
Control Breaks:	N/A

Summary of Reasons for Canceling Enrollees (RS-O-103)

RSY015
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SUMMARY OF REASONS FOR CANCELING ENROLLEES

(1) RANGE 07/01/1996 - 06/30/1997

DELIVER ALL COPIES TO VMAP: STAT.

(2) CAN RSN	(3) OAA-$	(4) OAA-MA	(5) AB-$	(6) AB-MA	(7) APTD-$	(8) APTD-MA	(9) TANF-$	(10) TANF-MA	(11) FC/CW-$	(12) FC/CW-MA	(13) REFUGEE -079	(14) REFUGEE -078
016	0	0	0	0	5	2	179	354	0	0	0	1
017	0	0	0	0	0	0	0	230	0	0	0	0
018	0	0	0	0	0	0	37	1880	0	0	0	0
019	7	170	0	2	250	246	21	193	8	30	0	5
020	3	55	0	0	0	25	0	125	0	0	0	0
021	0	0	0	0	0	0	0	0	0	0	0	174
022	1	0	0	0	0	0	120	634	0	0	0	4
023	0	78	0	0	0	207	0	0	0	0	0	0
024	0	2	0	0	0	3	0	0	0	0	0	0
025	0	0	0	0	1	0	136	1488	0	0	0	0
026	0	0	0	0	0	0	21	169	0	0	0	0
TOTAL	(16) 3760	(17) 10244	(18) 70	(19) 30	(20) 8519	(21) 5766	(22) 16222	(23) 36894	(24) 1077	(25) 1585	(26) 24	(27) 748

TOTAL RECORDS IN (29) 84,954 TOTAL ERRORS (30) 5 TOTAL PROCESSED (31) 84,949 TOTAL RECORDS BYPASSED

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RANGE	Calculated	DE0002	
2	CAN RSN	Eligibility Cancel Reason	DE3451	
3	OAA-$	Calculated	DE0002	
4	OAA-MA	Calculated	DE0002	
5	AB-$	Calculated	DE0002	
6	AB-MA	Calculated	DE0002	
7	APTD-$	Calculated	DE0002	
8	APTD-MA	Calculated	DE0002	
9	TANF-$	Calculated	DE0002	
10	TANF-MA	Calculated	DE0002	
11	FC/CW-$	Calculated	DE0002	

12	FC/CW-MA	Calculated	DE0002	
13	REFUGEE-079	Calculated	DE0002	
14	REFUGEE-078	Calculated	DE0002	
15	TOTAL	Calculated	DE0002	
16	TOTAL (OAA-$)	Calculated	DE0002	
17	TOTAL (OAA-MA)	Calculated	DE0002	
18	TOTAL (AB-$)	Calculated	DE0002	
19	TOTAL (AB-MA)	Calculated	DE0002	
20	TOTAL (APTD-$)	Calculated	DE0002	
21	TOTAL (APTD-MA)	Calculated	DE0002	
22	TOTAL (TANF-$)	Calculated	DE0002	
23	TOTAL (TANF-MA)	Calculated	DE0002	
24	TOTAL (FC/CW-$)	Calculated	DE0002	
25	TOTAL (FC/CW-MA)	Calculated	DE0002	
26	TOTAL (RFGEE-079)	Calculated	DE0002	
27	TOTAL (RFGEE-078)	Calculated	DE0002	
28	TOTAL	Calculated	DE0002	
29	TOTAL RECORDS IN	Calculated	DE0002	
30	TOTAL ERRORS	Calculated	DE0002	
31	TOTAL PROCESSED	Calculated	DE0002	
32	TOTAL RECORDS BYPASSED	Calculated	DE0002	

Output Reports RS-O-105 Restricted Enrollees with Closed Benefit Package Due to Invalid Provider Number

General Information

This report lists restricted enrollees with closed benefit packages due to an invalid provider number.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	90 Days
Distribution:	FA - Quality Control; DMAS Recipient Monitoring Unit
Program:	CMM Benefits Cancellation and Daily Reporting of CMM Reinstatements (RSD030)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Restricted Enrollees with Closed Benefit Package Due to Invalid Provider Number (RS-O-105)

```
RSD030                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
RS-O-105
AS OF:    MM/DD/CCYY                     RESTRICTED ENROLLEES WITH CLOSED BENEFIT PACKAGES
PAGE  999,999
RUN DATE: MM/DD/CCYY HH:MM                        DUE TO INVALID PROVIDER NUMBER

                        (2)
                                                     (3)         (4)       (5)         (6)           (7)
     (1)       (9)

 ENROLLEE ID        ENROLLEE NAME             PROVIDER ID  SITE IND  PROGRAM   EXC IND  PRIOR END
END DATE  CURR BP DISP

999-999999-999    XXXXXXXXXXXXXXXXXXXXXXXXX   1234567890      XX        XX         X       99/99/
99/99/9999           A


                                        (10)
TOTAL ENROLLEE BENEFIT PACKAGES CLOSED: 9,999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME	Enrollee Full Name	DE3003	Last name, first name MI
3	PROVIDER ID	National Provider Identifier	DE4700	If NPI number exists for this provider, NPI number (DE4700) will be shown on this field in the report.
4	SITE IND	NPI XREF Site Number	DE4143	If NPI number is found for the legacy provider ID, the Site Number will be populated with a value, else spaces will be moved to this field on the report.
5	PROGRAM	Benefit Definition Plan Program Code	DE3551	
6	EXC IND	Benefit Plan Exception Indicator	DE3072	
7	PRIOR END DATE	Enrollee Benefit Enrollment End Date	DE3065	
8	CURRENT END DATE	Enrollee Benefit Enrollment End Date	DE3065	
9	CURR BP DISP	Enrollee Benefit Disposition Code	DE3141	

10	TOTAL ENROLLEE BENEFIT PACKAGES CLOSED	Calculated	DE0002	TOTAL ENROLLEE BENEFIT PACKAGES CLOSED

Output Reports RS-O-110 Enrollee Eligibility/Benefits Discrepancies

General Information

Report by Person ID of gaps in Enrollment and/or Eligibility start and end dates.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Low
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Enrollee Benefit Package Verification (RSM100)
Confidential:	Yes
Sequence:	Enrollee ID (DE 3001) Benefit Package (DE 3550)
Control Breaks:	N/A

Enrollee Eligibility/Benefits Discrepancies (RS-O-110)

```
RSM100                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                      ENROLLEE ELIGIBILITY/ENROLLMENT DISCREPANCIES
RUN DATE:  MM/DD/CCYY HH:MM

                                                   (5)                          (7)       (8)          (9)       (10)
   (1)                (2)          (3)    (4)     AID      (6)                  ELIGIBILITY              ENROLLMENT
ENROLLEE ID     ENROLLEE NAME                      CAT   BENEFIT PACKAGE     BEGIN        END        BEGIN        E
--------------- ----------------------------       ---   ---------------   ---------- ---------- ---------- ------

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
           (11)ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX

XXX-XXXXXX-XXX XXXXXXXXXX, XXXXX X.               999    99-99-9999-99     XX/XX/XXXX XX/XX/XXXX XX/XX/XXXX XX/XX/
               ERROR MESSAGE: XXXXXXXXXXXXXXXXXXXX


                                        ***  END OF REPORT  ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Identification Number	DE3001	
2	Last Name	Person Last Name	DE1336	
3	First Name	Person First Name	DE1334	
4	Middle Init	Person Middle Initial	DE1335	
6	Benefit Package	Benefit Definition Benefit Plan Code	DE3550	
7	Eligibility Begin Date	Enrollee Eligibility Begin Date	DE3010	
8	Eligibility End	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 8.1, 8.2 and 8.3.

8.1	Eligibility End	Eligibility Cancel Date	DE3452	If Eligibility Cancel Date (DE 3452) is populated, 'Eligibility End' contains Eligibility Cancel Date (DE 3452).
8.2	Eligibility End	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Date (DE 3452) is not populated and Eligibility End Date (DE 3011) is populated, 'Eligibility End' contains Eligibility End Date (DE 3011)
8.3	Eligibility End	Static Default Literal	DE9987	If neither Eligibility Cancel Date (DE 3452) nor Eligibility End Date (DE 3011) is populated, 'Eligibility End' contains the literal '12/31/9999'.
9	Enrollment Begin Date	Enrollee Benefit Enrollment Begin Date	DE3064	
10	Enrollment End Date	Enrollee Benefit Enrollment End Date	DE3065	
11	Error Message	Error Message Text	DE0026	

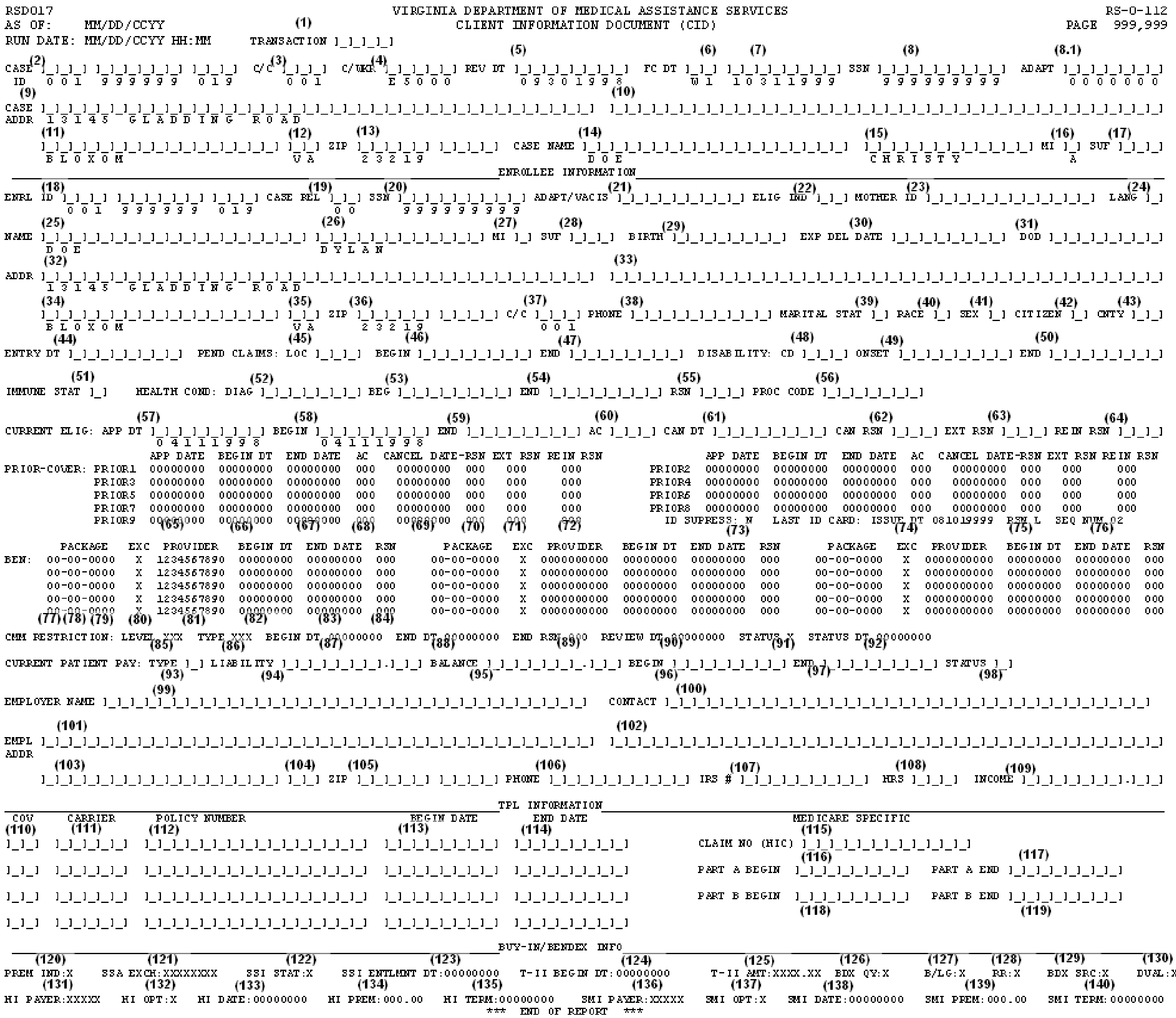
Output Reports RS-O-112 Client Information Document

General Information

This report reflects detailed information on selected Medicaid and SLH enrollees for use by local welfare office caseworkers.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	30 Days
Distribution:	DSS - Local Welfare Offices, DMAS
Program:	Client Information Document Print (RSD017)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Client Information Document (RS-O-112)



```
RSD017                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                                   RS-0-112
AS OF:     MM/DD/CCYY                           CLIENT INFORMATION DOCUMENT (CID)                                        PAGE  999,999
RUN DATE: MM/DD/CCYY HH:MM      TRANSACTION ]_]_]_]_]

CASE ]_]_]_] ]_]_]_]_]_]_] ]_]_]_]  C/C ]_]_]_]  C/WKR ]_]_]_]_]_] REV DT ]_]_]_]_]_]_]_]_]  FC DT ]_]_] ]_]_]_]_]_]_]_]_] SSN ]_]_]_]_]_]_]_]_]_]  ADAPT ]_]_]_]_]_]_]_]
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      B L O X O M                          V A       2 3 2 1 9                          D O E                                C H R I S T Y                 A
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ENRL ID ]_]_]_] ]_]_]_]_]_]_] ]_]_]_] CASE REL ]_]_] SSN ]_]_]_]_]_]_]_]_]_] ADAPT/VACIS ]_]_]_]_]_]_]_]_]_] ELIG IND ]_]_] MOTHER ID ]_]_]_]_]_]_]_]_]_]_]_]_] LANG ]_]
        0 0 1   9 9 9 9 9 9   0 1 9             0 0        9 9 9 9 9 9 9 9 9
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      B L O X O M                          V A       2 3 2 1 9                0 0 1
ENTRY DT ]_]_]_]_]_]_]_]_]  PEND CLAIMS: LOC ]_]_]_]  BEGIN ]_]_]_]_]_]_]_]_] END ]_]_]_]_]_]_]_]_]  DISABILITY: CD ]_]_]_] ONSET ]_]_]_]_]_]_]_]_] END ]_]_]_]_]_]_]_]_]

IMMUNE STAT ]_]    HEALTH COND: DIAG ]_]_]_]_]_]_]_] BEG ]_]_]_]_]_]_]_]_] END ]_]_]_]_]_]_]_]_] RSN ]_]_]_] PROC CODE ]_]_]_]_]_]_]_]

CURRENT ELIG: APP DT ]_]_]_]_]_]_]_]_] BEGIN ]_]_]_]_]_]_]_]_] END ]_]_]_]_]_]_]_]_] AC ]_]_]_] CAN DT ]_]_]_]_]_]_]_]_] CAN RSN ]_]_]_] EXT RSN ]_]_]_] REIN RSN ]_]_]_]
                      0 4 1 1 1 9 9 8          0 4 1 1 1 9 9 8
                  APP DATE  BEGIN DT  END DATE  AC   CANCEL DATE-RSN EXT RSN REIN RSN           APP DATE  BEGIN DT  END DATE  AC   CANCEL DATE-RSN EXT RSN REIN RSN
PRIOR-COVER: PRIOR1 00000000  00000000  00000000  000   00000000  000   000     000       PRIOR2 00000000  00000000  00000000  000   00000000  000   000     000
             PRIOR3 00000000  00000000  00000000  000   00000000  000   000     000       PRIOR4 00000000  00000000  00000000  000   00000000  000   000     000
             PRIOR5 00000000  00000000  00000000  000   00000000  000   000     000       PRIOR6 00000000  00000000  00000000  000   00000000  000   000     000
             PRIOR7 00000000  00000000  00000000  000   00000000  000   000     000       PRIOR8 00000000  00000000  00000000  000   00000000  000   000     000
             PRIOR9 00000000  00000000  00000000  000   00000000  000   000     000         ID SUPRESS: N   LAST ID CARD: ISSUE DT 08101999  RSN L  SEQ NUM 02

       PACKAGE    EXC  PROVIDER    BEGIN DT  END DATE  RSN       PACKAGE    EXC  PROVIDER    BEGIN DT  END DATE  RSN       PACKAGE    EXC  PROVIDER    BEGIN DT  END DATE  RSN
BEN:  00-00-0000   X  1234567890  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000
      00-00-0000   X  1234567890  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000
      00-00-0000   X  1234567890  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000
      00-00-0000   X  1234567890  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000
      00-00-0000   X  1234567890  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000     00-00-0000   X  0000000000  00000000  00000000  000
CMM RESTRICTION: LEVEL XXX  TYPE XXX  BEGIN DT 00000000  END DT 00000000  END RSN 000  REVIEW DT 00000000  STATUS X  STATUS DT 00000000

CURRENT PATIENT PAY: TYPE ]_] LIABILITY ]_]_]_]_]_]_]_].]_]_] BALANCE ]_]_]_]_]_]_]_]_.]_]_] BEGIN ]_]_]_]_]_]_]_]_] END ]_]_]_]_]_]_]_]_] STATUS ]_]

EMPLOYER NAME ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]   CONTACT ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]

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________________________________________________________TPL INFORMATION________________________________________________________________
 COV    CARRIER      POLICY NUMBER                         BEGIN DATE     END DATE                        MEDICARE SPECIFIC
]_]_]  ]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]        CLAIM NO (HIC) ]_]_]_]_]_]_]_]_]_]_]_]_]
]_]_]  ]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]        PART A BEGIN  ]_]_]_]_]_]_]_]_]   PART A END ]_]_]_]_]_]_]_]_]
]_]_]  ]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]        PART B BEGIN  ]_]_]_]_]_]_]_]_]   PART B END ]_]_]_]_]_]_]_]_]
]_]_]  ]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]  ]_]_]_]_]_]_]_]_]
________________________________________________________BUY-IN/BENDEX INFO_____________________________________________________________
PREM IND:X   SSA EXCH:XXXXXXXX   SSI STAT:X   SSI ENTLMNT DT:00000000   T-II BEGIN DT:00000000   T-II AMT:XXXX.XX  BDX QY:X   B/LG:X   RR:X   BDX SRC:X   DUAL:X
HI PAYER:XXXXX   HI OPT:X   HI DATE:00000000   HI PREM:000.00   HI TERM:00000000   SMI PAYER:XXXXX   SMI OPT:X   SMI DATE:00000000   SMI PREM:000.00   SMI TERM:00000000
                                                    ***  END OF REPORT  ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Transaction	Log Transaction Code	DE5699	
2	Case-ID	Case Identification Number	DE3043	
3	C/C	Case Administrative FIPS Code	DE3039	
4	C/Wkr	Case Worker Number	DE3431	

5	Rev DT	Case Review Date	DE3432	
6	Followup (Code)	DSS Special Follow Up Code	DE3433	
7	(Followup Date)	DSS Special Follow Up Effective Date	DE3434	
8	SSN	Case Social Security Number	DE3450	
8.1	Adapt ID	Case ADAPT Number	DE3469	
9	Case Addr (Line 1)	Case Additional Address Name	DE3560	
10	Case Addr (Line 2)	Case Street Address	DE3561	
11	Case Addr (City)	Case City Name	DE3562	
12	Case Addr (State)	Case State Code	DE3563	
13	Case Addr (Zip)	Case ZIP Code	DE3564	
14	Case Name (Last)	Case Last Name	DE3487	
15	Case Name (First)	Case First Name	DE3488	
16	(Case Name) MI	Case Middle Initial	DE3489	
17	(Case Name) Suf	Case Name Suffix	DE3490	
18	Enrl ID	Enrollee Permanent Identification Number	DE3093	
19	Case Rel	Enrollee Relationship to Case Head Code	DE3480	
20	SSN	Enrollee Social Security Number (SSN)	DE3034	
21	Adapt/Vacis	Enrollee ADAPT/VACIS Client Identification Number	DE3096	
22	Elig Ind	Enrollee Special Eligibility Code	DE3340	
23	Mother ID	Enrollee Mother Identification Number	DE3936	
24	Language	Enrollee Primary Language Code	DE3476	
25	Name (Enrollee Last Name)	Enrollee Last Name	DE3110	
26	(Enrollee First Name)	Enrollee First Name	DE3111	
27	(Enrollee) MI	Enrollee Middle Initial	DE3112	
28	(Enrollee) Suf	Enrollee Name Suffix	DE3113	
29	Birth	Enrollee Birth Date	DE3005	
30	Exp Del Date	Enrollee Expected	DE3402	

		Delivery/Delivery Date		
31	DOD	Enrollee Date of Death	DE3036	
32	Addr (Additional Address Line)	Enrollee Additional Address Name	DE3114	
33	(Street Address)	Enrollee Street Address	DE3115	
34	(City)	Enrollee City Name	DE3116	
35	(State)	Enrollee State Code	DE3117	
36	Zip	Enrollee ZIP Code	DE3118	
37	C/C	Enrollee FIPS Code	DE3008	
38	Phone	Enrollee Telephone Number	DE3095	
39	Marital Stat	Enrollee Marital Status	DE3016	
40	Race	Enrollee Race Code	DE3006	
41	Sex	Enrollee Sex Code	DE3007	
42	Citizen	Enrollee Citizenship Status	DE3251	
43	Cnty	Enrollee Country of Origin	DE3253	
44	Entry dt	Enrollee Entry to US Date	DE3252	
45	Pend Claims Loc	Enrollee Pend Location Code	DE3121	
46	(Pend claims) Begin	Enrollee Pend Payment Begin Date	DE3119	
47	(Pend claims) End	Enrollee Pend Payment End Date	DE3120	
48	Disability Cd	Enrollee Disability Code	DE3403	
49	(Disability) Onset	Enrollee Disability Onset Date	DE3404	
50	(Disability) End	Enrollee Disability End Date	DE3405	
51	Immune Stat	Enrollee Immunization Status	DE3485	
52	Health Cond Diag	Enrollee Health Condition Code	DE3472	
53	(Health Cond) Beg	Enrollee Health Condition Begin Date	DE3400	
54	(Health Cond) End	Enrollee Health Condition End Date	DE3401	
55	(Health Cond) Rsn	Enrollee Health Condi-	DE3558	

		tion End Reason		
56	(Health Cond) Proc Code	Procedure Code	DE5002	
57	Current Elig App Dt	Enrollee Application Date	DE3041	
58	(Current Elig) Begin	Enrollee Eligibility Begin Date	DE3010	
59	(Current Elig) End	Enrollee Eligibility End Date	DE3011	
60	(Current Elig) AC	Enrollee Eligibility Aid Category	DE3009	
61	(Current Elig) Can Dt	Eligibility Cancel Date	DE3452	
62	(Current Elig) Can Rsn	Eligibility Cancel Reason	DE3451	
63	(Current Elig) Ext Rsn	Enrollee Eligibility Extension Reason Code	DE3473	
64	(Current Elig) Rein Rsn	Enrollee Reinstatement Reason	DE3453	
65	App Date (Prior Coverage)	Enrollee Application Date	DE3041	
66	Begin Dt (Prior Coverage)	Enrollee Eligibility Begin Date	DE3010	
67	End Date (Prior Coverage)	Enrollee Eligibility End Date	DE3011	
68	AC (Prior Cover-age)	Enrollee Eligibility Aid Category	DE3009	
69	Cancel Date (Prior Coverage)	Eligibility Cancel Date	DE3452	
70	Cancel Rsn (Prior Coverage)	Eligibility Cancel Reason	DE3451	
71	Ext Rsn (Prior Coverage)	Enrollee Eligibility Extension Reason Code	DE3473	
72	Rein Rsn (Prior Coverage)	Enrollee Reinstatement Reason	DE3453	
73	ID Suppress	Enrollee ID Card Sup-press Production Indic-ator	DE3059	
74	Last ID Card Issue DT	Enrollee ID Card Issue/Reissue Date	DE3022	
75	(Last ID Card) Rsn	Enrollee ID Card Reis-	DE3481	

		sue Reason		
76	(Last ID Card) Seq Num	Enrollee ID Card Sequence Number	DE3482	
77	Ben Package (Program Code)	Benefit Definition Plan Program Code	DE3551	
78	Ben Package (Sub-program Code)	Benefit Definition Plan Subprogram Code	DE3552	
79	Ben Package (Plan Code)	Benefit Definition Plan Benefit Code	DE3553	
80	(Ben Package) Exc	Benefit Plan Exception Indicator	DE3072	
81	(Ben Package) Provider	National Provider Identifier	DE4700	If NPI exists for the provider this field will be populated with NPI, otherwise Legacy ID will be populated..
82	(Ben Package) Begin Dt	Enrollee Benefit Enrollment Begin Date	DE3064	
83	(Ben Package) End Date	Enrollee Benefit Enrollment End Date	DE3065	
84	(Ben Package) End Rsn	Enrollee Benefit Closure Reason	DE3073	
85	CMM Restriction Level	Enrollee CMM Restriction Level	DE3136	
86	(CMM Restriction) Type	Enrollee CMM Restriction Type	DE3131	
87	(CMM Restriction) Begin Dt	Enrollee CMM Restriction Begin Date	DE3125	
88	(CMM Restriction) End Dt	Enrollee CMM Restriction End Date	DE3130	
89	(CMM Restriction) End Rsn	Enrollee CMM Restriction End Reason	DE3132	
90	(CMM Restriction) Review Dt	Enrollee CMM Restriction Review Date	DE3133	
91	(CMM Restriction) Status	Enrollee CMM Restriction Status Code	DE3134	
92	(CMM Restriction) Status Dt	Enrollee CMM Restriction Status Date	DE3135	
93	Current Patient Pay Type	Enrollee Patient Pay Type	DE3459	
94	(Current Patient Pay) Liability	Enrollee Patient Pay Liability	DE3461	
95	(Current Patient Pay) Balance	Enrollee Patient Pay Account Balance	DE3460	

96	(Current Patient Pay) Begin	Enrollee Patient Pay Begin Date	DE3483	
97	(Current Patient Pay) End	Enrollee Patient Pay End Date	DE3484	
98	(Current Patient Pay) Status	Patient Pay Status Code	DE3665	
99	Employer Name	Employer Name	DE3170	
100	Contact (Employer)	Employer Contact Name	DE3178	
101	Empl Addr (Line 1)	Employer Additional Address Name	DE3171	
102	Empl Addr (Line 2)	Employer Address Line	DE3172	
103	(Employer City)	Employer City Name	DE3173	
104	(Employer State Code)	Employer State Code	DE3174	
105	(Employer) Zip	Employer ZIP Code	DE3175	
106	(Employer) Phone	Employer Phone Number	DE3177	
107	(Employer) IRS #	Employer Federal Identification Number	DE3176	
108	Hrs (Enrollee Hours Worked)	Enrollee Monthly Number of Hours Worked	DE3475	
109	(Enrollee Gross) Income	Enrollee Gross Income	DE3035	
110	(TPL Information) Cov	TPL Coverage Code	DE3013	
111	(TPL Information) Carrier	TPL Carrier Code	DE3657	
112	(TPL Information) Policy Number	TPL Policy Number	DE3658	
113	(TPL Information) Begin Date	TPL Coverage Effective (Begin) Date	DE3667	
114	(TPL Information) End Date	TPL Coverage End Date	DE3668	
115	Claim No (HIC)	Medicare Number	DE3002	
116	Part A Begin	TPL Coverage Effective (Begin) Date	DE3667	
117	Part A End	TPL Coverage End Date	DE3668	
118	Part B Begin	TPL Coverage Effective (Begin) Date	DE3667	
119	Part B End	TPL Coverage End	DE3668	

		Date		
120	Prem Ind	Medicare Premium Indicator	DE3655	
121	SSA Exch	BENDEX SSA Information Exchange Code	DE3031	
122	SSI Stat	BENDEX SSI Status Code	DE3520	
123	SSI Entlmnt Dt	BENDEX SSI Entitlement Date	DE3537	
124	T-II Begin Dt	BENDEX Initial Entitlement Date	DE3518	
125	T-II Amount	BENDEX Monthly Benefit Payable	DE3517	
126	Bdx Qy	BENDEX Query Code	DE3447	
127	B/LG	BENDEX Black Lung Entitlement Status	DE3532	
128	RR	BENDEX RRB Status Code	DE3531	
129	Bdx Src	BENDEX Record Source Code	DE3510	
130	Dual	BENDEX Dual Entitlement Indicator	DE3535	
131	Hi Payer	BENDEX HI Premium Payer	DE3539	
132	Hi Opt	BENDEX Hospital Insurance Option Code (HOC)	DE3526	
133	Hi Date	BENDEX Hospital Insurance Entitlement Date	DE3527	
134	Hi Prem	BENDEX Hospital Insurance Premium Amount Collectable	DE3528	
135	Hi Term	BENDEX Hospital Insurance Termination Date	DE3529	
136	SMI Payer	BENDEX SMI Premium Payer	DE3524	
137	SMI Opt	BENDEX SMI Non Covered Reason Code	DE3521	
138	SMI Date	BENDEX SMI Entitlement Date	DE3522	
139	SMI Prem	BENDEX SMI	DE3523	

		Premium Amount Collectable		
140	SMI Term	BENDEX SMI Termination Date	DE3525	

Output Reports RS-O-120 Enrollees Cancelled and ID Card Reissues

General Information

This is a report of those enrollees whose eligibility has been canceled for Error Reason '012', Undeliverable Mail, and those enrollees issued replacement ID cards.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control
Program:	Enrollee ID Cards Issued and Cancellations for Reason Code 012 (RSD020)
Confidential:	Yes
Sequence:	Operator Id
Control Breaks:	N/A

Enrollees Cancelled and ID Card Reissues (RS-O-120)

```
RSD020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                         ENROLLEES CANCELED AND ID CARD REISSUES
RUN DATE:  MM/DD/CCYY HH:MM

 (1)          (2)                                                   (8)          (9)          (10)
 OPER                ENROLLEE ID          ADDRESS                  CANCEL       CANCEL       REISSUE
  ID                                                               REASON        DATE        REASON
                                   (3)
 E6111            001[redacted]019 [redacted]                        001        05/06/1998
                                   (4)  [redacted]TER STREET
                                   (5)  GALAX        (6) VA 2433[redacted](7)

 E6111            001[redacted]019 [redacted]ES                                                LOST
                                        [redacted]REET
                                        RICHMOND         VA 2329[redacted]

   TOTAL ENROLLEES, THIS OPERATOR ID:     2      (11)

   TOTAL CANCELS FOR REASON 001:          1      (12)

   TOTAL CANCELS FOR REASON 012:          0      (13)

   TOTAL REISSUES, THIS OPERATOR ID:      1      (14)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	OPERATOR ID	Log Operator Iden-tification	DE5706	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	(ADDRESS ADDITIONAL NAME)	Enrollee Additional Address Name	DE3114	
4	ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
5	(CITY)	Enrollee City Name	DE3116	
6	(STATE CODE)	Enrollee State Code	DE3117	
7	(ZIP CODE)	Enrollee ZIP Code	DE3118	
8	CANCEL REASN	Eligibility Cancel Reason	DE3451	

9	CANCEL DATE	Eligibility Cancel Date	DE3452	
10	RE-ISSUE REASON	Enrollee ID Card Reissue Reason	DE3481	
11	TOTAL ENROLLEES, THIS OPERATOR-ID	Calculated	DE0002	
12	TOTAL CANCELS FOR REASON O01	Calculated	DE0002	
13	TOTAL CANCELS FOR REASON 012	Calculated	DE0002	
14	TOTAL REISSUES, THIS OPERATOR-ID	Calculated	DE0002	

Output Reports RS-O-121 Enrollees Cancelled and ID Card Reissues Summary

General Information

This is a summary of enrollees cancelled and ID card reissues.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control
Program:	Enrollee ID Cards Issued and Cancellations for Reason Code 012 (RSD020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollees Cancelled and ID Card Reissues Summary (RS-O-121)

```
RSD020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                       ENROLLEES CANCELED AND ID CARD REISSUES SUMMARY
RUN DATE: MM/DD/CCYY HH:MM


TOTAL ENROLLEES CANCELED:                 100  (1)

TOTAL ENROLLEES CANCELED REASON 12:        50  (2)

TOTAL ENROLLEES CANCELED REASON 01:        50  (3)

TOTAL NUMBER REISSUES:                    200  (4)

TOTAL LETTER REQUEST RECORD:               30  (5)

TOTAL RECORDS READ:                       340  (6)

TOTAL RECORDS WRITTEN:                    340  (7)



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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL ENROLLEES CANCELED	Calculated	DE0002	
2	TOTAL ENROLLEES CANCELED REASON 012	Calculated	DE0002	
3	TOTAL ENROLLEES CANCELED REASON 001	Calculated	DE0002	
4	TOTAL NUMBER REISSUES	Calculated	DE0002	
5	TOTAL LETTER REQUEST RECORD	Calculated	DE0002	
6	TOTAL RECORDS READ	Calculated	DE0002	
7	TOTAL RECORDS	Calculated	DE0002	

	WRITTEN			

Output Reports RS-O-125 Eligibility Audit Trail

General Information

This output reports changes to the Enrollee Master Data Store initiated by users of the on-line system. The Transaction Log file is read for "before and after" images of the enrollee record. Only those fields which have been updated are reflected on the report.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	FA - Quality Assurance
Program:	Modify Log Analyzer Reports replacing I_PERSON with I_ENROLLEE_ID (LGMODRPT) Enrollee Audit Trail Report (RSD025) Daily Log Analyzer Eligibility Audit Trail (VMPEDL02)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Audit Trail (RS-O-125)

```
VMPEDL02                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                     ELIGIBILITY AUDIT TRAIL                                  PA
RUN DATE: MM/DD/CCYY HH:MM


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

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


   XXXXXXXXX (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 association 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 RS-O-130 Enrollee Link/Unlink Report

General Information

Listing of TYPE 10 trigger records in RS-F-200 created in program RSD005.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Enrollee Link/Unlink Report (RSD055)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Enrollee Link/Unlink Report (RS-O-130)

```
RSD055                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                ENROLLEE LINK/UNLINK REPORT
RUN DATE: MM/DD/CCYY HH:MM

                                                (3)          (4)                (5)
          (1)                (2)                   TRANSACTION             ---------- ENROLLEE I
        OPERATOR           FUNCTION              DATE       TIME               PRIMARY

        XXXXXXXX           XXXXXXXX           XX/XX/XXXX    XXXX           XXX-XXXXXX-XXX     XX
        XXXXXXXX           XXXXXXXX           XX/XX/XXXX    XXXX           XXX-XXXXXX-XXX     XX
        XXXXXXXX           XXXXXXXX           XX/XX/XXXX    XXXX           XXX-XXXXXX-XXX     XX
        XXXXXXXX           XXXXXXXX           XX/XX/XXXX    XXXX           XXX-XXXXXX-XXX     XX
        XXXXXXXX           XXXXXXXX           XX/XX/XXXX    XXXX           XXX-XXXXXX-XXX     XX


                                                      *** 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	Etf-Operator-ID	User/Operator ID	DE0012	
2	Etf-Trigger_Flag	Trigger Flag	DE3654	If 'K' print 'LINK' If 'U' print 'UNLINK'
5	Etf-Enrollee-ID	Person Enrollee ID	DE1004	
6	Etf-Assoc-Enrollee-ID	Enrollee Identification Number	DE3001	

Output Reports RS-O-135 Medicaid ID Card Listing Summary

General Information

This report lists the number of Medicaid ID cards printed and number of Medicaid-eligible enrollees by type, and gives totals of each.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control
Program:	Enrollee ID Cards and Daily Notifications (RSD022)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicaid ID Card Listing Summary (RS-O-135)

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RSD022                                  VIRGINIA DEPARTMENT  OF MEDICAL  ASSISTANCE SERVICES        REPORT NO:    RS-O-135
 AS OF:MM/DD/CCYY                                   MEDICAID ID CARD LISTING SUMMARY                 PAGE NUMBER:          1
 RUN DATE: MM/DD/CYY  HH:MM
 TOTAL TRIGGER  RECORDS  READ                 Z ,ZZZ ,ZZ9          (1)
              CARD ISSUE REQUESTS               ZZZ ,ZZ9          (2)
              CARD REISSUE REQUESTS             ZZZ ,ZZ9          (3)

 TOTAL ID CARDS REQUESTED                     Z ,ZZZ ,ZZ9          (4)
    DUPLICATE  REQUESTS DROPPED                ZZZ ,ZZ9          (5)
    RECYCLED  DUE TO FUTURE  ELIGIBILITY       ZZZ ,ZZ9          (6)
    ERROR  REQUESTS BYPASSED                   ZZZ ,ZZ9          (7)
  TOTAL ID CARDS  PRINTED                     Z ,ZZZ ,ZZ9          (8)
              INITIAL MEDICAID  ENROLLEES       ZZZ ,ZZ9          (9)
              INITIAL FAMIS ENROLLEES           ZZZ ,ZZ9          (10)
              INITIAL PLAN FIRST ENROLLEES      ZZZ ,ZZ9          (11)
              REISSUE  MEDICAID ENROLLEES       ZZZ ,ZZ9          (12)
              REISSUE  FAMIS ENROLLEES          ZZZ ,ZZ9          (13)
              REISSUE  PLAN FIRST ENROLLEES     ZZZ ,ZZ9          (14)
                                                      *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	TOTAL TRIGGER RECORDS READ	Calculated	DE0002	Count of records input; Sum of Card issue & reissue requests
2	TOTAL CARD ISSUE REQUESTS	Calculated	DE0002	Count of 01D records from input
3	TOTAL CARD REISSUE REQUESTS	Calculated	DE0002	Count of 03I records from input
4	TOTAL ID CARDS REQUESTED	Calculated	DE0002	Sum of #11,12,13 and 14.Count should equal to the total trigger records read
5	INITIAL MEDICAID ENROLLEES	Calculated	DE0002	Count of 01D records without error and Medicaid aid category
6	INITIAL FAMIS ENROLLEES	Calculated	DE0002	Count of 01D records without error and FAMIS aid category
7	REISSUE MEDICAID ENROLLEES	Calculated	DE0002	Count of 03I records without error and Medicaid aid category
8	REISSUE FAMIS ENROLLEES	Calculated	DE0002	Count of 03I records without error and FAMIS aid category
9	TOTAL ID CARDS PRINTED	Calculated	DE0002	Count of records for which an ID card is created; Sum of #7,8,9 and10
10	DUPLICATE REQUESTS DROPPED	Calculated	DE0002	Count of recipient having both 03I and 01D
11	RECYCLED DUE TO FUTURE ELIGIBILITY	Calculated	DE0002	Count of records written to recycle file(RS-F-201)
12	ERROR REQUESTS BYPASSED	Calculated	DE0002	Count of records for which an ID card will not be created (RS-O-136 report)
13	INITIAL PLAN FIRST ENROLLEES	Calculated	DE0002	Count of 01D records without error and Plan First aid category ‘080’ or ‘084’
14	REISSUE PLAN FIRST ENROLLEES	Calculated	DE0002	Count of 03I records without error and Plan First aid category ‘080’ or ‘084’

Output Reports RS-O-136 Medicaid ID Card Error Report

General Information

This report lists all ID card issue and reissue requests that had errors causing the issue or reissue to not be completed.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	FA-Quality Control
Program:	Enrollee ID Cards and Daily Notifications (RSD022)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicaid ID Card Error Report (RS-O-136)

```
RSD022                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RS-O-136
AS OF:MM/DD/CCYY                                 MEDICAID ID CARD ERROR REPORT                       PAGE NUMBER:       999
RUN DATE: MM/DD/CCYY HH:MM

    (1)                  (2)              (3)              (4)

ENROLLEE ID          REQUEST TYPE       OPER ID        ERROR DESCRIPTION
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE NOT ELIGIBLE
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE NOT ELIGIBLE
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE ALREADY HAS AN ID CARD
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE NOT ELIGIBLE
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE NOT ELIGIBLE
999-999999-999       CARD ISSUE         XXXXXXXX       ENROLLEE ALREADY HAS AN ID CARD
999-999999-999       CARD REISSUE       XXXXXXXX       GAP ENROLLEE

REQUESTS WITH ERRORS:      ZZZ,ZZ9  (5)
TOTAL ERRORS:              ZZZ,ZZ9  (6)
```

Field Definitions

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

2	Request Type		DE0000	
3	Operator ID	User/Operator ID	DE0012	
4	Error Text		DE0000	
5	REQUESTS WITH ERRORS	Calculated	DE0002	Count of ERROR REQUESTS BYPASSED records from (RS-O-135 report)
6	Total Errors	Calculated	DE0002	Count of records written to output.

Output Reports RS-O-145 Enrollee Eligibility Birth Date Reviews

General Information

This report displays birth date reviews for 18 year olds, 19 year olds, 21 year olds and 65 year olds. The report is broken down by age category i.e. people that turn 18, 19, 21, 65 this month with a break on caseworker. This report is restricted to SLH and Medicaid.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office Caseworker, DMAS
Program:	Enrollee Eligibility Birth date Reviews (RSM005)
Confidential:	Yes
Sequence:	Region, City/County, Caseworker Number, Birthdate Level Review
Control Breaks:	Region, City/County, Caseworker Number, Birthdate Level Review

Enrollee Eligibility Birth Date Reviews (RS-O-145)

```
RSM005                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RS-O-1
AS OF:     MM/DD/CCYY                         ENROLLEE ELIGIBILITY BIRTH DATE REVIEWS                         PAGE
RUN DATE: MM/DD/CCYY HH:MM
     (1)                 (2)                                  (3)
CITY/COUNTY 087     HENRICO                              REGION  CENTRAL
     (4)
CASEWORKER NO: 12345
      (5)                          (6)                          (7)              (8)              (09)
CASEHEAD NAME                  ENROLLEE NAME                MEDICAID ID       BIRTH DATE        AC

*** TURNS 18 NEXT MONTH ***
[redacted]                                                  XXX-XXXXXX-XXX   [redacted]        0XX
[redacted]                                                  XXX-211111-111   [redacted]        054
[redacted]                                                  XXX-285643-906   [redacted]        044

*** TURNS 19 NEXT MONTH ***
[redacted]                                                  [redacted]       [redacted]        022
[redacted]                                                  [redacted]       [redacted]        023
[redacted]                                                  [redacted]       [redacted]        011

*** TURNS 21 NEXT MONTH ***
XXXX, SALLY T                  XXXXX, SAM V                 [redacted]       [redacted]        022
XXXXX, MABEL R                 XXXXX, SAM U                 [redacted]       [redacted]        004
XXXXXX, JOE F                  XXXXXX, BOB I                [redacted]       [redacted]        066

*** TURNS 65 NEXT MONTH ***
SMYTH, XXXX  T                 XXXXX, SAM V                 [redacted]                         022
XXXX, MABEL R                  XXXX, FANNY H                [redacted]                         004
XXXX MARY F                    XXX, BOB O                   [redacted]                         066
C/W 12345 BIRTHDATE REVIEWS    AGE 18 TOTAL 23    AGE 19 TOTAL 53    AGE 21 TOTAL 142    AGE 65 TOTAL 34
  (PAGE BREAK ON EACH CASEWORKER) (10)              (11)               (12)                (13)
                                                 SUMMARY OF BIRTH DATE REVIEWS
CASEWORKER NO                     AGE 18            AGE 19             AGE 21             AGE 65
111111                               0                 8                 10                  9
222222                               2                 7                 15                 10
CITY COUNTY 111 TOTAL BIRTHDAY REVIEWS   AGE 18 111       AGE 19 324       AGE 21 121       AGE 65 266
(PAGE BREAK ON CITY/COUNTY)              (14)             (15)             (16)             (17)
                                                 REGIONAL SUMMARY
CITY/COUNTY  CITY/COUNTY NO       AGE 18            AGE 19             AGE 21             AGE 65
HENRICO           111                6                 8                 10                  9
HANOVER           222                2                 7                 12                 11
REGION 1111 TOTAL BIRTHDAY REVIEWS       AGE 18 111       AGE 19 324       AGE 21 121       AGE 65 266
(PAGE BREAK ON REGION)                   (18)             (19)             (20)             (21)
                                                 STATEWIDE SUMMARY

REGION       REGION NO            AGE 18            AGE 19             AGE 21             AGE 65
CENTRAL       1111                 226               810                779                313
EASTERN       2222                 246               610                799                123
STATEWIDE TOTAL BIRTHDAY REVIEWS         AGE 18 1111      AGE 19 3244      AGE 21 1212      AGE 65 266
                                         (22)             (23)             (24)             (25)
                                                      ***  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 * * * * *
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	(COUNTY NAME)	Locality Name	DE5255	
3	REGION (NAME)	Region Name	DE5250	
4	CASEWORKER NO	Case Worker Number	DE3431	

5	CASEHEAD NAME	Case Name	DE3046	
6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
8	BIRTH DATE	Enrollee Birth Date	DE3005	
9	AC	Enrollee Eligibility Aid Category	DE3009	
10	(TOTAL BIRTH DATE REVIEWS) AGE 18	Calculated	DE0002	total birthday reviews age 18 for case-worker
11	(TOTAL BIRTH DATE REVIEWS) AGE 19	Calculated	DE0002	total birthdate reviews age 19 for case-worker
12	(TOTAL BIRTH DATE REVIEWS) AGE 21	Calculated	DE0002	total birthdate reviews age 21 for case-worker
13	(TOTAL BIRTH DATE REVIEWS) AGE 65	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 65 for caseworker
14	(TOTAL BIRTH DATE REVIEWS) AGE 18	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 18 for LWO
15	(TOTAL BIRTH DATE REVIEWS) AGE 19	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS) AGE 19 FOR LWO
16	(TOTAL BIRTH DATE REVIEWS) AGE 21	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS) AGE 21 FOR LWO
17	(TOTAL BIRTH DATE REVIEWS) AGE 65	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 65 FOR LWO
18	(TOTAL BIRTH DATE REVIEWS) AGE 18	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS) AGE 18 FOR STATE
19	(TOTAL BIRTH DATE REVIEWS) AGE 19	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS) AGE 19 FOR STATE
20	(TOTAL BIRTH DATE REVIEWS) AGE 21	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 21 FOR STATE
21	(TOTAL BIRTH	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS)

	DATE REVIEWS) AGE 65			AGE 65 FOR STATE
22	(TOTAL BIRTH DATE REVIEWS) AGE 18	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 18 FOR REGION
23	(TOTAL BIRTH DATE REVIEWS) AGE 19	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 19 FOR REGION
24	(TOTAL BIRTH DATE REVIEWS) AGE 21	Calculated	DE0002	(TOTAL BIRTH DATE REVIEWS) AGE 21 FOR REGION
25	(TOTAL BIRTH DATE REVIEWS) AGE 65	Calculated	DE0002	TOTAL BIRTH DATE REVIEWS) AGE 65 FOR REGION

Output Reports RS-O-146 Foster Care/Adoption Assistance Child Listing

General Information

This is a report of enrollees who have "FC" or "AA" as a special eligibility condition, listing those who are currently either in foster care or have been adopted.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Foster Care - Adoption Assistance Enrollee Report Listing (RSM043)
Confidential:	No
Sequence:	Region, Case Administrative FIPS, Case Worker, Case Name, Case ID and Enrollee Name
Control Breaks:	Case Worker, Case Administrative FIPS, Region

Foster Care/Adoption Assistance Child Listing (RS-O-146)

```
RSM043                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:99/99/9999                   FOSTER CARE/ADOPTION ASSISTANCE CHILD LISTING                  PA
RUN DATE: 99/99/9999 99:99
(1)
CITY/COUNTY: 999  XXXXXXXXXX
(2)                (3)            (4)(5)(6)              (7)(8)(9)             (10)                (11)
CASE WORKER NO  CASE ID           CASE NAME              ENROLLEE NAME         ENROLLEE ID         BIRTH DATE

XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
XXXXX           999-999999-999    XXXXXXX XXXXXXXX X     XXXXXXX XXXXXX X      999-999999-999      99/99/9999
                                                         (14)                  (15)                  (16)
CASE WORKER: XXXXX                  TOTAL FC CASES: 999,999   TOTAL AA CASES: 999,999   GRAND TOTAL: 999,999

              *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *
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Foster Care/Adoption Assistance Child Listing (RS-O-146)

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RSM043                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                RE
AS OF:99/99/9999                   FOSTER CARE/ADOPTION ASSISTANCE CHILD LISTING                  PA
RUN DATE: 99/99/9999 99:99

                                          (17)  REGION:9999 (18) XXXXXXXXXXXXXXXXXXXXXXXXX
   (19)                   (20)                   REGIONAL SUMMARY
CITY/COUNTY               CITY/COUNTY NO       TOTAL FC CASES        TOTAL AA CASES        TOTAL CAS
                                                     (21)                  (22)                  (23)
XXXXXXXXXXXX              999                        999,999               999,999               999,999
XXXXXXXXXXXX              999                        999,999               999,999               999,999
XXXXXXXXXXXX              999                        999,999               999,999               999,999
XXXXXXXXXXXX              999                        999,999               999,999               999,999
XXXXXXXXXXXX              999                        999,999               999,999               999,999
XXXXXXXXXXXX              999                        999,999               999,999               999,999

TOTAL                                                999,999               999,999               999,999

              *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *
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Foster Care/Adoption Assistance Child Listing (RS-O-146)

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RSM043                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999                        FOSTER CARE/ADOPTION ASSISTANCE CHILD LISTING                       PA
RUN DATE: 06/15/2006 23:33
                                                          STATEWIDE SUMMARY
REGION                      REGION NO                     TOTAL FC CASES          TOTAL AA CASES          TOTAL C
(24)                           (25)                            (26)                    (27)                 (28)
XXXXXXXXXXXX                   9999                          999,999                 999,999              999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999              999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999              999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999              999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999              999,999
TOTAL                                                        999,999                 999,999              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   *
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY (CODE)	Assessment City / County Code	DE1019	
2	Case Worker No	Case Worker Number	DE3431	
3	Case ID	Case Identification Number	DE3043	
4	Case (Last) Name	Case Last Name	DE3487	
5	(Case First Name)	Case First Name	DE3488	
6	(Case Middle Initial)	Case Middle Initial	DE3489	
7	Enrollee (Last) Name	Enrollee Last Name	DE3110	
8	(Enrollee First Name)	Enrollee First Name	DE3111	
9	(Enrollee Middle Initial)	Enrollee Middle Initial	DE3112	
10	Enrollee ID	Person Identifier Value	DE3955	

11	(Enrollee) Birth Date	Enrollee Birth Date	DE3005	
12	SPCL	Enrollee Special Eligibility Code	DE3340	
13	AC/LIG	Enrollee Eligibility Aid Category	DE3009	
14	Total FC Cases (for the Case Worker)	Calculated	DE0002	Total FC Cases (for the Case Worker
15	Total AA Cases (for the Case Worker)	Calculated	DE0002	Total AA Cases (for the Case Worker
16	Grand Total (for the Case Worker)	Calculated	DE0002	Grand Total (for the Case Worker
17	REGION (CODE)	Region Code	DE5249	
18	(REGION NAME)	Region Code	DE5249	
19	CITYCOUNTY (LOC) NAME	Locality Name	DE5255	
20	CITY COUNTY NO	MMIS Locality Code based on Postal Code	DE5254	
21	Total FC Cases (for the City / County)	Calculated	DE0002	Total FC Cases (for the City / County
22	Total AA Cases (for the City / County)	Calculated	DE0002	Total AA Cases (for the City / County)
23	Total Cases (for the City / County)	Calculated	DE0002	Total Cases (for the City / County
24	REGION (NAME)	Region Name	DE5250	
25	REGION NO	Region Code	DE5249	
26	Total FC Cases (for the State)	Calculated	DE0002	Total FC Cases (for the State
27	Total AA Cases (for the State)	Calculated	DE0002	Total AA Cases (for the State
28	Total Cases (for the State)	Calculated	DE0002	Total Cases (for the State

Output Reports RS-O-147 Foster Care/Adoption Assistance Child Listing Enrollees Turning 21

General Information

This is a report of enrollees who have "FC" or "AA" as a special eligibility condition, listing those who are currently either in foster care or have been adopted that have turned 21 during the month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Foster Care - Adoption Assistance Enrollee Report Listing Turning 21 Years Of Age (RSM057)
Confidential:	No
Sequence:	Region, Case Administrative FIPS, Case Worker, Case Name, Case ID and Enrollee Name
Control Breaks:	Case Worker, Case Administrative FIPS, Region

Foster Care/Adoption Assistance Child Listing Enrollees Turning 21 (RS-O-147)

```
RSM057                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              REI
AS OF:99/99/9999                    FOSTER CARE/ADOPTION ASSISTANCE ENROLLEES TURNING 21            PAG
RUN DATE: 99/99/9999 99:99
(1)
CITY/COUNTY: 999  XXXXXXXXXX
(2)                (3)             (4)(5)(6)              (7)(8)(9)             (10)                (11)
CASE WORKER NO  CASE ID            CASE NAME              ENROLLEE NAME         ENROLLEE ID         BIRTH DATE

XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
XXXXX           999-999999-999     XXXXXXX XXXXXXXX X     XXXXXXX XXXXXXX X     999-999999-999      99/99/9999
                                                            (14)                  (15)                    (16)
CASE WORKER: XXXXX                    TOTAL FC CASES: 999,999   TOTAL AA CASES: 999,999   GRAND TOTAL: 999,999

                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * *
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Foster Care/Adoption Assistance Child Listing Enrollees Turning 21 (RS-O-147)

```
RSM057                              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              RI
AS OF:99/99/9999                    FOSTER CARE/ADOPTION ASSISTANCE ENROLLEES TURNING 21            PA
RUN DATE: 99/99/9999 99:99

                                          SERVICE AREA:9999  XXXXXXXXXXXXXXXXXXXXXXXXX
                                              SERVICE AREA SUMMARY
CITY/COUNTY                 CITY/COUNTY NO      TOTAL FC CASES          TOTAL AA CASES          TOTAL CAS
                                                      (17)                    (18)                    (19)
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999
XXXXXXXXXXXX                999                       999,999                 999,999                 999,999

TOTAL                                                 999,999                 999,999                 999,999

                * * * * *   C O N F I D E N T I A L   I N F O R M A T I O N   * *
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Foster Care/Adoption Assistance Child Listing Enrollees Turning 21 (RS-O-147)

```
RSM057                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:99/99/9999                     FOSTER CARE/ADOPTION ASSISTANCE ENROLLEES TURNING 21                   PAGE
RUN DATE: 06/15/2006 23:33
                                                          STATEWIDE SUMMARY
REGION                        REGION NO                   TOTAL FC CASES          TOTAL AA CASES          TOTAL CAS
(20)                           (21)                            (22)                    (23)                   (24)
XXXXXXXXXXXX                   9999                          999,999                 999,999                999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999                999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999                999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999                999,999
XXXXXXXXXXXX                   9999                          999,999                 999,999                999,999
TOTAL                                                        999,999                 999,999                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   * *
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	City / County (Code)	Assessment City / County Code	DE1019	
2	Case Worker No	Case Worker Number	DE3431	
3	Case ID	Case Identification Number	DE3043	
4	Case (Last) Name	Case Last Name	DE3487	
5	(Case First Name)	Case First Name	DE3488	
6	(Case Middle Initial)	Case Middle Initial	DE3489	
7	Enrollee (Last) Name	Enrollee Last Name	DE3110	
7	Total Children in Adoption Assistance for the State turning 21	Calculated	DE0002	Total Children in Adoption Assistance for the State turning 21
8	(Enrollee First	Enrollee First Name	DE3111	

	Name)			
9	(Enrollee Middle Initial)	Enrollee Middle Initial	DE3112	
10	Enrollee ID	Person Identifier Value	DE3955	
11	(Enrollee) Birth Date	Enrollee Birth Date	DE3005	
12	SPCL	Enrollee Special Eligibility Code	DE3340	
13	AC/LIG	Enrollee Eligibility Aid Category	DE3009	
14	Total FC Cases (for the Case Worker turning 21)	Calculated	DE0002	Total FC Cases (for the Case Worker turning 21)
15	Total AA Cases (for the Case Worker turning 21)	Calculated	DE0002	Total AA Cases (for the Case Worker turning 21)
16	Grand Total (Cases for the Case Worker turning 21)	Calculated	DE0002	Grand Total (Cases for the Case Worker turning 21)
17	Total FC Cases (for the City / County turning 21)	Calculated	DE0002	Total FC Cases (for the City / County turning 21)
18	Total AA Cases (for the City / County turning 21)	Calculated	DE0002	Total AA Cases (for the City / County turning 21
19	Total Cases (for the City / County turning 21)	Calculated	DE0002	Total Cases (for the City / County turning 21)
20	REGION	Region Name	DE5250	
21	REGION NO	Region Code	DE5249	
22	Total FC Cases (for the State turning 21)	Calculated	DE0002	Total Cases (for the City / County turning 21
23	Total AA Cases (for the State turning 21)	Calculated	DE0002	Total AA Cases (for the State turning 21)
24	Total Cases (for the State turning 21)	Calculated	DE0002	Total Cases (for the State turning 21)

Output Reports RS-O-148 MCO/Waiver Dual Enrollment Letter - ALTC

General Information

This letter informs the enrollee of dual enrollment in an MCO and waiver at the same time.

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

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

```
                                                                    (1) ~~~~~~~~~~~~~~~~~~
(2)           (3)            (4)   (5)
~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~ ~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (6)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (7)
~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~
(8)                   (9)         (10)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (11)
~~~~~~~~~~~~~~ (12)
```

Dear Enrollee:
Welcome! You have been enrolled in the ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (13)
for your home and community based services. This program offers special long-term care services to help you remain in your home, instead of going to a nursing facility.

In order to receive your medical services and your new waiver services, you will need to use TWO health insurance cards. It is a good idea to bring both cards with you when you receive any medical or long-term care services. Your waiver services will be provided by a Medicaid waiver service provider that you choose. Use your blue and white plastic DMAS Medicaid Identification card to receive services under the waiver.

You are also enrolled with ~~~~~~ (14)
a Medicaid managed care organization. You will continue to stay with your MCO for your medical care services (e.g., medical appointments, hospitalizations) to assure that you are getting the best possible health care. Use the identification card the MCO gave you to receive medical services.

If you need transportation to a medical appointment you should contact your MCO by calling the phone number on the back of your MCO ID card. If you need transportation to an approved waiver service, call LogistiCare at 1-866-386-8331.

If you have questions about your medical services, call the phone number on your MCO ID card. If you have questions about your waiver services, call your waiver provider, service facilitator or case manager.

You may also get information about the program on the DMAS website at http://www.dmas.virginia.gov/altc-home.htm or send questions in an email to ALTC@dmas.virginia.gov.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter Date	Enrollee Notice Date	DE3088	
2	Case First Name	Case First Name	DE3488	
3	Case Middle Initial	Case Middle Initial	DE3489	
4	Case Last Name	Case Last Name	DE3487	
5	Case Name Suffix	Case Name Suffix	DE3490	
6	Case Contact Name	Case Additional Address Name	DE3560	
7	Case Street Address	Case Street Address	DE3561	

8	Case City Name	Case City Name	DE3562	
9	Case State Code	Case State Code	DE3563	
10	Case Zip Code	Case ZIP Code	DE3564	
11	Enrollee Full Name	Enrollee Full Name	DE3003	
12	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
13	Waiver Plan Name	Benefit Definition Plan Name	DE3554	
14	MCO Provider Name	Provider Name	DE4085	

Output Reports RS-O-151A Case Records with No Attached Enrollees

General Information

This report lists those case records cancelled as a result of having no corresponding active enrollees.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Recipient Coordinator
Program:	Annual Report of Cases with No Active Enrollees (RSY020)
Confidential:	Yes
Sequence:	Case ID
Control Breaks:	N/A

Case Records with No Attached Enrollees (RS-O-151A)

```
RSY020                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                           CASE RECORDS WITH NO ATTACHED ENROLLEES
RUN DATE: MM/DD/CCYY HH:MM

          (1)                 (2)                 (3)
       CASE ID            ENROLLEE ID       CASE RELATIONSHIP
                                                END DATE
    001-999999-019       001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998
                         001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998
                         001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998

    001-999999-019       001-999999-010      05/31/1998
                         001-999999-010      05/31/1998

                    (4)

              TOTAL CASES WITH NO ATTACHED ENROLLEES:              37


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE ID	Case Identification Number	DE3043	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	CASE RELATIONSHIP END DATE	Enrollee Case Association End Date	DE3411	
4	TOTAL CASES	Calculated	DE0002	

Output Reports RS-O-151B Case Records with Only Cancelled Enrollees

General Information

This report lists those case records cancelled as a result of having only cancelled enrollees attached

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	5 Years
Distribution:	DMAS - Recipient Coordinator
Program:	Annual Report of Cases with No Active Enrollees (RSY020)
Confidential:	Yes
Sequence:	Case ID
Control Breaks:	N/A

Case Records with Only Cancelled Enrollees (RS-O-151B)

```
RSY020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                        CASE RECORDS WITH ONLY CANCELLED ENROLLEES
RUN DATE: MM/DD/CCYY HH:MM

          (1)                 (2)                 (3)
        CASE ID           ENROLLEE ID          ENROLLEE
                                              CANCEL DATE
    001-999999-019       001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998
                         001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998
                         001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998

    001-999999-019       001-999999-010       05/31/1998
                         001-999999-010       05/31/1998


                    (4)

              TOTAL CASES WITH CANCELLED ENROLLEES:                37


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE ID	Case Identification Number	DE3043	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE ELIGIBILITY CANCEL DATE	Eligibility Cancel Date	DE3452	

4	TOTAL CASES	Calculated	DE0002	

Output Reports RS-O-153 Monthly Recertification Control Report

General Information

This report reflects the count of ID requests, case renewals, and cancellations by category.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Monthly Enrollee Recertification and Auto-Closures (RSM010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly Recertification Control Report (RS-O-153)

```
RSM010                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:    RS-O-153
AS OF:MM/DD/CCYY                     MONTHLY RECERTIFICATION CONTROL REPORT                 PAGE NUMBER: Z,ZZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM


CANCELED ENROLLEES SELECTED FOR PROCESSING:                Z,ZZZ,ZZ9    (1)
BENEFIT PACKAGES CLOSED FOR CANCELED ENROLLEES:            Z,ZZZ,ZZ9    (2)
MICC RECORDS CLOSED FOR CANCELED ENROLLEES:                Z,ZZZ,ZZ9    (3)
CASES WITH ACTIVE ENROLLEES                                Z,ZZZ,ZZ9    (4)
ACTIVE ENROLLEES PROCESSED                                 Z,ZZZ,ZZ9    (5)

AID CATEGORIES CANCELED FOR ACTIVE ENROLLEES:              Z,ZZZ,ZZ9    (6)
BENEFIT PACKAGES CANCELED FOR ACTIVE ENROLLEES:            Z,ZZZ,ZZ9    (7)
MICC RECORDS CLOSED FOR ACTIVE ENROLLEES:                  Z,ZZZ,ZZ9    (8)
AID CATEGORY ROWS EXTENDED ==> 006 TO 007:                 Z,ZZZ,ZZ9    (9)
AID CATEGORY ROWS EXTENDED ==> 008 TO 009:                 Z,ZZZ,ZZ9    (10)
AID CATEGORY ROWS EXTENDED ==> 090 TO 094:                 Z,ZZZ,ZZ9    (51)
AID CATEGORY ROWS EXTENDED ==> 091 TO 092:                 Z,ZZZ,ZZ9    (52
  TOTAL AID CATEGORY ROWS EXTENDED:                        Z,ZZZ,ZZ9    (11)

OUTPUT FILE RECORD COUNTS:
     CID REQUESTS                                          Z,ZZZ,ZZ9    (12)
     PA CANCELLATION REQUESTS                              Z,ZZZ,ZZ9    (13)
     TPL VERIFICATION REQUESTS                             Z,ZZZ,ZZ9    (65)
     CLAIM VOID REQUESTS                                   Z,ZZZ,ZZ9    (14)
     TANF AUTOCLOSURES REPORT FILE                         Z,ZZZ,ZZ9    (15)

LETTER REQUEST COUNTS:
     AC 055/056/057 CANCELLATION NOTICES (RS-O-162)        Z,ZZZ,ZZ9    (16)
     CHILD AGE 6 CANCELLATION LETTER (RS-O-163)            Z,ZZZ,ZZ9    (17)
     CHILD AGE 1 CANCELLATION LETTER (RS-O-164)            Z,ZZZ,ZZ9    (18)
     CHILD AGE 19 CANCELLATION LETTER (RS-O-165)           Z,ZZZ,ZZ9    (19)
     QMB CANCELLATION LETTER (RS-O-166)                    Z,ZZZ,ZZ9    (20)
     PREGNANCY CANCELLATION LETTER (RS-O-167)              Z,ZZZ,ZZ9    (21)
     REFUGEE CANCELLATION LETTER (RS-O-168)                Z,ZZZ,ZZ9    (22)
     FAMILIES & CHILDREN FAILURE TO RESPOND (RS-O-169)     Z,ZZZ,ZZ9    (23)
     FAMILIES & CHILDREN CANCELLATION LETTER (RS-O-170)    Z,ZZZ,ZZ9    (24)
     AGE 21 REFUGEE CANCELLATION LETTER (RS-O-171)         Z,ZZZ,ZZ9    (25)
     CHILD AGE 19 CANCELLATION LETTER FOR FAMIS (RS-O-173) Z,ZZZ,ZZ9    (26)
     CANCELLATION LETTER DUE TO TPL (RS-O-178)             Z,ZZZ,ZZ9    (55)
     FAMIS/TPL OVERLAP NOTICE (RS-O-184)                   Z,ZZZ,ZZ9    (27)
     CANCELLATION LETTER DUE TO STERILIZATION (RS-O-185)   Z,ZZZ,ZZ9    (56)
     BCCPTA-TPL OVERLAP CANCELLATION LETTER (RS-O-191)     Z,ZZZ,ZZ9    (53)
     BCCPTA-AGE 65 CANCELLATION LETTER (RS-O-192)          Z,ZZZ,ZZ9    (54)
     FAMIS MOM  PROGRAM CANCELLATION LETTER (RS-O-195)     Z,ZZZ,ZZ9    (61)
     AGE 65 CANCELLATION LETTER (RS-O-196)                 Z,ZZZ,ZZ9    (62)
     REQUEST TO ENROLL IN MEDICARE - RS-O-198              Z,ZZZ,ZZ9    (63)
     [redacted]
     CMH WAIVER CANCELLATION LETTER (RS-O-174)             Z,ZZZ,ZZ9    (64)
     FAMIS DEEMED NB,CHILD AGE 1 CANCEL LETTER (RS-O-234)    Z,ZZZ,ZZ9    (69)
     FORMER FC AGE 26 CANCELLATION LETTER   (RS-O-235)       Z,ZZZ,ZZ9    (70)
     FC/AA/ICF AGE 21 CANCELLATION LETTER   (RS-O-237)       Z,ZZZ,ZZ9    (71)
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Monthly Recertification Control Report (RS-O-153)

```
RSMD10                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:    RS-O-153
AS OF:MM/DD/CCYY                     MONTHLY RECERTIFICATION CONTROL REPORT                 PAGE NUMBER: Z,ZZZ,ZZ9
RUN DATE: MM/DD/CCYY HH:MM

CANCELLATION REASON COUNTS:
     CANCEL REASON 009 - CHILDREN REACHING AGE 21            Z,ZZZ,ZZ9    (29)
     CANCEL REASON 009 - ADC CHILD REACHING AGE 19           Z,ZZZ,ZZ9    (30)
     CANCEL REASON 009 - MI CHILD REACHING AGE 21            Z,ZZZ,ZZ9    (31)
     CANCEL REASON 009 - REFUGEE AGE 21                      Z,ZZZ,ZZ9    (32)
     CANCEL REASON 010 - SPEND DOWN END                      Z,ZZZ,ZZ9    (33)
     CANCEL REASON 013 - CHILD AGE 18: NOT IN SCHOOL         Z,ZZZ,ZZ9    (34)
     CANCEL REASON 016 - CHILD REACHING AGE 19               Z,ZZZ,ZZ9    (35)
     CANCEL REASON 016 - CHILD REACHING AGE 19 - FAMIS       Z,ZZZ,ZZ9    (36)
     CANCEL REASON 017 - PREGNANT WOMEN EXCEEDING 11 MONTHS  Z,ZZZ,ZZ9    (37)
     CANCEL REASON 018 - CHILD REACHING AGE 1                Z,ZZZ,ZZ9    (38)
     CANCEL REASON 021 - 8 MONTH LIMITATION FOR REFUGEE      Z,ZZZ,ZZ9    (39)
     CANCEL REASON 022 - CHILD REACHING AGE 6                Z,ZZZ,ZZ9    (40)
     CANCEL REASON 023 - QMB INELIGIBILITY                   Z,ZZZ,ZZ9    (41)
     CANCEL REASON 023 - SLMB INELIGIBILITY                  Z,ZZZ,ZZ9    (42)
     CANCEL REASON 023 - QI INELIGIBILITY                    Z,ZZZ,ZZ9    (43)
     CANCEL REASON 023 - QDWI                                Z,ZZZ,ZZ9    (47)
     CANCEL REASON 025 - AFDC ENROLLEE NOT RESPONDING        Z,ZZZ,ZZ9    (44)
     CANCEL REASON 026 - AFDC ENROLLEE COVERAGE ENDED        Z,ZZZ,ZZ9    (45)
     CANCEL REASON 031 - FAMIS TPL                           Z,ZZZ,ZZ9    (48)
     CANCEL REASON 032 - FAMIS MOM                           Z,ZZZ,ZZ9    (66)
     CANCEL REASON 034 - BCCPTA-TPL OVERLAP                  Z,ZZZ,ZZ9    (57)
     CANCEL REASON 035 - BCCPTA-AGE 65                       Z,ZZZ,ZZ9    (58)
     CANCEL REASON 051 - DUE TO STERILIZATION                Z,ZZZ,ZZ9    (67)
     CANCEL REASON 052 - DUE TO TPL COVERAGE                 Z,ZZZ,ZZ9    (68)
     CANCEL REASON 054 - FORMER FC MEMBER REACHING AGE 26    Z,ZZZ,ZZ9    (72)
     CANCEL REASON 086 - SLH FOSTER CHILD REACHED AGE 21     Z,ZZZ,ZZ9    (49)
     CANCEL REASON 087 - END OF SLH 180 DAY COVERAGE PERIOD  Z,ZZZ,ZZ9    (50)
     CANCEL REASON 053 - MEDICAID WORKS - AGE 65             Z,ZZZ,ZZ9    (59)
     CANCEL REASON 231 - CMH WAIVER CANCELLATION. AGE 21     Z.ZZZ.ZZ9    (60)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CANCELED ENROLLEES SELECTED FOR PROCESSING	Calculated	DE0002	
2	BENEFIT PACKAGES CLOSED FOR CANCELED ENROLLEES	Calculated	DE0002	
3	MICC RECORDS CLOSED FOR CANCELED ENROLLEES	Calculated	DE0002	
4	CASES WITH ACTIVE ENROLLEES	Calculated	DE0002	
5	ACTIVE ENROLLEES PROCESSED	Calculated	DE0002	
6	AID CATEGORIES CANCELED FOR ACTIVE ENROLLEES	Calculated	DE0002	
7	BENEFIT PACKAGES CANCELED FOR ACTIVE ENROLLEES	Calculated	DE0002	
8	MICC RECORDS CLOSED FOR ACTIVE ENROLLEES	Calculated	DE0002	
9	AID CATEGORY ROWS EXTENDED ===> 006 TO 007	Calculated	DE0002	
10	AID CATEGORY ROWS EXTENDED ===> 008 TO 009	Calculated	DE0002	
11	TOTAL AID CATEGORY ROWS EXTENDED	Calculated	DE0002	
12	CID REQUESTS	Calculated	DE0002	

13	PA CANCELLATION REQUESTS	Calculated	DE0002	
14	CLAIM VOID REQUESTS	Calculated	DE0002	
15	TANF AUTOCLOSURES REPORT FILE	Calculated	DE0002	
16	AC 055/056/057 CANCELLATION NOTICES (RS-O-162)	Calculated	DE0002	
17	CHILD AGE 6 CANCELLATION LETTER (RS-O-163)	Calculated	DE0002	
18	CHILD AGE 1 CANCELLATION LETTER (RS-O-164)	Calculated	DE0002	
19	CHILD AGE 19 CANCELLATION LETTER (RS-O-165)	Calculated	DE0002	
20	QMB CANCELLATION LETTER (RS-O-166)	Calculated	DE0002	
21	PREGNANCY CANCELLATION LETTER (RS-O-167)	Calculated	DE0002	
22	REFUGEE CANCELLATION LETTER (RS-O-168)	Calculated	DE0002	
23	FAMILIES & CHILDREN FAILURE TO RESPOND (RS-O-169)	Calculated	DE0002	
24	FAMILIES & CHILDREN CANCELLATION LETTER (RS-O-170)	Calculated	DE0002	
25	AGE 21 REFUGEE CANCELLATION LETTER (RS-O-171)	Calculated	DE0002	
26	CHILD AGE 19 CANCELLATION LETTER FOR FAMIS (RS-O-173)	Calculated	DE0002	
27	FAMIS/TPL OVERLAP NOTICE (RS-O-184)	Calculated	DE0002	
28	CANCEL REASON 009 - CHILDREN REACHING AGE 21	Calculated	DE0002	
29	CANCEL REASON 009 - ADC CHILD REACHING AGE 19	Calculated	DE0002	
30	CANCEL REASON 009 - MI CHILD REACHING AGE 21	Calculated	DE0002	
31	CANCEL REASON 009 - REFUGEE AGE 21	Calculated	DE0002	
32	CANCEL REASON 010 - SPEND DOWN END	Calculated	DE0002	
33	CANCEL REASON 013 - CHILD AGE 18; NOT IN SCHOOL	Calculated	DE0002	
34	CANCEL REASON 016 - CHILD REACHING AGE 19	Calculated	DE0002	
35	CANCEL REASON 016 - CHILD REACHING AGE 19 - FAMIS	Calculated	DE0002	
36	CANCEL REASON 017 - PREGNANT WOMEN EXCEEDING 11 MONTHS	Calculated	DE0002	
37	CANCEL REASON 018 - CHILD REACHING AGE 1	Calculated	DE0002	
38	CANCEL REASON 021 - 8 MONTH LIMITATION FOR REFUGEE	Calculated	DE0002	

39	CANCEL REASON 022 - CHILD REACHING AGE 6	Calculated	DE0002	
40	CANCEL REASON 023 - QMB INELIGIBILITY	Calculated	DE0002	
41	CANCEL REASON 023 - SLMB INELIGIBILITY	Calculated	DE0002	
42	CANCEL REASON 023 - QI INELIGIBILITY	Calculated	DE0002	
43	CANCEL REASON 025 - AFDC ENROLLEE NOT RESPONDING	Calculated	DE0002	
44	CANCEL REASON 026 - AFDC ENROLLEE COVERAGE ENDED	Calculated	DE0002	
45	CANCEL REASON 023 - QDWI	Calculated	DE0002	
46	CANCEL REASON 031 - FAMIS TPL	Calculated	DE0002	
47	CANCEL REASON 086 - SLH FOSTER CHILD REACHED AGE 21	Calculated	DE0002	
48	CANCEL REASON 087 - END OF SLH 180 DAY COVERAGE PERIOD	Calculated	DE0002	
49	AID CATEGORY ROWS EXTENDED ==> 090 TO 094	Calculated	DE0002	
50	AID CATEGORY ROWS EXTENDED ==> 091 TO 092	Calculated	DE0002	
51	BCCPTA- TPL OVERLAP CANCELLATION LETTER (RS-O-191)	Calculated	DE0002	
52	BCCPTA - AGE 65 CANCELLATION LETTER (RS-O-192)	Calculated	DE0002	
53	CANCELLATION LETTER DUE TO TPL (RS-O-178)	Calculated	DE0002	
54	CANCELLATION LETTER DUE TO STERILIZATION (RS-O-185)	Calculated	DE0002	
55	CANCEL REASON 034 - BCCPTA - TPL OVERLAP	Calculated	DE0002	
56	CANCEL REASON 035 - BCCPTA AGE 65	Calculated	DE0002	
59	CANCEL REASON 053 - MEDICAID WORKS - AGE 65	Calculated	DE0002	
58	CANCEL REASON 231 - CMH WAIVER CANCELLATION, AGE 21	Calculated	DE0002	
60	FAMIS MOM PROGRAM CANCELLATION LETTER (RS-O-195)	Calculated	DE0002	
61	AGE 65 CANCELLATION LETTER (RS-O-196)	Calculated	DE0002	
62	REQUEST TO ENROLL IN MEDICARE (RS-O-198)	Calculated	DE0002	
63	CMH WAIVER CANCELLATION LETTER (RS-O-174)	Calculated	DE0002	
64	TPL VERIFICATION REQUESTS	Calculated	DE0002	
65	CANCEL REASON 032 - FAMIS MOM	Calculated	DE0002	
66	CANCEL REASON 051 - DUE TO	Calculated	DE0002	

	STERILIZATION			
67	CANCEL REASON 052 - DUE TO TPL COVERAGE	Calculated	DE0002	
68	FAMIS Child Age 1 Cancellation letter (RS-O-234)	Calculated	DE0002	
69	Former Foster Care Age 26 Cancellation Letter (RS-O-235)	Calculated	DE0002	
70	FC/AA/ICF Age 21 Cancellation letter (RS-O-237)	Calculated	DE0002	
71	CANCEL REASON 054 - Former Foster Care member reaching age 26	Calculated	DE0002	

Output Reports RS-O-154 PG MEDICAID & FAMIS MOMS CONTROL REPORT

General Information

This is a control report of the letter requests for RS-O-246 that were formatted for the letter print program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Monthly Letters for PG Medicaid and FAMIS MOMS (RSM246)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly Letters for PG Medicaid and FAMIS MOMS (RS-O-154)

```
RSM246                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:09/30/2015                     PG MEDICAID & FAMIS MOMS CONTROL REPORT
RUN DATE: 09/30/2015 02:08


OUTPUT FILE RECORD COUNTS:

LETTER REQUEST COUNTS:
     PG MEDICAID AND FAMIS MOMS LETTER (RS-O-246)                  20


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PG MEDICAID AND FAMIS MOMS LETTER (RS-O-246)	Calculated	DE0002	

Output Reports RS-O-156 TANF/Cost Containment Cancellation List

General Information

This report lists enrollees cancelled relative to TANF/Cost Containment.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	3
Output Form:	OnDemand and Standard
Retention:	180 Days
Distribution:	DMAS - Medical, DMAS - Social Services, DMAS - Eligibility and Appeals
Program:	Monthly Enrollee TANF Related Auto-Closures (RSM015)
Confidential:	Yes
Sequence:	Aid Category Enrollee id
Control Breaks:	Aid Category

TANF/Cost Containment Cancellation List (RS-O-156)

```
RSM015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                          TANF/COST CONTAINMENT CANCELLATION LIST
RUN DATE: MM/DD/CCYY HH:MM

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

                     AID                ENROLLEE                          ENROLLEE                       CANCEL
                  CATEGORY              NUMBER                             NAME                           DATE

                     071            001-999999-019        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     07/01/1998
                     071            001-999999-019        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     07/01/1998


                     TOTAL AID CATEGORY 071 CANCELLATIONS:    Z,ZZZ,ZZ9    (8)

<< PAGE BREAK AFTER AID CATEGORY >>


                                                    ***  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	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
2	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
5	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
6	CANCEL DATE	Eligibility Cancel Date	DE3452	This value of this field is the execution date for batch job VMPEM010 that was calculated in step RSM010 (Automated Monthly Cancellation).

7	CANCEL REASON	Eligibility Cancel Reason	DE3451	
8	TOTAL AID CATEGORY CANCELLATIONS	Calculated	DE0002	

Output Reports RS-O-157 TANF Cost Containment Cancellation Summary

General Information

This report reflects TANF/Cost Containment Cancellation Totals for enrollees by Aid Category.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	3
Output Form:	OnDemand and Standard
Retention:	180 Days
Distribution:	DMAS - Medical, DMAS - Social Services, DMAS - Eligibility and Appeals
Program:	Monthly Enrollee TANF Related Auto-Closures (RSM015)
Confidential:	No
Sequence:	Aid category
Control Breaks:	N/A

TANF/Cost Containment Cancellation Summary (RS-O-157)

RSM015 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY TANF/COST CONTAINMENT CANCELLATION LIST OF TOTALS BY AID CATEGORY
RUN DATE: MM/DD/CCYY HH:MM

	(1) AID CATEGORY	(2) NUMBER ENROLLEES
	071	2
	072	0
	073	0
	074	0
	081	0
	082	0
	083	0
	084	0
	088	0
	089	0
TOTAL ENROLLEES: (3)		2

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
2	NUMBER ENROLLEES	Calculated	DE0002	
3	TOTAL ENROLLEES	Calculated	DE0002	

Output Reports RS-O-158 Family Planning Welcome Letter for Men

General Information

This letter informs the enrollee that he has been enrolled in the family planning Plan First program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	1 part/letterhead
Retention:	180
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Family Planning Welcome Letter for Men (RS-O-158)

RS-O-158 Family Planning Welcome Letter for Men

```
                                                    -------------------- (1)
(2)          (3)                 (4)   (5)
------------ - --------------------- ---      Eligibility Worker No: ----(11)
---------------------------------------- (6)      City/County Code:  ---(12)
---------------------------------------- (7)         Member: ------------(13)
------------------    -- ----------                  Case:  ------------(14)
(8)                   (9)    (10)
Welcome!  You have been enrolled in Plan First, a program that allows you
to obtain free family planning services. Call your doctor or local health
clinic to schedule a Plan First appointment!

You will be mailed a blue and white plastic medical assistance card
(Medicaid card), which contains your name and ID number. It is your
responsibility to show your Medicaid card to providers at the time you go
for services and to be sure the provider accepts payment from Virginia
Medicaid.  If you have a Medicaid card because you were eligible at an
earlier time, that card will be valid again when your coverage for Plan
First begins.

If you do not want to be enrolled in this program, please contact your
local department of social services (DSS) eligibility worker to cancel
this enrollment.

Plan First covers family planning services including:

   - Annual physical exam;
   - Sexually transmitted infection (STI) testing;
   - Family planning education & counseling;
   - Condoms;
   - Vasectomies, if that is your choice.

If you want to be evaluated for full Medicaid benefits, please contact
your eligibility worker and file an application.  IT IS VERY IMPORTANT to
tell your local DSS right away if you move or change your address.  If they
do not have a correct address, you will not receive a notice when it is
time to renew Plan First coverage and your coverage will be canceled.

If you have medical needs other than services covered through Plan First,
please contact your primary care provider or local health clinic. The
United Way Information and Referral Service can help you find a clinic
near you.

        United Way Information and Referral: 1-800-230-6977 or dial 2-1-1
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Notice Date)	Enrollee Notice Date	DE3088	
2	(Enrollee First Name)	Enrollee First Name	DE3111	

3	(Enrollee MI)	Enrollee Middle Initial	DE3112	
4	(Enrollee Last Name)	Enrollee Last Name	DE3110	
5	(Enrollee Name Suffix)	Enrollee Name Suffix	DE3113	
6	(Enrollee Street Address)	Enrollee Street Address	DE3115	
7	(Enrollee Additional Address Name)	Enrollee Additional Address Name	DE3114	
8	(Enrollee City Name)	Enrollee City Name	DE3116	
9	(Enrollee State)	Enrollee State Code	DE3117	
10	(Enrollee ZIP Code)	Enrollee ZIP Code	DE3118	
11	Eligibility Worker No	Case Worker Number	DE3431	
12	City/County Code	Case Administrative FIPS Code	DE3039	
13	Member	Enrollee Permanent Identification Number	DE3093	
14	Case	Case Identification Number	DE3043	

Output Reports RS-O-159 Family Planning Welcome Letter for Women

General Information

This letter informs the enrollee that they have been enrolled in the family planning Plan First program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 part/letterhead
Retention:	180
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Family Planning Welcome Letter for Women (RS-O-159)

RS-O-159 Family Planning Welcome Letter for Women and Men

---------- (1)

(2) (3) (4) (5)
---------- - ---------- ---
---------- (6)
---------- (7)
---------- -- ----------
(8) (9) (10)

Eligibility Worker No: -----(11)
City/County Code: ---(12)
Member: ----------(13)
Case: ----------(14)

Welcome! You have been enrolled in Plan First, a program that provides free family planning services and birth control. It is a limited coverage program and not considered full coverage Medicaid. You were evaluated for full Medicaid and were found not eligible. If you do not wish to be enrolled in Plan First, please contact your eligibility worker at your local Department of Social Services (DSS) The contact numbers for DSS are listed at www.dss.virginia.gov/localagency.

Before you go for a family planning visit, be sure your provider accepts payment from Virginia's Plan First program. For more information about Plan First and to locate a provider, please visit **www.planfirst.org.**

You will be sent a green and white plastic Plan First card with your name and ID number. Please show your Plan First card to your doctor or clinic when you go for family planning services. If you have a blue and white Medicaid card or Medicaid/FAMIS managed care card that was previously issued, please know these cards are no longer valid for Plan First coverage. If you do not receive your Plan First ID card or need a replacement card please contact Cover Virginia toll free at 1-855-242-8282 or your eligibility worker at your local DSS.

Plan First **only** covers family planning services including:

- Yearly physical exams for family planning (birth control)purposes, including PAP test (if appropriate), and sexually transmitted infection (STI) testing;
- Family planning education & counseling;
- Birth control methods provided by a doctor or obtained with a prescription such as contraceptive implants, ring, patch, IUDs, birth control pills, diaphragms, Depo Provera, and condoms;
- Sterilization procedures (Tubes tied, Essure and vasectomies), if that is your choice; and
- Non-Emergency transportation to family planning services.

Your Plan First card is good for Plan First services only. For medical needs other than what is covered through Plan First, please contact your regular health care provider or a local health clinic. The United Way Information and Referral Service can help you find a clinic near you.

Call 1-800-230-6977 or dial 2-1-1.

If you need to report a change in household income or size, or if you are pregnant and need to be re-evaluated for full Medicaid benefits, or if you move or change your address, please call Cover Virginia toll free at 1-855-242-8282 or your eligibility worker. Without a correct address, you may not receive a renewal notice for Plan First, and your coverage could be canceled.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Notice Date)	Enrollee Notice Date	DE3088	
2	(Enrollee First Name)	Enrollee First Name	DE3111	
3	(Enrollee MI)	Enrollee Middle Initial	DE3112	
4	(Enrollee Last Name)	Enrollee Last Name	DE3110	
5	(Enrollee Name Suffix)	Enrollee Name Suffix	DE3113	
6	(Enrollee Address Line 1)	Enrollee Street Address	DE3115	
7	(Enrollee Address Line 2)	Enrollee Additional Address Name	DE3114	
8	(Enrollee City)	Enrollee City Name	DE3116	
9	(Enrollee State)	Enrollee State Code	DE3117	
10	(Enrollee Zip Code)	Enrollee ZIP Code	DE3118	
11	Eligibility Worker No	Case Worker Number	DE3431	
12	City/County Code	Case Administrative	DE3039	

		FIPS Code		
13	Member	Enrollee Permanent Identification Number	DE3093	
14	Case	Case Identification Number	DE3043	

Output Reports RS-O-160 Families and Children 12 Month Extended Cancellation List

General Information

This report shows the Families and Children 12-month extended cancellation list.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Agencies and Caseworkers, DMAS
Program:	Monthly Enrollee Recertification and Auto-Closures (RSM010)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Families and Children 12 Month Extended Cancellation List (RS-O-160)

```
RSM010                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                  FAMILIES AND CHILDREN 12-MONTH EXTENDED CANCELLATION LIST
RUN DATE: MM/DD/CCYY HH:MM
          (1)                (2)                                                          (7)          (8)            (9)
        CURRENT        CASEWORKER       CASE NUMBER/          CASE NAME/                  F&C        F&C EFF.     ENROLLEE
      CITY/COUNTY         NO            ENROLLEE ID          ENROLLEE NAME               IND.     DATE(MMCCYY)  CANCEL DA

          003            G512X         001-999999-019 (3)     SMITH (4)     (5)    LAURI (6)  XA       06/1997
                                       001-999999-019 (11)    SMITH (12)    (13)   LAURI (14)                    05/31/19

      TOTAL ENROLLEES CANCELLED THIS CASEWORKER  =      1 (15)

            TOTAL ENROLLEES CANCELLED REASON 025 =      0 (16)

              TOTAL F&C INDICATOR W1 OR WA =     0    (17)

              TOTAL F&C INDICATOR W2 OR WB =     0    (18)

              TOTAL F&C INDICATOR W3 OR WC =     0    (19)

              TOTAL F&C INDICATOR X1 OR XA =     0    (20)

              TOTAL F&C INDICATOR X2 OR XB =     0    (21)

              TOTAL F&C INDICATOR X3 OR XC =     0    (22)

            TOTAL ENROLLEES CANCELLED REASON 026  =      1 (23)

              TOTAL F&C INDICATOR W1 OR WA =     0    (24)

              TOTAL F&C INDICATOR W2 OR WB =     0    (25)

              TOTAL F&C INDICATOR W3 OR WC =     0    (26)

              TOTAL F&C INDICATOR W4       =     0    (27)

              TOTAL F&C INDICATOR X1 OR XA =     1    (28)

              TOTAL F&C INDICATOR X2 OR XB =     0    (29)

              TOTAL F&C INDICATOR X3 OR XC =     0    (30)

              TOTAL F&C INDICATOR X4       =     0    (31)

              TOTAL F&C INDICATOR X9       =     0    (32)


                                                  ***  END OF REPORT  ***
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CURRENT CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	CASEWORKER NO	Case Worker Number	DE3431	
3	CASE NUMBER/	Case Identification Number	DE3043	
4	CASE NAME (LAST)	Case Last Name	DE3487	
5	CASE NAME (FIRST)	Case First Name	DE3488	
6	CASE NAME (MI)	Case Middle Initial	DE3489	
7	F&C IND.	DSS Special Follow Up	DE3433	

		Code		
8	F&C EFF. DATE (MMCCYY)	DSS Special Follow Up Effective Date	DE3434	
9	ENROLLEE CANCEL DATE	Eligibility Cancel Date	DE3452	This value of this field is the execution date for batch job VMPEM010 that was calculated in step RSM010 (Automated Monthly Cancellation).
10	ENROLLEE CANCEL REASON	Eligibility Cancel Reason	DE3451	
11	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
13	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
14	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
15	TOTAL ENROLLEES CANCELLED THIS CASEWORKER	Calculated	DE0002	
16	TOTAL ENROLLEES CANCELLED REASON 025	Calculated	DE0002	
17	TOTAL F&C INDICATOR W1 OR WA	Calculated	DE0002	
18	TOTAL F&C INDICATOR W2 OR WB	Calculated	DE0002	
19	TOTAL F&C INDICATOR W3 OR WC	Calculated	DE0002	
20	TOTAL F&C INDICATOR X1 OR XA	Calculated	DE0002	
21	TOTAL F&C INDICATOR X2 OR XB	Calculated	DE0002	
22	TOTAL F&C INDICATOR X3	Calculated	DE0002	

	OR XC			
23	TOTAL ENROLLEES CANCELLED REASON 026	Calculated	DE0002	
24	TOTAL F&C INDICATOR W1 OR WA	Calculated	DE0002	
25	TOTAL F&C INDICATOR W2 OR WB	Calculated	DE0002	
26	TOTAL F&C INDICATOR W3 OR WC	Calculated	DE0002	
27	TOTAL F&C INDICATOR W4	Calculated	DE0002	
28	TOTAL F&C INDICATOR X1 OR XA	Calculated	DE0002	
29	TOTAL F&C INDICATOR X2 OR XB	Calculated	DE0002	
30	TOTAL F&C INDICATOR X3 OR XC	Calculated	DE0002	
31	TOTAL F&C INDICATOR X4	Calculated	DE0002	
32	TOTAL F&C INDICATOR X9	Calculated	DE0002	

Output Reports RS-O-162 QI1 and QI2 Cancellation Notices

General Information

This letter informs the enrollee that Medicaid will no longer pay their Medicare premium.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QI1 and QI2 Cancellation Notices (RS-O-162)

(1) (2) (3)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(5) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(6)
XXXXXXXXXXXXXXXX XX 99999-9999
(7) (8) (9)

DATE: JULY 14, 1998 (4)
CASEWORKER NO: XXXXX (10)
CITY/COUNTY CODE: 999 (11)
ENROLLEE: 001-999999-019 (12)
CASE: 001-999999-019 (13)

DEAR ENROLLEE:

YOU NO LONGER MEET REQUIREMENTS FOR MEDICAID COVERAGE OF YOUR PREMIUM PAYMENT.

MEDICAID WILL STOP PAYING YOUR MEDICARE PREMIUM EFFECTIVE:

JULY (14) 1998

IF YOU DISAGREE WITH THIS DETERMINATION THAT YOU NO LONGER QUALIFY FOR MEDICAID TO COVER YOUR MEDICARE PREMIUMS, YOU MAY FILE AN APPEAL WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. YOU MAY USE A MEDICAID APPEAL FORM AVAILABLE AT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES OR YOU MAY WRITE TO THE DIVISION OF CLIENT APPEALS, DMAS, 600 EAST BROAD STREET, SUITE 1300, RICHMOND, VIRGINIA 23219.

YOU MUST SIGN YOUR APPEAL OR YOUR LEGALLY APPOINTED COMMITTEE, GUARDIAN, OR ATTORNEY-IN-FACT MUST SIGN THE APPEAL. IF YOU FILE AN APPEAL BEFORE THE FIRST DAY OF NEXT MONTH, YOU MAY CONTINUE TO RECEIVE COVERAGE DURING THE APPEAL PROCESS. HOWEVER, IF THE HEARING DECISION UPHOLDS THIS ACTION YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR YOU DURING THIS APPEAL PROCESS.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	(ENROLLEE	Enrollee City Name	DE3116	

	CITY)			
9	(ENROLLEE STATE)	Enrollee State Code	DE3117	
10	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE PREMIUM PAY STOP MONTH)	Enrollee Medicare Premium Payment Stop Date	DE3033	
16	(ENROLLEE PREMIUM PAY STOP YEAR)	Enrollee Medicare Premium Payment Stop Date	DE3033	

Output Reports RS-O-163 Child Age 6 Cancellation Letter

General Information

This letter informs the enrollee head of household that a child is no longer eligible for Medicaid due to becoming 6 years of age.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Child Age 6 Cancellation Letter (RS-O-163)

```
    (1)        (2)          (3)
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          DATE: APRIL 10, 1998 (4)
(5) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        CASEWORKER NO: XXXXX (10)
(6)                                       CITY/COUNTY CODE: 999 (11)
  XXXXXXXXXXXXXX    XX    99999-9999     ENROLLEE: 001-999999-019 (12)
    (7)             (8)        (9)       CASE:     001-999999-019 (13)

  DEAR ENROLLEE:

  MEDICAID RECORDS SHOW THAT THE CHILD NAMED BELOW HAS BEEN ENTITLED TO MEDICAID
  COVERAGE AS A CHILD UNDER AGE 6 YEARS. THESE RECORDS SHOW THAT THE CHILD WAS
  BORN ON THE BIRTH DATE GIVEN BELOW AND WILL BE 6 YEARS OLD WITHIN THIS MONTH.
  BECAUSE THE CHILD WILL BE AGE 6 YEARS AND DOES NOT MEET ANOTHER MEDICAID CATEGORY
  (THE CHILD IS NOT BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT), THE CHILD
  WILL NO LONGER HAVE MEDICAID COVERAGE AFTER THE LAST DAY OF THIS MONTH. THIS
  ACTION IS BASED ON FEDERAL REQUIREMENTS. THIS ACTION AFFECTS THE FOLLOWING CHILD:

  XXXXXXXXXX(14)        XXXXXXXXX(15)        (16)            DOB: MM/DD/CCYY(17)

  YOU SHOULD CONTACT YOUR ELIGIBILITY WORKER AT YOUR LOCAL DEPARTMENT OF
  SOCIAL SERVICES TO HAVE THIS CHILD'S MEDICAID ENROLLMENT CORRECTED IF:

        (1)  THE CHILD'S BIRTH DATE IS NOT THE DATE LISTED ABOVE OR
        (2)  THE CHILD RECEIVES MONEY ASSISTANCE, TEMPORARY ASSISTANCE TO NEEDY
             FAMILIES WITH CHILDREN, SUPPLEMENTAL SECURITY INCOME (SSI),
             OR AN AUXILIARY GRANT OR
        (3)  THE CHILD IS BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT OR
        (3)  THE INCOME AND RESOURCES OF BOTH YOU AND THE CHILD ARE WITHIN
             MEDICAID ELIGIBILITY LIMITS OR
        (5)  THE CHILD IS IN A HOSPITAL.

  IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY FILE AN APPEAL WITHIN 30
  DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL
  FORM, AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY
  WRITE TO THE APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300,
  RICHMOND, VA  23219.


  YOU MUST SIGN THE APPEAL, OR THE CHILD'S LEGALLY APPOINTED GUARDIAN OR
  COMMITTEE MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE
  DATE OF CANCELLATION, THE CHILD MAY CONTINUE TO RECEIVE MEDICAID COVERAGE
  DURING THE APPEAL PROCESS.  HOWEVER, IF THIS CANCELLATION ACTION IS
  UPHELD, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR
  THE CHILD DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE LAST NAME)	Case Last Name	DE3487	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	

4	DATE	Enrollee Notice Date	DE3088	
5	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
6	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
7	(CASE CITY)	Enrollee City Name	DE3116	
8	(CASE STATE)	Enrollee State Code	DE3117	
9	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	CASEWORKER NO	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
13	CASE #	Case Identification Number	DE3043	
14	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-164 Child Age 1 Cancellation Letter

General Information

This letter informs the enrollee head of household that a child is no longer eligible for Medicaid due to becoming 1 year of age.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Child Age 1 Cancellation Letter (RS-O-164)

```
    (1)        (2)        (3)
   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          DATE: JUNE 19, 1998   (9)
(4)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          CASEWORKER NO: XXXXX  (10)
(5)                                          CITY/COUNTY CODE: 999   (11)
   XXXXXXXXXXXXXX    XX    99999-9999       ENROLLEE: 001-999999-019  (12)
     (6)             (7)        (8)         CASE:     001-999999-019  (13)

   DEAR ENROLLEE:

   MEDICAID RECORDS SHOW THAT THE CHILD NAMED BELOW HAS BEEN ENTITLED TO MEDICAID
   COVERAGE AS A CHILD UNDER THE AGE 1 YEAR WHOSE MOTHER IS ELIGIBLE FOR
   MEDICAID.  THESE RECORDS SHOW THAT THE CHILD WAS BORN ON THE BIRTH DATE GIVEN
   BELOW AND WILL BE 1 YEAR OLD WITHIN THIS MONTH.  BECAUSE THE CHILD WILL BE AGE
   1 YEAR AND DOES NOT MEET ANOTHER MEDICAID CATEGORY (THE CHILD IS NOT BLIND,
   DISABLED, OR DEPRIVED OF PARENTAL SUPPORT), THE CHILD WILL NO LONGER HAVE
   MEDICAID COVERAGE AFTER THE LAST DAY OF THIS MONTH. THIS ACTION IS BASED
   ON FEDERAL REQUIREMENTS.  THIS ACTION AFFECTS THE FOLLOWING CHILD:

   XXXXXXXXXXX(14)    XXXXXXXXXX(15)          (16)  X                    (17)DOB: MM/DD/CCYY

   YOU SHOULD CONTACT YOUR ELIGIBILITY WORKER AT YOUR LOCAL DEPARTMENT OF
   SOCIAL SERVICES TO HAVE THIS CHILD'S MEDICAID ENROLLMENT CORRECTED IF:

         (1)  THE CHILD'S BIRTH DATE IS NOT THE DATE LISTED ABOVE OR
         (2)  THE CHILD RECEIVES MONEY ASSISTANCE, TEMPORARY ASSISTANCE
              TO NEEDY FAMILIES WITH CHILDREN, SUPPLEMENTAL SECURITY
              INCOME (SSI), OR AN AUXILIARY GRANT OR
         (3)  THE CHILD IS BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT OR
         (4)  THE INCOME AND RESOURCES OF BOTH YOU AND THE CHILD ARE WITHIN
              FAMIS ELIGIBILITY LIMITS FOR CHILD HEALTH PROGRAMS.
         (5)  THE CHILD IS IN A HOSPITAL.

   IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY FILE AN APPEAL WITHIN 30
   DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL FORM,
   AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE
   APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300, RICHMOND, VA 23219.

   YOU MUST SIGN THE APPEAL, OR THE CHILD'S LEGALLY APPOINTED GUARDIAN OR
   COMMITTEE MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE
   DATE OF CANCELLATION, THE CHILD MAY CONTINUE TO RECEIVE MEDICAID COVERAGE
   DURING THE APPEAL PROCESS.  HOWEVER, IF THIS CANCELLATION ACTION IS
   UPHELD, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR
   THE CHILD DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(CASE LAST NAME)	Case Last Name	DE3487	
5	(CASE NAME SUFFIX)	Case Name Suffix	DE3490	
6	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	

7	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	(CASE CITY)	Enrollee City Name	DE3116	
9	(CASE STATE)	Enrollee State Code	DE3117	
10	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
11	CASEWORKER NO.	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-165 Child Age 19 Cancellation Letter

General Information

This letter informs the enrollee head of household that a child is no longer eligible for Medicaid due to becoming 19 years of age.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Child Age 19 Cancellation Letter (RS-O-165)

```
   (1)          (2)        (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX            DATE: JUNE 19, 1998  (9)
(4)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         CASEWORKER NO: XXXX  (10)
(5)                                       CITY/COUNTY CODE: 999     (11)
XXXXXXXXXXXXXX    XX    99999-9999        ENROLLEE: 001-999999-019   (12)
   (6)            (7)        (8)         CASE:     001-999999-019   (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT THE CHILD NAMED BELOW HAS BEEN ENTITLED TO MEDICAID
COVERAGE AS A CHILD UNDER AGE 19 YEARS. THESE RECORDS SHOW THAT THE CHILD
WAS BORN ON THE BIRTH DATE GIVEN BELOW AND WILL BE 19 YEARS OLD WITHIN THIS MONTH.
BECAUSE THE CHILD WILL BE AGE 19 YEARS AND DOES NOT MEET ANOTHER MEDICAID CATEGORY
(THE CHILD IS NOT BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT),
THE CHILD WILL NO LONGER HAVE MEDICAID COVERAGE AFTER THE LAST DAY OF
THIS MONTH.  THIS ACTION IS BASED ON FEDERAL REQUIREMENTS.  THIS ACTION
AFFECTS THE FOLLOWING CHILD:

      (14)              (15)          (16)                        (17)
 XXXXXXXXXXXXXXXXX  XXXXXXXXXX     X                          DOB: MM/DD/CCYY

YOU SHOULD CONTACT YOUR ELIGIBILITY WORKER AT YOUR LOCAL DEPARTMENT OF
SOCIAL SERVICES TO HAVE THIS CHILD'S MEDICAID ENROLLMENT CORRECTED IF:

      (1)  THE CHILD'S BIRTH DATE IS NOT THE DATE LISTED ABOVE OR
      (2)  THE CHILD RECEIVES MONEY ASSISTANCE, TEMPORARY ASSISTANCE TO
           NEEDY FAMILIES WITH CHILDREN, SUPPLEMENTAL SECURITY
           INCOME (SSI), OR AN AUXILIARY GRANT OR
      (3)  THE CHILD IS BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT OR
      (4)  THE INCOME AND RESOURCES OF BOTH YOU AND THE CHILD ARE WITHIN MEDICAID
           ELIGIBILITY LIMITS OR
      (5)  THE CHILD IS IN A HOSPITAL.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY FILE AN APPEAL WITHIN 30
DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL FORM,
AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE
APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300, RICHMOND, VA
23219.


YOU MUST SIGN THE APPEAL, OR THE CHILD'S LEGALLY APPOINTED GUARDIAN OR
COMMITTEE MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE
DATE OF CANCELLATION, THE CHILD MAY CONTINUE TO RECEIVE MEDICAID COVERAGE
DURING THE APPEAL PROCESS.  HOWEVER, IF THIS CANCELLATION ACTION IS
UPHELD, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR
THE CHILD DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE LAST NAME)	Case Last Name	DE3487	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	

5	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(CASE CITY)	Enrollee City Name	DE3116	
7	(CASE STATE)	Enrollee State Code	DE3117	
8	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
13	CASE #	Case Identification Number	DE3043	
14	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-166 QMB Cancellation Letter

General Information

This letter informs the enrollee that he or she is no longer eligible as a Qualified Medicare Beneficiary to receive Medicaid assistance in the form of payment of Medicare premiums, coinsurance, and deductibles.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QMB Cancellation Letter (RS-O-166)

```
   (1)          (2)     (3)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX          DATE: JUNE 19, 1998   (9)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)      CASEWORKER NO: XXXXX (10)
(5)                                      CITY/COUNTY CODE: 999   (11)
XXXXXXXXXXXXXXXX   XX   99999-9999       ENROLLEE: 001-999999-019   (12)
          (6)      (7)          (8)      CASE:     001-999999-019   (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT YOU HAVE BEEN ENTITLED TO MEDICAID AS A
QUALIFIED MEDICARE BENEFICIARY (QMB ONLY).  MEDICAID HAS PAID ALL YOUR
MEDICARE PREMIUMS, DEDUCTIBLES AND COINSURANCE ON ALL MEDICARE COVERED
SERVICES.  RECORDS NOW SHOW THAT YOU NO LONGER MEET REQUIREMENTS FOR QMB ONLY
MEDICAID COVERAGE.

QMB ONLY COVERAGE WILL STOP EFFECTIVE THE FIRST DAY OF NEXT MONTH.  THIS
ACTION IS BASED ON THE LOSS OF YOUR MEDICARE PART A.

IF YOU DISAGREE WITH THIS DETERMINATION THAT YOU NO LONGER MEET QMB ONLY
MEDICAID STATUS, YOU MAY FILE AN APPEAL WITHIN 30 DAYS OF THE DATE SHOWN AT THE
TOP OF THIS LETTER.  YOU MAY USE AN APPEAL FORM, AVAILABLE FROM YOUR LOCAL
DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE APPEALS DIVISION,
DMAS, 600 EAST BROAD STREET, SUITE 1300, RICHMOND, VA  23219.

YOU MUST SIGN YOUR APPEAL, OR YOUR LEGALLY APPOINTED COMMITTEE, GUARDIAN,
OR ATTORNEY-IN-FACT MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE
FIRST DAY OF NEXT MONTH, YOU MAY CONTINUE TO RECEIVE MEDICAID COVERAGE DURING
THE APPEAL PROCESS. HOWEVER, IF THE HEARING DECISION UPHOLDS THIS ACTION, YOU
WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR YOU DURING THIS
APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(ENROLLEE CITY)	Enrollee City Name	DE3116	
7	(ENROLLEE STATE)	Enrollee State Code	DE3117	

8	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
13	CASE #	Case Identification Number	DE3043	

Output Reports RS-O-167 Pregnancy Cancellation Letter

General Information

This letter informs the enrollee that she is no longer Medicaid-eligible due to exceeding months-allowed for pregnancy.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Pregnancy Cancellation Letter (RS-O-167)

Date XXXXXXXXXXX

~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~ ~~~
~~~~~~
~~~~~~

Enrollee ID: XXX-XXXXXX-XXX ~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~
Case: XXX-XXXXXX-XXX
Estimated Date of Delivery: XXXXXXXXXX

Dear Ms. ~~~~~~

Our records show that you are enrolled in Medicaid for pregnancy coverage with an expected delivery date of XX/XX/XXXX. Medicaid coverage for pregnant women continues for tw months following the end of the pregnancy. Because your expected due date has passed, your Medicaid eligibility as a pregnant woman will end on XX/XX/XXXX.

Your health is important to us, and we want to let you know about the choices you have for making sure your health care needs are met now before your Medicaid coverage for pregnancy ends. It is important to make these choices now while you are currently covered:

1. When you receive this letter, immediately call your eligibility worker at your local department of social services and request a re-evaluation of your eligibility fo continued healthcare coverage. If you are not eligible for continued full healthcare coverage, you may be eligible for Plan First, which only covers family planning servic including your choice of birth control.

2. Schedule your doctor visit now for your postpartum checkup. This visit is an important part of your overall pregnancy care and general health. Please make the appointment even if you are feeling well, and do not think you need to see the doctor or nurse. Research shows it is best to wait at least 18 months before getting pregnan again and you can also discuss your options for birth control at this visit.

3. Once your Medicaid coverage ends as a pregnant woman, if you are not eligible for regular Medicaid you may be eligible for financial assistance for healthcare covera through the Federal Health Insurance Marketplace. Losing Medicaid coverage allows you to apply at the Marketplace outside the annual open enrollment period. You must apply f coverage within 60 days after the birth of your baby. For more information, visit www.healthcare.gov or call 1-800-318-2596.

If you believe you are still eligible for Medicaid as a pregnant woman and your coverage should not be cancelled, you may file an appeal. You must send your written appeal request within 30 days of getting this notice. A friend, relative or other person can send the appeal request for you. If you request an appeal in less than 10 days of gett this notice, and you have been getting Medicaid benefits, you may continue getting benefits while the appeal is going on. If you choose to receive continued benefits, you m have to repay the Medicaid program for those continued benefits if you lose your appeal.

You may write a letter or complete a form. Appeal Request Forms are available on the Internet at www.dmas.virginia.gov or by calling (804) 371-8488. Please send a copy of this notice with the appeal request to the:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219
Appeal requests may also be faxed to:
(804) 612-0036
~~~~~~

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(NOTICE DATE)	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	Member	Enrollee Permanent Identification Number	DE3093	
9	(ENROLLEE CITY)	Enrollee City Name	DE3116	
10	(ENROLLEE STATE)	Enrollee State Code	DE3117	
11	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
12	Eligibility Case Number	Case Worker Number	DE3431	
13	Estimated Delivery Date	Enrollee Estimated Expected Deliv-ery/Delivery Date	DE3402	
14	Enrollee Name	Calculated	DE0002	Enrollee Last Name (DE3111), Enrollee MI (DE3112), Enrollee Last Name (DE3110)
15	Expected Delivery Date	Enrollee Expected Deliv-ery/Delivery Date	DE3402	
16	(BENEFITS END DATE)	Calculated	DE0002	

Output Reports RS-O-168 Refugee Cancellation Letter

General Information

This letter informs the enrollee that he or she is no longer Medicaid-eligible as a refugee due to the lapse of the eight months of allowed eligibility.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Refugee Cancellation Letter (RS-O-168)

(1) (2) (3)
XXXXXXXXXXX XXXXXX X
XXXXXXXXXXXXXXXXXXXX (4)
(5)
XXXXXXXX (6) XX(7) 99999-9999 (8)

DATE: JUNE 19, 1998 (9)
CASEWORKER NO: XXXXX (10)
CITY/COUNTY CODE: 999 (11)
ENROLLEE: 001-999999-019 (12)
CASE: 001-999999-019 (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT YOU WERE ENROLLED IN MEDICAID BECAUSE YOU WERE A REFUGEE AND MET NO OTHER CATEGORY. YOU HAVE RECEIVED MEDICAID FOR UP TO EIGHT MONTHS FROM YOUR ENTRY DATE INTO THE COUNTRY. BECAUSE YOU HAVE RECEIVED ALL OF THE MEDICAID COVERAGE TO WHICH YOU ARE ENTITLED AS A REFUGEE, YOU WILL NO LONGER RECEIVE THIS COVERAGE.

YOU WILL NO LONGER HAVE MEDICAID COVERAGE AFTER THE LAST DAY OF THIS MONTH. THIS ACTION IS BASED ON FEDERAL REQUIREMENTS.

YOU SHOULD CONTACT YOUR ELIGIBILITY WORKER AT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES TO HAVE YOUR MEDICAID ENROLLMENT CORRECTED IF YOU BELIEVE YOU ARE STILL ELIGIBLE FOR MEDICAID BECAUSE YOU RECEIVED CASH TEMPORARY ASSISTANCE TO NEEDY FAMILIES WITH CHILDREN, SUPPLEMENTAL SECURITY INCOME (SSI), OR AN AUXILIARY GRANT--FOR YOURSELF, OR BECAUSE YOU ARE BLIND, DISABLED, OR HAVE A DEPENDENT CHILD UNDER AGE 18 LIVING WITH YOU WHO IS DEPRIVED OF PARENTAL SUPPORT.

IF YOU DISAGREE WITH THIS DETERMINATION THAT YOU ARE NO LONGER A REFUGEE AND ARE NO LONGER ELIGIBLE FOR MEDICAID, YOU MAY FILE AN APPEAL WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. YOU MAY USE A MEDICAID APPEAL FORM AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300, RICHMOND, VA 23219.

YOU MUST SIGN YOUR APPEAL, OR YOUR LEGALLY APPOINTED COMMITTEE OR GUARDIAN, OR ATTORNEY-IN-FACT MUST SIGN THE APPEAL. IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE DATE OF CANCELLATION, YOU MAY CONTINUE TO RECEIVE MEDICAID COVERAGE DURING THE APPEAL PROCESS. HOWEVER, IF THE HEARING DECISION UPHOLDS THIS ACTION, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR YOU DURING THE APPEAL PROCESS.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	

7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	(ENROLLEE CITY)	Enrollee City Name	DE3116	
9	(ENROLLEE STATE)	Enrollee State Code	DE3117	
10	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	US ENTRY DATE	Enrollee Entry to US Date	DE3252	

Output Reports RS-O-169 Families and Children Failure to Respond Cancellation Letter

General Information

This letter informs the enrollee that Families and Children Extended Medicaid eligibility has been cancelled due to failure to return a Medicaid Extension Report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Families and Children Failure to Respond Cancellation Letter (RS-O-169)

```
  (1)          (2)      (3)
XXXXXXXXXXXX XXXXXXX   X                          (9)
XXXXXXXXXXXXXXXX  (4)                  DATE: JUNE 19, 1998
                                       CASEWORKER NO: XXXXX (10)
   (5)                                 CITY/COUNTY CODE: 999  (11)
XXXXXXXXXX (6)      XX (7) 99999-9999 (8)  ENROLLEE:  999-999999-999    (12)
                                       CASE:      999-999999-999    (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT THE ENROLLEE(S) NAMED BELOW RECEIVED EXTENDED
MEDICAID COVERAGE AFTER THE TEMPORARY ASSISTANCE TO NEEDY FAMILIES WITH
CHILDREN CHECK WAS CANCELED. YOU WERE NOTIFIED THAT YOU NEEDED TO
SEND IN THE "MEDICAID EXTENSION REPORT" AND VERIFICATIONS BY A SPECIFIC DATE
IN ORDER TO CONTINUE YOUR MEDICAID COVERAGE. ACCORDING TO MEDICAID RECORDS,
YOU DID NOT RETURN THE COMPLETED REPORT AND ALL VERIFICATIONS BY THE
SPECIFIED DATE.THEREFORE, MEDICAID COVERAGE MUST BE CANCELED (SOCIAL
SECURITY ACT, TITLE XIX, SECTION 1925).

MEDICAID COVERAGE OF THE FOLLOWING INDIVIDUALS WILL STOP ON THE LAST DAY OF
THIS MONTH:

      (14)  ENROLLEE NAME (15)      (16)          ID# (17)
     XXXXXXXXXXXXX      XXXXXXX  X     001-999999-019
     XXXXXXXXXXXXX      XXXXXXX  X     001-999999-019

IF YOU BELIEVE THAT YOU GAVE OR SENT THE REQUIRED INFORMATION TO THE LOCAL
DEPARTMENT OF SOCIAL SERVICES ON TIME, YOU CAN CONTACT YOUR CASEWORKER TO
DETERMINE IF THIS PROPOSED CANCELLATION ACTION IS CORRECT.  IF YOU DISAGREE
WITH THIS PROPOSED CANCELLATION OR WITH YOUR CASEWORKER'S EXPLANATION, YOU
MAY APPEAL THIS ACTION.  YOU MUST FILE A WRITTEN APPEAL WITHIN 30 DAYS OF
THE DATE SHOWN AT THE TOP OF THIS LETTER.  YOU MAY USE AN APPPEAL FORM
AVALIABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE A
LETTER.  ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL.  SEND YOUR APPEAL TO:

       APPEALS DIVISION
       DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
       600 E. BROAD STREET, SUITE 1300
       RICHMOND, VA  23219

YOU MUST SIGN THE APPEAL, OR YOUR LEGALLY APPOINTED COMMITTEE OR GUARDIAN,
OR ATTORNEY-IN-FACT MUST SIGN THE APPEAL. IF YOU FILE A WRITTEN APPEAL
BEFORE THE LAST DAY OF THIS MONTH, MEDICAID COVERAGE MAY CONTINUE DURING THE
APPEAL PROCESS. HOWEVER, IF THE HEARING DECISION UPHOLDS THE PROPOSED
CANCELLATION, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS
FOR YOU DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE LAST NAME)	Case Last Name	DE3487	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(CASE ADDRESS	Enrollee Street	DE3115	

	LINE 1)	Address		
5	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(CASE CITY)	Enrollee City Name	DE3116	
7	(CASE STATE)	Enrollee State Code	DE3117	
8	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO.	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
13	CASE NO	Case Identification Number	DE3043	
14	ENROLLEE (LAST) NAME	Enrollee Last Name	DE3110	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	ID #	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-170 Families and Children Cancellation Letter

General Information

This letter informs the enrollee that his or her Families and Children 12-month extension of Medicaid eligibility has ended.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Families and Children Cancellation Letter (RS-O-170)

```
(1)          (2)       (3)
XXXXXXXXXXX  XXXXXXX   X                          DATE: JUNE 19, 1998 (9)
XXXXXXXXXXXXXXXXXXXXXXX (4)                       CASEWORKER NO: XXXXXX (10)
XXXXXXXXXXXXXXXX (5)                              CITY/COUNTY CODE: 999 (11)
XXXXXXXXXXXXXX (6) XX (7) 99999-9999 (8)          ENROLLEE: 999-999999-999 (12)
                                                  CASE:     999-999999-999 (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT THE ENROLLEE(S) NAMED BELOW RECEIVED EXTENDED
MEDICAID COVERAGE AFTER THE TEMPORARY ASSISTANCE TO NEEDY FAMILIES WITH
CHILDREN CHECK WAS CANCELED. THIS EXTENSION PERIOD ENDS THIS MONTH.
THE SOCIAL SECURITY ACT, TITLE XIX, SECTION 1925 REQUIRES CANCELLATION OF
MEDICAID COVERAGE AT THE END OF THE EXTENSION PERIOD.

MEDICAID COVERAGE OF THE FOLLOWING INDIVIDUALS WILL STOP ON THE LAST DAY OF
THIS MONTH:

     (14) ENROLLEE NAME  (15)     (16)        ID# (17)
     XXXXXXXXXXXXXXX    XXXXXXXX  X    001-999999-019
     XXXXXXXXXXXXXXX    XXXXXXXX  X    001-999999-019

IF YOU DISAGREE WITH THIS ACTION, YOU MAY FILE A WRITTEN APPEAL WITHIN 30 DAYS
OF THE DATE SHOWN AT THE TOP OF THIS LETTER.  YOU MAY USE AN APPEAL FORM
AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE A
LETTER.  ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL.  SEND YOUR APPEAL TO:

       APPEALS DIVISION
       DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
       600 E. BROAD STREET, SUITE 1300
       RICHMOND, VA  23219

YOU MUST SIGN THE APPEAL, OR YOUR LEGALLY APPOINTED COMMITTEE OR GUARDIAN, OR
ATTORNEY-IN-FACT MUST SIGN THE APPEAL.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE LAST NAME)	Case Last Name	DE3487	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(CASE CITY)	Enrollee City Name	DE3116	
7	(CASE STATE)	Enrollee State Code	DE3117	
8	(CASE ZIP	Enrollee ZIP Code	DE3118	

	CODE)			
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO.	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
13	CASE NO	Case Identification Number	DE3043	
14	ENROLLEE (LAST) NAME	Enrollee Last Name	DE3110	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	ID #	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-171 Age 21 Refugee Cancellation Letter

General Information

Letter notifying an unaccompanied minor that they are being cancelled because they will reach the age of 21 by the end of the month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	N/A
Retention:	180 days
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Age 21 Refugee Cancellation Letter (RS-O-171)

```
(1)                 (2)
XXXXXXXXXXXXXXXX    XXXXXXXX    (3) X                    DATE: JUNE 19, 1998          (9)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)                     CASEWORKER NO: XXXXX         (10)
(5)                                                      CITY/COUNTY CODE: 999        (11)
XXXXXXXX (6)        XX (7) 99999-9999 (8)                ENROLLEE: 001-999999-019     (12)
                                                         CASE:     001-999999-019     (13)

DEAR ENROLLEE:

MEDICAID RECORDS SHOW THAT THE CHILD NAMED BELOW HAS BEEN ENTITLED TO MEDICAID
COVERAGE AS A CHILD UNDER THE AGE AND IS AN UNACCOMPANIED MINOR IN THE UNITED
STATES.  THESE RECORDS SHOW THAT THE CHILD WAS BORN ON THE BIRTH DATE GIVEN
BELOW AND WILL BE 21 YEARS OLD WITHIN THIS MONTH.  BECAUSE THE CHILD WILL BE
AGE 21 AND DOES NOT MEET ANOTHER MEDICAID CATEGORY (THE CHILD IS NOT BLIND,
DISABLED, OR DEPRIVED OF PARENTAL SUPPORT), THE CHILD WILL NO LONGER HAVE
MEDICAID COVERAGE AFTER THE LAST DAY OF THIS MONTH. THIS ACTION IS BASED
ON FEDERAL REQUIREMENTS.  THIS ACTION AFFECTS THE FOLLOWING CHILD:

  XXXXXXXX (14)        XXXXXXX (15)          X (16)              DOB: MM/DD/CCYY (17)

YOU SHOULD CONTACT YOUR ELIGIBILITY WORKER AT YOUR LOCAL DEPARTMENT OF
SOCIAL SERVICES TO HAVE THIS CHILD'S MEDICAID ENROLLMENT CORRECTED IF:

      (1)  THE CHILD'S BIRTH DATE IS NOT THE DATE LISTED ABOVE OR
      (2)  THE CHILD RECEIVES MONEY ASSISTANCE, TEMPORARY ASSISTANCE
           TO NEEDY FAMILIES WITH CHILDREN, SUPPLEMENTAL SECURITY
           INCOME (SSI), OR AN AUXILIARY GRANT OR
      (3)  THE CHILD IS BLIND OR DISABLED.

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY FILE AN APPEAL WITHIN 30
DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL FORM,
AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE
APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300, RICHMOND, VA 23219.

YOU MUST SIGN THE APPEAL, OR THE CHILD'S LEGALLY APPOINTED GUARDIAN OR
COMMITTEE MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE
DATE OF CANCELLATION, THE CHILD MAY CONTINUE TO RECEIVE MEDICAID COVERAGE
DURING THE APPEAL PROCESS.  HOWEVER, IF THIS CANCELLATION ACTION IS
UPHELD, YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR
THE CHILD DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE LAST NAME	Case Last Name	DE3487	
2	CASE FIRST NAME	Case First Name	DE3488	
3	CASE MI	Case Middle Initial	DE3489	
4	ATTN	Enrollee Additional Address Name	DE3114	

5	CASE ADDRESS LINE 1	Enrollee Street Address	DE3115	
6	CASE ADDRESS LINE 2	Enrollee Additional Address Name	DE3114	
7	CASE CITY	Enrollee City Name	DE3116	
8	CASE STATE	Enrollee State Code	DE3117	
9	CASE ZIP CODE	Enrollee ZIP Code	DE3118	
10	DATE	Enrollee Notice Date	DE3088	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	MEDICAID NUMBER	Enrollee Permanent Identification Number	DE3093	
14	CASE NUMBER	Case Identification Number	DE3043	
15	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
16	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
17	ENROLLEE MI	Enrollee Middle Initial	DE3112	
18	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-172 Earnings Report Letter

General Information

This letter is sent to the enrollee head of household requesting verification of earnings.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Earnings Report Letter (RS-O-172)

NOTICE OF EXTENDED MEDICAID COVERAGE
REPORTING REQUIREMENT

(1) (2) (3)
XXXX X XXXXX
XXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXXXXXX (5)
(6)XXXXXXXX, (7) XX.99999-9999 (8)

DATE: JULY 15, 1998 (9)
CITY/COUNTY CODE: 999 (10)
CASEWORKER #: XXXXX (11)
ENROLLEE: 999-999999-999 (12)
CASE: 999-999999-999 (13)

DEAR ENROLLEE:

1) COMPLETE AND SIGN THE "MEDICAID EXTENSION EARNINGS REPORT" FOR THE FOLLOWING ENROLLEES:

(14) NAME (15) (16)	ID # (17)
XXXXXXXX X XXXXXXXX	001-999999-019
XXXXXXXX X XXXXXXXX	001-999999-019
XXXXXXXX X XXXXXXXX	001-999999-019
XXXXXXXX X XXXXXXXX	001-999999-019

2) COMPLETE THIS REPORT FOR THE MONTHS OF (18) MAY, 1998, (19) JUNE, 1998, AND (20) JULY, 1998, AND ATTACH ALL EARNED INCOME AND CHILD COST VERIFICATIONS (SUCH AS COPIES OF PAYCHECK STUBS AND RECEIPTS OF PAYMENTS MADE TO THE CHILD CARE PROVIDER).

3) RETURN THE REPORT AND VERIFICATIONS TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES NO LATER THAN (21) AUGUST 21, 1998. IF YOU RETURN THE INFORMATION BY THIS DATE, YOU MAY BE ELIGIBLE FOR ADDITIONAL MONTHS OF MEDICAID COVERAGE. IF YOU ARE UNABLE TO MEET THIS DEADLINE, CONTACT YOUR WORKER AT YOUR LOCAL AGENCY IMMEDIATELY. IF YOU DO NOT RETURN THE INFORMATION BY THIS DATE, THE ABOVE-NAMED ENROLLEES' COVERAGE WILL BE CANCELLED ON THE LAST DAY OF (22) OCTOBER, 1998.

4) BRING THE REPORT AND VERIFICATIONS TO YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR SEND THE REPORT AND VERIFICATIONS TO THE AGENCY AT THE FOLLOWING ADDRESS:

ACCOMACK (23)
DEPT OF SOCIAL SERVICES (24)
PO BOX 299 (25)
ONANCOCK, VA 23417-0299
(26) (27) (28)

Earnings Report Letter (RS-O-172)

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

MEDICAID EXTENSION EARNINGS REPORT

COMPLETE AND SEND THIS FORM TO THE LOCAL DEPARTMENT OF SOCIAL SERVICES AT THE ADDRESS ON THE FRONT OF THIS FORM BY THE DATE SPECIFIED.

***** You must circle yes or no for each question *****

YES NO 1. Did you, or anyone in your household who received Medicaid, work during the three months listed in paragraph 2) on the reverse side of this report? If yes, complete the list below for those months. List each month's and each person's earnings on a separate line. Attach all pay stubs or proof of gross earnings received each month for all persons who worked.

NAME OF PERSON WHO WORKED	EMPLOYER	MONTH	TOTAL GROSS MONTHLY PAY BEFORE DEDUCTIONS

YES NO 2. Did you have to pay for child care because you work? If yes, complete below. Attach proof of each month's child care expense.

Name of Child	Cost of Child care each month

YES NO 3. Did you or anyone in your household stop working for any reason during the past three months? If yes, explain below.

YES NO 4. Did any child(ren) stop living in your home? If yes, who stopped living there and when did he/she stop living there?

YES NO 5. Have you moved or do you plan to move? If yes, indicate the date of the move and your new address.

I understand that the answers I give on this form will be used to determine my continued eligibility for extended Medicaid coverage. I must answer every question on this form, attach proof of earned income and child care expense, sign and return this form. I understand that if I am notified that I have submitted an incomplete report, I can satisfy the reporting requirement by submitting a complete and signed report form along with the required proof of income and child care expense. I also understand that I can appeal, in writing, have a fair hearing and present my case or have it presented by any person I choose, if I do not agree with the decision taken on my case.

I certify that the information given on this form is correct and complete to the best of my knowledge. I AM AWARE THAT IF I PROVIDE FALSE INFORMATION, I MAY BE BREAKING THE LAW AND COULD BE PUNISHED BY IMPRISONMENT AND/OR A FINE. I also may be disqualified from receiving Medicaid for up to one year if convicted of fraud.

SIGNATURE: DATE: PHONE:

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE FIRST NAME)	Case First Name	DE3488	

2	(CASE MI)	Case Middle Initial	DE3489	
3	(CASE LAST NAME)	Case Last Name	DE3487	
4	(CASE ADDRESS LINE 1)	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations 4.1 and 4.2.
4.1	(CASE ADDRESS LINE 1)	Enrollee Additional Address Name	DE3114	If Enrollee Additional Address Name (DE 3114) is populated, '(CASE ADDRESS LINE 1)' contains DE 3114.
4.2	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	If Enrollee Additional Address Name (DE 3114) is not populated, '(CASE ADDRESS LINE 1)' contains Enrollee Street Address DE 3115.
5	(CASE ADDRESS LINE2)	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations 5.1 and 5.2.
5.1	(CASE ADDRESS LINE 2)	Enrollee Street Address	DE3115	If Enrollee Additional Address Name (DE 3114) is populated, '(CASE ADDRESS LINE 2)' contains Enrollee Street Address DE 3115.
5.2	(CASE ADDRESS LINE 2)	Static Default Literal	DE9987	If Enrollee Additional Address Name (DE 3114) is not populated, '(CASE ADDRESS LINE 2)' contains blanks.
6	(CASE CITY)	Enrollee City Name	DE3116	
7	(CASE STATE)	Enrollee State Code	DE3117	
8	(CASE ZIP)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
13	CASE NO	Case Identification Number	DE3043	
14	(ENROLLEE FIRST) NAME	Enrollee First Name	DE3111	
15	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
16	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
17	ID #	Enrollee Permanent Identification Number	DE3093	
18	FIRST MONTH	Calculated	DE0002	

19	SECOND MONTH	Calculated	DE0002	
20	THIRD MONTH	Calculated	DE0002	
21	DUE DATE	Calculated	DE0002	
22	PROPOSED CANCEL DATE	Determined by Program Coded Logic	DE9986	This is the date that the enrollee's coverage will automatically be cancelled unless the requested information is returned by the stated 'DUE DATE'. Determine value of 'PROPOSED CANCEL DATE' by one of the three following methods: 1. If DSS SPECIAL FOLLOW UP CODE (DE 3433) equals 'XA' or 'WA', add five months to DSS SPECIAL FOLLOW UP EFFECTIVE DATE (DE3434) giving 'PROPOSED CANCEL DATE'. 2. If DSS SPECIAL FOLLOW UP CODE (DE 3433) equals 'XB' or 'WB', add seven months to DSS SPECIAL FOLLOW UP EFFECTIVE DATEE giving 'PROPOSED CANCEL DATE'. 3. If DSS SPECIAL FOLLOW UP CODE (DE 3433) equals 'XC' or 'WC', add ten months to DSS SPECIAL FOLLOW UP EFFECTIVE DATE giving 'PROPOSED CANCEL DATE'.
23	Locality Name	Locality Name	DE5255	
24	DSS NAME	Locality Region Type Address Name	DE5264	
25	DSS ADDRESS	Locality Region Type Street Address	DE5266	
26	DSS CITY	Locality Region Type City Name	DE5267	
27	DSS STATE	Locality Region Type State Code	DE5268	
28	DSS ZIP CODE	Locality Region Type Zip Code	DE5269	

Output Reports RS-O-173 Child Age 19 Cancellation Letter for FAMIS

General Information

This letter informs the enrollee head of household that a child is no longer eligible for FAMIS due to becoming 19 years of age.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Child Age 19 Cancellation Letter for FAMIS (RS-O-173)

```
   (1)              (2)      (3)
XXXXXXXXXXXX   XXXXXXXX X                          DATE: JUNE 10, 1998 (10)
(4) XXXXXXXXXXXXXXX (5)                            CASEWORKER NO: XXXXX (11)
   (6)                                             CITY/COUNTY CODE: 999 (12)
XXXXXXXX (7)        XX (8) 99999-9999 (9)          ENROLLEE: 001-999999-019 (13)
                                                   CASE:     001-999999-019 (14)

DEAR ENROLLEE:

OUR RECORDS SHOW THAT THE CHILD NAMED BELOW HAS BEEN ENTITLED TO FAMIS
COVERAGE AS A CHILD UNDER AGE 19 YEARS.  THESE RECORDS SHOW THAT THE
CHILD WAS BORN ON THE BIRTH DATE GIVEN BELOW AND WILL BE AGE 19 WITHIN
THIS MONTH OR ON THE FIRST DAY OF THE FOLLOWING MONTH. BECAUSE THE
CHILD WILL BE AGE 19 YEARS, THE CHILD WILL NO LONGER HAVE HEALTH CARE
COVERAGE AFTER THE LAST DAY OF THIS MONTH.  THIS ACTION IS BASED ON
FEDERAL REQUIREMENTS. THIS ACTION AFFECTS THE FOLLOWING CHILD:
      (15)            (16)     (17)                 (18)

     XXXXXXXXXXX     XXXXXX  X                DOB: MM/DD/CCYY

YOU SHOULD CONTACT THE FAMIS CENTRAL PROCESSING UNIT AT 1-866-87FAMIS
TO HAVE THIS CHILD'S FAMIS ENROLLMENT CORRECTED IF:

      (1)  THE CHILD'S BIRTH DATE IS NOT THE DATE LISTED ABOVE OR
      (2)  THE CHILD RECEIVES MONEY ASSISTANCE, FAMILIES AND CHILDREN ASSISTANCE,
           SUPPLEMENTAL SECURITY INCOME (SSI), OR AN AUXILIARY GRANT OR
      (3)  THE CHILD IS BLIND, DISABLED, OR DEPRIVED OF PARENTAL SUPPORT OR
      (4)  THE CHILD IS IN A HOSPITAL

IF YOU DISAGREE WITH THIS DETERMINATION, YOU MAY FILE AN APPEAL WITHIN 30
DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL FORM,
AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE TO THE
APPEALS DIVISION, DMAS, 600 E. BROAD STREET, SUITE 1300, RICHMOND, VA  23219.


YOU MUST SIGN THE APPEAL, OR THE CHILD'S LEGALLY APPOINTED GUARDIAN OR
COMMITTEE MUST SIGN THE APPEAL.  IF YOU FILE AN APPEAL BEFORE THE EFFECTIVE
DATE OF CANCELLATION, THE CHILD MAY CONTINUE TO RECEIVE MEDICAL COVERAGE
DURING THE APPEAL PROCESS.  HOWEVER, IF THIS CANCELLATION ACTION IS UPHELD,
YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES PAID FOR THE CHILD
DURING THE APPEAL PROCESS.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE LAST NAME)	Case Last Name	DE3487	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(ATTN)	Enrollee Additional Address Name	DE3114	
5	(CASE ADDRESS	Enrollee Street	DE3115	

	LINE 1)	Address		
6	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
7	(CASE CITY)	Enrollee City Name	DE3116	
8	(CASE STATE)	Enrollee State Code	DE3117	
9	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	DATE	Enrollee Notice Date	DE3088	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
16	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
17	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
18	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-174 Child Age 21 Cancellation Letter

General Information

This letter informs the enrollee head of household that a child is no longer Medicaid-eligible due to becoming 21 years of age.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	7 years
Distribution:	DARs
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Child Age 21 Cancellation Letter (RS-O-174)

```
                                                              ~~~~~~~~~~~~~~~~~~~ (1)
(2)          (3) (4)                  (5)
                                                                                  (6)
~~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~~ ~~~         Caseworker No:        ~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (7)  City/County Code:       ~~~ (8)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (9)  Enrollee:   ~~~~~~~~~~~~~~~ (10)
~~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~                 Case:       ~~~~~~~~~~~~~~~ (14)
(11)                (12) (13)
```

Dear Enrollee:

Medicaid records show that the child named below has been receiving services through the Children's Mental Health Waiver. DMAS records show that the child was born on the birth date given below and will be 21 years old within this month. Once the child turns 21 years old, he/she is no longer eligible to receive services through the Children's Mental Health Waiver. This action is based on DMAS requirements for the Children's Mental Health Waiver. This action affects the following child:

```
(15)         (16) (17)                (18)                 (19)

~~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~~ ~~~          DOB:  ~~~~~~~~~~
```

If you disagree with this determination, you may file an appeal within 30 days of the date shown at the top of this letter. You may use an appeal form, available from your local Department of Social Services, or you may write to The Appeals Division, DMAS, 600 E. Broad Street, Suite 1300, Richmond, VA 23219.

You must sign the appeal, or the child's legally-appointed guardian or Committee must sign the appeal. If you file an appeal before the effective date of cancellation, the child may continue to receive Medicaid coverage during the appeal process. However, if this cancellation action is upheld, you will have to pay back to DMAS any expenses Medicaid pays for the child during the appeal process.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DATE)	Enrollee Notice Date	DE3088	
2	(CASE FIRST NAME)	Case First Name	DE3488	
3	(CASE MI)	Case Middle Initial	DE3489	
4	(CASE LAST NAME)	Case Last Name	DE3487	
5	(CASE SUFFIX)	Case Name Suffix	DE3490	
6	CASEWORKER NO	Case Worker Number	DE3431	
7	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
8	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	

9	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
10	Enrollee	Enrollee Permanent Identification Number	DE3093	
11	(CASE CITY)	Enrollee City Name	DE3116	
12	(CASE STATE)	Enrollee State Code	DE3117	
13	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee Middle Initial	DE3112	
16	(ENROLLEE MI)	Enrollee First Name	DE3111	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-175 QI1 Letter

General Information

This letter informs the enrollee that he or she is eligible for QI1 Medicaid assistance in paying their Medicare premium for this calendar year.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QI1 Letter (RS-O-175)

(1) (2) (3)
XXXXX X XXXX
XXXXXXXXXXXXXXXX (4)
XXXXXXXXXXXXXXX (5)
XXXXXXX, XX. 99999-9999 (8)
(6) (7)

DATE: JULY 15, 1998 (9)
CASEWORKER #: XXXXX (10)
CITY/COUNTY CODE: 999 (11)
ENROLLEE: 999-999999-999 (12)
CASE: 999-999999-999 (13)

MEDICAID WILL PAY YOUR MEDICARE PREMIUM
BEGINNING XXXXXXXX THROUGH DECEMBER OF THIS YEAR
(14)

YOU WILL NOT RECEIVE A MEDICAID CARD FOR THIS COVERAGE. NO OTHER MEDICAL SERVICES YOU RECEIVE WILL BE COVERED BY MEDICAID AS A RESULT OF THIS ACTION. YOUR SELECTION FOR THIS COVERAGE IS GOOD ONLY UNTIL THE END OF THE YEAR.

IF MEDICAID IS NOT ALREADY PAYING YOUR MEDICARE PREMIUMS, YOU WILL SEE AN INCREASE IN YOUR MONTHLY CHECK. YOUR CHECK WILL NO LONGER HAVE YOUR MEDICARE PREMIUM DEDUCTED FROM IT. YOU MAY NOT SEE THE CHANGE IN YOUR CHECK AMOUNT FOR THREE MONTHS. SOCIAL SECURITY WILL REFUND THE PREMIUM PAYMENTS WHICH WERE DEDUCTED FROM YOUR CHECK AFTER YOU WERE SELECTED FOR MEDICAID TO PAY YOUR PREMIUM. THE ACTION IS GOOD UNTIL THE END OF THIS CALENDAR YEAR.

IF YOUR SITUATION CHANGES, YOUR INCOME GOES DOWN, YOU INCUR HIGH MEDICAL BILLS, OR YOU MOVE, IMMEDIATELY CONTACT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES TO REPORT THE CHANGE. IT COULD MEAN AN INCREASE IN THE BENEFITS FOR WHICH YOU ARE ELIGIBLE.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	(ENROLLEE CITY)	Enrollee City Name	DE3116	
9	(ENROLLEE STATE)	Enrollee State Code	DE3117	

10	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
14	CASE NUMBER	Case Identification Number	DE3043	
15	BEGINNING MONTH	Enrollee Medicare Premium Payment Start Date	DE3029	

Output Reports RS-O-176 TANF Letters of Notification - 12 Month Extended - Control Report

General Information

This is a control report for TANF Letters of Notification - 12 Month Extended reflecting records read and letter requests made.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	FA Quality Control
Program:	TANF 12-Month Extended Notification Letters with Earnings Report (RSM025)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

TANF Letters of Notification - 12 Month Extended - Control Report (RS-O-176)

```
RSM025                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                    TANF LETTERS OF NOTIFICATION - 12 MONTH ENTENDED
RUN DATE: MM/DD/CCYY HH:MM                          CONTROL REPORT

                                        TOTAL RECORDS INPUT                        3,704 (1)

                                        TOTAL CASE RECORDS RECEIVING LETTERS       1,279 (2)

                                        TOTAL ADDITIONAL LETTERS REQUESTED             0 (3)

                                        TOTAL LETTERS REQUESTED                    1,279 (4)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Records Input		DE0000	Calculated
2	Total Base Records Receiving Letters		DE0000	Calculated
3	Total Additional Letters		DE0000	Calculated
4	Total Letters Requested		DE0000	Calculated

Output Reports RS-O-177 QI2 Letter

General Information

This letter informs the enrollee that he or she is eligible for QI2 Medicaid assistance in paying a portion of their Medicare premium for this calendar year.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QI2 Letter (RS-O-177)

```
 (1)  (2)  (3)
XXXXX XXXX X                                          DATE: JULY 15, 1998      (9)
XXXXXXXXXXXX  (4)                                     CASEWORKER: XXXXX       (10)
XXXXXXXXXXXX(5)                                       CITY/COUNTY CODE: 999       (11)
XXXXXXXXX, XX.  99999-9998(8)                         ENROLLEE: 999-999999-999        (12)
   (6)     (7)                                        CASE:     999-999999-999        (13)

                    MEDICAID WILL PAY A PORTION OF YOUR MEDICARE PREMIUM
                     BEGINNING XXXXXXXX THROUGH DECEMBER OF THIS YEAR.     (14)

      YOU WILL NOT RECEIVE A MEDICAID CARD FOR THIS COVERAGE. YOUR SELECTION FOR THIS COVERAGE IS
GOOD ONLY UNTIL THE END OF THE YEAR. NO OTHER MEDICAL SERVICES YOU RECEIVE WILL BE COVERED BY
MEDICAID AS A RESULT OF THIS ACTION.

      YOU WILL NOT RECEIVE AN INCREASE IN YOUR MONTHLY CHECK. YOUR MEDICARE PREMIUMS WILL CONTINUE
TO BE DEDUCTED FROM YOUR CHECK. THIS BENEFIT WILL COME TO YOU IN A SINGLE CHECK ISSUED BY DMAS AT
THE END OF YOUR PERIOD OF SELECTION.

      IF YOUR SITUATION CHANGES, YOUR INCOME GOES DOWN, YOU INCUR HIGH MEDICAL BILLS, OR YOU MOVE,
IMMEDIATELY CONTACT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES TO REPORT THE CHANGE. IT COULD MEAN AN
INCREASE IN THE BENEFITS FOR WHICH YOU ARE ELIGIBLE.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
1	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(ENROLLEE CITY)	Enrollee City Name	DE3116	
7	(ENROLLEE STATE)	Enrollee State Code	DE3117	
8	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
13	CASE NUMBER	Case Identification Number	DE3043	
14	BEGINNING MONTH	Enrollee Medicare Premium Payment Start Date	DE3029	

Output Reports RS-O-178 Cancellation Letter Due to TPL

General Information

This letter is generated when the enrollee is no longer eligible for the Plan First program because the enrollee has obtained major medical insurance.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 part/letterhead
Retention:	7 years
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Cancellation Letter Due to TPL (RS-O-178)

RS-O-178 Cancellation Letter Due to TPL

```
                                                          ~~~~~~~~~~~~~~~~~~ (1)
     (2)       (3)       (4)                 (5)
~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~ ~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (6)     Caseworker No:       ~~~~~ (11)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (7)     City/County Code:      ~~~ (12)
                                                  Enrollee:  ~~~~~~~~~~~~~~ (13)
~~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~                  Case:      ~~~~~~~~~~~~~~ (14)
       (8)          (9)     (10)
```

Dear Enrollee:

Our records show that you have been enrolled in Plan First. Plan First is a program which allows individuals to obtain free family planning services. We hope you have had the chance to benefit from the services offered through this program.

Individuals who have creditable health insurance (such as major medical, Medicare, etc.) are not eligible for Plan First. Medicaid records show that you have obtained creditable health insurance through another health plan. Because of this, your Plan First benefits will end after the last day of this month. This termination of benefits does not apply to any of your dependent children.

Individuals whose coverage under Plan First is terminated because they have obtained creditable health insurance do not have Medicaid appeal rights. Based on the Code of Federal Regulations at 42 CFR §431.220, the agency need not grant a hearing if the sole issue is a Federal or State law requiring an automatic change adversely affecting some or all recipients.

If you feel that your coverage has been cancelled in error because you do not have other creditable health insurance, please notify your eligibility worker within 10 days of receipt of this letter. Please include a copy of this letter in your request as well as a copy of the cancellation letter from your Insurance Agency as applicable. Your eligibility worker will research your request and notify you within 30 days of the outcome of the evaluation.

If your eligibility worker does not notify you within 30 days of the outcome, you may file an appeal. **You are encouraged, however, to contact your eligibility worker prior to filing an appeal to discuss possible reasons for the delay.** Also, if you are not satisfied with your eligibility worker's new decision, you have the right to request an appeal within 30 days of receipt of the new decision.

You may write a letter or complete an Appeal Request Form. Forms are available on the internet at www.dmas.virginia.gov, at your local Department of Social Services, or by calling (804) 371-8488.

Please include a copy of any notification you have received from your eligibility worker. Sign the appeal request and mail it to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219
Appeal requests may also be faxed to:
(804) 371-8491

Please contact your eligibility worker at your local Department of Social Services (DSS) agency if you have any questions.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	(Notice Date)	Enrollee Notice Date	DE3088	
2	(Enrollee First Name)	Enrollee First Name	DE3111	
3	(Enrollee Middle Initial)	Enrollee Middle Initial	DE3112	
4	(Enrollee Last Name)	Enrollee Last Name	DE3110	
5	(Enrollee Name Suffix)	Enrollee Name Suffix	DE3113	
6	(Enrollee Address Line 1)	Enrollee Street Address	DE3115	
7	(Enrollee Address Line 2)	Enrollee Additional Address Name	DE3114	
8	(Enrollee City)	Enrollee City Name	DE3116	
9	(Enrollee State)	Enrollee State Code	DE3117	
10	(Enrollee Zip Code)	Enrollee ZIP Code	DE3118	
11	Caseworker No	Case Worker Number	DE3431	
12	City/County Code	Case Administrative FIPS Code	DE3039	
13	Enrollee	Enrollee Permanent Identification Number	DE3093	
14	Case	Case Identification Number	DE3043	

Output Reports RS-O-179 TANF letters of Notification - 12 Month Extended

General Information

This is a report of letters sent to inform enrollees that Medicaid eligibility under TANF has been extended for 12 months.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Social Services Agencies - Supervisor, DMAS
Program:	TANF 12-Month Extended Notification Letters with Earnings Report (RSM025)
Confidential:	Yes
Sequence:	City/County, Caseworker
Control Breaks:	City/County, Caseworker

TANF letters of Notification - 12 Month Extended (RS-O-179)

```
RSM025                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF MM/DD/CCYY                         TANF LETTERS OF NOTIFICATION - 12 MONTH EXTENDED                     P
RUN DATE: MM/DD/CCYY HH:MM

FOR 07/1998

                  (1)      (2)
    CITY/COUNTY 111    HENRICO

    CASEWORKER 12345 (3)

    CASE # 123456789012 (4)                                                  (9)      (10)          (11)
                                                                  (8)     TANF INDICATOR          TANF
                  (5) ENROLLEE NAME (6)    (7)                ENROLLEE NO     OLD / NEW          EFF DATE
                       XXXXX,    XXXXXXXX    X              999-999999-999     X2    XB            06/1998


   CASEWORKER 12345 TOTAL CASES  = 155  (12)

       TOTAL TANF INDICATOR XA =  50  (13)

       TOTAL TANF INDICATOR XB =  25  (14)

       TOTAL TANF INDICATOR XC =   2  (15)

       TOTAL TANF INDICATOR WA =  50  (16)

       TOTAL TANF INDICATOR WB =  25  (17)

       TOTAL TANF INDICATOR WC =   3  (18)

       TOTAL TANF INDICATOR D1 =  50  (19)

       TOTAL TANF INDICATOR D2 =  25  (20)

       TOTAL TANF INDICATOR D3 =   3  (21)

       TOTAL TANF INDICATOR D4 =   3  (22)

(BREAK ON CASEWORKER WITHIN CITY/COUNTY)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
3	CASEWORKER	Case Worker Number	DE3431	
4	CASE #	Case Identification Number	DE3043	
5	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
6	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
7	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	

8	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
9	TANF INDICATOR OLD	DSS Special Follow Up Code	DE3433	
10	TANF INDICATOR NEW	DSS Special Follow Up Code	DE3433	
11	TANF EFF DATE	DSS Special Follow Up Effective Date	DE3434	
12	CASEWORKER TOTAL CASES	Calculated	DE0002	
13	TOTAL TANF INDICATOR XA	Calculated	DE0002	
14	TOTAL TANF INDICATOR XB	Calculated	DE0002	
15	TOTAL TANF INDICATOR XC	Calculated	DE0002	
16	TOTAL TANF INDICATOR WA	Calculated	DE0002	
17	TOTAL TANF INDICATOR WB	Calculated	DE0002	
18	TOTAL TANF INDICATOR WC	Calculated	DE0002	
19	TOTAL TANF INDICATOR D1	Calculated	DE0002	
20	TOTAL TANF INDICATOR D2	Calculated	DE0002	
21	TOTAL TANF INDICATOR D3	Calculated	DE0002	
22	TOTAL TANF INDICATOR D4	Calculated	DE0002	

Output Reports RS-O-180 QI1 Calendar Year Listing

General Information

List of QI1 enrollees for the calendar year.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Letters and Reports for Aid Categories 056 and 057 (QI1 and QI2) (RSM027)
Confidential:	Yes
Sequence:	Enrollee ID Sequence
Control Breaks:	N/A

QI1 Calendar Year Listing (RS-O-180)

```
RSM027                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                   MONTHLY SUMMARY OF QUALIFIED INDIVIDUALS (QI1 & QI2)
RUN DATE: MM/DD/CCYY HH:MM                          QI1 CURRENT YEAR LISTING
REPORT MONTH: XXXXXXXX

DELIVER TO:  ELIGIBILITY ANALYST, DMAS PROGRAM OPS
             BUDGET ANALYST SENIOR, DMAS BUDGET
             FISCAL SUPERVISOR, DMAS FISCAL
      (1)                  (2)                 (3)     (4)              (5)                 (6)              (7)
                                                                                          ENROLLMENT     APPLICATIO
  ENROLLEE ID                ENROLLEE NAME                            CASE NUMBER            DATE            DATE
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999
999-999999-999     XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999            99/9999         99/9999

                                                     MONTHLY TOTAL                  YTD TOTAL          YTD TOTAL
ENROLLEES ENROLLED IN AC 56                           Z,ZZZ,ZZ9                    Z,ZZZ,ZZ9              Z,ZZ
                                                         (8)                          (9)                  (
    ALLOCATED AMOUNT AVAILABLE:      Z,ZZZ,ZZ9.99    (11)
    TOTAL AMOUNT OF CLOSURES:        Z,ZZZ,ZZ9.99    (12)
    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99    (13)

    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99    (14)
    MONTHLY PREMIUM AMT NEEDED:      Z,ZZZ,ZZ9,99    (15)
    REMAINING FUNDS AVAILABLE:       Z,ZZZ,ZZ9.99    (16)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
3	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
4	ENROLLEE NAME (MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
5	CASE NUMBER	Case Identification Number	DE3043	
6	ENROLLMENT DATE	Enrollee Eligibility Begin Date	DE3010	

7	Application Date	Enrollee Application Date	DE3041	
8	Monthly Total	Calculated	DE0002	
9	YTD TOTAL	Calculated	DE0002	
10	YTD TOTAL UNDUPLICATED	Calculated	DE0002	
11	ALLOCATED AMOUNT AVAILABLE	Calculated	DE0002	
12	TOTAL AMOUNT OF CLOSURES	Calculated	DE0002	
13	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
14	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
15	MONTHLY PREMIUM AMOUNT NEEDED	Calculated	DE0002	
16	REMAINING FUNDS AVAILABLE	Calculated	DE0002	

Output Reports RS-O-181 QI1 Prior Year Listing

General Information

List of QI1 enrollees for the prior year.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Letters and Reports for Aid Categories 056 and 057 (QI1 and QI2) (RSM027)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

QI1 Prior Year Listing (RS-O-181)

```
RSM027                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RS-O-181
AS OF:     MM/DD/CCYY                 MONTHLY SUMMARY OF QUALIFIED INDIVIDUALS (QI1 & QI2)                  PAGE  999,9
RUN DATE: MM/DD/CCYY HH:MM                          QI1 PRIOR YEAR LISTING
REPORT MONTH: XXXXXXXX                                                                                   FOR YEAR: CC

DELIVER TO:  ELIGIBILITY ANALYST, DMAS PROGRAM OPS
             BUDGET ANALYST SENIOR, DMAS BUDGET
             FISCAL SUPERVISOR, DMAS FISCAL
      (1)              (2)                (3)     (4)              (5)                (6)            (7)
                                                                                    ENROLLMENT     APPLICATION
  ENROLLEE ID                ENROLLEE NAME                       CASE NUMBER          DATE           DATE
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999        99/9999        99/9999

                                                   MONTHLY TOTAL          YTD TOTAL          YTD TOTAL UNDUPLICATEI
ENROLLEES ENROLLED IN AC 56                         Z,ZZZ,ZZ9             Z,ZZZ,ZZ9              Z,ZZZ,ZZ9
                                                       (8)                   (9)                   (10)
    ALLOCATED AMOUNT AVAILABLE:      Z,ZZZ,ZZ9.99  (11)
    TOTAL AMOUNT OF CLOSURES:        Z,ZZZ,ZZ9.99  (12)
    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99  (13)

    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99  (14)
    MONTHLY PREMIUM AMT NEEDED:      Z,ZZZ,ZZ9,99  (15)
    REMAINING FUNDS AVAILABLE:       Z,ZZZ,ZZ9.99  (16)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
3	ENROLLEE NAME	Enrollee First Name	DE3111	
4	ENROLLEE NAME (MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
5	CASE NUMBER	Case Identification Number	DE3043	
6	ENROLLMENT	Enrollee Eligibility	DE3010	

	DATE	Begin Date		
7	APPLICATION DATE	Enrollee Application Date	DE3041	
8	MONTHLY TOTAL	Calculated	DE0002	
9	YTD TOTAL	Calculated	DE0002	
10	YTD TOTAL UNDUPLICATED	Calculated	DE0002	
11	ALLOCATED AMOUNT AVAILABLE	Calculated	DE0002	
12	TOTAL AMOUNT OF CLOSURES	Calculated	DE0002	
13	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
14	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
15	MONTHLY PREMIUM AMT NEEDED	Calculated	DE0002	
16	REMAINING FUNDS AVAILABLE	Calculated	DE0002	

Output Reports RS-O-182 QI2 Calendar Year Listing

General Information

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Letters and Reports for Aid Categories 056 and 057 (QI1 and QI2) (RSM027)
Confidential:	Yes
Sequence:	Enrollee Id
Control Breaks:	N/A

QI2 Calendar Year Listing (RS-O-182)

```
RSM027                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RS-
AS OF:     MM/DD/CCYY                  MONTHLY SUMMARY OF QUALIFIED INDIVIDUALS (QI1 & QI2)                   PAG
RUN DATE: MM/DD/CCYY HH:MM                          QI2 CURRENT YEAR LISTING
REPORT MONTH: XXXXXXXX                                                                                       FOR

DELIVER TO:  ELIGIBILITY ANALYST, DMAS PROGRAM OPS
             BUDGET ANALYST SENIOR, DMAS BUDGET
             FISCAL SUPERVISOR, DMAS FISCAL
                                                                                          (6)          (7)
   (1)                    (2)                  (3)      (4)              (5)
                                                                                      ENROLLMENT   APPLICATION
  ENROLLEE ID                   ENROLLEE NAME                          CASE NUMBER        DATE         DATE
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXXX X          999-999999-999          99/9999      99/9999

                                                   MONTHLY TOTAL                 YTD TOTAL          YTD TOTAL UNDU
ENROLLEES ENROLLED IN AC 57                         Z,ZZZ,ZZ9  (8)              Z,ZZZ,ZZ9  (9)            Z,ZZZ,ZZ

    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99  (11)
    MONTHLY PREMIUM AMT NEEDED:      Z,ZZZ,ZZ9,99  (12)
    REMAINING FUNDS AVAILABLE:       Z,ZZZ,ZZ9.99  (13)

<<<< PAGE BREAK >>>>>>

GRAND TOTALS:

    TOTAL AC 56 (QI1) ENROLLEES:            Z,ZZZ,ZZ9 (14)
    TOTAL AC 57 (QI2) ENROLLEES:            Z,ZZZ,ZZ9 (15)
    GRAND TOTAL QUALIFIED INDIVIDUALS:      Z,ZZZ,ZZ9 (16)
    TOTAL REMAINING FUNDS AVAILABLE:    Z,ZZZ,ZZ9.99 (17)

    TOTAL PENDING ENROLLEES:                Z,ZZZ,ZZ9 (18)
    TOTAL AMOUNT NEEDED:                Z,ZZZ,ZZ9.99 (19)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
3	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
4	ENROLLEE NAME (MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
5	CASE NUMBER	Case Identification Number	DE3043	
6	ENROLLMENT DATE	Enrollee Eligibility Begin Date	DE3010	
7	APPLICATION	Enrollee Application	DE3041	

	DATE	Date		
8	MONTHLY TOTAL	Calculated	DE0002	
9	YTD TOTAL	Calculated	DE0002	
10	YTD TOTAL UNDUPLICATED	Calculated	DE0002	
11	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
12	MONTHLY PREMIUM AMT NEEDED	Calculated	DE0002	
13	REMAINING FUNDS AVAILABLE	Calculated	DE0002	
14	TOTAL AC 56 (QI1) ENROLLEES	Calculated	DE0002	
15	TOTAL PD 57 (QI2) ENROLLEES	Calculated	DE0002	
16	GRAND TOTAL QUALIFIED ENROLLEES	Calculated	DE0002	
17	TOTAL REMAINING FUNDS AVAILABLE	Calculated	DE0002	
18	TOTAL PENDING ENROLLEES	Calculated	DE0002	
19	TOTAL AMOUNT NEEDED	Calculated	DE0002	

Output Reports RS-O-183 QI2 Prior Year Listing

General Information

Lists QI2 enrollees for the prior year.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Letters and Reports for Aid Categories 056 and 057 (QI1 and QI2) (RSM027)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

QI2 Prior Year Listing (RS-O-183)

```
RSM027                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                  MONTHLY SUMMARY OF QUALIFIED INDIVIDUALS (QI1 & QI2)
RUN DATE: MM/DD/CCYY HH:MM                          QI2 PRIOR YEAR LISTING
REPORT MONTH: XXXXXXXX

DELIVER TO:  ELIGIBILITY ANALYST, DMAS PROGRAM OPS
             BUDGET ANALYST SENIOR, DMAS BUDGET
             FISCAL SUPERVISOR, DMAS FISCAL
                                                                                  (6)            (7)
   (1)                  (2)                  (3)      (4)          (5)
                                                                              ENROLLMENT     APPLICATION
  ENROLLEE ID                    ENROLLEE NAME                   CASE NUMBER     DATE           DATE
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999
999-999999-999    XXXXXXXXXXXXXXXXXX  XXXXXXXXXXX X          999-999999-999      99/9999        99/9999

                                                   MONTHLY TOTAL              YTD TOTAL        YTD TOTAL UN
ENROLLEES ENROLLED IN AC 57                         Z,ZZZ,ZZ9  (8)           Z,ZZZ,ZZ9  (9)          Z,ZZZ,

    MODIFIED REMAINING AMOUNT:       Z,ZZZ,ZZ9.99  (11)
    MONTHLY PREMIUM AMT NEEDED:      Z,ZZZ,ZZ9,99  (12)
    REMAINING FUNDS AVAILABLE:       Z,ZZZ,ZZ9.99  (13)

<<<< PAGE BREAK >>>>>>

GRAND TOTALS:

    TOTAL AC 56 (QI1) ENROLLEES:          Z,ZZZ,ZZ9 (14)
    TOTAL AC 57 (QI2) ENROLLEES:          Z,ZZZ,ZZ9 (15)
    GRAND TOTAL QUALIFIED INDIVIDUALS:    Z,ZZZ,ZZ9 (16)
    TOTAL REMAINING FUNDS AVAILABLE:   Z,ZZZ,ZZ9.99 (17)

    TOTAL PENDING ENROLLEES:              Z,ZZZ,ZZ9 (18)
    TOTAL AMOUNT NEEDED:               Z,ZZZ,ZZ9.99 (19)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
3	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
4	ENROLLEE NAME (MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
5	CASE NUMBER	Case Identification Number	DE3043	
6	ENROLLMENT DATE	Enrollee Eligibility Begin Date	DE3010	
7	APPLICATION	Enrollee Application	DE3041	

	DATE	Date		
8	MONTHLY TOTAL	Calculated	DE0002	
9	YTD TOTAL	Calculated	DE0002	
10	YTD TOTAL UNDUPLICATED	Calculated	DE0002	
11	MODIFIED REMAINING AMOUNT	Calculated	DE0002	
12	MONTHLY PREMIUM AMT NEEDED	Calculated	DE0002	
13	REMAINING FUNDS AVAILABLE	Calculated	DE0002	
14	TOTAL AC 56 (QI1) ENROLLEES	Calculated	DE0002	
15	TOTAL AC 57 (QI2) ENROLLEES	Calculated	DE0002	
16	GRAND TOTAL QUALIFIED INDIVIDUALS	Calculated	DE0002	
17	TOTAL REMAINING FUNDS AVAILABLE	Calculated	DE0002	
18	TOTAL PENDING ENROLLEES	Calculated	DE0002	
19	TOTAL AMOUNT NEEDED	Calculated	DE0002	

Output Reports RS-O-184 FAMIS/TPL Overlap Notice

General Information

This letter notifies the enrollee that their FAMIS eligibility will end due to TPL.

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

FAMIS/TPL Overlap Notice (RS-O-184)

```
    (1)                 (2)
XXXXXXXXXXXXXX      XXXXXXXXX   (3) X          DATE: JUNE 19, 1998   (9)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)           CASEWORKER NO: XXXXX  (10)
  (5)                                          CITY/COUNTY CODE: 999
XXXXXXXX (6)        XX (7)99999-9999 (8)       ENROLLEE: 001-999999-019 (11) (12)
                                               CASE:     001-999999-019  (13)

DEAR ENROLLEE:

THE CHILD NAMED BELOW HAS BEEN ELIGIBLE FOR COVERAGE UNDER FAMIS.
FOR A CHILD TO BE ELIGIBLE HE MUST NOT BE COVERED BY OTHER
COMMERCIAL INSURANCE.

     XXXXXXXXXXXXXX (14)        XXXX (15)        X (16)          DOB: MM/DD/CCYY (17)

OUR RECORDS SHOW THAT THIS CHILD IS NOW COVERED BY ANOTHER INSURANCE PLAN.
FAMIS COVERAGE WILL END ON THE LAST DAY OF THIS MONTH BECAUSE OF THIS
INSURANCE COVERAGE.  IF THIS INFORMATION IS NOT CORRECT, CONTACT THE FAMIS UNIT
IMMEDIATELY AT 1-866-87FAMIS.

IF YOU DISAGREE WITH THIS ACTION, YOU MAY FILE AN APPEAL WITHIN 30
DAYS OF THE DATE SHOWN AT THE TOP OF THIS LETTER. YOU MAY USE AN APPEAL FORM,
AVAILABLE FROM YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES, OR YOU MAY WRITE A LETTER.
ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL REQUEST.  IF YOU WISH TO APPEAL, SEND
YOUR APPEAL REQUEST TO:

     APPEALS DIVISION
     DEPARTMENT FO MEDICAL ASSISTANCE SERVICES
     600 EAST BROAD STREET, SUITE 1300
     RICHMOND, VA  23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee Last Name	Enrollee Last Name	DE3110	
2	Enrollee First Name	Enrollee First Name	DE3111	
3	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
4	Enrollee Street Address	Enrollee Street Address	DE3115	
5	Enrollee Address Line 2	Enrollee Additional Address Name	DE3114	
6	Enrollee City	Enrollee City Name	DE3116	
7	Enrollee State	Enrollee State Code	DE3117	
8	Enrollee Zip	Enrollee ZIP Code	DE3118	

9	Date	Enrollee Notice Date	DE3088	
10	Case Worker Number	Case Worker Number	DE3431	
11	City/County Code	Case Administrative FIPS Code	DE3039	
12	Medicaid #	Enrollee Permanent Identification Number	DE3093	
13	Case #	Case Identification Number	DE3043	
14	Enrollee Last Name	Enrollee Last Name	DE3110	
15	Enrollee First Name	Enrollee First Name	DE3111	
16	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
17	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-185 Cancellation Letter Due to Sterilization

General Information

This letter is generated when the enrollee is no longer eligible for the Plan First program because the enrollee has recently received a sterilization procedure.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 part/letterhead
Retention:	7 years
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Cancellation Letter Due to Sterilization (RS-O-185)

RS-O-185 Cancellation Letter Due to Sterilization

```
                                                        ~~~~~~~~~~~~~~~~~~ (1)
     (2)      (3)       (4)                (5)
~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~ ~~~                 Caseworker No:       ~~~~~ (11)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (6)       City/County Code:     ~~~ (12)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (7)       Enrollee:  ~~~~~~~~~~~~~~ (13)
~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~                         Case:      ~~~~~~~~~~~~~~ (14)
     (8)            (9)   (10)
Dear Enrollee:

Our records show that you have been enrolled in Plan First. Plan First is a
program which allows individuals to obtain free family planning services.  We hope
you have had the chance to benefit from the services offered through this program.

Medicaid records show that you received a sterilization procedure.  Because
you have had this procedure and no longer require family planning services,
your benefits will end after the last day of this month.  This termination
of benefits does not apply to any of your dependent children.

Individuals whose coverage under Plan First is terminated because they have
had a sterilization procedure do not have Medicaid appeal rights.  Based on
the Code of Federal Regulations at 42 CFR §431.220, the agency need not grant a
hearing if the sole issue is a Federal or State law requiring an automatic change
adversely affecting some or all recipients.

If you feel that your coverage has been cancelled in error because you have not had
a sterilization procedure, please notify your eligibility worker
within 10 days of receipt of this letter.  Please include a copy of this
letter in your request.   Your eligibility worker will research your request
and notify you within 30 days of the outcome of the evaluation.

If your eligibility worker does not notify you within 30 days of the outcome,
you may file an appeal. You are encouraged, however, to contact your
eligibility worker prior to filing an appeal to discuss possible reasons for
the delay. Also, if you are not satisfied with your eligibility worker's new
decision, you have the right to request an appeal within 30 days of days of receipt
of the new decision.

You may write a letter or complete an Appeal Request Form. Forms are available
on the internet at www.dmas.virginia.gov, at your local Department of Social
Services, or by calling (804) 371-8488.

Please include a copy of any, notification you have received from your, eligibility
worker. Sign the appeal request and mail it to:

                        Appeals Division
              Department of Medical Assistance Services
                       600 E. Broad Street
                    Richmond, Virginia 23219
                Appeal requests may also be faxed to:
                         (804) 371-8491

Please contact your eligibility worker at your local Department of Social
Services (DSS) agency if you have any questions.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(Notice Date)	Enrollee Notice Date	DE3088	
2	(Enrollee First	Enrollee First Name	DE3111	

	Name)			
3	(Enrollee Middle Initial)	Enrollee Middle Initial	DE3112	
4	(Enrollee Last Name)	Enrollee Last Name	DE3110	
5	(Enrollee Name Suffix)	Enrollee Name Suffix	DE3113	
6	(Enrollee Address Line 1)	Enrollee Street Address	DE3115	
7	(Enrollee Address Line 2)	Enrollee Additional Address Name	DE3114	
8	(Enrollee City)	Enrollee City Name	DE3116	
9	(Enrollee State)	Enrollee State Code	DE3117	
10	(Enrollee ZIP Code)	Enrollee ZIP Code	DE3118	
11	Caseworker No	Case Worker Number	DE3431	
12	City/County Code	Case Administrative FIPS Code	DE3039	
13	Enrollee	Enrollee Permanent Identification Number	DE3093	
14	Case	Case Identification Number	DE3043	

Output Reports RS-O-186 Benefit Package Verification Exception Report

General Information

This report identifies the enrollees that were cancelled due to benefit package and TPL conflicts.

Subsystem:	Recipient
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS
Program:	TPL Benefit Package Verification (RSD040)
Confidential:	Yes
Sequence:	Benefit Package, Enrollee ID
Control Breaks:	Benefit Package

Benefit Package Verification Exception Report (RS-O-186)

```
RSD040                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                        BENEFIT PACKAGE VERIFICATION EXCEPTION REPORT
RUN DATE: MM/DD/CCYY HH:MM

      (1)
BENEFIT PACKAGE:  99-99-9999
        (2)                    (3)                  (4)
  ENROLLEE NUMBER        BENEFIT BEGIN          BENEFIT END
                            DATE                   DATE

  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999

TOTAL:  999,999  (5)

BENEFIT PACKAGE:  99-99-9999

 ENROLLEE NUMBER         BENEFIT BEGIN          BENEFIT END
                            DATE                   DATE

  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999
  001-999999-019          99/99/9999           99/99/9999

TOTAL:  999,999

                                                          ***   END REPORT   ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Benefit Package	Benefit Definition Benefit Plan Code	DE3550	
2	Enrollee Number	Enrollee Permanent Identification Number	DE3093	
3	Benefit Begin Date	Benefit Definition Plan Begin (Effective) Date	DE3556	
4	Benefit End Date	Benefit Definition Plan End (Termination) Date	DE3557	
5	Recipient Total Count	Calculated	DE0002	Calculate the number of recipients reported.

Output Reports RS-O-187 Enrollee AC 053 and 055 Add Letter

General Information

This letter informs enrollees, with an Aid Category of '053' or '055', that Medicaid will begin paying their Medicare Premium.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Enrollee AC 053 and 055 Add Letter (RS-O-187)

```
  (1)    (2)    (3)
XXXXX X. XXXXX                          DATE: JULY 14, 1998 (9)
XXXXXXXXXXXX (4)                        CASEWORKER NO:  XXXXX  (10)
  (5)                  (7)              CITY/COUNTY CODE: 999 (11)
CRAIGSVILLE (6)      VA 99999-9999 (8)  ENROLLEE: 001-999999-019    (12)
                                        CASE:     001-999999-019    (13)

DEAR ENROLLEE:

MEDICAID WILL BEGIN PAYING YOUR MEDICARE PREMIUM EFFECTIVE:

                     JULY    (14)    1998

YOU WILL NOT RECEIVE A MEDICAID CARD.  NO OTHER MEDICAL SERVICES
YOU RECEIVE WILL BE COVERED BY MEDICAID AS A RESULT OF THIS ACTION.

IF MEDICAID IS ALREADY PAYING YOUR MEDICARE PREMIUMS, YOU WILL
NOT SEE ANY CHANGE IN YOUR BENEFIT CHECK.  IF THESE PREMIUMS ARE NOW
DEDUCTED FROM YOUR BENEFIT CHECK, THESE PREMIUMS WILL NO LONGER BE
DEDUCTED FROM YOUR CHECK AS LONG AS YOU REMAIN ELIGIBLE FOR MEDICAID
TO PAY THE PREMIUMS. YOU MAY NOT SEE THE CHANGE IN YOUR CHECK AMOUNT
FOR THREE MONTHS. SOCIAL SECURITY WILL REFUND THE PREMIUM PAYMENTS
WHICH WERE DEDUCTED FROM YOUR CHECK AFTER YOU BECAME ELIGIBLE FOR
MEDICAID TO PAY YOUR PREMIUM.

IF YOUR SITUATION CHANGES, YOUR INCOME DECREASES, YOU INCUR HIGH
MEDICAL BILLS, OR YOU MOVE, IMMEDIATELY CONTACT YOUR LOCAL DEPARTMENT
OF SOCIAL SERVICES TO REPORT THE CHANGE.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
2	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
3	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
4	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(ENROLLEE CITY)	Enrollee City Name	DE3116	
7	(ENROLLEE STATE)	Enrollee State Code	DE3117	

8	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
13	CASE #	Case Identification Number	DE3043	
14	(ENROLLEE PREMIUM PAY START DATE)	Enrollee Medicare Premium Payment Start Date	DE3029	

Output Reports RS-O-188 Enrollee AC 053 and 055 Cancel Letter

General Information

This letter informs enrollees with an Aid Category of '053' or '055' that Medicaid will stop paying their Medicare Premium.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Enrollee AC 053 and 055 Cancel Letter (RS-O-188)

(1) (2) (3)
XXXX XXXXX
XXXXXXXXXXXXXXXXXXXX (4)
(5) (7)
JETERSVILLE (6) VA 99999-9999 (8)

DATE: JULY 14, 1998 (9)
CASEWORKER NO: XXXXX (10)
CITY/COUNTY CODE: 999 (11)
ENROLLEE: 001-999999-019 (12)
CASE: 001-999999-019 (13)

DEAR ENROLLEE:

YOU NO LONGER MEET REQUIREMENTS FOR MEDICAID COVERAGE OF YOUR PREMIUM PAYMENT.

MEDICAID WILL STOP PAYING YOUR MEDICARE PREMIUM EFFECTIVE:

JULY (14) 1998

IF YOU DISAGREE WITH THIS DETERMINATION THAT YOU NO LONGER QUALIFY FOR MEDICAID TO COVER YOUR MEDICARE PREMIUMS, YOU MAY FILE AN APPEAL WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. YOU MAY USE A MEDICAID APPEAL FORM AVAILABLE AT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES OR YOU MAY WRITE TO THE DIVISION OF CLIENT APPEALS, DMAS, 600 EAST BROAD STREET, SUITE 1300, RICHMOND, VIRGINIA 23219.

YOU MUST SIGN YOUR APPEAL OR YOUR LEGALLY APPOINTED COMMITTEE, GUARDIAN, OR ATTORNEY-IN-FACT MUST SIGN THE APPEAL. IF YOU FILE AN APPEAL BEFORE THE FIRST DAY OF NEXT MONTH, YOU MAY CONTINUE TO RECEIVE COVERAGE DURING THE APPEAL PROCESS. HOWEVER, IF THE HEARING DECISION UPHOLDS THIS ACTION YOU WILL HAVE TO PAY BACK TO DMAS ANY EXPENSES MEDICAID PAYS FOR YOU DURING THIS APPEAL PROCESS.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
2	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
3	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
4	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(ENROLLEE CITY)	Enrollee City Name	DE3116	

7	(ENROLLEE STATE)	Enrollee State Code	DE3117	
8	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE	Enrollee Notice Date	DE3088	
10	CASEWORKER NO	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
13	CASE #	Case Identification Number	DE3043	
14	ENROLLEE PREMIUM PAY STOP DATE	Enrollee Medicare Premium Payment Stop Date	DE3033	

Output Reports RS-O-189 Eligibility Letters for AC 053 and 055 Control Report

General Information

This control report shows transaction records processed and total Add records and Cancel Records written for Aid Categories '053' and '055'.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control
Program:	TPL Benefit Package Verification (RSD040)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Letters for AC 053 and 055 Control Report (RS-O-189)

```
RSD040                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                       ELIGIBILITY LETTERS FOR AC 53 AND 55 CONTROL
RUN DATE: MM/DD/CCYY HH:MM

                    PROCESSING ERRORS

      999-999999-999  - NO ACTIVE AID CATEGORY/BENEFIT PACKAGE TO VERIFY


                         CONTROL TOTALS

        TOTAL TRANSACTION RECORDS READ                          32   (1)
        TOTAL ADD LETTERS WRITTEN                               12   (2)
        TOTAL CANCEL LETTERS WRITTEN                            15   (3)
        TOTAL LETTERS WRITTEN                                   27   (4)
        TOTAL BENEFIT PACKAGES CANCELLED                         1   (5)
        TOTAL ELIGIBILITY ROWS CANCELLED                         0   (6)
        TOTAL INVALID TRIGGER CODES                              0   (7)
        TOTAL ENROLLEES VERIFIED                                 4   (8)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL TRANSACTION RECORDS READ	Calculated	DE0002	
2	TOTAL ADD LETTERS WRITTEN	Calculated	DE0002	
3	TOTAL CANCEL LETTERS WRITTEN	Calculated	DE0002	
4	TOTAL LETTERS WRITTEN	Calculated	DE0002	
5	TOTAL BENEFIT PACKAGES CANCELLED	Calculated	DE0002	

6	TOTAL ELIGIBILITY ROWS CANCELLED	Calculated	DE0002	
7	TOTAL INVALID TRIGGER CODES	Calculated	DE0002	
8	TOTAL ENROLLEES VERIFIED	Calculated	DE0002	

Output Reports RS-O-190 Letter Request Format Control Total Report

General Information

This is a control report of the letter requests that were formatted for the letter print program.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DARS
Program:	Letter Request File Format Program (RSD900)
Confidential:	No
Graphics:	rs o-190
Sequence:	N/A
Control Breaks:	N/A

Letter Request Format Control Total Report (RS-O-190)

```
RSD900                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:    RS
AS OF:DD/MM/CCYY                        LETTER REQUEST FILE FORMAT CONTROL TOTAL REPORT                 PAGE NUMBER:  Z,Z
RUN DATE: MM/DD/CCYY HH:MM

TOTAL CORRESPONDENCE REQUESTS READ:                                   ZZZZZ9   (1)
TOTAL CORRESPONDENCE REQUESTS WRITTEN:                                ZZZZZ9   (2)
TOTAL ENROLLEE WAIVER OVERLAP LETTERS (RS-O-148):                     ZZZZZ9   (3)
TOTAL FAMILY PLANNING WELCOME LETTERS FOR MEN (RS-O-158):             ZZZZZ9   (4)
TOTAL FAMILY PLANNING WELCOME LETTERS FOR WOMEN (RS-O-159):           ZZZZZ9   (5)
TOTAL QI1 AND QI2 CANCELLATION NOTICES (RS-O-162):                    ZZZZZ9   (6)
TOTAL CHILD AGE 6 CANCELLATION LETTERS (RS-O-163):                    ZZZZZ9   (7)
TOTAL CHILD AGE 1 CANCELLATION LETTERS (RS-O-164):                    ZZZZZ9   (8)
TOTAL CHILD AGE 19 CANCELLATION LETTERS (RS-O-165):                   ZZZZZ9   (9)
TOTAL QMB CANCELLATION LETTERS (RS-O-166):                            ZZZZZ9   (10)
TOTAL PREGNANCY CANCELLATION LETTERS (RS-O-167):                      ZZZZZ9   (11)
TOTAL REFUGEE CANCELLATION LETTERS (RS-O-168):                        ZZZZZ9   (12)
TOTAL FAMILIES AND CHILDREN FAILURE TO RESPOND
      CANCELLATION LETTERS (RS-O-169):                                ZZZZZ9   (13)
TOTAL FAMILIES AND CHILDREN CANCELLATION LETTERS (RS-O-170):          ZZZZZ9   (14)
TOTAL AGE 21 REFUGEE CANCELLATION LETTERS (RS-O-171):                 ZZZZZ9   (15)
TOTAL EARNINGS REPORT LETTERS (RS-O-172):                             ZZZZZ9   (16)
TOTAL CHILD AGE 19 CANCELLATION LETTERS FOR FAMIS (RS-O-173):         ZZZZZ9   (17)
TOTAL CHILD AGE 21 CMH CANCEL LETTERS (RS-O-174):                     ZZZZZ9   (18)
TOTAL QI1 LETTERS (RS-O-175):                                         ZZZZZ9   (19)
TOTAL QI2 LETTERS (RS-O-177):                                         ZZZZZ9   (20)
TOTAL CANCELLATION LETTERS DUE TO TPL (RS-O-178):                     ZZZZZ9   (21)
TOTAL FAMIS/TPL OVERLAP NOTICES (RS-O-184):                           ZZZZZ9   (22)
TOTAL CANCELLATION LETTERS DUE TO STERILIZATION (RS-O-185):           ZZZZZ9   (23)
TOTAL ENROLLEE AC 053 AND 055 ADD LETTERS (RS-O-187):                 ZZZZZ9   (24)
TOTAL ENROLLEE AC 053 AND 055 CANCEL LETTERS (RS-O-188):              ZZZZZ9   (25)
TOTAL BCCPTA TPL OVERLAP CANCELLATION LETTERS (RS-O-191):             ZZZZZ9   (26)
TOTAL BCCPTA AGE 65 CANCELLATION LETTERS (RS-O-192):                  ZZZZZ9   (27)
TOTAL FP WAIVER 24-MONTH LIMIT CANCELLATION LETTERS (RSO-193):        ZZZZZ9   (28)
TOTAL FP WAIVER AGE 57 CANCELLATION LETTERS (RS-O-194) :              ZZZZZ9   (29)
TOTAL FAMIS MOM CANCELLATION LETTERS (RS-O-195):                      ZZZZZ9   (30)
TOTAL AGE 65 CANCELLATION LETTERS (RS-O-196):                         ZZZZZ9   (31)
TOTAL NOTICES OF REDUCTION OF BENEFITS (RS-O-197):                    ZZZZZ9   (32)
TOTAL MEDICARE ENROLLMENT LETTERS (RS-O-198):                         ZZZZZ9   (33)
TOTAL CMM LETTERS WITH PERFORATED ASSIGNMENT SHEET (RS-O-204):        ZZZZZ9   (34)
TOTAL MANAGED CARE LETTERS WITH PERFORATED ASSIGNMENT SHEET
      (RS-O-205):                                                     ZZZZZ9   (35)
TOTAL FAMIS MANAGED CARE LETTERS WITH PERFORATED
      ASSIGNMENTS (RS-O-207):                                         ZZZZZ9   (36)
TOTAL FAMIS - MEDALLION II LETTERS WITH PERFORATED
      ASSIGNMENTS (RS-O-208)                                          ZZZZZ9   (37)
TOTAL MEDALLION II LETTERS WITH PERFORATED ASSIGNMENTS
      (RS-O-209):                                                     ZZZZZ9   (38)
TOTAL MEDALLION III LETTERS WITH PERFORATED ASSIGNMENTS
      (RS-O-296):                                                     ZZZZZ9   (39)
TOTAL FAMIS - CMM LETTERS WITH PERFORATED ASSIGNMENTS
      (RS-O-211):                                                     ZZZZZ9   (40)
TOTAL QI1 MEDICAID APPLICATION NOTICES (RS-O-292):                    ZZZZZ9   (41)
TOTAL QI1-2 MEDICARE PREMIUM PAYMENT NOTICES (RS-O-295):              ZZZZZ9   (42)
TOTAL CERTIFICATES OF CREDITABLE COVERAGE (RS-O-640):                 ZZZZZ9   (43)
TOTAL LTC CANCELLATION NOTICES (RS-O-650):                            ZZZZZ9   (44)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Total Correspondence Requests Read	Calculated	DE0002	
2	Total Correspondence Requests Written	Calculated	DE0002	
3	Total Enrollee Waiver Overlap Letters (RS-O-148)	Calculated	DE0002	
4	Total Family Planning Welcome Letters for Men (RS-O-158)	Calculated	DE0002	
5	Total Family Plan-	Calculated	DE0002	

	ning Welcome Letters for Women (RS-O-159)			
6	Total QI1 and QI2 Cancellation Notices (RS-O-162)	Calculated	DE0002	
7	Total Child Age 6 Cancellation Letters (RS-O-163)	Calculated	DE0002	
8	Total Child Age 1 Cancellation Letters (RS-O-164)	Calculated	DE0002	
9	Total Child Age 19 Cancellation Letters RS-O-165)	Calculated	DE0002	
10	Total QMB Cancellation Letters (RS-O-166)	Calculated	DE0002	
11	Total Pregnancy Cancellation Letters (RS-O-167)	Calculated	DE0002	
12	Total Refugee Cancellation Letters (RS-O-168)	Calculated	DE0002	
13	Total Families and Children Failure to Respond Cancellation Letters (RS-O-169)	Calculated	DE0002	
14	Total Families and Children Cancellation Letters (RS-O-170)	Calculated	DE0002	
15	Total Age 21 Refugee Cancellation Letters (RS-O-171)	Calculated	DE0002	
16	Total Earnings Report Letters (RS-O-172)	Calculated	DE0002	
17	Total Child Age 19 Cancellation Letters for FAMIS (RS-O-173)	Calculated	DE0002	

18	Total Child Age 21 CMH Cancel Letters (RS-O-174)	Calculated	DE0002	
19	Total QI1 Letters (RS-O-175)	Calculated	DE0002	
20	Total QI2 Letters (RS-O-177)	Calculated	DE0002	
21	Total Cancellation Letters due to TPL (RS-O-178)	Calculated	DE0002	
22	Total FAMIS/TPL Overlap Notices (RS-O-184)	Calculated	DE0002	
23	Total Cancellation Letters due to Sterilization (RS-O-185)	Calculated	DE0002	
24	Total Enrollee AC 053 and 055 Add Letters (RS-O-187)	Calculated	DE0002	
25	Total Enrollee AC 053 and 055 Cancel Letters (RS-O-188)	Calculated	DE0002	
26	Total BCCPTA TPL Overlap Cancellation Letters (RS-O-191)	Calculated	DE0002	
27	Total BCCPTA Age 65 Cancellation Letters (RS-O-192)	Calculated	DE0002	
28	Total FP Waiver 24-Month Limit Cancellation Letters (RS-O-193)	Calculated	DE0002	
29	Total FP Waiver Age 57 Cancellation Letters (RS-O-194)	Calculated	DE0002	
30	Total FAMIS MOM Cancellation Letters (RS-O-195)	Calculated	DE0002	

31	Total Age 65 Cancellation Letters (RS-O-196)	Calculated	DE0002	
32	Total Notices of Reduction of Benefits (RS-O-197)	Calculated	DE0002	
33	Total Medicare Enrollment Letters (RS-O-198)	Calculated	DE0002	
34	Total CMM Letters with Perforated Assignment Sheet (RS-O-204)	Calculated	DE0002	
35	Total Managed Care Letters with Perforated Assignment Sheet (RS-O-205)	Calculated	DE0002	
36	Total FAMIS Managed Care Letters with Perforated Assignments (RS-O-207)	Calculated	DE0002	
37	Total FAMIS - Medallion II Letters With Perforated Assignments (RS-O-208)	Calculated	DE0002	
38	Total Medallion II Letters With Perforated Assignments (RS-O-209)	Calculated	DE0002	
39	Total Medallion III Letters With Perforated Assignments (RS-O-296)	Calculated	DE0002	
40	Total FAMIS-CMM Letters With Perforated Assignments (RS-O-211)	Calculated	DE0002	
41	Total QI1 Medicaid Application Notices (RS-O-292)	Calculated	DE0002	
42	Total QI1-2 Medi-	Calculated	DE0002	

	care Premium Payment Notices (RS-O-295)			
43	Total Certificates of Creditable Coverage (RS-O-640)	Calculated	DE0002	
44	Total LTC Cancellation Notices (RS-O-650)	Calculated	DE0002	

Output Reports RS-O-191 BCCPTA - TPL Overlap Cancellation Letter

General Information

This letter informs the enrollee that she is no longer eligible for coverage under the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) due to being covered by another insurance plan (TPL).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BCCPTA -TPL Overlap Cancellation Letter (RS-O-191)

(2) XXXX (3) (4) X XXXXX (5)
(7) XXXXXXXXXXXXXXXXXXXXXXX
(9)
(11) XXXXXXXXX (12)XX 99999-9999 (13)

OCTOBER 30, 2002 (1)
CASEWORKER NO: XXXX (6)
CITY/COUNTY CODE: 999 (8)
ENROLLEE: 001-999999-019 (10)
CASE: 001-999999-019 (14)

DEAR ENROLLEE:

THE RECIPIENT NAMED BELOW HAS BEEN ELIGIBLE FOR COVERAGE UNDER THE BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT (BCCPTA). FOR A RECIPIENT TO BE ELIGIBLE SHE MUST NOT BE COVERED BY OTHER COMMERICAL INSURANCE.

(15) XXXX (16) (17) X XXXXX (18) (19) ID # 001-999999-019

OUR RECORDS SHOW THAT THIS RECIPIENT IS NOW COVERED BY ANOTHER INSURANCE PLAN. BCCPTA COVERAGE WILL END ON THE LAST DAY OF OCTOBER (20) BECAUSE OF THIS INSURANCE COVERAGE. IF THIS INFORMATION IS NOT CORRECT, CONTACT YOUR CASEWORKER IMMEDIATELY.

IF YOU DISAGREE WITH THIS ACTION YOU MAY APPEAL. YOU MUST FILE A WRITTEN APPEAL WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. YOU MAY USE AN APPEAL FORM AVAILABLE FROM YOUR LOCAL SOCIAL SERVICES AGENCY OR YOU MAY WRITE A LETTER. ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL REQUEST. IF YOU WISH TO APPEAL SEND YOUR REQUEST TO:

APPEALS DIVISION
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VA 23219

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date of letter	Enrollee Notice Date	DE3088	
2	Enrollee first name	Enrollee First Name	DE3111	
3	Enrollee middle initial	Enrollee Middle Initial	DE3112	
4	Enrollee last name	Enrollee Last Name	DE3110	
5	Enrollee name suffix	Enrollee Name Suffix	DE3113	
6	Caseworker No.	Case Worker Number	DE3431	
7	Enrollee address line 1	Enrollee Street Address	DE3115	
8	City/County Code	Case Administrative FIPS Code	DE3039	
9	Enrollee address line 2	Enrollee Additional Address Name	DE3114	

10	Medicaid number	Enrollee Permanent Identification Number	DE3093	
11	Enrollee city	Enrollee City Name	DE3116	
12	Enrollee state	Enrollee State Code	DE3117	
13	Enrollee ZIP code	Enrollee ZIP Code	DE3118	
14	Case number	Case Identification Number	DE3043	
15	Enrollee first name	Enrollee First Name	DE3111	
16	Enrollee middle initial	Enrollee Middle Initial	DE3112	
17	Enrollee last name	Enrollee Last Name	DE3110	
18	Enrollee name suffix	Enrollee Name Suffix	DE3113	
19	Enrollee number	Enrollee Permanent Identification Number	DE3093	
20	Current month		DE0000	

Output Reports RS-O-192 BCCPTA - Age 65 Cancellation Letter

General Information

This letter informs the enrollee that she is no longer eligible for coverage under the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) due to reaching age 65.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BCCPTA - Age 65 Cancellation Letter (RS-O-192)

(2) (3) (4) (5) OCTOBER 30, 2002 (1)
XXXX X XXXXX CASEWORKER NO: XXXX (6)
(7) XXXXXXXXXXXXXXXXX CITY/COUNTY CODE: 999 (8)
(9) ENROLLEE: 001-999999-019 (10)
(11) XXXXXXXXX (12)XX 99999-9999 (13) CASE: 001-999999-019 (14)

DEAR ENROLLEE:

THE RECIPIENT NAMED BELOW HAS BEEN ELIGIBLE FOR COVERAGE UNDER THE BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT (BCCPTA). TO BE ELIGIBLE A RECIPIENT MUST BE UNDER 65 YEARS OF AGE.

(15) (16) (17) (18) (19)
XXXX X XXXXX ID # 001-999999-019

OUR RECORDS SHOW THAT YOU WILL REACH AGE 65 WITHIN THIS MONTH. YOUR BCCPTA COVERAGE WILL END ON THE LAST DAY OF OCTOBER(20). IF THIS INFORMATION IS NOT CORRECT, CONTACT YOUR CASEWORKER IMMEDIATELY.

IF YOU DISAGREE WITH THIS ACTION YOU MAY APPEAL. YOU MUST FILE A WRITTEN APPEAL WITHIN 30 DAYS OF RECEIPT OF THIS LETTER. YOU MAY USE AN APPEAL FORM AVAILABLE FROM YOUR LOCAL SOCIAL SERVICES AGENCY OR YOU MAY WRITE A LETTER. ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL REQUEST. IF YOU WISH TO APPEAL SEND YOUR REQUEST TO:

APPEALS DIVISION
DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 EAST BROAD STREET, SUITE 1300
RICHMOND, VA 23219

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter date	Enrollee Notice Date	DE3088	
2	Enrollee first name	Enrollee First Name	DE3111	
3	Enrollee middle initial	Enrollee Middle Initial	DE3112	
4	Enrollee last name	Enrollee Last Name	DE3110	
5	Enrollee name suffix	Enrollee Name Suffix	DE3113	
6	Caseworker number	Case Worker Number	DE3431	
8	City/county code	Case Administrative FIPS Code	DE3039	
9	Enrollee address line 2	Enrollee Additional Address Name	DE3114	
10	Enrollee number	Enrollee Permanent	DE3093	

		Identification Number		
11	Enrollee city	Enrollee City Name	DE3116	
12	Enrollee state	Enrollee State Code	DE3117	
13	Enrollee ZIP code	Enrollee ZIP Code	DE3118	
14	Case number	Case Identification Number	DE3043	
15	Case first name	Case First Name	DE3488	
16	Case middle initial	Case Middle Initial	DE3489	
17	Case last name	Case Last Name	DE3487	
18	Case name suffix	Case Name Suffix	DE3490	
19	Enrollee number	Enrollee Permanent Identification Number	DE3093	
20	Current month		DE0000	

Output Reports RS-O-193 FP Waiver - 24 month limit cancellation letter

General Information

This letter informs the enrollee that she is no longer eligible for coverage under Family Planning Waiver due to the 24 month limit.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 days
Distribution:	Enrollees
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FP Waiver - 24 month limit cancellation letter (RS-O-193)

```
   (1)      (2)       (3)       (4)
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                NOVEMBER 19, 2002        (10)
(5)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX               CASEWORKER NO: XXXXX    (11)
(6)                                               CITY/COUNTY CODE: 999     (12)
(7)XXXXXXXXXXXXXX     XX (8) 99999-9999 (9)       ENROLLEE: 001-999999-019    (13)
                                                  CASE:     001-999999-019    (14)

  DEAR ENROLLEE:

  YOU HAVE BEEN ENROLLED IN MEDICAID TO COVER FAMILY-PLANNING-WAIVER
  SERVICES.  BENEFITS UNDER THE MEDICAID FAMILY-PLANNING WAIVER CONTINUE
  FOR UP TO 24 MONTHS FOLLOWING THE END OF A PREGNANCY.  THIS MONTH IS
  THE LAST MONTH YOU ARE ELIGIBLE TO RECEIVE COVERAGE FOR THESE SERVICES.
  BECAUSE YOU HAVE RECEIVED ALL OF THE MONTHS OF MEDICAID FAMILY-PLANNING-
  WAIVER-SERVICES COVERAGE TO WHICH YOU ARE ENTITLED, YOUR BENEFITS WILL
                (15)
  END AFTER 11/30/2002.

  IF YOU DISAGREE WITH THIS ACTION, YOU MAY APPEAL.  YOU MUST FILE A
  WRITTEN APPEAL REQUEST WITHIN 30 DAYS OF RECEIPT OF THIS LETTER.  YOU
  MAY USE AN APPEAL FORM AVAILABLE FROM YOUR LOCAL SOCIAL SERVICES AGENCY
  OR YOU MAY WRITE A LETTER.  PLEASE REMEMBER TO SIGN YOUR APPEAL REQUEST.
  ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL REQUEST.  IF YOU WISH TO
  APPEAL, SEND YOUR APPEAL REQUEST TO:

      APPEALS DIVISION
      DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
      600 EAST BROAD STREET, SUITE 1300
      RICHMOND, VA  23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee First Name	Enrollee First Name	DE3111	
2	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
3	Enrollee Last Name	Enrollee Last Name	DE3110	
4	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
5	Enrollee Address Line 1	Enrollee Street Address	DE3115	
6	Enrollee Address Line 2	Enrollee Additional Address Name	DE3114	
7	Enrollee City	Enrollee City Name	DE3116	
8	Enrollee State	Enrollee State Code	DE3117	
9	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	
10	Date of Letter	Enrollee Notice Date	DE3088	

11	Caseworker Number	Case Worker Number	DE3431	
12	Case City/County Code	Case Administrative FIPS Code	DE3039	
13	Enrollee ID Number	Enrollee Permanent Identification Number	DE3093	
14	Case Number	Case Identification Number	DE3043	
15	Benefits End Date	Calculated	DE0002	

Output Reports RS-O-194 FP Waiver - Age 57 Cancellation Letter

General Information

This letter informs the enrollee that she is no longer eligible for coverage for Family Planning Waiver due to reaching age 57.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 days
Distribution:	Enrollees
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FP Waiver - Age 57 Cancellation Letter (RS-O-194)

```
   (1)          (2)       (3)        (4)
  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                NOVEMBER 19, 2002          (10)
(5)XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                CASEWORKER NO: XXXXX       (11)
(6)                                                   CITY/COUNTY CODE: 999     (12)
(7)XXXXXXXXXXXXXXX    XX (8) 99999-9999 (9)          ENROLLEE: 001-999999-019   (13)
                                                     CASE:     001-999999-019   (14)

  DEAR ENROLLEE:

  THE RECIPIENT NAMED BELOW HAS BEEN ELIGIBLE FOR COVERAGE UNDER THE
  FAMILY-PLANNING WAIVER.  TO BE ELIGIBLE, A RECIPIENT MUST BE UNDER
  57 YEARS OF AGE.

     (15)            (16)    (17)         (18)            (19)
    XXXXXXXXXXXXX        XXXXXXXXXXX                 ID # 001-999999-019

  BECAUSE OUR RECORDS SHOW THAT YOU WILL REACH AGE 57 WITHIN THIS MONTH
  OR ON THE FIRST DAY OF NEXT MONTH, THIS MONTH IS THE LAST MONTH YOU
  ARE ELIGIBLE TO RECEIVE COVERAGE UNDER THE FAMILY-PLANNING WAIVER.
                                   (20)
  YOUR BENEFITS WILL END AFTER 11/30/2002.  IF THIS INFORMATION IS NOT
  CORRECT, CONTACT YOUR CASEWORKER IMMEDIATELY.

  IF YOU DISAGREE WITH THIS ACTION, YOU MAY APPEAL.  YOU MUST FILE A
  WRITTEN APPEAL REQUEST WITHIN 30 DAYS OF RECEIPT OF THIS LETTER.  YOU
  MAY USE AN APPEAL FORM AVAILABLE FROM YOUR LOCAL SOCIAL SERVICES AGENCY
  OR YOU MAY WRITE A LETTER.  PLEASE REMEMBER TO SIGN YOUR APPEAL REQUEST.
  ATTACH A COPY OF THIS NOTICE TO YOUR APPEAL REQUEST.  IF YOU WISH TO
  APPEAL, SEND YOUR APPEAL REQUEST TO:

      APPEALS DIVISION
      DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
      600 EAST BROAD STREET, SUITE 1300
      RICHMOND, VA  23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee First Name	Enrollee First Name	DE3111	
2	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
3	Enrollee Last Name	Enrollee Last Name	DE3110	
4	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
5	Enrollee Address Line 1	Enrollee Street Address	DE3115	
6	Enrollee Address Line 2	Enrollee Additional Address Name	DE3114	

7	Enrollee City	Enrollee City Name	DE3116	
8	Enrollee State	Enrollee State Code	DE3117	
9	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	
10	Date of Letter	Enrollee Notice Date	DE3088	
11	Caseworker Number	Case Worker Number	DE3431	
12	Case City/County Code	Case Administrative FIPS Code	DE3039	
13	Enrollee ID Number	Enrollee Permanent Identification Number	DE3093	
14	Case Number	Case Identification Number	DE3043	
15	Enrollee First Name	Enrollee First Name	DE3111	
16	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
17	Enrollee Last Name	Enrollee Last Name	DE3110	
18	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
19	Enrollee ID Number	Enrollee Permanent Identification Number	DE3093	
20	Benefits End Date	Calculated	DE0002	

Output Reports RS-O-195 FAMIS MOMS Cancellation Letter

General Information

This letter informs the Enrollee that she is no longer eligible for health coverage under MOMS program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS MOMS Cancellation Letter (RS-O-195)

Date XXXXXXXXXXX

~~~~~~
~~~~~~
~~~~~~

Enrollee ID: XXX-XXXXXX-XXX ~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~
Case: XXX-XXXXXX-XXX
Estimated Date of Delivery: XXXXXXXXXX

Dear Ms. ~~~~~~

Our records show that you are enrolled in FAMIS MOMS for pregnancy coverage with an expected delivery date of XX/XX/XXXX. FAMIS MOMS coverage for pregnant women continues f two months following the end of the pregnancy. Because your expected due date has passed, your FAMIS MOMS eligibility as a pregnant woman will end on XX/XX/XXXX.

Your health is important to us, and we want to let you know about the choices you have for making sure your health care needs are met now before your FAMIS MOMS coverage fo pregnancy ends. It is important to make these choices now while you are currently covered:

1. When you receive this letter, immediately call your eligibility worker at your local department of social services and request a re-evaluation of your eligibility f continued healthcare coverage. If you are not eligible for continued full healthcare coverage, you may be eligible for Plan First, which only covers family planning servic including your choice of birth control.

2. Schedule your doctor visit now for your postpartum checkup. This visit is an important part of your overall pregnancy care and general health. Please make the appointment even if you are feeling well, and do not think you need to see the doctor or nurse. Research shows it is best to wait at least 18 months before getting pregnan again and you can also discuss your options for birth control at this visit.

3. Once your FAMIS MOMS coverage ends, if you are not eligible for regular Medicaid you may be eligible for financial assistance for healthcare coverage through the Fe Health Insurance Marketplace. Losing FAMIS MOMS coverage allows you to apply at the Marketplace outside the annual open enrollment period. You must apply for coverage withi days after the birth of your baby. For more information, visit www.healthcare.gov or call 1-800-318-2596.

If you believe you are still eligible for FAMIS MOMS as a pregnant woman and your coverage should not be cancelled, you may file an appeal. You must send your written appea request within 30 days of getting this notice. A friend, relative or other person can send the appeal request for you. If you request an appeal in less than 10 days of get this notice, and you have been getting FAMIS MOMS benefits, you may continue getting benefits while the appeal is going on. If you choose to receive continued benefits, you might have to repay the FAMIS MOMS program for those continued benefits if you lose your appeal.

You may write a letter or complete a form. Appeal Request Forms are available on the Internet at www.dmas.virginia.gov or by calling (804) 371-8488.

Please send a copy of this notice with the appeal request to the:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219
Appeal requests may also be faxed to:
(804) 612-0036
~~~~~~

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Date	Enrollee Notice Date	DE3088	
2	Case Name	Case Name	DE3046	
3	Case Address	Enrollee Street Address	DE3115	
4	Case Address line 2	Enrollee Additional Address Name	DE3114	
5	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
6	Case City Name	Enrollee City Name	DE3116	
7	Case State Code	Enrollee State Code	DE3117	
8	Case ZIP Code	Enrollee ZIP Code	DE3118	
9	Case Number	Case Identification Number	DE3043	
10	Estimated Delivery Date	Enrollee Estimated Expected Deliv-ery/Delivery Date	DE3402	
11	Enrollee Name	Calculated	DE0002	Enrollee Last Name (DE3111), Enrollee MI (DE3112), Enrollee Last Name (DE3110)
12	Expected Delivery Date	Enrollee Expected Delivery/Delivery Date	DE3402	
13	Cancellation Date	Calculated	DE0002	Month Date and Year Format

Output Reports RS-O-196 Age 65 Cancellation Letter for Aid Category '059'

General Information

This letter informs the enrollee that he/she is no longer eligible for Medicaid works as reaching age 65.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Age 65 Cancellation Letter for Aid Category '059' (RS-O-196)

```
                                                                  AUGUST 10, 2007      (1)
        (2)    (3)  (4)    (5)
    XXXXXXXX X XXXXX XX                                  Caseworker No:        XXXX   (11)
(6) XXXXXXXXXXXXXXXXXXX                                  City/County Code:      999   (12)
(7) XXXXXXXXXXXXXXXXXXX                                  Enrollee:  999-999999-001    (13)
    XXXXXXXX, XX 99999-9999                              Case:      001-999999-001    (14)
       (8)      (9)    (10)
Dear Enrollee:

The recipient named below has been eligible for coverage under MEDICAID
WORKS program. To be eligible, a recipient must be under 65 years of age.
    (15)   (16) (17)  (18)                          (19)
XXXXXXXX X XXXXX XX                        ID# 999-999999-999

Our records show that you will reach age 65 within this month. Your MEDICAID
WORKS program coverage will end on the last day of AUGUST  2007. If this      (20)
information is not correct, contact your caseworker immediately. If you would
like to have an eligibility determination for other Medicaid coverage groups,
please contact your caseworker.

If you disagree with this action, you may appeal. You must file a written
appeal within 30 days of receipt of this letter. You may use an appeal form
available from your local Social Services Agency or you may write a letter.
Attach a copy of this notice to your appeal request.

If you wish to appeal, send your request to:

        Appeals Division
        Department of Medical Assistance Services
        600 E Broad Street, 11th Floor
        Richmond, VA 23219
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Notice Date	Enrollee Notice Date	DE3088	
2	Enrollee First Name	Enrollee First Name	DE3111	
3	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
4	Enrollee Last Name	Enrollee Last Name	DE3110	
5	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
6	Enrollee Address 1	Enrollee Street Address	DE3115	
7	Enrollee Address 2	Enrollee Additional Address Name	DE3114	
8	Enrollee City Name	Enrollee City Name	DE3116	
9	Enrollee State	Enrollee State Code	DE3117	

	Code			
10	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	
11	Caseworker Number	Case Worker Number	DE3431	
12	Case City/County Code	Case Administrative FIPS Code	DE3039	
13	Enrollee ID Number	Enrollee Permanent Identification Number	DE3093	
14	Case Number	Case Identification Number	DE3043	
15	Enrollee First Name	Enrollee First Name	DE3111	
16	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
17	Enrollee Last Name	Enrollee Last Name	DE3110	
18	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
19	Enrollee ID Number	Enrollee Permanent Identification Number	DE3093	
20	Benefits End Date	Calculated	DE0002	

Output Reports RS-O-197 Notice of Reduction letter

General Information

This letter informs the enrollee of the reduction in benefits for Medicaid enrollees who are also Medicare beneficiaries.

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

Notice of Reduction letter (RS-O-197)

JULY 21, 2007 (1)

(2) (3) (4) (5)
XXXXX X XXXXX XX
(6) XXXXXXXXXXXXXXXXXXXXXX
(7) XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX, XX 99999-9999
(8) (9) (10)

Important Information about Your Drug Coverage

Dear Enrollee:

This letter serves as Notice of Action regarding a reduction in benefits for Medicaid enrollees who are also Medicare beneficiaries. According to our records, you have coverage under the Virginia Medicaid program and have coverage under the federal Medicare program. If our records are wrong, please call your eligibility worker right away.

The federal government's Medicare program began offering prescription drug coverage (Medicare Part D) in 2006 for all Medicare beneficiaries because of changes in federal law (Section 1935 (d)(1) of the Social Security Act). This law also requires that Virginia Medicaid stop paying for prescription drugs for individuals who are enrolled in Virginia Medicaid and are eligible for Medicare Part A or enrolled in Medicare Part B.

Medicaid now provides you with prescription drug coverage, but will no longer pay for your prescription drugs. Medicare is responsible for paying for your prescription drugs as of MM/DD/CCYY. (11)

It is important for you to know how to get your prescription drugs. To get your prescriptions paid for through Medicare, you need to join a Medicare-approved prescription drug plan. Because you have both Medicare and Medicaid, you will automatically be enrolled by Medicare in a drug plan in your community. You will not have to pay a monthly premium or a deductible for this drug coverage and only a small co-payment for each prescription. Medicare will mail a notice to you about this drug plan. If you don't like the plan, you can switch to another drug plan. Some plans may require an additional premium payment. If you would like to pick your drug plan, need help changing plans, or need help choosing the plan that's right for you, call 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048). When you go to the pharmacy for prescriptions, show the pharmacist both your Medicare drug plan card and your Virginia Medicaid card.

You have the right to request an appeal if you think this change in your prescription drug coverage is wrong. You will have a hearing only if you think the law does not apply to you or if you think we do not have the right facts about you. If you ask for an appeal because you think the law is wrong, your appeal will be decided without a hearing. To request an appeal, notify DMAS in writing of the action you disagree with within 30 days of receipt of the agency's notice about the action. You may write a letter or complete an Appeal Request Form. Forms are available on the Internet at www.dmas.virginia.gov. Please mail appeal requests to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street, 11th Floor
Richmond, Virginia 23219

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Notice Date	Enrollee Notice Date	DE3088	
2	Enrollee First Name	Enrollee First Name	DE3111	
3	Enrollee Middle Name	Enrollee Middle Initial	DE3112	
4	Enrollee Last	Enrollee Last Name	DE3110	

	Name			
5	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
6	Enrollee Address 1	Enrollee Street Address	DE3115	
7	Enrollee Address 2	Enrollee Additional Address Name	DE3114	
8	Enrollee City	Enrollee City Name	DE3116	
9	Enrollee State	Enrollee State Code	DE3117	
10	Enrollee Zip Code	Enrollee ZIP Code	DE3118	
11	Benefits End Date	Calculated	DE0002	
11	Benefits End Date	Not Stored in MMIS	DE2	

Output Reports RS-O-198 Letter of Medicare Coverage Eligibility

General Information

This letter informs the enrollee that they are eligible for Medicare Coverage.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900) Monthly Enrollee Recertification and Auto-Closures (RSM010)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Letter of Medicare Coverage Eligibility (RS-O-198)

(1) JUNE 15, 2

(2) (3) (4) (5)
XXXXXXXXXX X XXXXXXX XX
(6) XXXXXXXXXXXXXXXXXXXXXXXXX
(7) XXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXX, XX 99999-9999
(8) (9) (10)
Dear Enrollee:

According to our records, you are eligible to apply for Medicare health care coverage under the federal government's program. We urge you to apply now. This valuable health care coverage is available through the Social Security Administration. The Medicare program provides hospital insurance (Medicare Part A), medical insurance (Medicare Part B) and prescription drug coverage (Medicare Part D).

Signing up for the Medicare program does not cost you a thing. Because you are enrolled in the Virginia Medicaid program, the Department of Medical Assistance Services will pay for any and all premiums required by the Medicare program. The Virginia Medicaid program will also pay all deductibles and most of the co-payments required under Medicare. It is important for you to sign up for Medicare because the Virginia Medicaid program is required to enroll all Medicaid-covered individuals in the Medicare program if they are eligible but not enrolled.

The Social Security Administration may send you important information to assist in applying for Medicare. If you do not receive this information in the mail in the near future, please contact your local Social Security office and tell them you have Medicaid and want to apply for Medicare. You can also call the Social Security Administration's toll-free number, 1-800-772-1213, to apply for Medicare. It's that simple to start the Medicare enrollment process. You also may be eligible for other benefits through Social Security.

Thank you in advance for applying for Medicare health care coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Notice Date	Enrollee Notice Date	DE3088	
2	Enrollee First Name	Enrollee First Name	DE3111	
3	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
4	Enrollee Last Name	Enrollee Last Name	DE3110	
5	Enrollee Name Suffix	Enrollee Name Suffix	DE3113	
6	Enrollee Address 1	Enrollee Street Address	DE3115	
7	Enrollee Address 2	Enrollee Additional Address Name	DE3114	

8	Enrollee City Name	Enrollee City Name	DE3116	
9	Enrollee State Code	Enrollee State Code	DE3117	
10	Enrollee Zip Code	Enrollee ZIP Code	DE3118	

Output Reports RS-O-199 Recipient ID Card Request Report

General Information

A detailed report of information for every enrollee ID card requested during the current day in enrollee ID order. The report is intended for internal DMAS use to provide a QA mechanism for monitoring the ID card generation process. RSD023 reads data set VMP.PRODS.PR.RSF010.RSD022 out of VMPED022, step RSD022 to produce the report for every enrollee ID card requested on that day.

Subsystem:	Recipient
Frequency:	Daily
Volume:	50 Pages
Number of Copies:	1
Output Form:	On Demand
Retention:	3 years
Distribution:	DMAS - Recipient Coordinator
Program:	Create RS-O-199 (RECIPIENT ID CARD REQUEST REPORT) (RSD023)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	None

Recipient ID Card Request Report (RS-O-199)

```
RSD023                                VIRGINIA   DEPARTMENT OF MEDICAL ASSISTANCE  SERVICES                          REPORT NO:          RS-O-199
AS OF:99/99/9999                          RECIPIENT ID CARD REQUEST REPORT                                          PAGE NUMBER:          99,999
 RUN DATE: 99/99/9999  99:99                      (1)99/99/9999

   ENROLLEE ID      NAME                                  CARD NBR                BIRTH  DATE       GENDER       CORRESP  ID      CASE ID
                    ADDRESS 1                             ADDRESS 2                                              CITY/STATE/ZIP
(2)            (3.11)                 (3.2)  (3.3)          (3.4)        (4)                 (5)              (6)            (7)            (8)
XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX XXX  XXXXXXXXXXXX X        99999                99/99/9999        X             XXXXXX      XXXXXXXXXXXX
               XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX XX  999999999
               (9)                                          (10)                                                    (11)              (12)      (13)


XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX XXX  XXXXXXXXXXXX X        99999                99/99/9999        X             XXXXXX      XXXXXXXXXXXX
               XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX XX  999999999


XXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXX XXX  XXXXXXXXXXXX X        99999                99/99/9999        X             XXXXXX      XXXXXXXXXXXX
               XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXX XX  999999999


- TOTAL   MEDICAID   CARDS  (RS-O-202 ):    999,999  (14)
  TOTAL   FAMIS CARDS (RS-O-201):           999,999  (15)
  TOTAL   PLAN FIRST CARDS (RS-O-213):      999,999  (16)
  TOTAL   CARDS:                            999,999  (17)
                                  * *  * * *  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	ISSUE DATE	Enrollee ID Card Issue/Reissue Date	DE3022	This data is contained in every record on the RS-F-010 file, however, it is the same for every record. Therefore, it is extracted from only the first record on RS-F-010 and printed on the heading of each page instead of being repeated on every detail line.
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	NAME	Group Level Data Name	DE9988	This report field is a combination of the following four enrollee name fields that are joined with no trailing spaces: 1. Last Name (DE 3110) - see field 3.1 - this field always in field 3.0 2. Suffix (DE 3113) - see field 3.2 - this field inserted into field 3.0 only if populated 3. First Name (DE 3111) - see field 3.3 - this field always in field 3.0 4. Middle Initial (DE 3112) - see field 3.4 - this field always in field 3.0 although it may

				be blank
3.1	NAME	Enrollee Last Name	DE3110	
3.2	NAME	Enrollee Name Suffix	DE3113	
3.3	NAME	Enrollee First Name	DE3111	
3.4	NAME	Enrollee Middle Initial	DE3112	
4	CARD NBR	Enrollee ID Card Sequence Number	DE3482	
5	BIRTH DATE	Enrollee Birth Date	DE3005	
6	GENDER	Enrollee Sex Code	DE3007	
7	CORRESP ID	Correspondence Output Identifier	DE3905	IF DE 3551 (Benefit Definition Plan Program Code) for the enrollee equals '01' and if DE 3009 Enrollee Eligibility Aid Category equals to ‘080’ or ‘084’, then the 'CORRESP ID' contains 'RSO213'. IF DE 3551 (Benefit Definition Plan Program Code) for the enrollee equals '01' and if DE 3009 Enrollee Eligibility Aid Category not equals to ‘080’/‘084’, then the 'CORRESP ID' contains 'RSO202'. IF DE 3551 (Benefit Definition Plan Program Code) for the enrollee equals '07' 'CORRESP ID' contains 'RSO201'.
8	CASE ID	Case Identification Number	DE3043	
9	ADDRESS 1	Enrollee Street Address	DE3115	
10	ADDRESS 2	Enrollee Additional Address Name	DE3114	
11	CITY	Enrollee City Name	DE3116	
12	STATE	Enrollee State Code	DE3117	
13	ZIP	Enrollee ZIP Code	DE3118	
14	TOTAL MEDICAID CARDS (RS-O-202)	Calculated	DE0002	Total number of ID card requests for enrollees who have a correspondence ID (DE 3905) of 'RSO202' on the RS-F-010 input for the current day’s execution of RSD023.
15	TOTAL FAMIS CARDS (RS-O-201)	Calculated	DE0002	Total number of ID card requests for enrollees who have a correspondence ID (DE 3905) of 'RSO201' on the RS-

				F-010 input for the current day's execution of RSD023.
16	TOTAL PLAN FIRST CARDS (RS-O-213)	Calculated	DE0002	Total number of ID card requests for enrollees who have a correspondence ID (DE 3905) of 'RSO213' on the RS-F-010 input for the current day's execution of RSD023.
17	TOTAL CARDS	Calculated	DE0002	Total number of ID card requests for enrollees who have a correspondence ID (DE 3905) of 'RSO202' or 'RSO201' or 'RSO213'on the RS-F-010 input for the current day's execution of RSD023.

Output Reports RS-O-200 Enrollee ID Card Request Listing

General Information

This report lists enrollee ID card requests.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Recipient Coordinator
Program:	Enrollee ID Cards and Daily Notifications (RSD022)
Confidential:	Yes
Sequence:	City/County Code, Enrollee ID
Control Breaks:	City/County Code

Enrollee ID Card Request Listing (RS-O-200)

```
RSD022                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                              ENROLLEE ID CARD REQUEST LISTING
RUN DATE:  MM/DD/CCYY HH:MM

                         (1)          (2)
              CITY-COUNTY 001  ACCOMACK
  (3)                                 (4)                (5)                    (6)                    (7)
ENROLLEE NAME                      MEDICAID-ID    NUMBER CARDS REQUESTED   DATE OF LAST REQUEST      CASEWORKER NO.
[redacted]                         [redacted]            3                   02/03/1994              [redacted]

CITY-COUNTY  001  TOTAL        1  (8)

TOTAL ENROLLEES REPORTED:        50    (9)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY-COUNTY	MMIS Locality Code	DE5254	

		based on Postal Code		
2	(CITY/COUNTY NAME)	Locality Name	DE5255	
3	ENROLLEE NAME	Enrollee Full Name	DE3003	
4	MEDICAID-ID	Enrollee Permanent Identification Number	DE3093	
5	NUMBER CARDS REQUESTED	Calculated	DE0002	
6	DATE OF LAST REQUEST	Enrollee ID Card Issue/Reissue Date	DE3022	
7	CASEWORKER NO.	Case Worker Number	DE3431	
8	TOTAL	Calculated	DE0002	
9	TOTAL ENROLLEES REPORTED	Calculated	DE0002	

Output Reports RS-O-201 FAMIS Plastic ID Card New Eligible's Letter

General Information

This is the initial ID Card Letter for enrollees in a FAMIS plan.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	N/A
Output Form:	Letter
Retention:	N/A
Distribution:	enrollee
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS Plastic ID Card New Eligibles Letter (RS-O-201)

(12)
MM/DD/CCYY

(1) (2) (3) (4)
XXXXXXXXXXX X XXXXXXXXXXXXXXXXXX XXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (5)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)
XXXXXXXXXXXXXXXX, XX 99999-9999
(7) (8) (9)

RE: ENROLLEE ID# 999999999999 (10)
CASE ID# 999999999999 (11)

HOW TO USE YOUR FAMIS CARD

- This is your permanent FAMIS identification card. Each person with FAMIS coverage will get his or her own card. **Do not throw this card away.**
- Show this card every time you receive a medical service. **If you receive a health maintenanc organization (HMO) card show the HMO card every time you receive a medical service.**
- Take care of this card. Do not bend or cut the card. Keep the card away from heat.
- Never let anyone else use your card. Changing, selling, or lending your FAMIS ID card is against the law. Those who do so can be prosecuted and lose Medicaid coverage.

FAMIS Plastic ID Card New Eligibles Letter (RS-O-201)

If your FAMIS stops, do not throw the card away. If you get FAMIS again the same card can be used again. Showing the card is not a guarantee that you are eligible for FAMIS or that the bill will be paid. The service provider must verify your FAMIS status each time you get a service. The card helps the provider verify your coverage.

The FAMIS program may ask you to choose a doctor or a Health Maintenance Organization (HMO) from which to get your care. If you get your medical care through a HMO, that HMO will also send you an ID card. DO NOT THROW IT AWAY. You will need to show the HMO card when getting care.

Show your card before you get a service. Ask if the provider accepts FAMIS (or your HMO coverage). Not all providers accept FAMIS (or your HMO coverage) and you could be billed for the service. If you fail to keep a scheduled appointment, the service provider can bill you for a broken appointment fee.

Some services may have a co-payment requirement. This means that you will be asked to pay a small amount toward your bill.

If you have questions about your FAMIS, please call the FAMIS office at 1-866-87 FAMIS (1-866-873-2647).

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
2	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	ENROLLEE NAME (SUFFIX)	Enrollee Name Suffix	DE3113	
5	ENROLLEE ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
6	ENROLLEE ADDRESS (LINE 2)	Enrollee Additional Address Name	DE3114	
7	ENROLLEE ADDRESS (CITY)	Enrollee City Name	DE3116	
8	ENROLLEE	Enrollee State Code	DE3117	

	ADDRESS (STATE)			
9	ENROLLEE ADDRESS (ZIP CODE)	Enrollee ZIP Code	DE3118	
10	RE: ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
11	CASE ID NUMBER	Case Identification Number	DE3043	
12	MONTH DAY, CCYY	Calculated	DE0002	

Output Reports RS-O-202 Plastic ID Card New Eligible's Letter

General Information

This letter will accompany the plastic ID card that is sent to new eligible's.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Plastic ID Card New Eligibles Letter (RS-O-202)

(12)
MM/DD/CCYY

(1) (2) (3) (4)
XXXXXXXXXXX X XXXXXXXXXXXXXXXXXX XXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (5)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)
XXXXXXXXXXXXXXXX, XX 99999-9999
(7) (8) (9)

RE: ENROLLEE ID# 999999999999 (10)
CASE ID# 999999999999 (11)

HOW TO USE YOUR MEDICAID CARD

- This is your permanent Medicaid identification card. Each person with Medicaid coverage will get his or her own card. **Do not throw this card away.**
- Show this card every time you receive a medical service. **If you receive a health maintenanc organization (HMO) card show the HMO card every time you receive a medical service.**
- Take care of this card. Do not bend or cut the card. Keep the card away from heat.
- Never let anyone else use your card. Changing, selling, or lending your Medicaid ID card is against the law. Those who do so can be prosecuted and lose Medicaid coverage.

Plastic ID Card New Eligibles Letter (RS-O-202)

If your Medicaid stops, do not throw the card away. If you get Medicaid again the same card can be used again. Showing the card is not a guarantee that you are eligible for Medicaid or that the bill will be paid. The service provider must verify your Medicaid status each time you get a service. The card helps the provider verify your coverage.

The Medicaid program may ask you to choose a doctor or a Health Maintenance Organization (HMO) from which to get your care. If you get your medical care through a HMO, that HMO will also send you an ID card. DO NOT THROW IT AWAY. You will need to show the HMO card when getting care.

Show your card before you get a service. Ask if the provider accepts Medicaid (or your HMO coverage). Not all providers accept Medicaid (or your HMO coverage) and you could be billed for the service. Some services may have a co-pay requirement. This means that you will be asked to pay a small amount toward your bill.

If you have questions about your Medicaid, please call your Medicaid caseworker at your local Department of Social Services.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
2	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
3	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
4	ENROLLEE NAME (SUFFIX)	Enrollee Name Suffix	DE3113	
5	ENROLLEE ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
6	ENROLLEE ADDRESS (LINE 2)	Enrollee Additional Address Name	DE3114	
7	ENROLLEE ADDRESS (CITY)	Enrollee City Name	DE3116	
8	ENROLLEE ADDRESS (STATE)	Enrollee State Code	DE3117	
9	ENROLLEE ADDRESS (ZIP CODE)	Enrollee ZIP Code	DE3118	
10	CASE ID#	Case Identification Number	DE3043	
11	RE: ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	MONTH DAY, CCYY	Calculated	DE0002	

Output Reports RS-O-203 Plastic ID Card Initial Letter

General Information

This letter and a plastic ID card will be sent to every individual eligible for DMAS-administered services as a part of the implementation of plastic ID cards.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Plastic ID Card Initial Letter (RS-O-203)

Month Day, CCYY (11)

(1) (2) (3)

TO: ENROLLEE NAME
ENROLLEE ADDRESS (4)
ENROLLEE ADDRESS (5)
CITY, ST 99999-9999
(6) (7) (8)
ENROLEE: 999-999999-999 (9)
CASE: 999-999999-999 (10)

FROM: The Department of Medical Assistance Services (DMAS)

Here is your new permanent plastic ID card from the Virginia Department of Medical Assistance Services. **Each person in your family who is on Medicaid or FAMIS will get a permanent plastic card.** This card will be used to check your eligibility when you get medical services. **DO NOT THROW THIS CARD AWAY!**

You will no longer get a paper card every month. **FROM NOW ON, USE ONLY YOUR PERMANENT PLASTIC ID CARD FOR ALL MEDICAID AND FAMIS SERVICES.** You will get a written notice if there is a change in your Medical coverage. Keep using this card, even if something about your coverage changes.

The plastic card will only be given to you once. Please take care of this card. **It must not be bent, cut, or placed close to heat**. ***Do not throw this card away even if your case is closed.*** If your case is opened again, you will use the same plastic card. If your card is lost or stolen, please call your caseworker.

Selling, changing, or lending your Medical ID card is against the law. Those who do so may be prosecuted and lose their Medical coverage.

YOU MUST SHOW THIS CARD TO RECEIVE MEDICAID OR FAMIS SERVICES. Always be prepared to show other identification.

If you have questions about your ID card, please call your caseworker.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
2	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
3	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
4	ENROLLEE ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
5	ENROLLEE ADDRESS (LINE 2)	Enrollee Additional Address Name	DE3114	
6	ENROLLEE ADDRESS (CITY)	Enrollee City Name	DE3116	
7	ENROLLEE	Enrollee State Code	DE3117	

	ADDRESS (STATE)			
8	ENROLLEE ADDRESS (ZIP CODE)	Enrollee ZIP Code	DE3118	
9	RE: ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
10	CASE ID#	Case Identification Number	DE3043	
11	MONTH DAY, CCYY	Calculated	DE0002	

Output Reports RS-O-204 CMM Letter with Perforated Assignment Sheet

General Information

This letter informs the enrollee that they have been assigned to the Client Medical Management Program.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

CMM Letter with Perforated Assignment Sheet (RS-O-204)

CLIENT MEDICAL MANAGEMENT PROGRAM (CMM)

(1) (2) (3)

I. M. Sick
110 Tuftimes (4)
Help Me, USA 23295 (5) (6) (7)
Medicaid ID#(8) 999-999999-999

(9)
CMM ID: West (map to CMM region for recip's locality)

Physician:
Dr. Feel Good (10)
2B Cured Avenue (11)
ClinicTown, USA 23294 (12) (13) (14)
Phone# 804-000-0000 (15)
Effective Date: (16)

Pharmacy: (17)
4 UR Body Street (18)
Prozac, USA 23294 (19) (20 (21)
Phone # (22)
Effective Date: (23)

Transportation Provider: (24)
4 UR Body Street (25)
Prozac, USA 23294 (26) (27) (28)
Phone # (29)
Effective Date: (30)

Fold and Tear Here

YOU ARE IN THE CLIENT MEDICAL MANAGEMENT PROGRAM (CMM). This letter shows the name and address of the medical care provider(s) you must use under Medicaid with the date of restriction to each provider. A doctor, pharmacy, and transportation provider may be listed. If you did not choose your provider(s) or if you chose a provider that was not available, the Department of Medical Assistance Services selected providers for you.

You must get your care from your assigned provider(s). If you see another doctor, you must have a referral from your primary doctor. If you do not have a referral, Medicaid will not pay the bill. Prescriptions may be filled at another pharmacy only in emergencies. You should follow the rules of the program that were mailed to you at the time of enrollment.

If you have questions about CMM, call 804 786-6548. Outside of Richmond, call the CMM Helpline toll free at 1-888-323-0589. Your CMM case manager can answer your questions about CMM, help you solve problems between you and your CMM providers, or approve your request to change a provider.

- **Please fold and tear off the top of this letter and keep it with your card at all times. Show this paper along with your Medicaid card whenever you get medical attention. IF the doctor, pharmacy, or transportation provider changes, you will get another letter showing the effective date of the change.**
- Even if your case is closed, **KEEP YOUR PLASTIC CARD!** You will need it if your case is ever opened again because you will not get a new plastic ID card.
- If there are any changes in your income, if you move, or if anything happens that might change your eligibility, you need to contact your Medicaid case worker at the Department of Social Services within 10 days of the change.
- Never let another person use your Medicaid card. Selling, changing, or lending your Medicaid card is against the law. Those who do so may be prosecuted and lose their Medicaid coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE FIRST	Enrollee First Name	DE3111	

	NAME)			
2	(ENROLLEE MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
3	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
4	(ENROLLEE ADDRESS)	Enrollee Street Address	DE3115	
5	(ENROLLEE CITY)	Enrollee City Name	DE3116	
6	(ENROLLEE STATE)	Enrollee State Code	DE3117	
7	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
8	MEDICAID ID#	Enrollee Permanent Identification Number	DE3093	
9	CMM ID:	Region Name	DE5250	
10	(PHYSICIAN NAME)	Provider Name	DE4085	
11	(PHYSICIAN ADDRESS)	Provider Address Line	DE4097	
12	(PHYSICIAN CITY)	Provider Address City Name	DE4130	
13	(PHYSICIAN STATE)	Provider Address State	DE4098	
14	(PHYSICIAN ZIP CODE)	Provider Address ZIP Code	DE4099	
15	PHONE#	Provider Phone Number	DE4090	
16	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
17	(PHARMACIST NAME)	Provider Name	DE4085	
18	(PHARMACIST ADDRESS)	Provider Address Line	DE4097	
19	(PHARMACIST CITY)	Provider Address City Name	DE4130	
20	(PHARMACIST STATE)	Provider Address State	DE4098	
21	(PHARMACIST ZIP CODE)	Provider Address ZIP Code	DE4099	
22	PHONE#	Provider Phone Number	DE4090	
23	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
24	(TRANSPORTATION	Provider Name	DE4085	

	PROVIDER NAME)			
25	(TRANSPORTATION PROVIDER ADDRESS)	Provider Address Line	DE4097	
26	(TRANSPORTATION PROVIDER CITY)	Provider Address City Name	DE4130	
27	(TRANSPORTATION PROVIDER STATE)	Provider Address State	DE4098	
28	(TRANSPORTATION PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	
29	PHONE#	Provider Phone Number	DE4090	
30	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-205 Managed Care Letter with Perforated Assignment Sheet

General Information

This letter informs the enrollee that they have been assigned to a Managed Care program.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Managed Care Letter with Perforated Assignment Sheet (RS-O-205)

P.O. Box 00000 (1)
Richmond, Va 23219
(2) (3) (4)

MEDALLION PROGRAM

(5)
I.M. Snow
110 Tuft Street (6)
Hometown,USA 23295 (7) (8) (9)
Medicaid ID# (10)

(13) (14) (15) Dr. Smith (11)
Cured Avenue (12)
ClinicTown, USA 23294
Phone # 804-000-0000
Effective Date: (16)
(17)

Fold and Tear Here

YOU ARE IN THE MEDALLION PROGRAM. This letter shows the name and address of the primary care provider you must use under **MEDALLION**. Your primary care provider is listed above. If you did not choose a doctor or if you chose a doctor that was not available, a doctor was chosen for you by the **MEDALLION** program. To change your primary care provider or to ask questions about the **MEDALLION** program, call 1-800-643-2273.

You must get your care from the doctor listed above. If you need to see another doctor, you must have a referral from your primary doctor. If you see another doctor without being referred by your primary doctor, Medicaid will not pay the bill.

- **Please fold and tear off the top of this letter and keep it with your card at all times. Show this paper along with your Medicaid card when ever you get medical attention. If the doctor changes, you will get another letter**.
- Even if your case is closed, **KEEP YOUR PLASTIC CARD!** You will need it if your case is ever opened again because you will not get a new plastic ID card.
- If there are any changes in your income, if you move or if anything happens that might change your eligibility, you need to contact your Medicaid case worker at the Department of Social Services within 10 days of the change.
- Never let another person use your Medicaid card. Selling, changing, or lending your Medicaid card is against the law. Those who do so may be prosecuted and lose their Medicaid coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DMAS ADDRESS)		DE0000	
2	(DMAS CITY)		DE0000	
3	(DMAS STATE)		DE0000	
4	(DMAS ZIP CODE)		DE0000	
5	(ENROLLEE	Enrollee Full Name	DE3003	

	NAME)			
6	(ENROLLEE ADDRESS)	Enrollee Street Address	DE3115	
7	(ENROLLEE CITY)	Enrollee City Name	DE3116	
8	(ENROLLEE STATE)	Enrollee State Code	DE3117	
9	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	MEDICAID ID #	Enrollee Permanent Identification Number	DE3093	
11	(MANAGED CARE PROVIDER NAME)	Provider Name	DE4085	
12	(MANAGED CARE PROVIDER ADDRESS)	Provider Address Line	DE4097	
13	(MANAGED CARE PROVIDER CITY)	Provider Address City Name	DE4130	
14	(MANAGED CARE PROVIDER STATE)	Provider Address State	DE4098	
15	(MANAGED CARE PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	
16	PHONE#	Provider Phone Number	DE4090	
17	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-206 Enrollee Identification Card

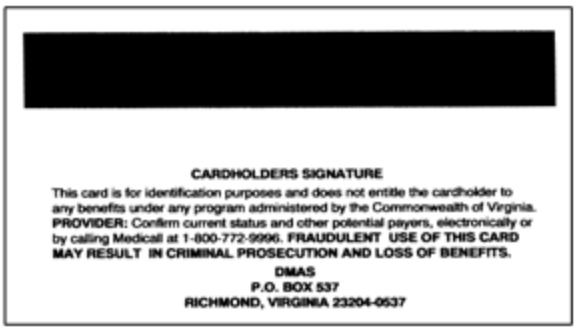
General Information

This output is the plastic card sent to each enrollee for verification of eligibility for services.

Subsystem:	Recipient
Frequency:	On- Request
Volume:	N/A
Number of Copies:	N/A
Output Form:	Plastic Card
Retention:	180 Days
Distribution:	Enrollees
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

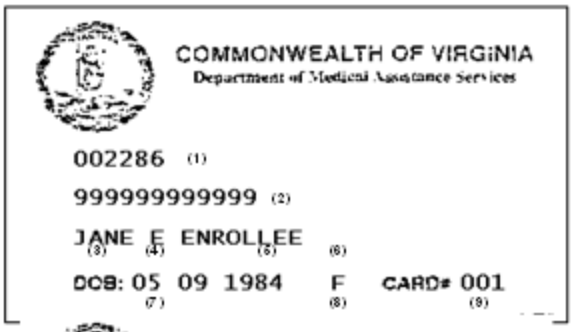
Enrollee Identification Card (RS-O-206)

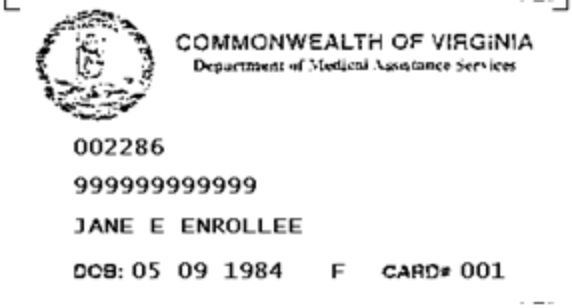
CARD STOCK



CARD STOCK

EMBOSSED





Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	BIN		DE0000	
2	(ENROLLEE ID)	Enrollee Permanent Identification Number	DE3093	
3	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
4	(ENROLLEE MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
5	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
6	(ENROLLEE SUFFIX)	Enrollee Name Suffix	DE3113	
7	DOB:	Enrollee Birth Date	DE3005	
8	(ENROLLEE SEX)	Enrollee Sex Code	DE3007	
9	CARD #	Enrollee ID Card Sequence Number	DE3482	

Output Reports RS-O-207 FAMIS Managed Care Letter with Perforated Assignment Sheet

General Information

This letter informs the FAMIS enrollee that they have been assigned to a Managed Care program.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

FAMIS Managed Care Letter with Perforated Assignment Sheet (RS-O-207)

P.O. Box 00000 (1)
Richmond, Va 23219
(2) (3) (4)

MEDALLION PROGRAM

I.M. Sick (5)
110 Tuftimes (6)
Help Me, USA 23295 (7) (8) (9)
FAMIS ID# (10)

Dr. Feel Good (11
2B Cured Avenue (12)
Clinic Town, USA 23294 (13) (14) (15)
Phone # 804-000-0000 (16)
Effective Date: (17)

Fold and Tear Here

YOU ARE IN THE MEDALLION PROGRAM. This letter shows the name and address of the primary care provider (PCP) you must use under **MEDALLION**. Your PCP is listed above.
If you did not choose a PCP, one was chosen for you by the **MEDALLION** program. To change your PCP or to ask questions about the **MEDALLION** program, call 1-800-MGD-CARE (1-800-643-2273).

You must get your care from the PCP listed above. If you need to see another doctor, you must have a referral from your PCP. If you see another doctor without being referred by your PCP, you may have to pay the bill.

- **Please fold and tear off the top of this letter and keep it with your plastic ID card at all times. Show this paper along with your ID card whenever you get medical attention. If you change PCPs, you will get another letter. You should carry this new paper along with your plastic ID card when receiving medical services.**
- **Even if your case is closed, KEEP YOUR PLASTIC CARD! You will need it if your case is ever opened again. You will not get a new plastic ID card.**
- **If there are any changes in your income, if you move or if anything happens that might change your eligibility, you need to contact the FAMIS unit at 1-866-87FAMIS within 10 days of the change.**
- **Never let another person use your plastic ID card. Selling, changing, or lending your ID card is against the law. Those who do so may be prosecuted and lose their FAMIS coverage.**

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DMAS ADDRESS)		DE0000	
2	(DMAS CITY)		DE0000	
3	(DMAS STATE)		DE0000	
4	(DMAS ZIP CODE)		DE0000	
5	(ENROLLEE NAME)	Enrollee Full Name	DE3003	
6	(ENROLLEE ADDRESS)	Enrollee Street Address	DE3115	

7	(ENROLLEE CITY)	Enrollee ZIP Code	DE3118	
8	(ENROLLEE STATE)	Enrollee State Code	DE3117	
9	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	FAMIS ID#	Enrollee Permanent Identification Number	DE3093	
11	(MANAGED CARE PROVIDER NAME)	Provider Name	DE4085	
12	(MANAGED CARE PROVIDER ADDRESS)	Provider Address Line	DE4097	
13	(MANAGED CARE PROVIDER CITY)	Provider Address City Name	DE4130	
14	(MANAGED CARE PROVIDER STATE)	Provider Address State	DE4098	
15	(MANAGED CARE PROVIDER ZIP CODE)	Provider Address ZIP Code	DE4099	
16	PHONE #	Provider Phone Number	DE4090	
17	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-208 FAMIS - MEDALLION II Letter with Perforated Assignment Sheet

General Information

This letter informs the MEDALLION II enrollee of their provider assignment.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS - MEDALLION II Letter with Perforated Assignment Sheet (RS-O-208)

P.O. Box 00000 (1)
Richmond, Va 23219
(2) (3) (4)

MEDALLION II PROGRAM

I.M. Sick (5)
110 Tuftimes (6)
Help Me, USA 23295 (7) (8) (9)
FAMIS ID# (10)

Dr. Feel Good (11)
2B Cured Avenue (12)
ClinicTown, USA 23294 (13) (14) (15)
Phone # 804-000-0000 (16)
Effective Date: (17)

Fold and Tear Here

YOU ARE IN THE MEDALLION II PROGRAM. This letter shows the name and address of the primary care provider (PCP) you must use under **MEDALLION II**. Your PCP is listed above. If you did not choose a PCP, one was chosen for you by the **MEDALLION II** program. To change your PCP or to ask questions about the **MEDALLION II** program, call 1-800-MGD-CARE (1-800-643-2273).

You must get your care from the PCP listed above. If you need to see another doctor, you must have a referral from your PCP. If you see another doctor without being referred by your PCP, you may have to pay the bill.

- **Please fold and tear off the top of this letter and keep it with your card at all times. Show this paper along with your FAMIS card whenever you get medical attention. If you change PCPs, you will get another letter. You should carry this new paper along with your FAMIS card when receiving medical services.**
- **Even if your case is closed, KEEP YOUR PLASTIC CARD! You will need it if your case is ever opened again. You will not get a new plastic ID card.**
- **If there are any changes in your income, if you move or if anything happens that might change your eligibility, you need to contact your local Department of Social Services within 10 days of the change.**
- **Never let another person use your FAMIS card. Selling, changing, or lending your FAMIS card is against the law. Those who do so may be prosecuted and lose their FAMIS coverage.**

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DMAS ADDRESS)		DE0000	
2	(DMAS CITY)		DE0000	
3	(DMAS STATE)		DE0000	
4	(DMAS ZIP CODE)		DE0000	
5	ENROLLEE NAME	Enrollee Full Name	DE3003	

6	ENROLLEE ADDRESS	Enrollee Street Address	DE3115	
7	ENROLLEE CITY	Enrollee City Name	DE3116	
8	ENROLLEE STATE	Enrollee State Code	DE3117	
9	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
10	MEDICAID ID NUMBER	Enrollee Permanent Identification Number	DE3093	
11	MEDALLION II PROVIDER NAME	Provider Name	DE4085	
12	MEDALLION II PROVIDER ADDRESS	Provider Address Line	DE4097	
13	MEDALLION II PROVIDER CITY	Provider Address City Name	DE4130	
14	MEDALLION II PROVIDER STATE	Provider Address State	DE4098	
15	MEDALLION II PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
16	MEDALLION II 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	
17	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-209 MEDALLION II Letter with Perforated Assignment Sheet

General Information

This letter informs the Medallion II enrollee of their provider assignment.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEDALLION II Letter with Perforated Assignment Sheet (RS-O-209)

(1)
P.O. Box 00000
Richmond, Va 23219
(2) (3) (4)

MEDALLION II PROGRAM

(5)
I.M. Sick
110 Tuflim (6)
Help Me, USA 23295 (7) (8) (9)
Medicaid ID# (10)

Dr. Feel Good (11)
2B Cured Avenue (12)
ClinicTown, USA 23294 (13) (14) (15)
Phone # 804-000-0000 (16)
Effective Date: (17)

Fold and Tear Here

YOU ARE IN THE MEDALLION II PROGRAM. This letter shows the name and address of the primary care provider you must use under **MEDALLION II**. Your primary care provider is listed above. If you did not choose a doctor or if you chose a doctor that was not available, a doctor was chosen for you by the **MEDALLION II** program. To change your primary care provider or to ask questions about the **MEDALLION II** program, call 1-800-643-2273.

You must get your care from the doctor listed above. If you need to see another doctor, you must have a referral from your primary doctor. If you see another doctor without being referred by your primary doctor, Medicaid will not pay the bill.

- **Please fold and tear off the top of this letter and keep it with your card at all times. Show this paper along with your Medicaid card when ever you get medical attention. If the doctor changes, you will get another letter**.
- Even if your case is closed, **KEEP YOUR PLASTIC CARD!** You will need it if your case is ever opened again because you will not get a new plastic ID card.
- If there are any changes in your income, if you move or if anything happens that might change your eligibility, you need to contact your Medicaid case worker at the Department of Social Services within 10 days of the change.
- Never let another person use your Medicaid card. Selling, changing, or lending your Medicaid card is against the law. Those who do so may be prosecuted and lose their Medicaid coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DMAS ADDRESS)		DE0000	
2	(DMAS CITY)		DE0000	
3	(DMAS STATE)		DE0000	
4	(DMAS ZIP CODE)		DE0000	
5	ENROLLEE NAME	Enrollee Full Name	DE3003	

6	ENROLLEE ADDRESS	Enrollee Street Address	DE3115	
7	ENROLLEE CITY	Enrollee City Name	DE3116	
8	ENROLLEE STATE	Enrollee State Code	DE3117	
9	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
10	MEDICAID ID NUMBER	Enrollee Permanent Identification Number	DE3093	
11	MEDALLION II PROVIDER NAME	Provider Name	DE4085	
12	MEDALLION II PROVIDER ADDRESS	Provider Address Line	DE4097	
13	MEDALLION II PROVIDER CITY	Provider Address City Name	DE4130	
14	MEDALLION II PROVIDER STATE	Provider Address State	DE4098	
15	MEDALLION II PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
16	MEDALLION II PROVIDER 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	
17	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-210 Enrollee Eligibility Post Edit Control Report

General Information

This is a control report for enrollee eligibility post edit reflecting total records read and written.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Enrollee Eligibility Post Edit Control Report (RSM002)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee Eligibility Post Edit Control Report (RS-O-210)

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RSM002                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                        ENROLLEE ELIGIBILITY POST EDIT CONTROL REPORT
RUN DATE:  MM/DD/CCYY HH:MM


CASE RECORDS                        44,526  (1)
NO ENROLLEES FOR CASE              15,298   (2)
ENROLLEE RECORDS                   29,228   (3)
EXTRACT RECORDS WRITTEN             4,766   (4)
ENROLLEE ERROR RECORDS              4,765   (5)
LWO NO-ERROR RECORDS                    1   (6)
REFUSED SOCIAL SECURITY NUMBERS         0   (7)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE RECORDS	Calculated	DE0002	
2	NO ENROLLEES FOR CASE	Calculated	DE0002	
3	ENROLLEE RECORDS	Calculated	DE0002	
4	EXTRACT RECORDS WRITTEN	Calculated	DE0002	
5	ENROLLEE ERROR RECORDS	Calculated	DE0002	
6	LWO NO-ERROR RECORDS	Calculated	DE0002	
7	REFUSED SOCIAL SECURITY NUMBERS	Calculated	DE0002	

Output Reports RS-O-211 FAMIS-CMM Letter with Perforated Assignment Sheet

General Information

This letter informs the FAMIS enrollee that they have been assigned to the Client Medical Management Program.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

FAMIS-CMM Letter with Perforated Assignment Sheet (RS-O-211)

P.O. Box 00000
Richmond, Va 23219

CLIENT MEDICAL MANAGEMENT PROGRAM (CMM)

(1) (2) (3) (4)
I. M. Sick
110 Tuftimes **(4) (5)**
Help Me, USA 23295 **(6) (7) (8)**
Medicaid ID# **(9)** 999-999999-999

FAMIS ID: West **(10)** (map to CMM region for recip's locality)

YOU ARE IN THE CLIENT MEDICAL MANAGEMENT PROGRAM (CMM). The second page of this letter shows the name and address of the medical care provider(s) you must use under FAMIS with the date of restriction to each provider. A doctor, pharmacy, and transportation provider may be listed. If you did not choose your provider(s) or if you chose a provider that was not available, the Department of Medical Assistance Services selected providers for you.

You must get your care from your assigned provider(s). If you see another doctor, you must have a referral from your primary doctor. If you do not have a referral, FAMIS will not pay the bill. Prescriptions may be filled at another pharmacy only in emergencies. You should follow the rules of the program that were mailed to you at the time of enrollment.

If you have questions about CMM, call 804 786-6548. Outside of Richmond, call the CMM Helpline toll free at 1-888-323-0589. Your CMM case manager can answer your questions about CMM, help you solve problems between you and your CMM providers, or approve your request to change a provider.

- **Please keep the second page of this letter and keep it with your plastic ID card at all times. Show this paper along with your FAMIS card whenever you get medical attention. IF the doctor, pharmacy, or transportation provider changes, you will get another letter showing the effective date of the change.**
- Even if your case is closed, **KEEP YOUR PLASTIC ID CARD!** You will need it if your case is ever opened again because you will not get a new plastic ID card.
- If there are any changes in your income, if you move, or if anything happens that might change your eligibility, you need to contact FAMIS at 1-866-87FAMIS within 10 days of the change.
- Never let another person use your FAMIS card. Selling, changing, or lending your FAMIS card is against the law. Those who do so may be prosecuted and lose their FAMIS coverage.

FAMIS ID: West (map to CMM region for recip's locality)
CMM ID: West (map to CMM region for recip's locality)

Physician: Dr. Feel Good **(11)**
2B Cured Avenue **(12)**
ClinicTown, USA 23294 **(13)(14)(15)(16)**
Phone# 804-000-0000 **(17)**
Effective Date: **(18)**

Pharmacy: 4 UR Body Street **(19)**
Prozac, USA 23294 **(20)(21)(22)(23)**
Phone # **(24)**
Effective Date: **(25)**

Transportation Provider:
4 UR Body Street **(26) (27)**
Prozac, USA 23294 **(28) (29) (30)**
Phone # **(31)**
Effective Date: **(32)**

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	

2	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial	DE3112	
3	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
4	ENROLLEE SUFFIX		DE0000	
5	ENROLLEE ADDRESS	Enrollee Street Address	DE3115	
6	ENROLLEE CITY	Enrollee City Name	DE3116	
7	ENROLLEE STATE	Enrollee State Code	DE3117	
8	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
9	MEDICAID ID#	Enrollee Permanent Identification Number	DE3093	
10	CMM ID	Region Name	DE5250	
11	PHYSICIAN NAME	Provider Name	DE4085	
12	PHYSICIAN ADDRESS	Provider Address Line	DE4097	
13	PHYSICIAN CITY	Provider Address City Name	DE4130	
14	PHYSICIAN ZIP CODE	Provider Address ZIP Code	DE4099	
15	PHYSICIAN STATE	Provider Address State	DE4098	
16	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
17	PHYSICIAN 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	
18	PHARMACIST NAME	Provider Name	DE4085	
19	PHARMACIST ADDRESS	Provider Address Line	DE4097	
20	PHARMACIST CITY	Provider Address City Name	DE4130	
21	PHARMACIST STATE	Provider Address State	DE4098	
22	PHARMACIST ZIP CODE	Provider Address ZIP Code	DE4099	
23	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
24	TRANSPORTATION PROVIDER NAME	Provider Name	DE4085	

25	TRANSPORTATION PROVIDER ADDRESS	Provider Address Line	DE4097	
26	TRANSPORTATION PROVIDER CITY	Provider Address City Name	DE4130	
27	TRANSPORTATION PROVIDER STATE	Provider Address State	DE4098	
28	TRANSPORTATION PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
29	TRANSPORTATION PROVIDER 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	
30	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
31	PHARMACIST 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	

Output Reports RS-O-212 Initial ID Card Control Report

General Information

This report lists control totals for the initial run of the ID card process.

Subsystem:	Recipient
Frequency:	one-time
Volume:	n/a
Number of Copies:	1
Output Form:	OnDemand
Retention:	xptr
Distribution:	FA - Quality Control
Program:	Initial Letter for Plastic ID Card Implementation (RSR001)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Initial ID Card Control Report (RS-O-212)

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RSR001                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                           INITIAL ID CARD CONTROL TOTAL REPORT
RUN DATE:  MM/DD/CCYY HH:MM


          TOTAL ENROLLEES SELECTED TO RECEIVE AN ID CARD:      Z,ZZZ,ZZ9   (1)

                TOTAL MEDICAID ENROLLEES SELECTED:             Z,ZZZ,ZZ9   (2)
                 TOTAL FAMIS    ENROLLEES SELECTED:            Z,ZZZ,ZZ9   (3)


          TOTAL ENROLLEES RECEIVING AN ID CARD:                Z,ZZZ,ZZ9   (4)

                TOTAL MEDICAID ENROLLEES:                      Z,ZZZ,ZZ9   (5)
                TOTAL FAMIS    ENROLLEES:                      Z,ZZZ,ZZ9   (6)


          TOTAL ENROLLEES SELECTED BUT NOT RECEIVING:          Z,ZZZ,ZZ9   (7)
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL ENROLLEES SELECTED TO RECEIVE AN ID CARD	Calculated	DE0002	
2	TOTAL MEDICAID ENROLLEES SELECTED TO RECEIVE AN ID CARD	Calculated	DE0002	
3	TOTAL FAMIS ENROLLEES SELECTED TO RECEIVE AN ID CARD	Calculated	DE0002	
4	TOTAL ENROLLEES RECEIVING AN ID CARD	Calculated	DE0002	
5	TOTAL MEDICAID ENROLLEES RECEIVING AN ID CARD	Calculated	DE0002	
6	TOTAL FAMIS ENROLLEES RECEIVING AN ID CARD	Calculated	DE0002	
7	TOTAL ENROLLEES SELECTED BUT NOT RECEIVING AN ID CARD	Calculated	DE0002	

Output Reports RS-O-213 Plastic ID Card New Eligible's Letter

General Information

This letter will accompany the Plan First plastic ID card that is sent to new eligible's.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 Days
Distribution:	Enrollees
Program:	N/A
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Plastic ID Card New Eligibles Letter (RS-O-213)

(12)
MM/DD/CCYY

(1) (2) (3) (4)
XXXXXXXXXXX X XXXXXXXXXXXXXXXXXX XXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (5)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (6)
XXXXXXXXXXXXXXXX, XX 99999-9999
(7) (8) (9)

RE: Member ID# XXXXXXXXXXXX (10) Case ID# XXXXXXXXXXXX (11)

HOW TO USE YOUR PLAN FIRST CARD:

- This is your new permanent Plan First Services identification card. **Plan First coverage is limited to family planning (birth control) services and is not considered full coverage Medicaid.** There has been no change in your Plan First eligibility or the services covered by Plan First with the issuance of your new card.
- If you get sick or need help for other medical or preventive services, you will have to pay for the costs of seein doctor or getting treatment. For information on low or no cost medical providers in your area, please call 211.
- Show this card every time you receive family planning services. If you have other insurance, you must show bo cards each time you go to the doctor/hospital to receive any family planning service. Medical providers must verify your Plan First eligibility status each time you get a service. The card helps the provider verify your coverage.
- If you have a blue and white Medicaid card or Medicaid managed care card that was issued at an earlier time, these cards are not valid for your Plan First coverage.

- Plan First providers must be providers who also accept regular Medicaid. Ask your medical provider if they accept Plan First before making an appointment. If they do not and you receive a service, you could be billed for the service. If your provider accepts Plan First, you will not be responsible for payment of services covered under Plan First. To learn more about Plan First services call the recipient HelpLine at 804-786-6145 or visit www.PlanFirst.org to access a Plan First member handbook.
- Transportation services are covered when necessary to access Plan First covered services from a doctor/clinic or a pharmacy for birth control. For a reservation call 1-866-386-8331 at least 5 business days before your scheduled appointment.
- Household changes like address, income, employment, new insurance, or if your ID card is lost, stolen or damaged, must be reported to your Eligibility Worker at your local Department of Social Services or call Cover Virginia at 1-855-242-8282 (toll free).
- If you no longer wish to participate in the Plan First program, contact your Eligibility Worker at your local Department of Social Services.
- Take care of this card; do not bend or cut; keep card away from heat. Do not throw this card away. Never let anyone use your card. Changing, selling or lending your ID card is against the law. Those who do so can be prosecuted and lose coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
2	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
3	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
4	ENROLLEE NAME (SUFFIX)	Enrollee Name Suffix	DE3113	
5	ENROLLEE ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
6	ENROLLEE ADDRESS (LINE 2)	Enrollee Additional Address Name	DE3114	

7	ENROLLEE ADDRESS (CITY)	Enrollee City Name	DE3116	
8	ENROLLEE ADDRESS (STATE)	Enrollee State Code	DE3117	
9	ENROLLEE ADDRESS (ZIP CODE)	Enrollee ZIP Code	DE3118	
10	CASE ID#	Case Identification Number	DE3043	
11	RE: ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	MONTH DAY, CCYY	Calculated	DE0002	

Output Reports RS-O-215A Enrollee Eligibility Reviews

General Information

This report reflects eligibility reviews due encountered by the system during the monthly recertification process.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office, DMAS DSS - Regional Welfare Office
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	Yes
Sequence:	Region Locality Caseworker
Control Breaks:	Region Locality Caseworker

Enrollee Eligibility Reviews (RS-O-215A)

```
RSM035                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  ENROLLEE ELIGIBILITY REVIEW
RUN DATE: MM/DD/CCYY HH:MM

   DELIVER TO: LWO CASEWORKER
 C/W#   XXXXXX  C/C 999   HENRICO                              REGION  CENTRAL    (4)
       (1)        (2)     (3)

 (5)                      (6)              (7)        ***    OVERDUE REVIEWS    ***                (8)

CASE/ENROL NAME        CASE ID        MEDICAID-ID          ADDRESS                           REVIEW DATE

XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX  (10)                 11/01/97
(9)  XXXXX,XXXX                                                          (11)
                                                      XXXXXXXX XXXXXXX, XX 99999-9999
                                                               (12)      (13)     (14)
XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX                        03/01/98
  XXXXX,XXXX
                                                      XXXXXXXX, XX 99999-9999

XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX                        04/01/98
  XXXXX,XXXX
                                                      XXXXXXXX, XX 99999-9999

XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX                        03/01/98
  XXXXX,XXXX
                                                      XXXXXXXX, XX 99999-9999

XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX                        04/01/98
  XXXXX,XXXX
                                                      XXXXXXXX, XX 99999-9999

XXXXX,XXXXXXXXXX   001-999999-019   001-999999-019   XXXXXXXXXXXXXXXXX                        03/01/98
  XXXXX,XXXX
                                                      XXXXXXXX, XX 99999-9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/W#	Case Worker Number	DE3431	
2	C/C	Case Administrative FIPS Code	DE3039	
3	(CITY/COUNTY NAME)	Locality Name	DE5255	
4	REGION NAME	Region Name	DE5250	
5	REVIEW CLASSIFICATION		DE0000	Classifications are defined as: Over-due (Prior Month), Current Month Not Completed (Current Month), Now Due (Next Month), and Next Month Due Reviews (Current Month Plus Two).
6	CASE NAME	Case Name	DE3046	
7	ENROLLEE NAME	Enrollee Full Name	DE3003	
8	CASE ID	Case Identification	DE3043	

		Number		
9	MEDICAID-ID	Enrollee Permanent Identification Number	DE3093	
10	REVIEW DATE	Case Review Date	DE3432	
11	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
12	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
13	(ENROLLEE CITY)	Enrollee City Name	DE3116	
14	(ENROLLEE STATE)	Enrollee State Code	DE3117	
15	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-215B Enrollee Eligibility Enrollment Errors

General Information

This report reflects errors in eligibility review and enrollment encountered by the system during the monthly recertification process.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office, DMAS DSS - Regional Welfare Office
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	Yes
Sequence:	Region Locality Caseworker
Control Breaks:	Region Locality Caseworker

Enrollee Eligibility Enrollment Errors (RS-O-215B)

```
 SM035                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ENROLLEE ELIGIBILITY ENROLLMENT ERRORS
RUN DATE: MM/DD/CCYY HH:MM

(1) C/W# CCCCC(2)C/C 999(3) HENRICO                          (4) REGION  CENTRAL

    (5)       (6)              (7)                (8)                (9)                                          (10)
    CASE/ENROL NAME         CASE ID           MEDICAID-ID          ADDRESS                                   ERROR DESCRIPT

    XXXXX,XXXXXXXXX     001-999999-019    001-999999-019    XXXXXXXXXXXXXXXXXX                          INVALID CASE WO
      XXXXX,XXXX                                                                                  (11)
                                                            XXXXXXXX, XX            99999-9999
                                                                 (12)          (13)    (14)
    XXXXX,XXXXXXXXX     001-999999-019    001-999999-019    XXXXXXXXXXXXXXXXXX                          INVALID CASE WO
      XXXXX,XXXX
                                                            XXXXXXXX, XX            99999-9999

    XXXXX,XXXXXXXXX     001-999999-019    001-999999-019    XXXXXXXXXXXXXXXXXX                          INVALID CASE WO
      XXXXX,XXXX                                                                                          SSN NOT ON FILE
                                                            XXXXXXXX, XX            99999-9999

    XXXXX,XXXXXXXXX     001-999999-019    001-999999-019    XXXXXXXXXXXXXXXXXX                          INVALID CASE WO
      XXXXX,XXXX
                                                            XXXXXXXX, XX            99999-9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/W#	Case Worker Number	DE3431	
2	C/C	Case Administrative FIPS Code	DE3039	
3	(CITY/COUNTY NAME)	Locality Name	DE5255	
4	REGION NAME	Region Name	DE5250	
5	CASE NAME	Case Name	DE3046	
6	ENROLLEE NAME	Enrollee Full Name	DE3003	
7	CASE ID	Case Identification Number	DE3043	
8	MEDICAID-ID	Enrollee Permanent Identification Number	DE3093	
9	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
10	(ERROR MESSAGE)		DE0000	
11	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
12	(ENROLLEE	Enrollee City Name	DE3116	

	CITY)			
13	(ENROLLEE STATE)	Enrollee State Code	DE3117	
14	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-216 Enrollee Eligibility Enrollment Errors Statistical Summary

General Information

This report summarizes enrollment errors by City/County within Region.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office, DMAS DSS - Regional Welfare Office
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	No
Sequence:	N/A
Control Breaks:	City/County Region

Enrollee Eligibility Enrollment Errors Statistical Summary (RS-O-216)

```
RSM035                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:MM/DD/CCYY                            ENROLLEE ELIGIBILITY ENROLLMENT ERRORS                          PA
 RUN DATE: MM/DD/CCYY HH:MN                            STATISTICAL SUMMARY

    DELIVER TO: STATE WELFARE DEPT.
                      REGION WELFARE OFFICE.
                                                    ***** STATEWIDE ***** (1)
                  (2)                    (3)REGIONAL SUMMARY OF ELIGIBILITY ENROLLMENT ERRORS
                ERROR-MSG            NUMBER                ERROR-MSG            NUMBER

   01-INVALID CASE WORKER ID          1594  02-NO ACTIVE ENROLLEES IN CASE          0  03-INVALID GENDER CODE
   04-INVALID RACE CODE                  0  05-INVALID TPL COVERAGE CODE            0  06-INVALID SSN
   07-INVALID PREMIUM INDICATOR          0  08-TPL AND PI DISAGREE                  0  09-SSA CLM # PI OR TPL D
   10-INVALID SSA CLAIM# FOR BENDEX      0  11-MEDICARE COVERAGE NOT ON FILE     1264  12-DSS REL RULE ERR (EL1
   13-CITIZENSHIP RULE ERR (EL01)        0  14-CERTIFICATION RULE ERR (EL13)        0  15-POSSIBLE SPOUSE DOB E
   16-SAME GENDER CODE ERROR            14  17-TPL DISAGREES WITH MEDICARE        357  18-AC DOES NOT AGREE W/A
   19-AC/DOB COMBINATION ERR (EL06)      0  20-BIRTH DATE ERROR                    122  21-FOSTER CARE REL MUST
   22-INVALID AID CATEGORY               7  23-PREGNANT-MORE THAN 9 MONTHS          0  24-HOSPITALIZED CHILD UN
   25-CNTRY ORIGIN RULE ERR (EL02)       0  26-CNTRY ENTRY DT RULE ERR(EL03)        0  27-GENDER RULE ERR (EL05
   28-SPECIAL IND RULE ERR (EL07)        6  29-TPL RULE ERR (EL08)                  1  30-LOCALITY RULE ERR (EL
   31-AC BEGIN DT RULE ERR (EL11)        0  32-CITIZENSHIP CODE I,AGE>19 YRS        6  33-CITIZENSHIP CODE I,TU

     TOTAL NUMBER OF ERRORS                  4,816 (4)

     NUMBER OF ENROLLEES WITH ERRORS         4,791 (5)

     TOTAL NUMBER OF ACTIVE ENROLLEES      217,028 (6)

     PERCENT OF ACTIVE ENROLLEES               0.8 (7)
          WITH ONE OR MORE ERROR

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION NAME	Region Name	DE5250	
2	ERROR- MSG		DE0000	
3	NUMBER		DE0000	
4	TOTAL NUMBER OF ERRORS	Calculated	DE0002	TOTAL NUMBER OF ERRORS
5	NUMBER OF ENROLLEES WITH ERRORS	Calculated	DE0002	NUMBER OF ENROLLEES WITH ERRORS
6	TOTAL NUMBER OF ACTIVE ENROLLEES	Calculated	DE0002	TOTAL NUMBER OF ACTIVE ENROLLEES
7	PERCENT OF ACTIVE ENROLLEES WITH ONE OR MORE ERRORS	Calculated	DE0002	PERCENT OF ACTIVE ENROLLEES WITH ONE OR MORE ERRORS

Output Reports RS-O-217 Enrollee Eligibility Review and Enrollment Errors Control Report

General Information

This report shows the number of records read, number of cases with eligibility reviews and number of City/County labels printed (if requested by DMAS).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office, DMAS DSS - Regional Welfare Office
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee Eligibility Review and Enrollment Errors Control Report (RS-O-217)

```
RSM035                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                    ENROLLEE ELIGIBILITY REVIEW AND ENROLLMENT ERRORS
RUN DATE:  MM/DD/CCYY HH:MM                                CONTROL REPORT

                                                   EXTRACT RECORDS READ (1)                 4,766

                                                   CASES W/ELIGIBILITY REVIEWS (2)          3,819

                                                   LABELS PRINTED (3)                           0

                *     NO LABELS SELECTED FOR THIS RUN       *

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	EXTRACT RECORDS READ	Calculated	DE0002	
2	CASES W/ELIGIBILITY REVIEWS	Calculated	DE0002	
3	LABELS PRINTED	Calculated	DE0002	

Output Reports RS-O-218 Enrollee Citizenship Status Review Report

General Information

The report lists all the active Medicaid enrollees with a citizenship status 'I' and age greater than or equal to 19 years as of the current month. It also lists all the active Medicaid enrollees with a citizenship status 'I' and age turning 19 years as of the next month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	2
Output Form:	On-Demand
Retention:	180 days
Distribution:	DMAS
Program:	Enrollee Citizenship Status Review (RSM036)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Enrollee Citizenship Status Review Report (RS-O-218)

RSM036 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY ENROLLEE CITIZENSHIP STATUS REVIEW
RUN DATE: MM/DD/CCYY HH:MM

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
REGION	C/C	C/W#	LASTNAME	FIRSTNAME	AC	CASE ID	MEDICAID ID	DOB	ERROR DESCRIPT
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD
9999	999	XXXXX	XXXXXXXX	XXXXXXXX	XXX	999-999999-999	999-999999-999	MM/DD/CCYY	CITIZENSHIP COD

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	
4	LASTNAME	Enrollee Last Name	DE3110	
5	FIRSTNAME	Enrollee First Name	DE3111	
6	AC	Enrollee Eligibility Aid Category	DE3009	
7	CASE ID	Case Identification Number	DE3043	
8	MEDICAID ID	Enrollee Identification Number	DE3001	
9	DOB	Enrollee Birth Date	DE3005	
10	ERROR DESCRIPTION	Error Message Text	DE0026	

Output Reports RS-O-220 Managed Care Capitation Payment Corrections

General Information

This report is generated quarterly after the Claims job (CPR710) runs to identify Managed Care Capitation payments that need to be corrected (CP-O-710). This report contains the information of the correction made in Claims

Subsystem:	Member
Frequency:	Quarterly
Volume:	5 pages
Number of Copies:	1
Output Form:	Standard
Retention:	N/A
Distribution:	N/A
Program:	Managed Care Capitation Audit - Part V (Generate Managed Care Capitation Payment Corrections Report) (CPR720)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Managed Care Capitation Payment Corrections (RS-O-220)

CPR720

~~CPW220~~ VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RS-
AS OF:01/05/2012 MANAGED CARE CAPITATION PAYMENT CORRECTIONS PAGE NUMBER:
RUN DATE: 01/05/2012 05:42 2011-10 THROUGH 2011-12

ENROLLEE	NEW ICN	SERVICE MONTH	CLAIM TYPE	VOIDED ICN	CLAIM TOTAL DOC CHARGE	BILLING PROVIDER
XXX-XXXXXX-XXX	XXXXXXX-f-XXXXXX-XX	XXXX-XX	ORIGINAL		.00	XXXXXXX
XXX-XXXXXX-XXX	XXXXXXX-f-XXXXXX-XX	XXXX-XX	VOIDING	XXXXXXX-f-XXXXXX-XX	X,XXX .00	XXXXXXX

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
2	NEW ICN	Claim Request ICN	DE2001	This is the new correction ICN to be submitted for adjudication.
3	SERVICE MONTH	Determined by Program Coded Logic	DE9986	This is the year and month extracted from the Claim Service From Date (DE 2010) and formatted as YYYY-MM.
4	CLAIM TYPE	Claim Type Modifier	DE2003	ORIGINAL or VOIDING. This claim type description is tied to the enrollee's problem description printed on report CP-O-210. If the enrollee's problem was "ELIGIBLE NOT PAID", the claim type will be ORIGINAL. If the enrollee's problem was "NOT ELIGIBLE PAID", the claim type will be VOIDING.
5	VOIDED ICN	Claim Request ICN	DE2001	If the CLAIM TYPE is VOIDING on report CP-O-720, the VOIDED ICN identifies the claim to be voided and is the same ICN listed for the enrollee on report CP-O-710.
6	CLAIM TOTAL DOC CHARGE	Claim Total Document Charge	DE2017	
7	BILLING	Claim Billing Provider	DE2004	

	PROVIDER	Identification Number		
8	VOIDING CLAIM COUNT	Calculated	DE0002	
9	ORIGINAL CLAIM COUNT	Calculated	DE0002	
10	TOTAL	Calculated	DE0002	

Output Reports RS-O-221 Enrollee Special Reviews Error Report

General Information

This error report is generated when there is an invalid region or locality encountered when processing a record from RS-F-011 (enrollment reviews file) and the record cannot be listed on the RS-O-222 report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Enrollee Special Reviews (RSM040)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee Special Reviews Error Report (RS-O-221)

```
RSM040                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                              ENROLLEE FOLLOW-UP ERROR REPORT
RUN DATE:  MM/DD/CCYY HH:MM

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

   FIPS      REGION     CASEWORKER       ENROLLEE
   CODE       CODE       NUMBER            ID                      ENROLLEE NAME                        ERROR DESCRIPTI

    XXX       XXXX        XXXXX       999-999999-999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      INVALID FIPS CODE
    XXX       XXXX        XXXXX       999-999999-999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      INVALID REGION CODE


    TOTAL ERRORS:      9,999     (7)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Administrative FIPS Code	Case Administrative FIPS Code	DE3039	
2	Region Number	Region Code	DE5249	
3	Caseworker Number	Case Worker Number	DE3431	
4	Enrollee Permanent Identification Number	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	Error Description		DE0000	
7	Total Errors	Calculated	DE0002	Total Errors

Output Reports RS-O-222 Enrollee Special Review Report

General Information

This report displays cases due for special review by the Caseworker.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office Caseworker, DMAS
Program:	Enrollee Special Reviews (RSM040)
Confidential:	Yes
Sequence:	Region City/County Caseworker
Control Breaks:	Region City/County Caseworker

Enrollee Special Review Report (RS-O-222)

```
RSM040                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ENROLLEE SPECIAL FOLLOW-UP REVIEWS
RUN DATE:  MM/DD/CCYY HH:MM

                                                  (1) C/C 087   HENRICO (2)

                                                     REGION   CENTRAL (3)

CASEWORKER NO: 43562 (4)

*** REVIEWS OVERDUE ***                                                                    (12
        (5)                                  (6)                (7)
CASE NAME                                CASE NUMBER        ADDRESS                     SPEC F
[redacted]                               [redacted]         ADDRESS                     EFF DA
                                                            P.O BOX [redacted] (8)      09-24-
                                                            CITY [redacted]45   (9)  (10)  (11)
                                                            ADDRESS
                                                            P.O BOX [redacted]          06-04-
                                                            CALL [redacted]3544

*** REVIEWS NOW DUE ***                                                                    SPEC F
CASE NAME                                CASE NUMBER        ADDRESS                     EFF DA
[redacted]                               [redacted]         ADDRESS                     03-24-
                                                            P.O BOX [redacted]
                                                            ASHLAND [redacted]545       04-24-
                                                            ADDRESS
                                                            P.O BOX [redacted]
                                                            RICH [redacted]544
                                   (14)              (15)
C/W 43562  TOTAL CASES           OVERDUE 23        NOW DUE 53

                                   SUMMARY OF ELIGIBILITY REVIEWS

CASEWORKER NO                        OVERDUE                    NOW DUE
11111                                      0                          8
22222                                      2                          7
CITY COUNTY 111 TOTAL CASES        OVERDUE  2 (16)          NOW DUE 15     (17)
(PAGE BREAK ON CITY/COUNTY)
                                              REGIONAL SUMMARY
CITY/COUNTY  CITY/COUNTY NO          OVERDUE                    NOW DUE
HENRICO            111                    16                         28
HANOVER            222                     2                          7
REGION 1111 TOTAL CASES            OVERDUE 18 (18)          NOW DUE 35     (19)
(PAGE BREAK ON REGION)
                                              STATEWIDE SUMMARY
REGION       REGION                  OVERDUE                    NOW DUE
CENTRAL       1111                       226                        810
EASTERN       2222                       246                        610
STATEWIDE TOTAL CASES              OVERDUE 472 (20)       NOW DUE 1420     (21)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/C	Case Administrative FIPS Code	DE3039	
2	(CITY/COUNTY NAME)	Locality Region Type Address Name	DE5264	
3	REGION NAME	Region Name	DE5250	
4	CASEWORKER NO	Case Worker Number	DE3431	
5	CASE NAME	Case Name	DE3046	
6	CASE NUMBER	Case Identification Number	DE3043	
7	ENROLLEE ADDRESS (LINE	Enrollee Street Address	DE3115	

	1)			
8	ENROLLEE ADDRESS (LINE 2)	Enrollee Additional Address Name	DE3114	
9	ENROLLEE (CITY)	Enrollee City Name	DE3116	
10	ENROLLEE (STATE)	Enrollee State Code	DE3117	
11	ENROLLEE (ZIP CODE)	Enrollee ZIP Code	DE3118	
12	SPEC FOLLOW-UP EFF DATE	DSS Special Follow Up Effective Date	DE3434	
13	SPEC FOLLOW-UP EFF CODE	DSS Special Follow Up Code	DE3433	
14	OVERDUE (TOTAL CASES BY C/W)	Calculated	DE0002	OVERDUE (TOTAL CASES BY C/W)
15	DUE NOW (TOTAL CASES BY C/W)	Calculated	DE0002	DUE NOW (TOTAL CASES BY C/W
16	OVERDUE (TOTAL CASES BY C/C)	Calculated	DE0002	OVERDUE (TOTAL CASES BY C/C)
17	NOW DUE TOTAL (TOTAL CASES BY C/C)	Calculated	DE0002	NOW DUE TOTAL (TOTAL CASES BY C/C)
18	OVERDUE (TOTAL CASES BY REGION)	Calculated	DE0002	OVERDUE (TOTAL CASES BY REGION)
19	NOW DUE TOTAL (TOTAL CASES BY REGION)	Calculated	DE0002	NOW DUE TOTAL (TOTAL CASES BY REGION)
20	OVERDUE (TOTAL CASES BY STATEWIDE)	Calculated	DE0002	OVERDUE (TOTAL CASES BY STATEWIDE)
21	NOW DUE TOTAL (TOTAL CASES BY STATEWIDE)	Calculated	DE0002	NOW DUE TOTAL (TOTAL CASES BY STATEWIDE

Output Reports RS-O-223 Enrollee Eligibility Review Summary

General Information

This report is a summary of total cases overdue, due in the current month, now due, and due next month by Region, City/County code, and State.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	N/A
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office Caseworker, DMAS
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	No
Sequence:	N/A
Control Breaks:	Region, City/County, Caseworker No

Enrollee Eligibility Review Summary (RS-O-223)

```
RSM035                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                   ENROLLEE ELIGIBILITY REVIEW SUMMARY
RUN DATE: MM/DD/CCYY HH:MM

                                                                    (1)        (2)
                                                          CITY COUNTY 111  HENRICO

                                                                REGION CENTRAL (3)

                                                   (5)                                          (6)
          (4)                                  TOTAL CASES                                  TOTAL CASES
   CASEWORKER NO                                OVERDUE                                      NOW DUE
   111111                                          0                                            8
   2222                                            2                                            7


                                   (8)          (9)                 (10)
CITY COUNTY 111 TOTAL CASES OVERDUE 111  NOW DUE 324  DUE NEXT MONTH 121

                                                              REGIONAL SUMMARY

                                                             REGION 1111 CENTRAL

                                                TOTAL CASES            TOTAL CASES            TOTAL CASES
CITY/COUNTY                                     CITY/COUNTY NO          OVERDUE                NOW DUE
HENRICO                                             111                    6                      8
HANOVER                                             222                    2                      7

                                   (11)         (12)                (13)
REGION 1111 TOTAL CASES  OVERDUE 333  NOW DUE 524  DUE NEXT MONTH 766


                                                              STATEWIDE SUMMARY

                                                TOTAL CASES            TOTAL CASES              TOTAL CASES
REGION                                            REGION NO              OVERDUE                 NOW DUE
CENTRAL                                             1111                  226                      810
EASTERN                                             2222                  246                      610

                                   (14)         (15)                (16)
STATEWIDE TOTAL CASES  OVERDUE 1111  NOW DUE 1324  DUE NEXT MONTH 1121

                                                    •   * * END OF REPORT * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	(CITY/COUNTY NAME)	Locality Name	DE5255	
3	REGION NAME	Region Name	DE5250	
4	CASEWORKER NO	Case Worker Number	DE3431	
5	TOTAL CASES OVERDUE	Calculated	DE0002	Total reviews overdue by caseworker at the city/county level.
6	TOTAL CASES DUE CURRENT MONTH	Calculated	DE0002	Total reviews due current month by caseworker at the city/county level.
7	TOTAL CASES	Calculated	DE0002	Total reviews now due by caseworker

	NOW DUE			at the city/county level.
8	TOTAL CASES DUE NEXT MONTH	Calculated	DE0002	Total reviews due next month by case-worker at the city/county level.
9	TOTAL CASES CC	Case Administrative FIPS Code	DE3039	
10	OVERDUE	Calculated	DE0002	Summary total of all overdue reviews for the city/county.
11	DUE CURRENT MONTH	Calculated	DE0002	Summary total of all reviews due cur-rent month for the city/county.
12	NOW DUE	Calculated	DE0002	Summary total of all now due reviews for the city/county.
13	DUE NEXT MONTH	Calculated	DE0002	Summary total of all reviews due next month for the city/county.
14	REGION NUMBER	Region Code	DE5249	
15	REGION NAME	Region Name	DE5250	
16	CITY/COUNTY	Locality Name	DE5255	
17	CC	Case Administrative FIPS Code	DE3039	
18	TOTAL CASES OVERDUE	Calculated	DE0002	Total reviews overdue by city/county at the regional summary level.
19	TOTAL CASES DUE CURRENT MONTH	Calculated	DE0002	Total reviews due current month by city/county at the regional summary level.
20	TOTAL CASES NOW DUE	Calculated	DE0002	Total reviews now due by city/county at the regional summary level.
21	TOTAL CASES DUE NEXT MONTH	Calculated	DE0002	Total reviews due next month by city/-county at the regional summary level.
22	REGION TOTALS	Region Code	DE5249	
23	OVERDUE	Calculated	DE0002	Summary total of all overdue reviews for the region.
24	DUE CURRENT MONTH	Calculated	DE0002	Summary total of all reviews due cur-rent month for the region.
25	NOW DUE	Calculated	DE0002	Summary total of all reviews now due for the region.
26	DUE NEXT MONTH	Calculated	DE0002	Summary total of all reviews due next month for the region.
27	REGION	Region Name	DE5250	
28	REGION NO	Region Code	DE5249	
29	TOTAL CASES	Calculated	DE0002	Total reviews overdue by region at the

	OVERDUE			state summary level.
30	TOTAL CASES DUE CURRENT MONTH	Calculated	DE0002	Total reviews due current month by region at the state summary level.
31	TOTAL CASES NOW DUE	Calculated	DE0002	Total reviews now due by region at the state summary level.
32	TOTAL CASES DUE NEXT MONTH	Calculated	DE0002	Total reviews due next month by region at the state summary level.
33	STATEWIDE TOTALS		DE0000	
34	OVERDUE	Calculated	DE0002	Summary total of all overdue reviews for the state.
35	DUE CURRENT MONTH	Calculated	DE0002	Summary total of all reviews due current month for the state.
36	NOW DUE	Calculated	DE0002	Summary total of all now due reviews for the state.
37	DUE NEXT MONTH	Calculated	DE0002	Summary total of all reviews due next month for the state.

Output Reports RS-O-224 Enrollment Review Processing - Error Report

General Information

This error report is generated when there is an invalid region or locality encountered when processing a record from RS-F-011 (enrollment reviews file) and the record cannot be listed on the RS-O-223 report.

Subsystem:	Recipient
Frequency:	monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 days
Distribution:	FA - Quality Control
Program:	Enrollee Eligibility Review and Enrollment Errors (RSM035)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollment Review Processing - Error Report (RS-O-224)

```
RSM035                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                         ENROLLEE REVIEW PROCESSING ERROR REPORT
RUN DATE:  MM/DD/CCYY HH:MM

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

   FIPS      REGION     CASEWORKER       ENROLLEE
   CODE       CODE       NUMBER            ID                     ENROLLEE NAME                        ERROR DESCRIPT

    XXX       XXXX        XXXXX       999-999999-999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      INVALID FIPS CODE
    XXX       XXXX        XXXXX       999-999999-999     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX      INVALID REGION CODE


    TOTAL ERRORS:     9,999     (7)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIPS Code	Enrollee FIPS Code	DE3008	
2	Region Code	Region Code	DE5249	
3	Caseworker Number	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	Error Description		DE0000	
7	Number of errors encountered	Calculated	DE0002	Number of errors encountered

Output Reports RS-O-228 CMM Enrollees with Eligibility Reinstated

General Information

This is a new report to identify CMM enrollees that have been reinstated. The report will show enrollees for whom any portion of the eligibility period is in the restriction period, and the end of the restriction period is more than 10 days into the future.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Recipient Monitoring Unit
Program:	CMM Benefits Cancellation and Daily Reporting of CMM Reinstatements (RSD030)
Confidential:	Yes
Sequence:	Last name (Alphabetic)
Control Breaks:	None

CMM Enrollees with Eligibility Reinstated (RS-O-228)

```
RSD030                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                      CMM ENROLLEES WITH ELIGIBILITY REINSTATED
RUN DATE: MM/DD/CCYY HH:MM


DELIVER TO: RECIPIENT MONITORING UNIT

   (1)                    (2)          (3)        (4)            (5)      (6)            (7)            (8)
LAST NAME             FIRST NAME      MI     ENROLLEE ID      AC      ELIGIBILITY PERIOD         RESTRICTION PE
                                                                          BEGIN        END            FROM
XXXXXXXXX             XXXX            X    999-999999-999    022    04/12/1998  06/28/1998     04/12/1998   06/2
XXXXXXXXX             XXXX            X    999-999999-999    011    08/11/1998  09/14/1998     08/11/1998   09/1

                                    (11)
TOTAL CMM ENROLLEES REINSTATED:  9,999


                                                  ***  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	LAST NAME	Enrollee Last Name	DE3110	
2	FIRST NAME	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	AC	Enrollee Eligibility Aid Category	DE3009	
6	ELIGIBILITY PERIOD BEGIN DATE	Enrollee Eligibility Begin Date	DE3010	
7	ELIGIBILITY PERIOD END DATE	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 7.1 and 7.2.
7.1	ELIGIBILITY	Enrollee Eligibility End	DE3011	If Enrollee Eligibility Status Code (DE

	PERIOD END DATE	Date		3499) is 'A', 'ELIGIBILITY PERIOD END DATE' contains Enrollee Eligibility End (DE3011).
7.2	ELIGIBILITY PERIOD END DATE	Eligibility Cancel Date	DE3452	If DE3499 Enrollee Eligibility Status Code (DE3499) is not 'A', 'ELIGIBILITY PERIOD END DATE' contains Eligibility Cancel Date (DE3452).
8	RESTRICTION PERIOD FROM DATE	Enrollee CMM Restriction Begin Date	DE3125	
9	RESTRICTION PERIOD TO DATE	Enrollee CMM Restriction End Date	DE3130	
10	RESTRICTION STATUS	Enrollee CMM Restriction Status Code	DE3134	
11	TOTAL CMM ENROLLEES REINSTATED	Calculated	DE0002	

Output Reports RS-O-230A Dual Eligible Enrollment Errors:DSS

General Information

This report reflects DSS errors in dual eligible enrollment encountered and reported in CMS response file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	36 months
Distribution:	DSS, DMAS
Program:	Dual Eligible Enrollment Errors (RSM145)
Confidential:	Yes
Sequence:	Case Worker Locality Region
Control Breaks:	Case Worker Locality Region

Dual Eligible Enrollment Errors:DSS (RS-O-230A)

```
RSM145              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:RS-O-230A
AS OF:12/13/2005          DUAL ELIGIBILE ENROLLMENT ERRORS:DSS                  PAGE NUMBER:1
RUN DATE: 12/13/2005 14:51
1)REGION:  CENTRAL
2)FIPS        :  999   3) RICHMOND CITY
4)CASEWORKER  :  G999

(5)           (6)                 (7)                 (8)                                          (9)
CASE NAME     CASE NUMBER         ENROLLEE NAME       ENROLLEE ID         ADDRESS                  ERROR DE
XXXX,         999-999999-999      XXXX,               999-999999-999      (10)ACDSS                HIC/SSN/
XXXXXX                            XXXXX                                   (11)PO BOX 9999          MMIS HIC
                                                                          (12)CHARLOTTESVILLE
                                                                          (13)VA (14)99999-9999

*  *  *  *  *   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	Region	Region Name	DE5250	
2	FIPS	Case Administrative FIPS Code	DE3039	
3	(Locality Name)	Locality Name	DE5255	
4	Caseworker	Case Worker Number	DE3431	Caseworker
5	Case Name	Case Name	DE3046	
6	Case Number	Case Identification Number	DE3043	
7	Enrollee Name	Enrollee Full Name	DE3003	
8	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
9	Error Description	Error Message Text	DE0026	
10	Address (Line 1)	Enrollee Street Address	DE3115	
11	(Address Line 2)	Enrollee Additional Address Name	DE3114	
12	(City)	Enrollee City Name	DE3116	
13	(State)	Enrollee State Code	DE3117	
14	(Zip code)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-230B Dual Eligible Enrollment Errors:DMAS

General Information

This report reflects DMAS errors in dual eligible enrollment encountered and reported in CMS response file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	36 months
Distribution:	DMAS
Program:	Dual Eligible Enrollment Errors (RSM145)
Confidential:	Yes
Sequence:	Case Worker Locality Region
Control Breaks:	Case Worker Locality Region

Dual Eligible Enrollment Errors:DMAS (RS-O-230B)

```
RSM145          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:12/13/2005    DUAL ELIGIBILE ENROLLMENT ERRORS:DMAS
RUN DATE: 12/13/2005 14:51

(1)REGION:  CENTRAL
(2)FIPS        :  999   3) RICHMOND CITY
(4)CASEWORKER  :  X999

(5)            (6)                  (7)                  (8)
CASE NAME      CASE NUMBER          ENROLLEE NAME        ENROLLEE ID          ADDRESS
XXXX,          999-999999-999       XXXX,                999-999999-999       (10)ACDSS
INDICATOR
XXXXXX                              XXXXX                                     (11)PO BOX 9999
                                                                              (12)CHARLOTTESVILLE
       STATEMMADATAFEED@CMS.HHS.GOV
                                                                              (13)VA (14)99999-9999
CODE

*  *  *  *  *   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	Region	Region Name	DE5250	
2	FIPS	Case Administrative FIPS Code	DE3039	
3	(Locality Name)	Locality Name	DE5255	
4	CaseWorker (Number)	Case Worker Number	DE3431	
5	Case Name	Case Name	DE3046	
6	Case (Identification) Number	Case Identification Number	DE3043	
7	Enrollee Name	Enrollee Full Name	DE3003	
8	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
9	Error Description	Error Message Text	DE0026	
10	(Address) Line 1	Enrollee Street Address	DE3115	
11	(Address Line 2)	Enrollee Additional Address Name	DE3114	
12	(City)	Enrollee City Name	DE3116	
13	(State)	Enrollee State Code	DE3117	
14	(Zip Code)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-232 Dual Eligible Enrollment Error Summary Report

General Information

This report summarizes errors in dual eligible enrollment encountered and reported in CMS response file. The summary is reported for each locality (DE3039), region (DE 5250) and State. After all the reports for caseworkers within a locality would be the locality's summary; after all the reports for localities would be the region summaries; and then at the end of the entire report would be the statewide summary.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand and FTP to DSS
Retention:	36 months
Distribution:	DSS and DMAS
Program:	Dual Eligible Enrollment Errors (RSM145)
Confidential:	No
Sequence:	Totals by Locality Totals by Region Totals for the State
Control Breaks:	Locality, Region

Dual Eligible Enrollment Error Summary Report (RS-O-232)

```
RSM145                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  REPORT NO:
AS OF:01/04/2006              DUAL ELIGIBLE ENROLLMENT ERRORS                 PAGE NUMBE
RUN DATE: 01/04/2006 17:12        STATISTICAL SUMMARY
                                   (1)                        (2)
                                   LOCALITY:      001         ACCOMACK

                                   (3)                        (4)

                                   REGION:  0001       EASTERN 1
                                 LOCALITY SUMMARY OF DUAL ELIGIBLE ENROLLMENT ERRORS
              (5)                                        (6)
              ERROR-MSG                                  NUMBER
   MMIS HIC DOES NOT MATCH CMS DATA                       1
   HIC/SSN/DOB MISMATCH                                   1

  (7) TOTAL NUMBER OF ERRORS                              2
  (8) NUMBER OF ENROLLEES WITH ERRORS                     1
```

Dual Eligible Enrollment Error Summary Report (RS-O-232)

```
RSM145                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  REPORT NO:
AS OF:01/04/2006           DUAL ELIGIBLE ENROLLMENT ERRORS                    PAGE NUMBE
RUN DATE: 01/04/2006 17:12        STATISTICAL SUMMARY
                                  REGION:  0001 EASTERN 1
                                  REGIONAL SUMMARY OF DUAL ELIGIBLE ENROLLMENT ERRORS
            ERROR-MSG                                NUMBER

   MMIS HIC DOES NOT MATCH CMS DATA                   18
   HIC/SSN/DOB MISMATCH                               18
   TOTAL NUMBER OF ERRORS                             36
   NUMBER OF ENROLLEES WITH ERRORS                    18
```

Dual Eligible Enrollment Error Summary Report (RS-O-232)

```
RSM145                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES              REPORT NO
AS OF:01/04/2006          DUAL ELIGIBLE ENROLLMENT ERRORS                              PAGE NUM
RUN DATE: 01/04/2006 17:12                      STATISTICAL SUMMARY
                                                        ***** STATEWIDE *****
                                              STATE  SUMMARY OF DUAL  ELIGIBLE ENROLLMENT ERRORS
            ERROR-MSG                                  NUMBER
   MMIS HIC DOES NOT MATCH CMS DATA                     90
   MMIS SSN DOES NOT MATCH CMS DATA                      1
   HIC/SSN/DOB MISMATCH                                 90

   TOTAL NUMBER OF ERRORS                              181
   NUMBER OF ENROLLEES WITH ERRORS                      91
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Locality	Case Administrative FIPS Code	DE3039	
2	Locality Name	Locality Name	DE5255	
3	REGION NO	Region Code	DE5249	
4	REGION Name	Region Name	DE5250	
5	Error Message	Error Message Text	DE0026	RSM 145
6	Number of Errors per Error Message	Calculated	DE0002	Number of Errors per Error Message
7	Total Number of Errors within a Locality, Region or State	Calculated	DE0002	Total Number of Errors within a Locality, Region or State
8	Number of enrollees with errors within a Locality, Region or State	Calculated	DE0002	Number of enrollees with errors within a Locality, Region Area or State

Output Reports RS-O-233 Dual Eligibility Enrollment-Error Report

General Information

Reports any errors while processing CMS Dual Eligibility Enrollment Errors.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	1
Output Form:	On Demand
Retention:	36 months
Distribution:	DMAS
Program:	Dual Eligible Enrollment Errors (RSM145)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Dual Eligibility Enrollment-Error Report (RS-O-233)

```
RSM145              VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO
AS OF:12/13/2005    DUAL ELIGIBLE ENROLLMENT   - ERROR REPORT                         PAGE NUMB
RUN DATE: 12/13/2005 14:51

        (1)         (2)                 (3)                 (4)          (5)                 (6)
        FIPS        REGION              CASEWORKER          ENROLLEE     ENROLLEE NAME       ERI
        CODE        CODE                NUMBER              ID
                                                            999-99-9999  XXXXX,XXXXXX        INV


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIPS Code	Case Administrative FIPS Code	DE3039	
2	REGION CODE	Region Code	DE5249	
3	Caseworker	Case Worker Number	DE3431	
4	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
5	Enrollee Name	Enrollee Full Name	DE3003	
6	Error Description	Error Message Text	DE0026	

Output Reports RS-O-234 FAMIS New-born, child age 1 Cancellation letter

General Information

This letter informs that the FAMIS child is no longer eligible for FAMIS benefits due to becoming 1 year of age to the Enrollee's household head.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

FAMIS Newborn ,Child Age 1 Cancellation Letter (RS-O-234)

```
    (1)      (2)       (3)       (4)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                DATE: JUNE 19,2013 (10)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(5)             Caseworker No: XXXX (11)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)             City/County Code: 999 (12)
XXXXXXXXXXXXXXX   XX   99999-9999                 Enrollee: 001-999999-019 (13)
(7)               (8)     (9)                    Case: 001-999999-019 (14)


Dear Enrollee:
Our records show that the child named below has been entitled to FAMIS
coverage as a child under the age of one who was born to a FAMIS MOMS
enrolled mother. These records show that the child was born on the
birth date given below. Because the child is no longer under age one,
an application must be filed so that ongoing eligibility for FAMIS or
Medicaid can be determined. An application can be filed by visiting
https://CoverVA.org/; calling the MAGI Call Center at
1-855-242-8282; or contacting your local department of social services (DSS)
office.

XXXXXXXXX(15) X(16) XXXXXXXXXXXXXXXXXX(17) XXX(18)      DOB: MM/DD/YYYY(19)

You should contact the MAGI Call Center or your eligibility worker at
your local DSS to have this child's FAMIS enrollment corrected if the
child's birth date is not the date listed above.
If you disagree with this determination, you may file an appeal within
30 days of the date shown at the top of this letter. You may use an
appeal available from your local DSS, or you may write to the Appeals
Division, DMAS,600 E.Broad Street, Suite 1300, Richmond VA 23219.
You must sign the appeal, or the child's legally-appointed guardian
must sign the appeal. If you file an appeal before the effective date
of cancellation, the child may continue to receive FAMIS coverage
during the appeal process. However, if this cancellation action is
upheld, you will have to pay back to DMAS any expenses FAMIS pays for
the child during the appeal process.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE FIRST NAME)	Case First Name	DE3488	
2	(CASE MI)	Case Middle Initial	DE3489	
3	(CASE LAST NAME)	Case Last Name	DE3487	
4	(CASE NAME SUFFIX)	Case Name Suffix	DE3490	
5	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
6	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
7	(CASE CITY)	Enrollee City Name	DE3116	
8	(CASE STATE)	Enrollee State Code	DE3117	

9	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	LETTER DATE	Enrollee Notice Date	DE3088	
11	CASEWORKER NO.	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-235 Former Foster Care, Age 26 Cancellation letter

General Information

This letter informs the Enrollee head of household that the former Foster Care Enrollee is not eligible for benefits anymore for reaching age 26

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Former Foster Care Age 26 cancellation letter (RS-O-235)

```
   (1)      (2)       (3)       (4)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                DATE: JUNE 19,2013 (10)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(5)             Caseworker No: XXXX (11)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)             City/County Code: 999 (12)
XXXXXXXXXXXXXXXX   XX   99999-9999                Enrollee: 001-999999-019 (13)
(7)                (8)     (9)                   Case: 001-999999-019 (14)


Dear Enrollee:
Medicaid enrollment records show that the individual named below has
been entitled to Medicaid coverage as a Foster Care Child Under Age 26.
These records show the individual was born on the date below.Because the
individual will be age 26 in this month, Medicaid coverage as a Foster Care
Child Under Age 26  will end on the last day of this month. This action is
based on Federal requirements.  This action affects the following individual:

XXXXXXXXX(15) X(16) XXXXXXXXXXXXXXXXXX(17) XXX(18)      DOB: MM/DD/YYYY(19)

You should contact your eligibility worker at your local Department of
Social Services if:
(1)  the individual's birth date is not the date listed above
(2)  the individual receives Supplemental Security Income (SSI) or an
Auxiliary Grant
(3)  the individual is blind or disabled, pregnant, or the parent of a
dependent child under age 18
If you disagree with this determination, you may file an appeal within
30 days of the date shown at the top of this letter.  You may use an
appeal form available from your local Department of Social Services
or on-line at: http://www.dmas.virginia.gov/Content_atchs/forms/dmas-200.pdf,
or you may write to the Appeal Division, DMAS, 600 E. Broad Street,
Suite 1300, Richmond, Va.  23219.
You or your legally-appointed guardian must sign the appeal.  If you file
an appeal before the effective date of the cancellation, coverage may
continue during the appeal process.  However, if this cancellation action
is upheld, you will have to pay back to DMAS any expenses Medicaid paid
during the appeal process.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE FIRST NAME)	Case First Name	DE3488	
2	(CASE MI)	Case Middle Initial	DE3489	
3	(CASE LAST NAME)	Case Last Name	DE3487	
4	(CASE NAME SUFFIX)	Case Name Suffix	DE3490	
5	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
6	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
7	(CASE CITY)	Enrollee City Name	DE3116	

8	(CASE STATE)	Enrollee State Code	DE3117	
9	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	LETTER DATE	Enrollee Notice Date	DE3088	
11	CASEWORKER NO.	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-237 FC/AA/ICF Age 21 Cancellation letter

General Information

This letter informs the Enrollee head of household that the former FC/AA/ICF Enrollee is not eligible for benefits for reaching age 21.

FC/AA/ICF Age 21 cancellation letter (RS-O-237)

```
    (1)      (2)       (3)       (4)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                DATE: JUNE 19,2013 (10)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(5)             Caseworker No: XXXX (11)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX(6)             City/County Code: 999 (12)
XXXXXXXXXXXXXXXX   XX   99999-9999                Enrollee: 001-999999-019 (13)
(7)                (8)    (9)                    Case: 001-999999-019 (14)


Dear Enrollee:
Medicaid enrollment records show that the individual named below has been
entitled to Medicaid coverage as an Individual Under Age 21 (foster care,
adoption assistance, Department of Juvenile Justice or patient in an
intermediate care facility (ICF)).  These records show the individual was
born on the date below.  Because the individual will be age 21 in this month,
Medicaid coverage as an Individual Under Age 21 will end on the last day
of this month.  This action is based on Federal requirements.  This action
affects the following individual:

XXXXXXXXX(15) X(16) XXXXXXXXXXXXXXXXXX(17) XXX(18)      DOB: MM/DD/YYYY(19)

You should contact your eligibility worker at your local Department of
Social Services if:
(1)  the individual's birth date is not the date listed above
(2)  the individual receives Supplemental Security Income (SSI) or an
Auxiliary Grant
(3)  the individual is blind or disabled, pregnant, or the parent of a
dependent child under age 18
If you disagree with this determination, you may file an appeal within
30 days of the date shown at the top of this letter.  You may use an
appeal form available from your local Department of Social Services or
on-line at:  http://www.dmas.virginia.gov/Content_atchs/forms/dmas-200.pdf,
or you may write to the Appeal Division, DMAS, 600 E. Broad Street,
Suite 1300, Richmond, Va.  23219.
You or your legally-appointed guardian must sign the appeal.  If you file an
appeal before the effective date of the cancellation, coverage may continue
during the appeal process.  However, if this cancellation action is upheld,
you will have to pay back to DMAS any expenses Medicaid paid during the
appeal process.
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CASE FIRST NAME)	Case First Name	DE3488	
2	(CASE MI)	Case Middle Initial	DE3489	
3	(CASE LAST NAME)	Case Last Name	DE3487	
4	(CASE NAME SUFFIX)	Case Name Suffix	DE3490	
5	(CASE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
6	(CASE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
7	(CASE CITY)	Enrollee City Name	DE3116	
8	(CASE STATE)	Enrollee State Code	DE3117	
9	(CASE ZIP CODE)	Enrollee ZIP Code	DE3118	
10	LETTER DATE	Enrollee Notice Date	DE3088	
11	CASEWORKER NO.	Case Worker Number	DE3431	
12	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
13	RE: MEDICAID #	Enrollee Permanent Identification Number	DE3093	
14	CASE #	Case Identification Number	DE3043	
15	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
16	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
17	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
18	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
19	DOB	Enrollee Birth Date	DE3005	

Output Reports RS-O-238 E3 MMIS MCO Eligibility Letter

General Information

This letter informs the Case and associated Enrollees about the start of the Medicaid coverage.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Case
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

E3 MMIS MCO ELIGIBILITY LETTER

(Case Name and Case Address)
xxxxxxxxxxx x xxxxxxxxxxx (DE3488, 3489, 3487 3490)
xxxxxxxxxxxxxxxxxxxxxxxxxx (DE3560)
xxxxxxxxxxxxxxxxxxxxxxxxxx (DE3561)
xxxxxxxxxxxxxxxx xx xxxxxxxx(DE3562, 3563, 3564)

Date: Letter Date
Case: xxx-xxxxxx-xxx (DE3043)

Dear Enrollee/Family Member:

Welcome. You are now a member of the Cover Virginia Program. Effective (Insert Date), your health care services will be provided through a health plan. Your Cover Virginia health plan will provide the health care you need such as a primary care provider, regular checkups, and access to care when you are sick or if you have special medical problems. You have a choice of health plans. You can select a plan that is best for you and/or your family members. Your family members are not required to be in the same plan. If you do not call to make a health plan selection, one will be selected for you.

To find which Cover Virginia plans operate where you live and make a selection, go to the managed care website at www.virginiamanagedcare.com and select "Choosing An MCO", or you may contact the Managed Care Helpline at 800-643-2273,TDD 800-817-6608. The Helpline is available Monday – Friday, 8:30 a.m. – 6:00 p.m. (Translation Services Available)

Call the Helpline to assist you with:

- Answering questions about the Cover Virginia Program and the health plans,
- Finding out if your current doctors are in the health plan,
- Selecting the health plan,
- Assisting you with any special medical conditions or needs. Please let the helpline know if you have any chronic medical or behavioral conditions that you may need assistance with.

This is the first of several communications that you will receive about the program. You will receive notification and additional information about your health plan enrollment and how to make a change if desired. Don't forget to call us at 800-643-2273 if you have any questions.

Again, welcome to Cover Virginia.

NAME (DE 3110- 3113)
xxxxxxxxxxxxx x xxxxxxxxxxx
xxxxxxxx xxxxxxxxxx
xxxxxxxxxx xxxxxxxxxxxx

ID# (DE3001)
xxx-xxxxxxxxx-xxx
xxx-xxxxxxxxx-xxx
xxx-xxxxxxxxx-xxx

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	CASE FIRST NAME	Case First Name	DE3488	
3	CASE MI	Case Middle Name	DE3489	
4	CASE LAST NAME	Case Last Name	DE3487	
5	CASE SUFFIX	Case Name Suffix	DE3490	
6	CASE ADDRESS LINE 1	Enrollee Street Address	DE3560	
7	CASE ADDRESS LINE 2	Enrollee Additional Address	DE3561	
8	CASE CITY	Enrollee City Name	DE3562	
9	CASE STATE	Enrollee State Code	DE3563	
10	CASE ZIP CODE	Enrollee Zip Code	DE3564	
11	CASE ID NO	Case ID number	DE3043	
12	LETTER EFFECTIVE DATE	Current Date		

13	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
14	ENROLLEE MI	Enrollee Middle Name	DE3112	
15	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
16	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
17	ENROLLEE ID	Enrollee ID	DE3001	

Output Reports RS-O-239 E3 CANCELLATION LETTER DUE TO AGE 65

General Information

This letter informs the enrollee of the cancellation of coverage due to reaching age 65.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Case
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

E3 CANCELLATION LETTER DUE TO AGE 65

(Letter date)
~~~~~~~~~~~~~~~~~~~~~~

(First name)(m) (Last name) (suffix)
~~~~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~~~~~~ ~~~
~~~~~~(address)
~~~~~~ (address)
~~~~~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~~~(city,state, zip code)

Caseworker No: ~~~~~~
City/County Code: ~~~
Enrollee: ~~~~~~~~~~~~~~~~~
Case: ~~~~~~~~~~~~~~~~~

Dear Enrollee:

The recipient named below has been eligible for coverage under the
____. To be eligible for coverage in this
program, an individual must be under 65 years of age.

(Enrollee FN) (m) (Enrollee ln) (sfx) (Enrollee ID)
~~~~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~~~~~~ ~~~ ID#: ~~~~~~~~~~~~~

Our records show that you will reach age 65 within this month. Your _____________
Coverage will end on the last day of ~~~~~~~~~~~(Month name). If this information is not
correct, contact your caseworker immediately.

If you disagree with this action, you may appeal. You must file a written
appeal within 30 days of receipt of this letter. You may use an appeal form
available from your local Social Services Agency or you may write a letter.
Attach a copy of this notice to your appeal request. If you wish to appeal
send your request to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street, Suite 1300
Richmond, VA 23219

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
3	ENROLLEE MI	Enrollee Middle Name	DE3112	
4	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
5	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
6	CASEWORKER NO	Case Worker Number	DE3431	
7	ENROLLEE ADDRESS LINE 1	Enrollee Street Address	DE3115	
8	FIPS CODE	Enrollee FIPS Code	DE3008	
9	ENROLLEE ADDRESS LINE 2	Enrollee Additional Address	DE3114	
10	ENROLLEE ID	Enrollee ID	DE3093	
11	ENROLLEE CITY	Enrollee City Name	DE3116	
12	ENROLLEE STATE	Enrollee State Code	DE3117	
13	ENROLLEE ZIP CODE	Enrollee Zip Code	DE3118	
14	CASE ID	Case ID	DE3043	
15	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	

16	ENROLLEE MI	Enrollee Middle Name	DE3112	
17	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
18	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
19	ENROLLEE ID	Enrollee ID	DE3093	
20	Coverage End date	Calculated		

Output Reports RS-O-240 E3 CANCELLATION LETTER DUE TO TPL

General Information

This letter informs the enrollees of the cancellation of coverage due to existence of Medicare coverage.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Case
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

E3 CANCELLATION LETTER DUE TO TPL

```
                                                                    (Letter Date)
                                                                    ~~~~~~~~~~~~~~~~~~~~
(First name) (m)   (Last name)     (suffix)
~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~ ~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~(address)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (address)
~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~(city,state, zip code)

                                                    Caseworker No:          ~~~~~
                                                    City/County Code:        ~~~
                                                    Enrollee:      ~~~~~~~~~~~~~~~~
                                                    Case:          ~~~~~~~~~~~~~~~~

Dear Enrollee:

The recipient named below has been eligible for coverage under the  _________________
For a recipient to be  eligible in this group, he or she must not be entitled to or enrolled in
Medicare Parts A or B.

(Enrollee FN) (m) (Enrollee ln)    (sfx)                | (Enrollee ID)
 ~~~~~~~~~~~~ ~ ~~~~~~~~~~~~~~~~~~~ ~~~                 ID#: ~~~~~~~~~~

Our records show that this recipient is now covered by Medicare.
Medicaid coverage will end on the last day of ~~~~~~~~~ (month name) because of
this insurance coverage.  If this information is not correct, contact your
caseworker immediately.

If you disagree with this action you may appeal.  You must file a written
appeal within 30 days of receipt of this letter.  You may use an appeal form
available from your local Social Services Agency or you may write a letter.
Attach a copy of this notice to your appeal request.  If you wish to appeal
send your request to:

        Appeals Division
        Department of Medical Assistance Services
        600 E. Broad Street, Suite 1300
        Richmond, VA  23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
3	ENROLLEE MI	Enrollee Middle Name	DE3112	
4	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
5	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
6	CASEWORKER NO	Case Worker Number	DE3431	
7	ENROLLEE ADDRESS LINE 1	Enrollee Street Address	DE3115	
8	FIPS CODE	Enrollee FIPS Code	DE3008	
9	ENROLLEE ADDRESS LINE 2	Enrollee Additional Address	DE3114	
10	ENROLLEE ID	Enrollee ID	DE3093	
11	ENROLLEE CITY	Enrollee City Name	DE3116	
12	ENROLLEE STATE	Enrollee State Code	DE3117	
13	ENROLLEE ZIP CODE	Enrollee Zip Code	DE3118	
14	CASE ID	Case ID	DE3043	
15	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
16	ENROLLEE MI	Enrollee Middle Name	DE3112	
17	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	

18	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
19	ENROLLEE ID	Enrollee ID	DE3093	
20	Coverage End date	Calculated		

Output Reports RS-O-241 TANF 12-Month Extended - Update Process Control Totals

General Information

This report gives update totals by extension indicator for records of TANF eligible's with 12-Month extensions.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DMAS - Statistician, DSS - Local Social Services-Supervisor, FA - Quality Control, DMAS DSS - Local Social Services-Supervisors FA - Quality Control
Program:	TANF Indicator Updates for 12 Months Extended Eligibility (RSM022)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

TANF 12-Month Extended - Update Process Control Totals (RS-O-241)

```
RSM022                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          TANF 12-MONTH EXTENDED - UPDATE PROCESS
RUN DATE: MM/DD/CCYY HH:MM                                  CONTROL TOTALS

    DELIVER TO:  DMAS STATISTICIAN
                 DSS PROGRAM MANAGER OF BENEFIT PROGRAMS
                 FA QUALITY CONTROL

       TOTAL TANF RECORDS OUTPUT =                          0  (1)
       TOTAL CASE RECORDS READ =                        8,315  (2)
       TOTAL ENROLLEE RECORDS READ =                      613  (3)
       TOTAL CASE RECORDS UPDATED =                        11  (4)


       TOTAL ACTIVE TANF ENROLLEE RECORDS ON FILE =    1,218  (5)
         TOTAL RECORDS WITH TANF INDICATOR X1 =          108  (6)
         TOTAL RECORDS WITH TANF INDICATOR X2 =           48  (7)
         TOTAL RECORDS WITH TANF INDICATOR X3 =           38  (8)
         TOTAL RECORDS WITH TANF INDICATOR XA =          346  (9)
         TOTAL RECORDS WITH TANF INDICATOR XB =           87  (10)
         TOTAL RECORDS WITH TANF INDICATOR XC =           62  (11)
         TOTAL RECORDS WITH TANF INDICATOR W1 =          222  (12)
         TOTAL RECORDS WITH TANF INDICATOR W2 =           37  (13)
         TOTAL RECORDS WITH TANF INDICATOR W3 =           15  (14)
         TOTAL RECORDS WITH TANF INDICATOR WA =          196  (15)
         TOTAL RECORDS WITH TANF INDICATOR WB =           34  (16)
         TOTAL RECORDS WITH TANF INDICATOR WC =           11  (17)
         TOTAL RECORDS WITH TANF INDICATOR D1 =            0  (18)
         TOTAL RECORDS WITH TANF INDICATOR D2 =            0  (19)
         TOTAL RECORDS WITH TANF INDICATOR D3 =            2  (20)
         TOTAL RECORDS WITH TANF INDICATOR D4 =           12  (21)

       TANF INDICATOR UPDATED WITHOUT EXTRACT =           11  (22)   TANF INDICATOR UPDATED WITH EXTRACT =
         TOTAL TANF INDICATOR XA =                     6    (23)     TOTAL TANF INDICATOR XA =                    0
         TOTAL TANF INDICATOR XB =                     1    (24)     TOTAL TANF INDICATOR XB =                    0
         TOTAL TANF INDICATOR XC =                     1    (25)     TOTAL TANF INDICATOR XC =                    0
         TOTAL TANF INDICATOR WA =                     2    (26)     TOTAL TANF INDICATOR WA =                    0
         TOTAL TANF INDICATOR WB =                     1    (27)     TOTAL TANF INDICATOR WB =                    0
         TOTAL TANF INDICATOR WC =                     0    (28)     TOTAL TANF INDICATOR WC =                    0

       TANF INDIC NOT UPDATED WITHOUT EXTRACT =            0  (36)   TANF INDIC NOT UPDATED WITH EXTRACT =
         TOTAL TANF INDICATOR D1 =                     0    (37)     TOTAL TANF INDICATOR D1 =                    0
         TOTAL TANF INDICATOR D2 =                     0    (38)     TOTAL TANF INDICATOR D2 =                    0
         TOTAL TANF INDICATOR D3 =                     0    (39)     TOTAL TANF INDICATOR D3 =                    0
         TOTAL TANF INDICATOR D4 =                     0    (40)     TOTAL TANF INDICATOR D4 =                    0


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL TANF RECORDS OUTPUT	Calculated	DE0002	
2	TOTAL CASE RECORDS READ	Calculated	DE0002	
3	TOTAL ENROLLEE RECORDS READ	Calculated	DE0002	
4	TOTAL CASE RECORDS UPDATED	Calculated	DE0002	
5	TOTAL ACTIVE TANF CASE RECORDS ON	Calculated	DE0002	

	FILE			
6	TOTAL RECORDS WITH TANF INDICATOR X1	Calculated	DE0002	
7	TOTAL RECORDS WITH TANF INDICATOR X2	Calculated	DE0002	
8	TOTAL RECORDS WITH TANF INDICATOR X3	Calculated	DE0002	
9	TOTAL RECORDS WITH TANF INDICATOR XA	Calculated	DE0002	
10	TOTAL RECORDS WITH TANF INDICATOR XB	Calculated	DE0002	
11	TOTAL RECORDS WITH TANF INDICATOR XC	Calculated	DE0002	
12	TOTAL RECORDS WITH TANF INDICATOR W1	Calculated	DE0002	
13	TOTAL RECORDS WITH TANF INDICATOR W2	Calculated	DE0002	
14	TOTAL RECORDS WITH TANF INDICATOR W3	Calculated	DE0002	
15	TOTAL RECORDS WITH TANF INDICATOR WA	Calculated	DE0002	
16	TOTAL RECORDS WITH TANF INDICATOR WB	Calculated	DE0002	

17	TOTAL RECORDS WITH TANF INDICATOR WC	Calculated	DE0002	
18	TOTAL RECORDS WITH TANF INDICATOR D1	Calculated	DE0002	
19	TOTAL RECORDS WITH TANF INDICATOR D2	Calculated	DE0002	
20	TOTAL RECORDS WITH TANF INDICATOR D3	Calculated	DE0002	
21	TOTAL RECORDS WITH TANF INDICATOR D4	Calculated	DE0002	
22	TANF INDICATOR UPDATED WITHOUT EXTRACT	Calculated	DE0002	
23	TOTAL TANF INDICATOR XA	Calculated	DE0002	
24	TOTAL TANF INDICATOR XB	Calculated	DE0002	
25	TOTAL TANF INDICATOR XC	Calculated	DE0002	
26	TOTAL TANF INDICATOR WA	Calculated	DE0002	
27	TOTAL TANF INDICATOR WB	Calculated	DE0002	
28	TOTAL TANF INDICATOR WC	Calculated	DE0002	
29	TANF INDICATOR UPDATED WITH EXTRACT	Calculated	DE0002	
30	TOTAL TANF INDICATOR XA	Calculated	DE0002	
31	TOTAL TANF	Calculated	DE0002	

	INDICATOR XB			
32	TOTAL TANF INDICATOR XC	Calculated	DE0002	
33	TOTAL TANF INDICATOR WA	Calculated	DE0002	
34	TOTAL TANF INDICATOR WB	Calculated	DE0002	
35	TOTAL TANF INDICATOR WC	Calculated	DE0002	
36	TANF INDIC NOT UPDATED WITHOUT EXTRACT	Calculated	DE0002	
37	TOTAL TANF INDICATOR D1	Calculated	DE0002	
38	TOTAL TANF INDICATOR D2	Calculated	DE0002	
39	TOTAL TANF INDICATOR D3	Calculated	DE0002	
40	TOTAL TANF INDICATOR D4	Calculated	DE0002	
41	TANF INDIC NOT UPDATED WITH EXTRACT	Calculated	DE0002	
42	TOTAL TANF INDICATOR D1	Calculated	DE0002	
43	TOTAL TANF INDICATOR D2	Calculated	DE0002	
44	TOTAL TANF INDICATOR D3	Calculated	DE0002	
45	TOTAL TANF INDICATOR D4	Calculated	DE0002	

Output Reports RS-O-242 TANF 12-Month Extended - Update Process TANF Indicator Updated With No Letter Produced

General Information

This report reflects enrollees whose TANF 12-Month extension has been updated, but no letter was produced.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Social Services-Supervisor, DMAS
Program:	TANF Indicator Updates for 12 Months Extended Eligibility (RSM022)
Confidential:	Yes
Sequence:	City/County Caseworker
Control Breaks:	City/County Caseworker

TANF Indicator Updated With No Letter Produced (RS-O-242)

```
RSM022                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            TANF 12-MONTH EXTENDED - UPDATE PROCESS
RUN DATE:  MM/DD/CCYY HH:MM

                                          TANF INDICATOR UPDATED WITH NO LETTER PRODUCED

                                                                  FOR 07/1998

    DELIVER TO: DSS LOCAL SOCIAL SERVICES AGENCIES - SUPERVISORS

    CITY/COUNTY 111 (1) HENRICO (2)

    CASEWORKER 12345 (3)
                                                                                   (9)    (10)            (11)
                     (4)        (5)     (6)        (7)                 (8)        TANF INDICATOR          TANF
                  ENROLLEE NAME                ENROLLEE NO         CASE NO         OLD / NEW          EFF DATE
                  DOE      JENNIFER    L       999-999999-999      999-999999-999   X2    XB           06/1998


   CASEWORKER 12345 TOTAL CASES = 155 (12)
     NON WELFARE REFORM
       TOTAL TANF INDICATOR XA =  50 (13)

       TOTAL TANF INDICATOR XB =  25 (14)

       TOTAL TANF INDICATOR XC =   2 (15)

     WELFARE REFORM
       TOTAL TANF INDICATOR WA =  50 (16)

       TOTAL TANF INDICATOR WB =  25 (17)

       TOTAL TANF INDICATOR WC =   3 (18)

(BREAK ON CASEWORKER WITHIN CITY/COUNTY)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	(CITY/COUNTY NAME)	Locality Name	DE5255	
3	CASEWORKER	Case Worker Number	DE3431	
4	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
5	ENROLLEE NAME (FIRST)	Enrollee First Name	DE3111	
6	ENROLLEE NAME (MI)	Enrollee Middle Initial	DE3112	
7	ENROLLEE NO	Enrollee Permanent Identification Number	DE3093	
8	CASE NO	Case Identification Number	DE3043	

9	TANF OLD INDICATOR	DSS Special Follow Up Code	DE3433	
10	TANF NEW INDICATOR	DSS Special Follow Up Code	DE3433	
11	TANF EFF DATE	DSS Special Follow Up Effective Date	DE3434	
12	TOTAL CASES THIS CASEWORKER	Calculated	DE0002	
13	TOTAL TANF INDICATOR XA	Calculated	DE0002	
14	TOTAL TANF INDICATOR XB	Calculated	DE0002	
15	TOTAL TANF INDICATOR XC	Calculated	DE0002	
16	TOTAL TANF INDICATOR WA	Calculated	DE0002	
17	TOTAL TANF INDICATOR WB	Calculated	DE0002	
18	TOTAL TANF INDICATOR WC	Calculated	DE0002	

Output Reports RS-O-243 New Managed Care Letter to Recipients

General Information

This letter informs the head of household (case name) that family members listed in the letter have recently enrolled in the Medicaid program and that their health care services may be provided through an MCO. The letter goes on to provide information about how to select an MCO. .

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	N/A
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

New Managed Care Letter to Recipients (RS-O-243)

(1) (2) (3) (4)
xxxxxxxxxxx x xxxxxxxxxxx xxx

Date: Letter Date

(5) (6)
xxxxxxxxxxxxxxxxxxxxxxxxxx

Case: xxx-xxxxxx-xxx

(7)
xxxxxxxxxxxxxxxxxxxxxxxxxx
(8) (9) (10)
xxxxxxxxxxxxxxxx xx xxxxxxxxx

Dear Enrollee/Family Member:

Medicaid records indicate that the family members listed below were recently enrolled in the Medicaid program. Effective **(Insert Date)**, your health care services may be provided through a Managed Care Organization (MCO). Your MCO can help you get the care you need when you are sick or if you have special medical problems. You have a choice of MCOs. You can select an MCO that is best for you and/or your family members. Your family members are not required to be in the same MCO.

To find which MCOs are available where you live and make a selection, go to the managed care website at www.virginiamanagedcare.com and select "Choosing An MCO", or you may contact the Managed Care Helpline at 800-643-2273,TDD 800-817-6608. The Helpline is available Monday – Friday, 8:30 a.m. – 6:00 p.m. (Translation Services Available) to assist you with:

- Answering any questions you have about MCOs or this letter,
- Finding out if your doctor is in the MCO you want,
- Selecting the MCO you want for your medical care.

If you do not call to make an MCO selection, one will be selected for you. You will receive notification and additional information about your MCO enrollment and how to make a change if desired.

NAME	ID#
(11) (12) (13) (14)	(15)
xxxxxxxxxxxxx x xxxxxxxxxxx xx	xxx-xxxxxxxxx-xxx
xxxxxxxxxxxxx x xxxxxxxxxxx xx	xxx-xxxxxxxxx-xxx
xxxxxxxxxxsssss xxxxxxxxxxx xs	xxx-xxxxxxxxx-xxx

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	CASE FIRST NAME	Case First Name	DE3488	
2	CASE MIDDLE INITIAL	Case Middle Initial	DE3489	
3	CASE LAST NAME	Case Last Name	DE3487	
4	CASE NAME SUFFIX	Case Name Suffix	DE3490	
5	CASE CONTACT NAME	Case Additional Address Name	DE3560	
6	CASE #	Case Identification Number	DE3043	
7	CASE STREET	Case Street Address	DE3561	
8	CASE CITY	Case City Name	DE3562	
9	CASE STATE	Case State Code	DE3563	
10	CASE ZIP	Case Zip Code	DE3564	
11	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
12	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
13	ENROLLEE MI	Enrollee Middle Initial	DE3112	
14	ENROLLEE NAME SUFFIX	Enrollee Name Suffix	DE3113	
15	ENROLLEE ID NUMBER	Enrollee Identification Number	DE3001	

Output Reports RS-O-244 GAP AC AGE 65 CANCEL LETTER

General Information

This letter informs the enrollees of the cancellation of coverage due to existence of Medicare coverage.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Case
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

GAP AC AGE 65 CANCEL LETTER

```
                                                        (LETTER DATE)
                                                      ~~~~~~~~~~~~~~~~
(FIRSTNAME) (Mi)      (LAST NAME)
~~~~~~~~~~~ ~   ~~~~~~~~~~~~~~~~~~            ELIGIBILITY WORKER NO: ~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~(ADDR1)          CITY/COUNTY CODE: ~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~(ADDR2)         MEMBER: ~~~~~~~~~~~~~~
 (CITY)          (STATE)    (ZIP)                     CASE: ~~~~~~~~~~~~~~
~~~~~~~~~~~~~~~~  ~~  ~~~~~~~~~~
Dear Enrollee:

The recipient named below has been eligible for coverage under the GAP
(Governor's Access Plan) program. To be eligible for coverage in this program,
an individual must be under 65 years of age.

    (FIRSTNAME)    (Mi) (LASTNAME)                 (ENROLLEE ID)
    ~~~~~~~~~~~~   ~  ~~~~~~~~~~~~~~~~      ID # ~~~~~~~~~~~~~~~

Our records show that you will reach age 65 within this month. Your GAP
program coverage will end on the last day of ~~~~~~~~~ ~~~~.(MONTH YEAR) If this
information is not correct, contact Cover Virginia at 1-855-869-8190
immediately.

If you disagree with this action, you may appeal. You must file a written
appeal within 30 days of receipt of this letter. You may use an appeal form
available at coverva.org/about_appeals or you may write a letter. Attach a
copy of this notice to your appeal request. If you wish to appeal send
your request to:

        Appeals Division
        Department of Medical Assistance Services
        600 E. Broad Street, Suite 1300
        Richmond, VA 23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated		
2	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
3	ENROLLEE MI	Enrollee Middle Name	DE3112	
4	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
5	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
6	CASEWORKER NO	Case Worker Number	DE3431	
7	ENROLLEE ADDRESS LINE 1	Enrollee Street Address	DE3115	
8	FIPS CODE	Enrollee FIPS Code	DE3008	
9	ENROLLEE ADDRESS LINE	Enrollee Additional	DE3114	

	2	Address		
10	ENROLLEE ID	Enrollee ID	DE3093	
11	ENROLLEE CITY	Enrollee City Name	DE3116	
12	ENROLLEE STATE	Enrollee State Code	DE3117	
13	ENROLLEE ZIP CODE	Enrollee Zip Code	DE3118	
14	CASE ID	Case ID	DE3043	
15	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
16	ENROLLEE MI	Enrollee Middle Name	DE3112	
17	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
18	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
19	ENROLLEE ID	Enrollee ID	DE3093	
20	Coverage End date Month lit	Calculated		
21	Coverage End date YEAR	Calculated		

Output Reports RS-O-245 GAP AC MEDICARE TPL CANCELLATION LETTERS

General Information

This letter informs the enrollees of the cancellation of coverage due to existence of Medicare coverage.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Case
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

GAP AC Medicare TPL CANCEL LETTERS

```
                                                          (LETTER DATE)
                                                         ~~~~~~~~~~~~~~~~
 (FIRSTNAME) (Mi)      (LAST NAME)
 ~~~~~~~~~~~ ~   ~~~~~~~~~~~~~~~~~~~            ELIGIBILITY WORKER NO: ~~~~~
 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~(ADDR1)          CITY/COUNTY CODE: ~~~
 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~(ADDR2)         MEMBER: ~~~~~~~~~~~~~~
  (CITY)          (STATE)    (ZIP)                        CASE: ~~~~~~~~~~~~~~
 ~~~~~~~~~~~~~~~~~  ~~  ~~~~~~~~~~
 Dear Enrollee:

 The recipient named below has been eligible for coverage under the GAP
 (Governor's Access Plan) program. For a recipient to be eligible in this
 group, he or she must not be entitled to or enrolled in Medicare Parts A or B.

    (FIrstname)      (Mi) (LASTNAME)                  (EROLLEE ID)
      ~~~~~~~~~~~~   ~  ~~~~~~~~~~~~~~~~      ID # ~~~~~~~~~~~~~~~

 Our records show that this recipient is now covered by Medicare. GAP program
 coverage will end on the last day of ~~~~~~~~~ ~~~~(MONTH YEAR) because of this
insurance coverage. If this information is not correct, contact Cover Virginia at
 1-855-869-8190 immediately.

 If you disagree with this action, you may appeal. You must file a written
 appeal within 30 days of receipt of this letter. You may use an appeal form
 available at coverva.org/about_appeals or you may write a letter. Attach a
 copy of this notice to your appeal request. If you wish to appeal send
 your request to:

         Appeals Division
         Department of Medical Assistance Services
         600 E. Broad Street, Suite 1300
         Richmond, VA 23219
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Calculated		
2	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
3	ENROLLEE MI	Enrollee Middle Name	DE3112	
4	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
5	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
6	CASEWORKER NO	Case Worker Number	DE3431	
7	ENROLLEE ADDRESS LINE 1	Enrollee Street Address	DE3115	
8	FIPS CODE	Enrollee FIPS Code	DE3008	
9	ENROLLEE ADDRESS LINE 2	Enrollee Additional Address	DE3114	
10	ENROLLEE ID	Enrollee ID	DE3093	

11	ENROLLEE CITY	Enrollee City Name	DE3116	
12	ENROLLEE STATE	Enrollee State Code	DE3117	
13	ENROLLEE ZIP CODE	Enrollee Zip Code	DE3118	
14	CASE ID	Case ID	DE3043	
15	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
16	ENROLLEE MI	Enrollee Middle Name	DE3112	
17	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
18	ENROLLEE SUFFIX	Enrollee Name Suffix	DE3113	
19	ENROLLEE ID	Enrollee ID	DE3093	
20	Coverage End date month Lit	Calculated		
21	Coverage End date YEAR	Calculated		

Output Reports RS-O-246 PG Medicaid and FAMIS MOMS Letter

General Information

This letter informs pregnant women enrolled in Medicaid and FAMIS MOMS of health coverage considerations as they near their EDD.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

PG Medicaid and FAMIS MOMS Letters (RS-O-246)

Date XXXXXXXXXXX

~~~~~~

~~~~~~

~~~~~~ Enrollee ID: XXX-XXXXXX-XXX ~~~~~~~~~~~~~~~~~~ ~~ ~~~~~~~~~~ Case: XXX-XXXXXX-XXX

Estimated Date of Delivery: XXXXXXXXXXX

Dear Ms. ~~~~~~

We show that you are enrolled in Medicaid or FAMIS MOMS with an expected delivery date of XX/XX/XXXX. We want to let you know that healthcare coverage for pregnant women continues for two months following the end of the pregnancy. You will be sent a letter from either your local department of social services or the Department of Medical Assistance Services to tell you when your coverage is ending. You will be provided information on how to get re-evaluated to see if you are eligible for continued coverage after your pregnancy coverage ends. If you are not eligible for continued full healthcare coverage, you may be eligible for Plan First, which only covers family planning services including your choice of birth control.

Your health is important to us, and we want to let you know about the choices you have for making sure your health care needs are met. **It is important to make these choices now while you are currently covered:**

1. If your expected delivery date has changed, **call Cover Virginia at 1-855-242-8282** to report the change.

2. **Schedule your doctor visit now for your postpartum checkup.** This visit is an important part of your overall pregnancy care and general health. Please make the appointment even if you are feeling well, and do not think you need to see the doctor or nurse. Research shows it is best to wait at least 18 months before getting pregnant again and you can also discuss your options for birth control at this visit.

3. Oral health is very important. Did you know that you have dental coverage for up to two months following the end of your pregnancy? **Call DentaQuest at 1-888-912-3456 to find out more about the dental benefits and to schedule a dental appointment.**

4. Children born to women who were eligible for Medicaid or FAMIS MOMS at the time of their child's birth are automatically eligible for healthcare coverage until age one! Medicaid and FAMIS cover all the health and dental care that growing children need. **Contact Cover Virginia at 1-855-242-8282 so that your baby may be enrolled.** You don't have to complete a separate application! You may be asked to choose a health plan for your child. Cover Virginia can help with this.

If you are no longer eligible for Medicaid or FAMIS MOMS coverage, you may be eligible for financial assistance for healthcare coverage through the Federal Health Insurance Marketplace. Losing Medicaid or FAMIS MOMS coverage allows you to apply at the Marketplace outside the annual open enrollment period. You must apply for coverage within 60 days after the birth of your baby. For more information, visit www.healthcare.gov or call 1-800-318-2596.
~~~~~~

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(NOTICE DATE)	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	Member	Enrollee Permanent Identification Number	DE3093	
9	(ENROLLEE CITY)	Enrollee City Name	DE3116	
10	(ENROLLEE STATE)	Enrollee State Code	DE3117	
11	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
12	Eligiblity Case ID	Case Worker Number	DE3431	
13	ESTIMATED DELVIERY DATE	Enrollee Estimated Expected Delivery/Delivery Date	DE3402	
14	Enrollee Name	Calculated	DE0002	Enrollee Last Name (DE3111), Enrollee MI (DE3112), Enrollee Last Name (DE3110)
15	Expected Delivery Date	Enrollee Expected Delivery/Delivery Date	DE3402	

Output Reports RS-O-247 Zip-Code Conversion Statistics Report

General Information

This report displays statistics on zip code conversion based on 9-digit zip code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Statistician FA - Quality Control
Program:	Zip Code Conversion (RSM045)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Zip-Code Conversion Statistics Report (RS-O-247)

```
RSM045                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        ZIP CODE CONVERSION
RUN DATE:  MM/DD/CCYY HH:MM                                   STATISTICS REPORT

   DELIVER TO: MANAGER - ELIGIBILITY AND APPEALS


                                          NUMBER ENROLLEES ACTIVE        168,652 (1)

                                        NUMBER ENROLLEES CANCELLED       110,202 (2)

                                                   NUMBER CASES            7,301 (3)

                                                          TOTAL          286,155 (4)
                                                                                  (2)

                                     NUMBER WITH UNCHANGED ZIP CODE            293 (5)

                                                PERCENTAGE OF TOTAL              1 (6)


                                   NUMBER ASSIGNED 9 DIGIT ZIP CODE        260,684 (7)

                                                PERCENTAGE OF TOTAL             91 (8)


                                 NUMBER NOT ASSIGNED 9 DIGIT ZIP CODE       25,179 (9)

                                                PERCENTAGE OF TOTAL              9 (10)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	

0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
0	New Field Definition		DE0000	
1	NUMBER ACTIVE ENROLLEES	Calculated	DE0002	
2	NUMBER CANCELLED ENROLLEES	Calculated	DE0002	
3	NUMBER CASES	Calculated	DE0002	
4	TOTAL	Calculated	DE0002	
5	NUMBER WITH UNCHANGED ZIP-CODE	Calculated	DE0002	
6	PERCENTAGE OF TOTAL	Calculated	DE0002	
7	NUMBER ASSIGNED 9 DIGIT ZIP-CODE	Calculated	DE0002	
8	PERCENTAGE OF TOTAL	Calculated	DE0002	
9	NUMBER NOT ASSIGNED 9 DIGIT ZIP-CODE	Calculated	DE0002	
10	PERCENTAGE OF TOTAL	Calculated	DE0002	

Output Reports RS-O-249 Zip Code Conversion Error Report

General Information

This is the zip code conversion error report showing addresses that do not correspond to the zip code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Eligibility and Appeals-Manager
Program:	Zip Code Conversion Error Reports (RSM047)
Confidential:	Yes
Sequence:	City/County Code
Control Breaks:	N/A

Zip Code Conversion Error Report (RS-O-249)

```
RSM047                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        ZIP CODE CONVERSION
RUN DATE:  MM/DD/CCYY HH:MM                                     ERROR REPORT

   DELIVER TO: MANAGER - ELIGIBILITY AND APPEALS      CITY/COUNTY 004 (1)
      (2)          (3)                                  (6)                  (8)              (9)              (10)
 ENROLLEE/CASE    E/C  ADDRESS LINE 1 & 2        ADDRESS LINE 3          ZIP CODE       ERROR RSN        CANCEL RSN
                                                                    (7)
 999-999999-999    E  (4)XXXXXXXXXXXXXXXX        XXXXXXX            VA    99999-9999   UNMATCHED STREET      007
                      (5)XXXXXXXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   INSUFFICIENT ADDRESS  001

 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    C   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007

 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007
                        XXXXXX
 999-999999-999    E   XXXXXXXXXXXXX             XXXXXXXX           VA    99999-9999   UNMATCHED STREET      007

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
2	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE/CASE INDICATOR		DE0000	
4	ADDRESS LINE 1	Enrollee Street Address	DE3115	
5	ADDRESS LINE 2	Enrollee Additional Address Name	DE3114	
6	CITY	Enrollee City Name	DE3116	
7	STATE	Enrollee State Code	DE3117	
8	ZIP CODE	Enrollee ZIP Code	DE3118	
9	ERROR RSN		DE0000	

10	CANCEL RSN	Eligibility Cancel Reason	DE3451	

Output Reports RS-O-250 Zip Code Conversion Summary of Errors

General Information

This is a summary of errors based on unmatched zip codes and insufficient addresses.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Eligibility and Appeals-Manager
Program:	Zip Code Conversion Error Reports (RSM047)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Zip Code Conversion Summary of Errors (RS-O-250)

```
RSM047                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      ZIP CODE CONVERSION
RUN DATE:  MM/DD/CCYY HH:MM                                 SUMMARY OF ERRORS

   DELIVER TO: MANAGER - ELIGIBILITY AND APPEALS


                                          UNMATCHED ZIP CODE          782 (1)

                                        INSUFFICIENT ADDRESS        2,777 (2)

                                            UNMATCHED STREET       16,748 (3)

                                         UNMATCHED HOUSE/BOX        4,487 (4)

                                        BAD APARTMENT NUMBER           22 (5)

                                           MUTLTIPLE MATCHES            1 (6)

                                                 TOTAL ERRORS       25,178 (7)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	UNMATCHED ZIP CODE	Calculated	DE0002	
2	INSUFFICIENT ADDRESS	Calculated	DE0002	
3	UNMATCHED STREET	Calculated	DE0002	
4	UNMATCHED HOUSE/BOX	Calculated	DE0002	
5	BAD APARTMENT NUMBER	Calculated	DE0002	
6	MULTIPLE MATCHES	Calculated	DE0002	
7	TOTAL ERRORS	Calculated	DE0002	

Output Reports RS-O-254 Locality Master Alpha Listing

General Information

This report is a master locality alphabetic listing of Medicaid and SLH enrollees by Program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office; DMAS
Program:	Locality Master Alpha Listing (RSM050)
Confidential:	Yes
Sequence:	City/County Program Last Name First Name Middle Initial
Control Breaks:	City/County Program

Locality Master Alpha Listing (RS-O-254)

```
RSM050                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   LOCALITY MASTER ALPHA LISTING
RUN DATE:  MM/DD/CCYY HH:MM

                (1)       (2)
   CITY/COUNTY 015 AUGUSTA

   PROGRAM:  FAMIS (3)

        (4)                (5)          (6)                                          (10)
   ENROLLEE            ENROLLEE    ENROLLEE         (7)            (8)   (9)     ENROLLEE        (11)            (12)
   LAST NAME          FIRST NAME      MI      ENROLLEE ID #    RACE   SEX    BIRTH DATE   CASEWORKER NO     CASE NO       C


  CITY COUNTY  015           ENROLLEE  COUNT: 234 (15)


                                                          *** END OF REPORT ***


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	(CITY/COUNTY NAME)	Locality Region Type Address Name	DE5264	
3	PROGRAM	Benefit Definition Plan Program Code	DE3551	
4	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
5	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
6	ENROLLEE MI	Enrollee Middle Initial	DE3112	
7	ENROLLEE ID #	Enrollee Permanent Identification Number	DE3093	
8	RACE	Enrollee Race Code	DE3006	

9	SEX	Enrollee Sex Code	DE3007	
10	ENROLLEE BIRTHDATE	Enrollee Birth Date	DE3005	
11	CASEWORKER NO	Case Worker Number	DE3431	
12	CASE NO	Case Identification Number	DE3043	
13	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
14	ENROLLEE FIPS	Enrollee FIPS Code	DE3008	
15	ENROLLEE COUNT	Calculated	DE0002	Enrollee Count by City/County

Output Reports RS-O-256 Caseworkers Alpha Enrollee Listing

General Information

This report is an alphabetic listing of Medicaid and SLH enrollees by Caseworker.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Office; DMAS
Program:	Caseworkers Alpha Enrollee Listing (RSM055)
Confidential:	Yes
Sequence:	City/County Program Caseworker Last Name First Name Middle Initial
Control Breaks:	City/County Program Caseworker

Caseworkers Alpha Enrollee Listing (RS-O-256)

```
RSM055                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                              CASEWORKERS ALPHA ENROLLEE LISTING
RUN DATE:  MM/DD/CCYY HH:MM

              (1)      (2)
   CITY/COUNTY 015 AUGUSTA

   PROGRAM: MEDICAID (3)
                                                        CASEWORKER G522X (4)

     (5)                (6)          (7)                                          (11)                                  (13)
   ENROLLEE           ENROLLEE     ENROLLEE        (8)              (9)   (10)   ENROLLEE          (12)            AID
   LAST NAME         FIRST NAME       MI        ENROLLEE ID #      RACE   SEX   BIRTH DATE       CASE NO      CATEGOR

                                                                                                                   028

  CASEWORKER G522X          ENROLLEE  COUNT:     234 (15)

  CITY/COUNTY  015          ENROLLEE COUNT:     2129 (16)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY/COUNTY	Case Administrative FIPS Code	DE3039	
2	CITY/COUNTY NAME	Locality Region Type Address Name	DE5264	
3	PROGRAM	Benefit Definition Plan Program Code	DE3551	
4	CASEWORKER	Case Worker Number	DE3431	
5	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
6	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
7	ENROLLEE MI	Enrollee Middle Initial	DE3112	
8	ENROLLEE ID #	Enrollee Permanent Identification Number	DE3093	
9	RACE	Enrollee Race Code	DE3006	
10	SEX	Enrollee Sex Code	DE3007	
11	ENROLLEE BIRTH DATE	Enrollee Birth Date	DE3005	
12	CASE NO	Case Identification Number	DE3043	
13	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	

14	ENROLLEE FIPS	Enrollee FIPS Code	DE3008	
15	ENROLLEE COUNT (By Case Worker)	Calculated	DE0002	Enrollee Count by Case Worker within City/County
16	ENROLLEE COUNT (By City/County)	Calculated	DE0002	Enrollee Count by City/County

Output Reports RS-O-262A DMAS Enrollee Extract Control Report

General Information

This is a control report showing enrollee and case counts for the Medical Assistance Case and Enrollment Count by Program Category Report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 page
Number of Copies:	1
Output Form:	DARS
Retention:	180 days
Distribution:	DARS
Program:	Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DMAS Enrollee Extract Control Report (RS-O-262A)

```
RSM065                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:04/11/2005                                 ENROLLEES EXTRACT CONTROL REPORT
RUN DATE: 04/11/2005 13:46

                                   ALL RECORDS READ              :        40,136
                                   RECORDS WITH BOTH INDICATOR   :        15,843
                                      CASES                      :
                                         ADULT                   :         6,213
                                         CHILD                   :         6,321
                                      ELIGIBLES                  :
                                         ADULT                   :         8,826
                                         CHILD                   :         7,017
                                   RECORDS WITH ADULT INDICATOR  :         7,113
                                      CASES                      :         7,078
                                      ELIGIBLES                  :         7,113
                                   RECORDS WITH CHILD INDICATOR  :        17,180
                                      CASES                      :        11,726
                                      ELIGIBLES                  :        17,180

          * * * * *   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	ALL RECORDS READ	Calculated	DE0002	Incremented by 1 for every record read from FS-F-005.
2	RECORDS WITH BOTH INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an aid category that has a value of 'Both' in C-ADULT-CHILD-CVAL of table RS_AID_CATEGORY_R.
3	BOTH INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH BOTH INDICATOR' that represents a tally of 1 for each unique case ID (DE3043).
4	BOTH INDICATOR - CASES - ADULT	Calculated	DE0002	A subset of 'BOTH INDICATOR - CASES' that represents a tally of 1 for each enrollee record that represents an adult enrollee. If current date is equal to or greater than sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is an adult.
5	BOTH INDICATOR - CASES - CHILD	Calculated	DE0002	A subset of 'BOTH INDICATOR - CASES' that represents a tally of 1 for each enrollee record that represents a child enrollee. If current date is less than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is a child.
6	BOTH INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH BOTH INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).
7	BOTH INDICATOR - ELIGIBLES - ADULT	Calculated	DE0002	A subset of 'BOTH INDICATOR - ELIGIBLES' that represents a tally of 1 for each enrollee record that represents an adult enrollee. If current date is equal to or greater than sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is an adult.

8	BOTH INDICATOR - ELIGIBLES - CHILD	Calculated	DE0002	A subset of 'BOTH INDICATOR - ELIGIBLES' that represents a tally of 1 for each enrollee record that represents a child enrollee. If current date is less than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is a child.
9	RECORDS WITH ADULT INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an aid category that has a value of 'Adult' in C-ADULT-CHILD-CVAL of table RS_AID_CATEGORY_R.
10	ADULT INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH ADULT INDICATOR' that represents a tally of 1 for each unique case ID (DE3043).
11	ADULT INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH ADULT INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).
12	RECORDS WITH CHILD INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an Aid Category that has a value of 'Child' in C-ADULT-CHILD-CVAL of table RS_AID_CATEGORY_R.
13	CHILD INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH CHILD INDICATOR' that represents a tally of 1 for each unique case ID (DE3043).
14	CHILD INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH CHILD INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).

Output Reports RS-O-262B DSS Enrollee Extract Control Report

General Information

This is a control report executed monthly showing enrollee and case counts for the Medical Assistance Case and Enrollment Count by Program Category Report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1 page
Number of Copies:	1
Output Form:	DARS
Retention:	180 days
Distribution:	DARS
Program:	Summarize Enrollee Data from RS-F-005 to Create RS-F-004 (RSM065)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

DSS Enrollee Extract Control Report (RS-O-262B)

```
RSM065                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:04/11/2005                              ENROLLEES EXTRACT CONTROL REPORT (DSS)                          PAGE
RUN DATE: 04/11/2005 13:46

                                   ALL RECORDS READ              :        39,155
                                   RECORDS WITH BOTH INDICATOR   :        15,830
                                      CASES                      :
                                         ADULT                   :         6,205
                                         CHILD                   :         6,318
                                      ELIGIBLES                  :
                                         ADULT                   :         8,819
                                         CHILD                   :         7,011
                                   RECORDS WITH ADULT INDICATOR  :         7,112
                                      CASES                      :         7,077
                                      ELIGIBLES                  :         7,112
                                   RECORDS WITH CHILD INDICATOR  :        16,213
                                      CASES                      :        11,036
                                      ELIGIBLES                  :        16,213

          * * * * *   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	ALL RECORDS READ	Calculated	DE0002	Incremented by 1 for every record read from FS-F-005.
2	RECORDS WITH BOTH INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an aid category that has a value of 'Both' in C_ADULT_CHILD_CVAL of table RS_AID_CATEGORY_R.
3	BOTH INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH BOTH INDICATOR' that represents a tally of 1 each unique case ID (DE3043).
4	BOTH INDICATOR - CASES - ADULT	Calculated	DE0002	A subset of 'BOTH INDICATOR - CASES' that represents a tally of 1 for each enrollee record that represents an adult enrollee. If current date is equal to or greater than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is an adult.
5	BOTH INDICATOR - CASES - CHILD	Calculated	DE0002	A subset of 'BOTH INDICATOR - CASES' that represents a tally of 1 for each enrollee record that represents a child enrollee. If current date is less than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is a child.
6	BOTH INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH BOTH INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).
7	BOTH INDICATOR - ELIGIBLES - ADULT	Calculated	DE0002	A subset of 'BOTH INDICATOR - ELIGIBLES' that represents a tally of 1 for each enrollee record that represents an adult enrollee. If current date is equal to or greater than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is an adult.

8	BOTH INDICATOR - ELIGIBLES - CHILD	Calculated	DE0002	A subset of 'BOTH INDICATOR - ELIGIBLES' that represents a tally of 1 for each enrollee record that represents a child enrollee. If current date is less than the sum of enrollee birth date plus N_COE_AGE_BREAK of the enrollee's aid category in RS_AID_CATEGORY_R, the enrollee is a child.
9	RECORDS WITH ADULT INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an aid category that has a value of 'Adult' in C_ADULT_CHILD_CVAL of table RS_AID_CATEGORY_R.
10	ADULT INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH ADULT INDICATOR' that represents a tally of 1 each unique case ID (DE3043).
11	ADULT INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH ADULT INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).
12	RECORDS WITH CHILD INDICATOR	Calculated	DE0002	A subset of 'ALL RECORDS READ' that represents a tally of 1 for each enrollee in an aid category that has a value of 'Child' in C_ADULT_CHILD_CVAL of table RS_AID_CATEGORY_R.
13	CHILD INDICATOR - CASES	Calculated	DE0002	A subset of 'RECORDS WITH CHILD INDICATOR' that represents a tally of 1 each unique case ID (DE3043).
14	CHILD INDICATOR - ELIGIBLES	Calculated	DE0002	A subset of 'RECORDS WITH CHILD INDICATOR' that represents a tally of 1 for each enrollee regardless of case ID (DE3043).

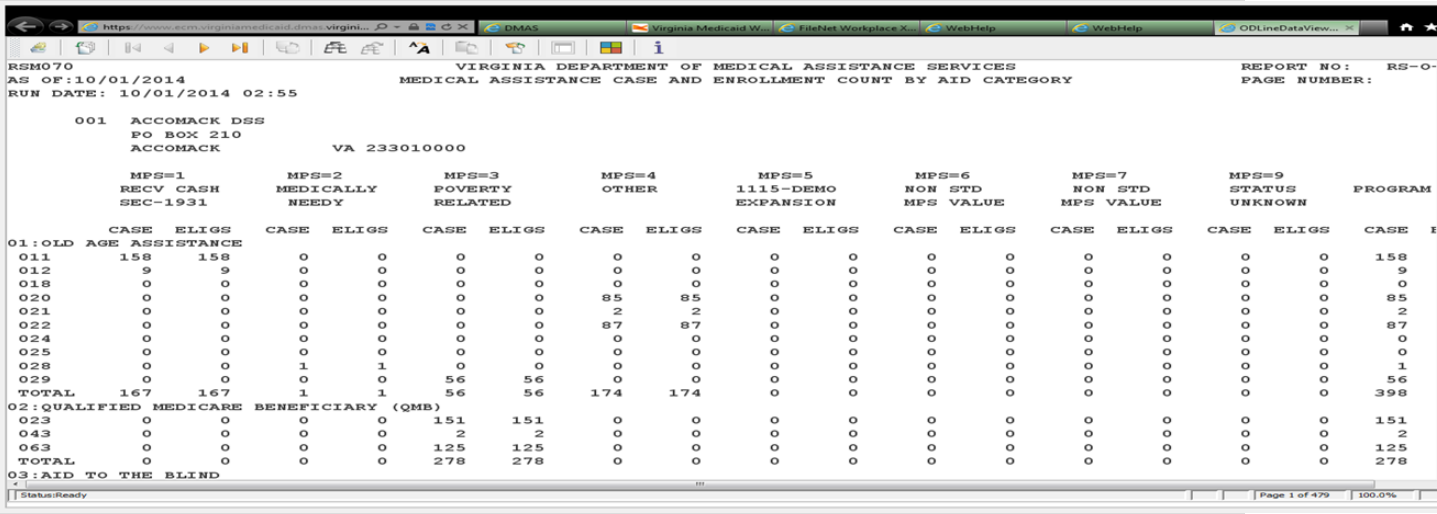
Output Reports RS-O-264A DMAS Medical Assistance Case and Enrollment Count by Aid Category

General Information

This report reflects data from tables of accumulated case and enrollee counts, by aid category within each city/county code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200 Pages
Number of Copies:	1
Output Form:	DARS
Retention:	180 Days
Distribution:	DARS
Program:	Read RS-F-004 to Create RS-O-264 (RSM070)
Confidential:	No
Sequence:	FIPS Code
Control Breaks:	FIPS Code

DMAS Medical Assistance Case and Enrollment Count by Aid Category (RS-O-264A)



RSM070 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RS-O-
AS OF:10/01/2014 MEDICAL ASSISTANCE CASE AND ENROLLMENT COUNT BY AID CATEGORY PAGE NUMBER:
RUN DATE: 10/01/2014 02:55

001 ACCOMACK DSS
PO BOX 210
ACCOMACK VA 233010000

	MPS=1 RECV CASH SEC-1931		MPS=2 MEDICALLY NEEDY		MPS=3 POVERTY RELATED		MPS=4 OTHER		MPS=5 1115-DEMO EXPANSION		MPS=6 NON STD MPS VALUE		MPS=7 NON STD MPS VALUE		MPS=9 STATUS UNKNOWN		PROGRAM
	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE
01:OLD AGE ASSISTANCE																	
011	158	158	0	0	0	0	0	0	0	0	0	0	0	0	0	0	158
012	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
018	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
020	0	0	0	0	0	0	85	85	0	0	0	0	0	0	0	0	85
021	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2
022	0	0	0	0	0	0	87	87	0	0	0	0	0	0	0	0	87
024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
028	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1
029	0	0	0	0	56	56	0	0	0	0	0	0	0	0	0	0	56
TOTAL	167	167	1	1	56	56	174	174	0	0	0	0	0	0	0	0	398
02:QUALIFIED MEDICARE BENEFICIARY (QMB)																	
023	0	0	0	0	151	151	0	0	0	0	0	0	0	0	0	0	151
043	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	2
063	0	0	0	0	125	125	0	0	0	0	0	0	0	0	0	0	125
TOTAL	0	0	0	0	278	278	0	0	0	0	0	0	0	0	0	0	278
03:AID TO THE BLIND																	

TOTAL	167	167	1	1	56	56	174	174	0	0	0	0	0	0	0	0	398	398
02:QUALIFIED MEDICARE BENEFICIARY (QMB)																		
023	0	0	0	0	151	151	0	0	0	0	0	0	0	0	0	0	151	151
043	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	2	2
063	0	0	0	0	125	125	0	0	0	0	0	0	0	0	0	0	125	125
TOTAL	0	0	0	0	278	278	0	0	0	0	0	0	0	0	0	0	278	278
03:AID TO THE BLIND																		
031	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
032	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
039	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
040	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
041	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
042	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
044	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
045	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
048	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	2	2	0	0	0	0	0	0	0	0	4	4
04:AID TO THE PERMANENTLY AND TOTALLY DISABLED																		
049	0	0	0	0	78	78	0	0	0	0	0	0	0	0	0	0	78	78
051	893	901	0	0	0	0	0	0	0	0	0	0	0	0	0	0	893	901
052	17	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	17
058	0	0	9	9	0	0	0	0	0	0	0	0	0	0	0	0	9	9
059	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
060	0	0	0	0	0	0	54	54	0	0	0	0	0	0	0	0	54	54
061	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	0	7	7
062	0	0	0	0	0	0	53	53	0	0	0	0	0	0	0	0	53	53

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

Status:Ready Page 1 of 479 100.0%

05:FOSTER CARE																	
075	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
076	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	0	7
086	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	0	7
06:REFUGEE																	
078	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
079	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07:AID TO FAMILIES WITH DEPENDENT CHILDREN																	
035	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
064	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
065	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
066	0	0	0	0	19	19	0	0	0	0	0	0	0	0	0	0	19
067	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
070	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
071	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
072	0	0	0	0	0	0	26	26	0	0	0	0	0	0	0	0	26
074	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
077	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
080A	0	0	0	0	423	472	0	0	0	0	0	0	0	0	0	0	423
081A	0	0	0	0	0	0	422	436	0	0	0	0	0	0	0	0	422
082	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	0	1
084	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
085	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
088	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
090	0	0	0	0	142	162	0	0	0	0	0	0	0	0	0	0	142
091A	0	0	0	0	111	111	0	0	0	0	0	0	0	0	0	0	111
091C	0	0	0	0	771	981	0	0	0	0	0	0	0	0	0	0	771
092	0	0	0	0	0	0	1191	1984	0	0	0	0	0	0	0	0	1191
093	0	0	0	0	0	0	197	204	0	0	0	0	0	0	0	0	197

Status:Ready Page 2 of 479 100.0%

TOTAL	0	0	0	0	1665	2095	1837	2653	0	0	0	0	0	0	0	0	3502	4748
08:AID TO FAMILIES WITH DEPENDENT CHILDREN-UNEMPLOYED PARENTS																		
073	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
083A	73	102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73	102
089	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	73	102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73	102
09:QDWI SLMB/QI																		
053	0	0	0	0	191	191	0	0	0	0	0	0	0	0	0	0	191	191
055	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
056	0	0	0	0	86	86	0	0	0	0	0	0	0	0	0	0	86	86
057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	277	277	0	0	0	0	0	0	0	0	0	0	277	277
10:HOSPICE																		
054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11:UNKNOWN																		
006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	79	94	79	94
007	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149	211	149	211
008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	22	16	22
009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	43	30	43
010	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
TOTAL	0	0	0	0	0	0	1	1	0	0	0	0	0	0	274	370	275	371
12:MAGI RELATED ADULTS AND CHILDREN																		
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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056	0	0	0	0	86	86	0	0	0	0	0	0	0	0	0	0	86	
057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	277	277	0	0	0	0	0	0	0	0	0	0	277	
10:HOSPICE																		
054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
11:UNKNOWN																		
006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	79	94	79	
007	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149	211	149	
008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	22	16	
009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	43	30	
010	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	
TOTAL	0	0	0	0	0	0	1	1	0	0	0	0	0	0	274	370	275	
12:MAGI RELATED ADULTS AND CHILDREN																		
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13:MAGI RELATED DEPARTMENT OF CORRECTIONS																		
108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
14:DEPARTMENT OF CORRECTIONS																		
109	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
FINAL	1152	1189	10	10	2355	2785	2135	2951	0	0	0	0	0	0	274	370	5926	

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

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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	New Field Definition		DE0000	
0	New Field Definition	Calculated	DE0002	
1	FIPS-CODE	Case Administrative FIPS Code	DE3039	
2	LOCALITY-NAME	Locality Region Type Address Name	DE5264	
3	LOCALITY-ADDL-NAME	Locality Region Type Additional Address Name	DE5265	Printed if non-blank.
4	LOCALITY-STREET	Locality Region Type Street Address	DE5266	
5	LOCALITY-CITY	Locality Region Type City Name	DE5267	
6	LOCALITY-STATE	Locality Region Type State Code	DE5268	
7	LOCALITY-ZIP	Locality Region Type Zip Code	DE5269	
8	MONEY-PAYMENT-CODE (MPS)	Aid Category Money Payment Status Code	DE3306	Eight MPS columns derived from the following Aid Categories: MPS1: Aid Categories - 011, 012, 031, 032, 051, 052, 071, 073, 083, 089 MPS2: Aid Categories - 018, 028, 038, 048, 058, 068, 088, 096 through 099 MPS3: Aid Categories - 023, 029, 039, 043, 049, 053, 055 through 057, 063, 066, 090, 091, 094 MPS4: Aid Categories - 020, 021, 022, 035, 040 through 042, 054, 060 through 062, 064, 065, 070, 072, 074 through 076, 081, 082, 085, 086, 092, 093 MPS5: Aid Categories - 080 MPS6: Aid Categories - 078 MPS7: Aid Categories - 079 MPS9: Aid Categories - all other aid categories read from RS-F-004
9	AID-CATEGORGY-GROUP-TITLE	Calculated	DE0002	There are eleven aid category groupings: 01: OLD AGE ASSISTANCE contains aid categories: 011, 012, 018,

				020, 021, 022, 028, 029 02: QUALIFIED MEDICARE BENEFICIARY (QMB) contains aid categories: 023, 043, 063 03: AID TO THE BLIND contains aid categories: 031, 032, 038, 039, 040, 041, 042, 048 04: AID TO THE PERMANENTLY AND TOTALLY DISABLED contains aid categories: 049, 051, 052, 058, 060, 061, 062, 068 05: FOSTER CARE contains aid categories: 075, 076, 086 06: REFUGEE contains aid categories: 978, 079 07: AID TO FAMILIES WITH DEPENDENT CHILDREN contains aid categories: 066, 071, 072, 074, 080, 081, 082, 085, 088, 090, 091, 092, 093, 094, 096, 097, 098, 099 08: AID TO FAMILIES WITH DEPENDENT CHILDREN - UNEMPLOYED PARENTS contains aid categories: 035, 064, 065, 070, 073, 083, 089 09: QDWI SLMB/QI contains aid categories: 053, 055, 056, 057 10: HOSPICE contains aid categories: 054 11:UNKNOWN contains aid categories: any aid category not included in groupings 01 through 10. 12:MAGI RELATED ADULTS AND CHILDREN contains aid categories: 100,101,102,103,106 and 107 13:MAGI RELATED DEPARTMENT OF CORRECTIONS. Contain aid category code 108. 14:DEPARTMENT OF CORRECTIONS Contains aid category code 109.
10	AID-CATEGORY	Enrollee Eligibility Aid Category	DE3009	

Output Reports RS-O-264B Medical Assistance Case and Enrollment Count by Aid Category (DSS)

General Information

Format and content similar to RS-O-264A for DMAS except this DSS version contains no counts for enrollees with a Case Worker ID that begins with 'V', or, an Aid Category greater than '099' .

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200 Pages
Number of Copies:	1
Output Form:	DARS and FTP to DSS
Retention:	180 Days
Distribution:	DARS and FTP to DSS
Program:	Read RS-F-004 to Create RS-O-264 (RSM070)
Confidential:	No
Sequence:	FIPS Code
Control Breaks:	FIPS Code

Medical Assistance Case and Enrollment Count by Aid Category (DSS) (RS-O-264B)

RSM070 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPORT NO: RS-O-
AS OF:10/01/2014 MEDICAL ASSISTANCE CASE AND ENROLLMENT COUNT BY AID CATEGORY (DSS) PAGE NUMBER:
RUN DATE: 10/01/2014 02:55

001 ACCOMACK DSS
PO BOX 210
ACCOMACK VA 233010000

	MPS=1 RECV CASH SEC-1931		MPS=2 MEDICALLY NEEDY		MPS=3 POVERTY RELATED		MPS=4 OTHER		MPS=5 1115-DEMO EXPANSION		MPS=6 NON STD MPS VALUE		MPS=7 NON STD MPS VALUE		MPS=9 STATUS UNKNOWN		PROGRAM	
	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	ELIGS	CASE	E
01:OLD AGE ASSISTANCE																		
011	158	158	0	0	0	0	0	0	0	0	0	0	0	0	0	0	158	
012	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9	
018	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
020	0	0	0	0	0	0	85	85	0	0	0	0	0	0	0	0	85	
021	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	2	
022	0	0	0	0	0	0	87	87	0	0	0	0	0	0	0	0	87	
024	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
025	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
028	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	
029	0	0	0	0	56	56	0	0	0	0	0	0	0	0	0	0	56	
TOTAL	167	167	1	1	56	56	174	174	0	0	0	0	0	0	0	0	398	
02:QUALIFIED MEDICARE BENEFICIARY (QMB)																		
023	0	0	0	0	151	151	0	0	0	0	0	0	0	0	0	0	151	
043	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	2	
063	0	0	0	0	125	125	0	0	0	0	0	0	0	0	0	0	125	
TOTAL	0	0	0	0	278	278	0	0	0	0	0	0	0	0	0	0	278	
03:AID TO THE BLIND																		

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TOTAL	167	167	1	1	56	56	174	174	0	0	0	0	0	0	0	0	398	398
02:QUALIFIED MEDICARE BENEFICIARY (QMB)																		
023	0	0	0	0	151	151	0	0	0	0	0	0	0	0	0	0	151	151
043	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	2	2
063	0	0	0	0	125	125	0	0	0	0	0	0	0	0	0	0	125	125
TOTAL	0	0	0	0	278	278	0	0	0	0	0	0	0	0	0	0	278	278
03:AID TO THE BLIND																		
031	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
032	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
038	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
039	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
040	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
041	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
042	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
044	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
045	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
048	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2	2	0	0	0	0	2	2	0	0	0	0	0	0	0	0	4	4
04:AID TO THE PERMANENTLY AND TOTALLY DISABLED																		
049	0	0	0	0	78	78	0	0	0	0	0	0	0	0	0	0	78	78
051	893	901	0	0	0	0	0	0	0	0	0	0	0	0	0	0	893	901
052	17	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17	17
058	0	0	9	9	0	0	0	0	0	0	0	0	0	0	0	0	9	9
059	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
060	0	0	0	0	0	0	54	54	0	0	0	0	0	0	0	0	54	54
061	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	0	7	7
062	0	0	0	0	0	0	53	53	0	0	0	0	0	0	0	0	53	53

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

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05:FOSTER CARE																
075	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
076	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	7
086	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	7	7	0	0	0	0	0	0	0	7
06:REFUGEE																
078	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
079	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
07:AID TO FAMILIES WITH DEPENDENT CHILDREN																
035	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
064	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
065	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
066	0	0	0	0	19	19	0	0	0	0	0	0	0	0	0	19
067	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
070	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
071	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
072	0	0	0	0	0	0	26	26	0	0	0	0	0	0	0	26
074	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
077	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
080A	0	0	0	0	423	472	0	0	0	0	0	0	0	0	0	423
081A	0	0	0	0	0	0	422	436	0	0	0	0	0	0	0	422
082	0	0	0	0	0	0	1	3	0	0	0	0	0	0	0	1
084	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
085	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
088	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
090	0	0	0	0	142	162	0	0	0	0	0	0	0	0	0	142
091A	0	0	0	0	111	111	0	0	0	0	0	0	0	0	0	111
091C	0	0	0	0	771	981	0	0	0	0	0	0	0	0	0	771
092	0	0	0	0	0	0	1191	1984	0	0	0	0	0	0	0	1191
093	0	0	0	0	0	0	197	204	0	0	0	0	0	0	0	197

TOTAL	0	0	0	0	1665	2095	1837	2653	0	0	0	0	0	0	3502	4748
08:AID TO FAMILIES WITH DEPENDENT CHILDREN-UNEMPLOYED PARENTS																
073	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
083A	73	102	0	0	0	0	0	0	0	0	0	0	0	0	73	102
089	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	73	102	0	0	0	0	0	0	0	0	0	0	0	0	73	102
09:QDWI SLMB/QI																
053	0	0	0	0	191	191	0	0	0	0	0	0	0	0	191	191
055	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
056	0	0	0	0	86	86	0	0	0	0	0	0	0	0	86	86
057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	277	277	0	0	0	0	0	0	0	0	277	277
10:HOSPICE																
054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11:UNKNOWN																
006	0	0	0	0	0	0	0	0	0	0	0	0	0	79	94	79	94
007	0	0	0	0	0	0	0	0	0	0	0	0	0	149	211	149	211
008	0	0	0	0	0	0	0	0	0	0	0	0	0	16	22	16	22
009	0	0	0	0	0	0	0	0	0	0	0	0	0	30	43	30	43
010	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	1
TOTAL	0	0	0	0	0	0	1	1	0	0	0	0	0	274	370	275	371
12:MAGI RELATED ADULTS AND CHILDREN																
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

056	0	0	0	0	86	86	0	0	0	0	0	0	0	0	0	0	86
057	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	277	277	0	0	0	0	0	0	0	0	0	0	277
10:HOSPICE																	
054	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11:UNKNOWN																	
006	0	0	0	0	0	0	0	0	0	0	0	0	0	0	79	94	79
007	0	0	0	0	0	0	0	0	0	0	0	0	0	0	149	211	149
008	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	22	16
009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	30	43	30
010	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
TOTAL	0	0	0	0	0	0	1	1	0	0	0	0	0	0	274	370	275
12:MAGI RELATED ADULTS AND CHILDREN																	
100	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
101	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
102	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
103	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
106	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
107	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13:MAGI RELATED DEPARTMENT OF CORRECTIONS																	
108	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14:DEPARTMENT OF CORRECTIONS																	
109	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FINAL	1152	1189	10	10	2355	2785	2135	2951	0	0	0	0	0	0	274	370	5926

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

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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RS-O-264B-FIPS-CODE	Case Administrative FIPS Code	DE3039	
2	RS-O-264B-LOCALITY-NAME	Locality Region Type Address Name	DE5264	
3	RS-O-264B-LOCALITY-ADDL-NAME	Locality Region Type Additional Address Name	DE5265	
4	RS-O-264B-LOCALITY-STREET	Locality Region Type Street Address	DE5266	
5	RS-O-264B-LOCALITY-CITY	Locality Region Type City Name	DE5267	
6	RS-O-264B-LOCALITY-STATE	Locality Region Type State Code	DE5268	
7	RS-O-264B-ZIP	Locality Region Type Zip Code	DE5269	
8	RS-O-264B-MONEY-PAYMENT-CODE	Aid Category Money Payment Status Code	DE3306	MPS1: AID Categories - 011, 012, 031, 032, 051, 052, 071, 073, 083, 089 MPS2: AID Categories - 018, 028,

				038, 048, 058, 068, 088, 096 through 099 MPS3: AID Categories - 023, 029, 039, 043, 049, 053, 055 through 057, 063, 066, 090, 091, 094 MPS4: AID Categories - 020, 021, 022, 035, 040 through 042, 054, 060 through 062, 064, 065, 070,072, 074 through 076 , 081, 082, 085, 086, 092, 093 MPS5: AID Categories - 080 MPS6: AID Categories - 078 MPS7: AID Categories - 079 MPS9: AID Categories - all other Aid categories read from RS-F-004
9	RS-O-264B-AID-CATEGORY-GROUP-TITLE	Calculated	DE0002	There are eleven Aid category groupings: 01: OLD AGE ASSISTANCE contains Aid categories: 011, 012, 018, 020, 021, 022, 028, 029 02: QUALIFIED MEDICARE BENEFICIARY (QMB) contains Aid categories: 023, 043, 063 03: AID TO THE BLIND contains Aid categories: 031, 032, 038, 039, 040, 041, 042, 048 04: AID TO THE PERMANENTLY AND TOTALLY DISABLED contains Aid categories: 049, 051, 052, 058, 060, 061, 062, 068 05: FOSTER CARE contains Aid categories: 075, 076, 086 06: REFUGEE contains Aid categories: 978, 079 07: AID TO FAMILIES WITH DEPENDENT CHILDREN contains Aid categories: 066, 071, 072, 074, 080, 081, 082, 085, 088, 090, 091, 092, 093, 094, 096, 097, 098, 099 08: AID TO FAMILIES WITH DEPENDENT CHILDREN - UNEMPLOYED PARENTS contains Aid categories: 035,064,065,070,073, 083, 089 09: QDWI SLMB/QI contains Aid categories: 053, 055, 056, 057 10: HOSPICE contains Aid categories: 054 11:UNKNOWN contains Aid categories: any Aid category not included in groupings 01 through 10. 12:MAGI RELATED ADULTS AND CHILDREN contains aid categories: 100,101,102,103,106 and 107

				13:MAGI RELATED DEPARTMENT OF CORRECTIONS. Contain aid category code 108. 14:DEPARTMENT OF CORRECTIONS Contains aid category code 109.
10	RS-O-264B-AID-CATEGORY	Enrollee Eligibility Aid Category	DE3009	

Output Reports RS-O-278 Fraud/Conviction and Eligibility Match - Detail Listing

General Information

This report is a detail listing of matches found between Eligibility and the Fraud/Conviction data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Enrollee Fraud Unit
Program:	Fraud Conviction and Enrollee Match (RSM075)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Fraud/Conviction and Eligibility Match - Detail Listing (RS-O-278)

```
RSM075                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                         FRAUD/CONVICTION AND ELIGIBILITY MATCH
RUN DATE:  MM/DD/CCYY HH:MM                                  DETAIL LISTING

    DELIVER TO: DMAS ENROLLEE  FRAUD UNIT

(1) 800 (2) SUFFOLK
                                                                   (8)          (9)          (10)
          (3) SOC. SEC.                    NAME                (7)  DATE OF     CONVICTION   ENROLLEE
              NUMBER        (4) LAST     (5) FIRST  (6) MI  SUF   CONVICTION   END DATE     NUMBER

   CONVICTION : 2[redacted]                                        01/09/1996   11/01/1998
   ELIGIBILITY:                                                                             001[redacted]

   CONVICTION : 2[redacted]                                        01/09/1996   11/01/1998
   ELIGIBILITY:                                                                             001[redacted]

                 FRAUD FILE RECORDS READ :        73 (11)
                                MATCHED :          3 (12)
                            NOT MATCHED :         70 (13)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CITY/COUNTY)	Eligibility Fraud Locality Code	DE3201	
2	(CITY/COUNTY NAME)	Locality Name	DE5255	
3	SOC. SEC. NUMBER	Eligibility Fraud Social Security Number (SSN)	DE3200	
4	NAME - LAST	Eligibility Fraud Last Name	DE3202	
5	NAME - FIRST	Eligibility Fraud First Name	DE3203	
6	NAME - MI	Eligibility Fraud Middle Initial	DE3204	
7	NAME - SUF	Eligibility Fraud Suffix	DE3205	
8	DATE OF CONVICTION	Eligibility Fraud Con-viction Date	DE3207	
9	CONVICTION END DATE	Eligibility Fraud End Date	DE3208	
10	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	

11	Fraud Table Records Read	Calculated	DE0002	
12	Matched	Calculated	DE0002	
13	Not Matched	Calculated	DE0002	

Output Reports RS-O-280 Deceased Enrollee Listing

General Information

This is a monthly report of deceased enrollees, (indicated by Cancel Reason 001 and 101), who have been updated on the system since the last run of the program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	3
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS - TPL Unit, DMAS - Recipient Audit Unit
Program:	Deceased Enrollee Report (RSM095)
Confidential:	Yes
Sequence:	Administrative FIPs, Enrollee Name
Control Breaks:	Administrative FIPs

Deceased Enrollee Listing (RS-O-280)

```
RSM095                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            DECEASED ENROLLEE LISTING                                        PA
RUN DATE: MM/DD/CCYY HH:MM
(1)        (2)            (3)
BIRTH      FIPS     ENROLLEE       NAME/ADDRESS                          CASE     AID     ELIGIBILITY PERIOD     CANCEL
 DATE      CODE       NUMBER                                            WORKER   CATG    FROM          THRU      DATE
                                    (4)          (5)          (6)        (12)     (13)    (14)          (15)      (16)
99/99/9999  999    999-999999-999  XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXX    XXXXX    999   99/99/9999 99/99/9999  99/99/99
                                (7) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                (8  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                                    XXXXXXXXXXXXXXXXXX  XX     99999-9999
                                      (9)               (10)     (11)

                                                 TOTAL RECORDS LISTED          999,999  (18)
                                                 ELIGIBILITY RECORDS SELECTED  999,999  (19)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee Date of Birth	Enrollee Birth Date	DE3005	
2	FIPs Code	Case Administrative FIPS Code	DE3039	
3	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
4	NAME/ADDRESS (FIRST NAME)	Enrollee First Name	DE3111	
5	(MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
6	(LAST NAME)	Enrollee Last Name	DE3110	
7	(ADDRESS LINE1)	Enrollee Additional Address Name	DE3114	
8	(ADDRESS LINE2)	Enrollee Street Address	DE3115	
9	(CITY)	Enrollee City Name	DE3116	
10	(STATE)	Enrollee State Code	DE3117	
11	(ZIP)	Enrollee ZIP Code	DE3118	
12	CASEWORKER	Case Worker Number	DE3431	
13	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	

14	ELIGIBILITY FROM	Enrollee Eligibility Begin Date	DE3010	
15	ELIGIBILITY THRU	Enrollee Eligibility End Date	DE3011	
16	CANCEL DATE	Eligibility Cancel Date	DE3452	
17	NOTES		DE0000	
18	Total Records Listed	Calculated	DE0002	
19	Eligibility Records Selected	Calculated	DE0002	

Output Reports RS-O-281 Uncompensated Transfer of Property and Eligibility Match

General Information

This is a detail listing of matches found between the Enrollee and Uncompensated Transfer of Property tables..

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Eligibility and Appeals
Program:	Uncompensated Transfer of Property and Enrollee Match (RSM080)
Confidential:	Yes
Sequence:	Uncompensated Property FIPS
Control Breaks:	Uncompensated Property FIPS

Uncompensated Transfer of Property and Eligibility Match (RS-O-281)

```
RSM080                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                  UNCOMPENSATED TRANSFER OF PROPERTY AND ELIGIBILITY MATCH
RUN DATE:  MM/DD/CCYY HH:MM

                                     TRANSFER CITY/COUNTY (1) 001 - ACCOMACK (2)

                 SOC SEC                        NAME                    DATE OF     DATE OF       END       ADMIN  CA
                 NUMBER            LAST          FIRST    I SUF         BIRTH      DETERMINE     DATE       FIPS   U
                   (3)             (4)           (5)      (6)(7)         (8)         (9)         (10)       (11)  (1
TRANSFER    :                                              F          01/01/1996   03/04/1996   06/01/1987
ELIGIBILITY:                                                          01/01/1997                            001
                                                                          (14)

                                                                (15)
       UNCOMPENSATED PROPERTY RECORDS READ:   999,999
                                  MATCHED:    999,999   (16)
                              NOT MATCHED:    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	TRANSFER CITY/COUNTY	Eligibility Uncompensated Property Transfer Locality Code	DE3220	
2	(TRANSFER CITY/COUNTY NAME)	Locality Name	DE5255	
3	SOC SEC NUMBER	Eligibility Uncompensated Property Transfer Social Security Number (SSN)	DE3210	
4	NAME - LAST	Eligibility Uncompensated Property Transfer Last Name	DE3211	
5	NAME - FIRST	Eligibility Uncom-	DE3212	

		pensated Property Transfer First Name		
6	NAME - I	Eligibility Uncom-pensated Property Transfer Middle Initial	DE3213	
7	NAME - SUF	Eligibility Uncom-pensated Property Transfer Suffix	DE3214	
8	DATE OF BIRTH - TRANSFER	Eligibility Uncom-pensated Property Transfer Birth Date	DE3215	
9	DATE OF DETERMINE	Eligibility Uncom-pensated Property Transfer Decision Date	DE3217	
10	END DATE	Eligibility Uncom-pensated Property Transfer End Date	DE3218	
11	ELIGIBILITY CITY/COUNTY	Case Administrative FIPS Code	DE3039	
12	CASE WRK	Case Worker Number	DE3431	
13	ENROLLEE NUMBER	Enrollee Permanent Identification Number	DE3093	
14	DATE OF BIRTH - ELIGIBILITY	Eligibility Uncom-pensated Property Transfer Birth Date	DE3215	
15	UNCOMPENSATED PROPERTY RECORDS READ	Calculated	DE0002	
16	MATCHED	Calculated	DE0002	
17	NOT MATCHED	Calculated	DE0002	

Output Reports RS-O-290 DMAS Manual Cancellations for Death Report

General Information

This is a monthly report of actual capitation and FFS claims retractions for deceased enrollees (indicated by Cancel Reason 101) who have been updated in the system since the last run of the program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS Eligibility and Enrollment Unit
Program:	Deceased Enrollee Report (RSM095)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

DMAS Manual Cancellations for Death Report (RS-O-290)

```
RSM095                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/CCYY                          DMAS MANUAL CANCELLATIONS FOR DEATH REPORT                        PAG
RUN DATE: MM/DD/CCYY HH:MM

ENROLLEE ID      EW      FIPS  AC    SSN          DOB         CANCEL      PRIOR        PRIOR       RETRACTIONS
NAME                                                            DATE        CANCEL DATE  REASON    MCO          FFS
    (1)          (2)      (3)  (4)   (5)          (6)          (7)         (8)          (9)       (10)         (11)

999-999999-999   XXXXX   999   009   226-59-5370  MM/DD/CCYY  MM/DD/CCYY  MM/DD/CCYY   000   999,999.99   999,999.
XXXXXXXXX X XXXXXXXXXXXXXXXXXXX
    (13)  (14)     (15)

                                  TOTAL RECORDS CANCELED          999,999     (16)
                                  TOTAL MCO RETRACTIONS    999,999,999.99     (17)
                                  TOTAL FFS RETRACTIONS    999,999,999.99     (18)
                                  TOTAL RETRACTIONS        999,999,999.99     (19)

                                         *** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	EW	Case Worker Number	DE3431	
3	FIPS	Case Administrative FIPS Code	DE3039	
4	AC	Enrollee Eligibility Aid Category	DE3009	
5	SSN	Enrollee Social Security Number (SSN)	DE3034	
6	DOB	Enrollee Birth Date	DE3005	
7	CANCEL DATE	Eligibility Cancel Date	DE3452	
8	PRIOR CANCEL DATE	Eligibility Cancel Date	DE3452	
9	PRIOR REASON	Eligibility Cancel Reason	DE3451	
10	RETRACTIONS MCO	Calculated	DE0002	Paid amount (DE2023) of capitation claim retractions for enrollee (ADJUST-RSN-CVAL = '1098')
11	RETRACTIONS FFS	Calculated	DE0002	Paid amount (DE2023) of all FFS claims retractions for enrollee (ADJUST-RSN-CVAL = '1099')
12	TOTAL	Calculated	DE0002	Total paid amount of MCO and FFS

				retractions for enrollee
12	TOTAL	Not Stored in MMIS	DE2	
13	NAME(FIRST NAME)	Enrollee First Name	DE3111	
14	(MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
15	(LAST NAME)	Enrollee Last Name	DE3110	
16	TOTAL RECORDS CANCELED	Calculated	DE0002	Total number of enrollees listed in report
17	TOTAL MCO RETRACTIONS	Calculated	DE0002	Total paid amount for capitation claims retractions listed in report
18	TOTAL FFS RETRACTIONS	Calculated	DE0002	Total paid amount for FFS claims retractions listed in report
19	TOTAL RETRACTIONS	Calculated	DE0002	Total paid amount of MCO and FFS claims retractions listed in report

Output Reports RS-O-291 FFS Claims Retractions From VDH Match Report

General Information

This is a monthly report of detailed FFS claims retractions for deceased enrollees based on Cancel Reason 101.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS Recipient Audit Unit
Program:	FFS Claims Retractions from VDH Match (RSM291)
Confidential:	Yes
Sequence:	Provider ID.
Control Breaks:	Provider ID.

FFS Claims Retractions From VDH Match Report (RS-O-291)

```
RSM291                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                                FFS CLAIMS RETRACTIONS FROM VDH MATCH                         PA
RUN DATE:  MM/DD/CCYY HH:MM

    (1)                                       (2)          (3)
PROVIDER NAME                               PROVIDER ID    TYPE
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    9999999999      999

     (4)                (5)                                (6)
    ENROLLEE ID        ENROLLEE NAME                      DOD
    ICN                TYPE      FDOS        TDOS         PROC/REV/NDC       AMOUNT PAID    REMIT DATE
     (7)                (8)       (9)         (10)         (11)               (12)           (13)

    999-999999-999     XXXXXXXXXXXX, XXXXXXXXXXXXXXXX     MM/DD/CCYY
    XXXXXXXXXXXXXXXX   99        MM/DD/CCYY  MM/DD/CCYY   XXXXXXXXXXX         999,999.99     MM/DD/CCYY


TOTAL PAID TO PROVIDER: XXXXXXXXXX  999,999,999.99       (14)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NAME	Provider Name	DE4085	
2	PROVIDER ID	National Provider Identifier	DE4700	
3	TYPE	Provider Type	DE4006	
4	ENROLLEE ID	Enrollee Identification Number	DE3001	
5	ENROLLEE NAME(LAST, FIRST)	Enrollee Last Name	DE3110	
6	DOD	Enrollee Date of Death	DE3036	
7	ICN	Claim Request ICN	DE2001	
8	TYPE	Claim Type	DE2002	
9	FDOS	Claim Service From Date	DE2010	
10	TDOS	Claim Service Thru Date	DE2011	
11	PROC/REV/NDC	Calculated	DE0002	DE5002 (if CLM-FORM = 'HCFA' or 'XOVB') or DE2122 (if CLM-FORM = 'UB92' or 'XOVA') or DE5200 (if CLM-FORM = 'DRUG')
12	AMOUNT PAID	Claim Payment Amount	DE2023	
13	REMIT DATE	Remittance Payment Date	DE9578	
14	TOTAL PAID TO PROVIDER	Calculated	DE0002	Total paid amount for enrollees listed by provider

Output Reports RS-O-292 QI1 Medicaid Application Notice

General Information

This letter informs the enrollee of his QI1 eligibility, but also states that no funds are currently available for Medicare premium payment.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	5 Years
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QI1 Medicaid Application Notice (RS-O-292)

(1) (2) (3)
[redacted] AVE (4)
[redacted] (5) *
HORNTOWN, VA. 23395-0183
(6) (7) (8)

DATE: (9) 07/15/1998
CASEWORKER #: [redacted] (10)
CITY/COUNTY CODE: 001 (11)
ENROLLEE ID #: 999-999999-999 (12)

NOTICE REGARDING YOUR MEDICAID APPLICATION

YOU HAVE BEEN SELECTED AS A QUALIFIED INDIVIDUAL FOR COVERAGE OF ALL OR PART OF YOUR MEDICARE PREMIUM. AT THIS TIME ALL FUNDS HAVE BEEN EXPENDED FOR THIS YEAR AND NO BENEFITS WILL BE PAID TO YOU.

IF ADDITIONAL MONEY BECOMES AVAILABLE TO GRANT COVERAGE TO MORE SELECTED INDIVIDUALS, YOU MAY BECOME ELIGIBLE FOR THE MEDICARE PREMIUM SUPPLEMENTAL PAYMENT IN THIS YEAR. IF THAT OCCURS, YOU WILL GET ANOTHER NOTICE.

AS A SELECTED INDIVIDUAL YOU MAY REAPPLY FOR THESE BENEFITS AT THE FIRST OF THE NEXT CALENDAR YEAR AND RECEIVE PRIORITY TREATMENT OF YOUR APPLICATION.

IF YOUR SITUATION CHANGES, YOUR INCOME GOES DOWN OR YOU INCUR HIGH MEDICAL BILLS, CONTACT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES TO REPORT THE CHANGE. IT COULD MEAN AN INCREASE IN THE BENEFITS FOR WHICH YOU ARE ELIGIBLE.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
5	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
6	(ENROLLEE CITY)	Enrollee City Name	DE3116	
7	(ENROLLEE STATE)	Enrollee State Code	DE3117	
8	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
9	DATE		DE0000	
10	CASEWORKER #	Case Worker Number	DE3431	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	
12	ENROLLEE ID #	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-295 QI1-2 Medicare Premium Payment Notice

General Information

This letter notifies the enrollee that he or she is eligible this year for payment of a portion of their Medicare premium, but must re-apply for the benefit next calendar year.

Subsystem:	Recipient
Frequency:	Annual
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	5 Years
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

QI1-2 Medicare Premium Payment Notice (RS-O-295)

(1) (2) (3)
[redacted] (4)
P.O. BOX 222 (5)
HORNTOWN, VA. 23395-0183 (8)
(6) (7)

DATE: 07/15/1998 (9)
CASEWORKER #: [redacted] (10)
CITY/COUNTY CODE: 001 (11)
ENROLLEE ID # 999-999999-999 (12)

NOTICE ABOUT YOUR MEDICARE PREMIUM PAYMENT

YOU WERE SELECTED AS A QUALIFIED INDIVIDUAL WHO WAS ELIGIBLE FOR PAYMENT OF SOME OR ALL OF YOUR MEDICARE PREMIUM AMOUNT FOR SOME PART OF THIS YEAR. THIS COVERAGE EXPIRES AT THE END OF THE CALENDAR YEAR.

IF YOU WANT THIS BENEFIT AGAIN FOR THE NEXT YEAR YOU MUST REAPPLY AT THE DEPARTMENT OF SOCIAL SERVICES IN THE COUNTY WHERE YOU LIVE. THIS NOTICE IS TO REMIND YOU THAT YOU CAN REAPPLY FOR NEXT YEAR'S BENEFITS. PEOPLE WHO WERE SELECTED FOR COVERAGE THIS YEAR HAVE PRIORITY FOR BENEFITS NEXT YEAR.

IF YOUR INCOME HAS GONE DOWN, YOU INCUR HIGH MEDICAL BILLS, OR YOU HAVE MOVED, CONTACT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES TO REPORT THE CHANGE. YOU MIGHT BECOME ELIGIBLE FOR ADDITIONAL BENEFITS.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	LETTER DATE	Enrollee Notice Date	DE3088	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	(ENROLLEE LAST NAME)	Enrollee Last Name	DE3110	
5	(ENROLLEE NAME SUFFIX)	Enrollee Name Suffix	DE3113	
6	(ENROLLEE ADDRESS LINE 1)	Enrollee Street Address	DE3115	
7	(ENROLLEE ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
8	(ENROLLEE CITY)	Enrollee City Name	DE3116	
9	(ENROLLEE STATE)	Enrollee State Code	DE3117	
10	(ENROLLEE ZIP CODE)	Enrollee ZIP Code	DE3118	
11	CASEWORKER #	Case Worker Number	DE3431	
12	CITY/COUNTY	Case Administrative	DE3039	

	CODE	FIPS Code		
13	ENROLLEE ID #	Enrollee Permanent Identification Number	DE3093	
14	CASE IDENTIFICATION NUMBER	Case Identification Number	DE3043	

Output Reports RS-O-296 MEDALLION III Letter with Perforated Assignment Sheet

General Information

This letter informs the Medallion III enrollee of their provider assignment.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	N/A
Retention:	N/A
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

MEDALLION III Letter with Perforated Assignment Sheet (RS-O-296)

(1)
P.O. Box 00000
Richmond, Va 23219
(2) (3) (4)

MEDALLION III PROGRAM

(5)
I.M. Sick
110 Tuftime (6)
Help Me, USA 23295 (7) (8) (9)
Medicaid ID# (10)

Dr. Feel Good (11)
2B Cured Avenue (12)
ClinicTown, USA 23294 (13) (14) (15)
Phone # 804-000-0000 (16)
Effective Date: (17)

--

Fold and Tear Here

YOU ARE IN THE MEDALLION III PROGRAM. This letter shows the name and address of the primary care provider you must use under **MEDALLION III**. Your primary care provider is listed above. If you did not choose a doctor or if you chose a doctor that was not available, a doctor was chosen for you by the **MEDALLION III** program. To change your primary care provider or to ask questions about the **MEDALLION III** program, call 1-800-643-2273.

You must get your care from the doctor listed above. If you need to see another doctor, you must have a referral from your primary doctor. If you see another doctor without being referred by your primary doctor, Medicaid will not pay the bill.

- **Please fold and tear off the top of this letter and keep it with your card at all times. Show this paper along with your Medicaid card when ever you get medical attention. If the doctor changes, you will get another letter**.
- Even if your case is closed, **KEEP YOUR PLASTIC CARD!** You will need it if your case is ever opened again because you will not get a new plastic ID card.
- If there are any changes in your income, if you move or if anything happens that might change your eligibility, you need to contact your Medicaid case worker at the Department of Social Services within 10 days of the change.
- Never let another person use your Medicaid card. Selling, changing, or lending your Medicaid card is against the law. Those who do so may be prosecuted and lose their Medicaid coverage.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(DMAS ADDRESS)		DE0000	
2	(DMAS CITY)		DE0000	
3	(DMAS STATE)		DE0000	
4	(DMAS ZIP CODE)		DE0000	

5	ENROLLEE NAME	Enrollee Full Name	DE3003	
6	ENROLLEE ADDRESS	Enrollee Street Address	DE3115	
7	ENROLLEE CITY	Enrollee City Name	DE3116	
8	ENROLLEE STATE	Enrollee State Code	DE3117	
9	ENROLLEE ZIP CODE	Enrollee ZIP Code	DE3118	
10	MEDICAID ID NUMBER	Enrollee Permanent Identification Number	DE3093	
11	MEDALLION III PROVIDER NAME	Provider Name	DE4085	
12	MEDALLION III PROVIDER ADDRESS	Provider Address Line	DE4097	
13	MEDALLION III PROVIDER CITY	Provider Address City Name	DE4130	
14	MEDALLION III PROVIDER STATE	Provider Address State	DE4098	
15	MEDALLION III PROVIDER ZIP CODE	Provider Address ZIP Code	DE4099	
16	MEDALLION III PROVIDER 24-HOUR PHONE NUMBER	Provider Phone Number	DE4090	
17	EFFECTIVE DATE	Enrollee Benefit Enrollment Begin Date	DE3064	

Output Reports RS-O-300 Monthly Medicare Enrollee Extract for Carriers Control Report

General Information

This report lists the total eligibility records read and the total Medicare Part B records written.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Medicare Enrollee Extract Program (RSM300)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly Medicare Enrollee Extract for Carriers Control Report (RS-O-300)

```
RSM300                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                       MONTHLY MEDICARE ENROLLEE EXTRACT FOR CARRIERS
RUN DATE:  MM/DD/CCYY HH:MM                                  CONTROL REPORT

                    NUMBER OF ELIGIBILITY RECORDS READ: (1) 1,833,360

NUMBER OF MEDICARE PART 'B' RECORDS WRITTEN: (2)  140,455

NUMBER OF MEDICARE PART 'B' RECORDS WRITTEN(TEXAS): (3)  140,455
OUTPUT FILES ARE IN BALANCE


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NUMBER OF ELIGIBILITY RECORDS READ	Calculated	DE0002	
2	NUMBER OF MEDICARE PART B RECORDS WRITTEN	Calculated	DE0002	
3	NUMBER OF MEDICARE PART BRECORDS WRITTEN (TEXAS)	Calculated	DE0002	

Output Reports RS-O-302 CDPAS Extract Control Totals

General Information

This report provides control totals of the enrollee records extracted for the CDPAS file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CDPAS Extract Control Totals (RS-O-302)

```
RSM302                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    CASELOAD STANDARD EXTRACT
RUN DATE:  MM/DD/CCYY HH:MM                                   CONTROL REPORT


 TOTAL LOG RECORDS READ: (1)          31,462

 TOTAL CHANGE RECORDS WRITTEN: (2)  2,466

 TOTAL REINST RECORDS WRITTEN:  (3)       0

 TOTAL EXTRACT RECORDS WRITTEN:  (4)       2,466


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL LOG RECORDS READ		DE0000	
2	TOTAL CHANGE RECORD WRITTEN		DE0000	
3	TOTAL REINSTATE RECORD WRITTEN		DE0000	
4	TOTAL EXTRACT RECORDS WRITTEN	Calculated	DE0002	

Output Reports RS-O-303 Estate Verification Letter

General Information

This letter seeks verification from the estate of a deceased member in order to properly close out the information in the member's case.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	1 Part/Reject Letterhead
Retention:	180 Days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Estate Verification Letter (RS-O-303)

Estate of ~~~~~~ (1)
~~~~~~ (2)
~~~~~~ (3)
~~~~~~ (4)

INFORMATION REQUEST

Date of Letter: ~~~~~~~~~~~~~~~~~~ (5)
RE: ~~~~~~ (6)
ID#: ~~~~~~~~~~~~~~~~~~~~ (7)
DOD: ~~~~~~~~~~~~~~~~~~ (8)

Dear Representative:

We have information indicating that the above referenced Medicaid member died on ~~~~~~ (9) 32.1-327, Code of Virginia and Federal Regulation under CFR 42 section 433.36, the Department of Medical Assistance Services may recover funds paid for medical services received by the member. The funds may be recovered from his/her estate.

In order to determine existing assets, we ask that you complete the attached form. IF YOU ARE THE SURVIVING SPOUSE, Medicaid will NOT pursue recovery. However, it is requested that you fill in your name and address only and return the form so that we may close our record. Please use the enclosed self-addressed and postage-paid envelope to send the form to:

Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219
Attention: TPL/Estates

You may direct any questions to (804)786-5482. Thank you in advance for your assistance and cooperation.

Sincerely,

Recovery Analyst
Third Party Liability Estates
~~~~~~

Department of Medical Assistance Services

TPL/Estates
Deceased Member Information Form

Member Name	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ (10)
Medicaid ID Number	~~~~~~~~~~~~~~~~~~~~ (11)
Date of Death	~~~~~~~~~~~~~~~~~~~~ (12)
Name of Executor, Administrator, or Representative	
Address of Executor, Administrator, or Representative	
Telephone Number of Executor, Administrator, or Representative	
Value of Estate	
Address of Real Estate Property Owned by the Member	
Property to be Sold	YES or NO
Life Insurance Company	
Name and Address of Surviving Spouse	
Where was the Estate Accounting Filed	
Name, Address, and Phone Number of Person Completing this Form	

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	(MEMBER NAME)	T_NAME_FIRST T_MIDDLE_INIT T_NAME_LAST T_NAME_SUFFIX	DE3111 DE3112 DE3110 DE3113	Concatenation of First, Middle and Last Names with Suffix
2	(ADDRESS LINE 1)	T_CONTACT_NAME	DE3560	
3	(ADDRESS LINE 2 or CITY/STATE/ZIP)	T_STREET -or- T_CITY C_STATE C_ZIP_9	DE3561 DE3562 DE3563 DE3564	If T_STREET is blank, then concatenate T_CITY, C_ STATE and C_ZIP_9
4	(CITY/STATE/ZIP or BLANK)	T_CITY C_STATE C_ZIP_9	DE3562 DE3563 DE3564	If T_STREET is blank then this field will contain blanks.
5	(CURRENT DATE)	CURRENT_DATE	N/A	Current System Date
6	(MEMBER NAME)	T_NAME_FIRST T_MIDDLE_INIT T_NAME_LAST T_NAME_SUFFIX	DE3111 DE3112 DE3110 DE3113	Concatenation of First, Middle and Last Names with Suffix
7	(MEMBER ID NUMBER)	I_ID_VALUE	DE3955	Member's Medicaid ID
8	(CANCELATION DATE)	D_ELG_CANCEL	DE3452	Member's Eligibility Cancel Date (used as Date of Death)
9	(CANCELATION DATE plus letter sentence fragment)	D_ELG_CANCEL	DE3452	Member's Eligibility Cancel Date (used as Date of Death). An additional sentence fragment is added to remove extraneous spaces from the letter.
10	(MEMBER NAME)	T_NAME_FIRST T_MIDDLE_INIT T_NAME_LAST T_NAME_SUFFIX	DE3111 DE3112 DE3110 DE3113	Concatenation of First, Middle and Last Names with Suffix
11	(MEMBER ID NUMBER)	I_ID_VALUE	DE3955	Member's Medicaid ID

12	(CANCELATION DATE)	D_ELG_CANCEL	DE3452	Member's Eligibility Cancel Date (used as Date of Death)

Output Reports RS-O-304 Requested Estate Verification Letters Report

General Information

This is a monthly report of actual capitation and FFS claims retractions for deceased enrollees (indicated by Cancel Reason 001 or 101) who have been updated in the system since the last run of the program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS Eligibility and Enrollment Unit
Program:	Estate Verification Letter Request (RSM238)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Requested Estate Verification Letters Report (RS-O-304)

```
RSM238                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES          REPORT NO:    RS-O-304
AS OF:10/01/2014                 REQUESTED ESTATE VERIFICATION LETTERS (RS-O-303)           PAGE NUMBER:         1
RUN DATE: 10/01/2014 15:49
                                                   SEPTEMBER 2014
 MEDICAID ID          MEMBER NAME                       MEMBER ADDRESS                        DEATH DATE   BIRTH DATE

 XXXXXXXXXXXX (1)     XXXXXXXXXXXXXXXXXXXXXXXX (2)      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (3)   XX/XX/XXXX   XX/XX/XXXX
                                                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (4)      (6)          (7)
                                                        XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX (5)

                                 REQUESTS WRITTEN:      999,999 (8)
                                        *** 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	MEDICAID ID	I_ID_VALUE	DE3955	
2	MEMBER NAME	T_NAME_FIRST	DE3111	Concatenation of First, Middle and Last Names with Suffix

		T_MIDDLE_INIT T_NAME_LAST T_NAME_SUFFIX	DE3112 DE3110 DE3113	
3	MEMBER ADDRESS	T_CONTACT_NAME	DE3560	
4	MEMBER ADDRESS	T_STREET -or- T_CITY C_STATE C_ZIP_9	DE3561 DE3562 DE3563 DE3564	If T_STREET is blank, then concatenate T_CITY, C_STATE and C_ZIP_9
5	MEMBER ADDRESS	T_CITY C_STATE C_ZIP_9	DE3562 DE3563 DE3564	If T_STREET is blank then this field will contain blanks.
6	DATE OF DEATH	Enrollee Death Date	DE3452	If the Member does not have a Date of Death populated, this will be blank
7	DATE OF BIRTH	Enrollee Birth Date	DE3005	
8	REQUESTS WRITTEN	Calculated	DE0002	Number of letter requests created.

Output Reports RS-O-305 Monthly Medicare Enrollee Extract for COBA (Control Report)

General Information

This Control Report lists the total eligibility records read and the total Medicare records written to the file that will be submitted to the COBC or COBA Contractor.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control
Program:	Medicare Enrollee Extract Program (COBA) (RSM305)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly Medicare Enrollee Extract for COBA (Control Report) (RS-O-305)

```
RSM305                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF: MM/DD/CCYY                        MONTHLY MEDICARE ENROLLEE EXTRACT FOR COBA                     PAGE
RUN DATE: MM/DD/CCYY HH:MM                                  CONTROL REPORT

                        NUMBER OF ELIGIBILITY RECORDS READ                    :      999,999  (1)
                        NUMBER OF MEDICARE PART "B" RECORDS WRITTEN (COBA)    :      999,999  (2)

                        OUTPUT FILES ARE IN BALANCE

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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	NUMBER OF ELIGIBILITY RECORDS READ	Calculated	DE0002	
2	NUMBER OF MEDICARE PART "B" RECORDS WRITTEN (COBA)	Calculated	DE0002	

Output Reports RS-O-306 COBA Eligibility Detail Report

General Information

RS-O-306 contains detail enrollee information concerning processing errors for Vammis Medicare enrollees contained on the most current eligibility file processed by the COBA contractor for VaMMIS. Each enrollee listed can have from one to four errors, each one printed on a separate report detail line.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	500 Lines
Number of Copies:	1
Output Form:	DARS
Retention:	N/A
Distribution:	DMAS
Program:	RS-F-306 Error Report (RSM306)
Confidential:	No
Sequence:	DE 3002 - HICN
Control Breaks:	N/A

COBA Eligibility Detail Report (RS-O-306)

```
RSM306                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999 (1)                           COBA ELIGIBILITY DETAIL REPORT                              PA
RUN DATE: 99/99/9999 99:99

 (2)          (3)                        (4)            (5)         (6)      (7)        (8)
HICN         SURNAME                    FIRST NAME     DOB         SEX CD   EFF DATE   SUPPLEMENTAL ID
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXX   99999999    X        99999999   XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXX   99999999    X        99999999   XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXX   99999999    X        99999999   XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXX   99999999    X        99999999   XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXX   99999999    X        99999999   XXXXXXXXXXXXXXXXXXXX
TOTAL NUMBER OF BO ERRORS                 :9,999,999 (10)


                                      *** 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	AS OF Date	Calculated	DE0002	
2	HICN	Medicare Number	DE3002	
3	SURNAME	Enrollee Last Name	DE3110	
4	FIRST NAME	Enrollee First Name	DE3111	
5	DOB	Enrollee Birth Date	DE3005	
6	SEX CD	Enrollee Sex Code	DE3007	
7	EFF DATE	Enrollee Eligibility Begin Date	DE3010	
8	SUPPLEMENTAL ID	Enrollee Permanent Identification Number	DE3093	
9	BO ERROR	COBA ERF Error Code	DE3609	
10	TOTAL NUMBER OF BO ERRORS	Calculated	DE0002	

Output Reports RS-O-307 Medicare Enrollee Extract For COBA - Control Report

General Information

Summary totals report produced by program RSM311 that prints COBA A/U/D RS-F-335C transaction summary totals by the number of 'add', 'update' and 'delete' transactions being transmitted to the COBA contractor.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20 records
Number of Copies:	N/A
Output Form:	DARS
Retention:	N/A
Distribution:	N/A
Program:	Generate RS-F-335C and RS-O-307 (RSM311)
Confidential:	No
Sequence:	None
Control Breaks:	None

Medicare Enrollee Extract For COBA - Control Report (RS-O-307)

```
RSM311                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:99/99/9999  (1)                    MONTHLY MEDICARE ENROLLEE EXTRACT FOR COBA                         PA
RUN DATE: 99/99/9999 99:99                                CONTROL REPORT

                    NUMBER OF MEDICARE RECORDS ADDED (COBA)              :    9,999,999 (2)

                    NUMBER OF MEDICARE RECORDS DELETED (COBA)            :    9,999,999 (3)

                    NUMBER OF MEDICARE RECORDS UPDATED (COBA)            :    9,999,999 (4)

                                      *** 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	"AS OF" Date	Calculated	DE0002	Call the Coventry standard date conversion subroutine 'CNVDTII' to add 2 months to the Gregorian date calculated in Section I.xx. To the current system date plus move '01' to the day. To the date calculated in the previous step, use the Coventry standard date conversion subroutine 'CNVDTII' to subtract 1 from the day. Example: The current system Gregorian date is '05/19/2007' Move '01' to the day giving '05/01/2007' Subtract 1 from the day giving '04/30/2007'. '04/30/2007' is the date used as the 'AS-OF' date on the RS-O-307 report.
2	NUMBER OF MEDICARE RECORDS ADDED (COBA)	Calculated	DE0002	Number of COBA eligibility transactions sent to the COBA contractor on the RS-F-335C with the COBA Action Type (DE99997) populated by 'A'.
3	NUMBER OF MEDICARE RECORDS DELETED (COBA)	Calculated	DE0002	Number of COBA eligibility transactions sent to the COBA contractor on the RS-F-335C file with the COBA Action Type (DE99997) populated by 'D'.
4	NUMBER OF MEDICARE RECORDS UPDATED (COBA)	Calculated	DE0002	Number of COBA eligibility transactions sent to the COBA contractor on the RS-F-335C with the COBA Action Type (DE99997) populated by 'C'.

Output Reports RS-O-310 Medicare Premium Processing Invalid Data - Part-A Records Dropped

General Information

This report lists transactions that failed the edits applied, and briefly explains why each field was in error.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Invalid Data - Part-A Records Dropped (RS-O-310)

```
RSM386                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                     INVALID DATA - PART-A RECORDS DROPPED

        (1)        (2)            (3)        (4)  (5)    (6)          (7)        (8)  (9)  (10)      (11)  (12)        (13)       (14)
 CLAIM NUMBER LASTNAME      FIRST NAME    M SEX  BIRTH DT  NEW CLM NO  AGY IND BILL DT  TCODE TDATE  ENROLLEE ID  RID
 [redacted]   D[redacted]                     2   121819   999999999999 S49     0601      3061 070196 999999999999
                                                                          (17)
                                                                   ERROR ENCOUNTERED RCP NOT ON ELIG FILE
                                              D[redacted]  2   121231   999999999999 S49     0601      2161 070199 999999999999
                                                                   ERROR ENCOUNTERED RCP NOT ON ELIG FILE


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MID	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Buy-in Sex Code	DE3082	
6	BIRTH DT	Enrollee Birth Date	DE3005	
7	NEW CLM NO	Medicare Number	DE3002	
8	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	IND	Enrollee Medicare Premium Payment Reduced Part A Indicator	DE3092	
10	BILL DT	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TCODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TDATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
14	RID	Calculated	DE0002	Record ID Code
15	SEQ	Calculated	DE0002	This field contains the field number that is in error on the report.
16	FLD	Calculated	DE0002	
17	ERROR ENCOUNTERED	Calculated	DE0002	

Output Reports RS-O-311 Medicare Premium Processing Invalid Data - Part-A Records Dropped Summary

General Information

This is a summary of transactions that failed the edits applied. The report includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing Invalid Data - Part-A Records Dropped Summary (RS-O-311)

```
RSM386                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                      INVALID DATA - PART-A RECORDS DROPPED SUMMARY

                    (1)                  (2)            (3)
        RECORD TYPE                 COUNT          AMOUNT
 CLAIM NUMBER CHANGES (23)                2             .00
 TOTAL CODE 11                            0             .00
 TOTAL CODE 1125                         14       10,629.60
 TOTAL CODE 1128                          3        3,522.60
 TOTAL CODE 1161                         63      169,396.00
 TOTAL CODE 1162                          0             .00
 TOTAL CODE 1163                          0             .00
 TOTAL CODE 1165                          0             .00
 TOTAL CODE 1167                          0             .00
 TOTAL CODE 1172                          0             .00
 TOTAL CODE 4317                          0             .00
 .
 .
 .
 TOTAL CODE 4368                          0             .00
 TOTAL CODE 4369                          0             .00
 TOTAL CODE 4999                          1             .00
 TOTAL CODE 86                            0             .00
 TOTAL CODE 87                            0             .00
                                     (4)                        (5)
 INV. TRANS TOTL                          2        1,995.00

                                     (6)            (7)
 TOTAL ALL  INVALID DATA             11,030    1,023,588.70


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD TYPE	Calculated	DE0002	
2	COUNT	Calculated	DE0002	
3	AMOUNT	Calculated	DE0002	
4	INVALID TRANS TOTAL CNT	Calculated	DE0002	
5	INVALID TRANS TOTAL AMT	Calculated	DE0002	
6	TOTAL ALL TRAN COUNT	Calculated	DE0002	
7	TOTAL ALL TRAN AMOUNT	Calculated	DE0002	

Output Reports RS-O-312 Medicare Premium Processing Part-A Group Payer Not Found

General Information

This report lists enrollees who are not found. It also includes total record count and amount.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	15,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Part-A Group Payer Not Found (RS-O-312)

RSM386
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
PART-A GROUP PAYER RECORDS NOT FOUND

(1) ENROLLEE ID	(2) LAST NAME	(3) FIRST NAME	(4) MI	(5) SSA CLAIM NO
999999999999	[redacted]	[redacted]		229999999A
999999999999				229999999A
999999999999				229999999A
999999999999			N	229999999A
999999999999			N	229999999A
999999999999			N	229999999A
999999999999			N	229999999A
999999999999			H	229999999A
999999999999				229999999A
999999999999			T	229999999A
999999999999				229999999A
999999999999				229999999A
999999999999				229999999A
999999999999				229999999A
999999999999			M	229999999A
999999999999			M	229999999A
999999999999			M	229999999A
999999999999			C	229999999A
999999999999			C	229999999A
999999999999			C	229999999A
999999999999			M	229999999A
999999999999				229999999A
999999999999				229999999A
999999999999				229999999A

$ ENROLS NOT FOUND: 1,183,774.70 # ENROLS NOT FOUND: 11027

(6) (7)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SSA CLAIM NO.	Medicare Number	DE3002	
6	$ ENROLLEES NOT FOUND	Calculated	DE0002	
7	# ENROLLEES NOT FOUND	Calculated	DE0002	

Output Reports RS-O-313 Medicare Premium Processing HI Premium Payment Notice

General Information

This report lists pre-edited data on the SSA Part A Buy-In Tape. Counts and accumulated dollars are listed, as well as transactions by transaction code for debit, credit and miscellaneous transactions. It also includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	15,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-A Medicare Preliminary Reporting Program (RSM385)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing HI Premium Payment Notice (RS-O-313)

```
RSM385                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:     RS-O-313
AS OF:MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING                          PAGE NUMBER:    999,999
RUN DATE: MM/DD/CCYY HH:MM                          HI PREMIUM PAYMENT NOTICE

      (1)       (2)          (3)  (4)(5) (6)         (7)          (8) (9)  (11)  (12) (13)  (14)      (15)      (16)   (17)  (18)
FIELD NO. 1      2            3    4  5   6           7            8   9   11          12   13        14        15    16     17
999-99-9999M   XXXXXXXXX    XXXXXXX    F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX    F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          447.70
999-99-9999M   XXXXXXXXX    XXXXXXX X  F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  M   MMDDCCYY                S49     MMCCYY 1728  S42 MMCCYY XXXXXXXXXXXX  99999      -   672.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  M   MMDDCCYY                S49     MMCCYY 1751      MMCCYY XXXXXXXXXXXX  99999      -   407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  F   MMDDCCYY                S49     MMCCYY 1728  S49 MMCCYY XXXXXXXXXXXX  99999      -     0.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  M               XXXXXXXXXXXX S49     MMCCYY 23                XXXXXXXXXXXX                 0.00
999-99-9999M   XXXXXXXXX    XXXXXXX    F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  F   MMDDCCYY                S49     MMCCYY 1728  S21 MMCCYY XXXXXXXXXXXX  99999      -   814.00
999-99-9999M   XXXXXXXXX    XXXXXXX    F   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  F               XXXXXXXXXXXX S49     MMCCYY 23                XXXXXXXXXXXX                 0.00
999-99-9999M   XXXXXXXXX    XXXXXXX    M   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
999-99-9999M   XXXXXXXXX    XXXXXXX X  M   MMDDCCYY                S49     MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          407.00
                                                   *** END OF REPORT ***
              *  *  *  *   C O N F I D E N T I A L    I N F O R M A T I O N   *  *  *  *  *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIELD NO. 1	Medicare Number	DE3002	
2	2	Enrollee Last Name	DE3110	
3	3	Enrollee First Name	DE3111	
4	4	Enrollee Middle Initial	DE3112	
5	5	Enrollee Buy-in Sex Code	DE3082	
6	6	Enrollee Birth Date	DE3005	
7	7	Medicare Number	DE3002	
8	8	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	9	Enrollee Medicare Premium Payment Reduced Part A Indicator	DE3092	
11	11	Enrollee Medicare Premium Payment Transaction Date	DE3097	
12	12	Enrollee Medicare Premium Payment Transaction Code	DE3015	
13	12	Conflicting State code for 1728 Transaction Code	DE3814	
14	13	Enrollee Medicare Premium Payment Start Date	DE3029	
15	14	Enrollee Permanent Identification Number	DE3093	
16	15	Enrollee ZIP Code	DE3118	
17	16	Calculated	DE0002	Record ID Code
18	17	Enrollee Medicare Premium Payment Amount	DE3030	

Output Reports RS-O-314 Medicare Premium Processing HI Premium Payment Notice Summary

General Information

This report reflects counts, accumulated dollars, and lists transactions by transaction code for debit, credit and miscellaneous transactions. It also includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-A Medicare Preliminary Reporting Program (RSM385)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing HI Premium Payment Notice Summary (RS-O-314)

```
RSM385                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                              HI PREMIUM PAYMENT NOTICE
                                                                  SUMMARY

    TOTAL RECORDS READ - (1)      11245  TOTAL RECORDS PROCESSED - (2)    11244  TOTAL RECORDS BYPASSED - (3)        0

                  (4)   DEBIT  (5)                                  (8)   CREDIT   (9)                                  (12)       MI
                 ITEMS         MONEY                              ITEMS          MONEY                              ITEMS
     CODE 11        84      188189.20            CODE 13          0            0.00            CODE 01        0
     CODE 12         0           0.00            CODE 14          0            0.00            CODE 02        0
     CODE 41      2865      936934.40            CODE 15         13        55914.10            CODE 03        0
     CODE 91         0           0.00            CODE 16         16        11278.50            CODE 04        0
     CODE 43         2        1995.00            CODE 17         54        17364.70            CODE 05        0
     CODE 45         0           0.00            CODE 42          0            0.00            CODE 06        0
      *TOTALS     2951     1127118.60            CODE 44          0            0.00            CODE 07        0
                 (6)          (7)                 *TOTALS         83        84557.30            CODE 08        0
                                                                (10)         (11)              CODE 09        0
                                                                                               CODE 10        0
                                                                                               CODE 18        0
                                                                                               CODE 19        0
                                                                                               CODE 20      149
                                                                                               CODE 21      200
                                                                                               CODE 22        0
                                                                                               .
                                                                                               .
                                                                                               .
                                                                                               CODE 92        0
                                                                                               CODE 93        0
                                                                                               CODE 94        0
                                                                                               CODE 95        0
                                                                                               CODE 96        0
                                                                                               CODE 97        0
                                                                                               CODE 98        0
                                                                                               CODE 99        0
          (14)                  (15)                              (16)                        *TOTAL (13)    349
LABEL DATE 061998 LABEL REC CNT 0001124 PROCESSED RECORD CNT    11,244


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL RECORDS READ	Calculated	DE0002	
2	TOTAL RECORDS PROCESSED	Calculated	DE0002	
3	TOTAL RECORDS BYPASSED	Calculated	DE0002	
4	DEBIT ITEMS	Calculated	DE0002	
5	DEBIT MONEY	Calculated	DE0002	
6	TOTALS DEBIT ITEMS	Calculated	DE0002	
7	TOTALS DEBIT MONEY	Calculated	DE0002	

8	CREDIT ITEMS	Calculated	DE0002	
9	CREDIT MONEY	Calculated	DE0002	
10	TOTALS CREDIT ITEMS	Calculated	DE0002	
11	TOTALS CREDIT MONEY	Calculated	DE0002	
12	MISC ITEMS	Calculated	DE0002	
13	TOTAL MISC ITEMS	Calculated	DE0002	
14	LABEL DATE		DE0000	
15	LABEL REC CNT		DE0000	
16	PROCESSED RECORD CNT	Calculated	DE0002	
17	MISC MONEY	Calculated	DE0002	
18	TOTAL MISC MONEY	Calculated	DE0002	

Output Reports RS-O-315 Medicare Premium Processing Accepted Part-A Group Payer Records

General Information

This report lists transactions that passed applied edits. The report includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	50
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Accepted Part-A Group Payer Records (RS-O-315)

RSM386 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM ACCEPTED PART-A GROUP PAYER RECORDS

(1) FIELD NO. 1	(2) 2	(3) 3	(4) 4	(5) 5	(6) 6	(7) 7	(8) 8	(9) 9	(11) 11	(12) 12	(13) 13	(14) 14	(15)
229999999A	[redacted]	[redacted]	T	2	[redacted]	999999999999	S49	P	.00	2051	051998	999999999999	
229999999A				2		999999999999	S49		.00	2561	111997	999999999999	
229999999A				2		999999999999	S49		309.00	41	091998	999999999999	
229999999A				2		999999999999	S49	1	.00	2561	081997	999999999999	
229999999A				2		999999999999	S49	1	339.90	41	081997	999999999999	
229999999A			S	2		999999999999	S49		.00	3061	071996	999999999999	
229999999A			S	2		999999999999	S49		.00	2561	071996	999999999999	
229999999A			S	2		999999999999	S49	1	339.90	41	091997	999999999999	
229999999A				2		999999999999	S49	P	.00	2453	051998	999999999999	
229999999A			J	2		999999999999	S49		.00	2161	101995	999999999999	
229999999A			M	2		999999999999	S49		2478.00	15	091997	999999999999	
229999999A			M	2		999999999999	S49		2787.00	1161	101997	999999999999	
229999999A				2		999999999999	S49		.00	3061	071996	999999999999	
229999999A				2		999999999999	S49		.00	2561	071996	999999999999	
229999999A				2		999999999999	S49		309.00	41	091997	999999999999	
229999999A				1		999999999999	S49	P	.00	2453	051998	999999999999	
229999999A				2		999999999999	S49		.00	3061	071996	999999999999	
229999999A				2		999999999999	S49		.00	2561	071996	999999999999	
229999999A				2		999999999999	S49	1	339.90	41	121995	999999999999	
229999999A				1		999999999999	S49		.00	2161	111992	999999999999	
229999999A			G	2		999999999999	S49	P	.00	2453	051998	999999999999	
229999999A			T	2		999999999999	S49	P	.00	3061	051996	999999999999	
229999999A			T	2		999999999999	S49		.00	3061	071996	999999999999	
229999999A			T	2		999999999999	S49		.00	2561	071996	999999999999	

(16)
QDWIS COUNT : 999999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIELD NO. 1	Medicare Number	DE3002	
2	2	Enrollee Last Name	DE3110	
3	3	Enrollee First Name	DE3111	
4	4	Enrollee Middle Initial	DE3112	
5	5	Enrollee Buy-in Sex Code	DE3082	
6	6	Enrollee Birth Date	DE3005	
7	7	Medicare Number	DE3002	
8	8	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	9	Enrollee Medicare Premium Payment Reduced Part A Indicator	DE3092	

10	10	Provider/Prescriber Qualifier	DE0001	
11	11	Enrollee Medicare Premium Payment Amount	DE3030	
12	12	Enrollee Medicare Premium Payment Transaction Code	DE3015	
13	12	Enrollee Medicare Premium Payment Start Date	DE3029	
14	13	Enrollee Permanent Identification Number	DE3093	
16	Qdwis Count	Calculated	DE0002	calculated

Output Reports RS-O-316 Medicare Premium Processing Accepted Part-A Group Payer Records Summary

General Information

This is a summary of transactions that passed applied edits. The report includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	No
Sequence:	Transaction Code
Control Breaks:	N/A

Medicare Premium Processing Accepted Part-A Group Payer Records Summary (RS-O-316)

```
RSM386                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                          ACCEPTED PART-A GROUP PAYER RECORDS SUMMARY

        RECORD TYPE    (1)         COUNT    (2)  AMOUNT    (3)
 CLAIM NUMBER CHANGES (23)                0              .00
 TOTAL CODE 11                            0              .00
 TOTAL CODE 1125                          2        1,236.00
 TOTAL CODE 1128                          0              .00
 TOTAL CODE 1161                          2        3,405.00
 TOTAL CODE 1162                          0              .00
 TOTAL CODE 1163                          0              .00
 TOTAL CODE 1165                          0              .00
 TOTAL CODE 1167                          0              .00
 .
 .
 .
 TOTAL CODE 4314                          0              .00
 TOTAL CODE 4315                          0              .00
 TOTAL CODE 4316                          0              .00
 TOTAL CODE 4317                          0              .00
 TOTAL CODE 4368                          0              .00
 TOTAL CODE 4369                          0              .00
 TOTAL CODE 4999                          0              .00
 TOTAL CODE 86                            0              .00
 TOTAL CODE 87                            0              .00
                                                  (4)                 (5)
TOTAL ALL VALID DATA                    214          18,972.60

             TOTAL ALL TRANS          11,244 (6)  1,211,675.90  (7)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD TYPE	Calculated	DE0002	
2	COUNT	Calculated	DE0002	
3	AMOUNT	Calculated	DE0002	
4	TOTAL VALID DATA COUNT	Calculated	DE0002	The total number of valid records.
5	TOTAL VALID DATA AMOUNT	Calculated	DE0002	
6	TOTAL ALL TRANS COUNT	Calculated	DE0002	This is the total number of valid records plus the total number of invalid records reported on RS-O-311.
7	TOTAL ALL TRANS AMOUNT	Calculated	DE0002	

Output Reports RS-O-317 Medicare Premium Processing Part-A Group Payer History Update

General Information

This control report reflects transaction counts and dollars entering the program from the Part A buy-In History File and the monthly Part A buy-In Transaction File for both valid and invalid records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator -Program Operations
Program:	Medicare Premium History Merge/Update (RSM387)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing Part-A Group Payer History Update (RS-O-317)

```
RSM387                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                            PART-A GROUP PAYER HISTORY UPDATE

                                                   ENRL CT        TOTAL PREMIUMS
                ITEMS ON HISTORY FILE-B.O.M. (1)    76,007         25,163,910.40

                ITEMS ADDED (2)                         61             18,972.60

                ITEMS PURGED (3)

                ITEMS ON HISTORY FILE-E.O.M. (4)    76,068         25,182,883.00

                NON-PREMIUM RECORDS BYPASSED      (5) 153


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ITEMS ON HISTORY FILE-B.O.M.	Calculated	DE0002	
2	ITEMS ADDED	Calculated	DE0002	
3	ITEMS PURGED	Calculated	DE0002	
4	ITEMS ON HISTORY FILE-E.O.M.	Calculated	DE0002	
5	NON-PREMIUM RECORDS BYPASSED	Calculated	DE0002	

Output Reports RS-O-318 Medicare Premium Processing Enrollee Records with No 41 Group Payer Update

General Information

This report lists Part A Group Payer enrollees in which an SSA Group Payer 41 transaction was not received.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A Premium Processing Apply (RSM386)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Enrollee Records with No 41 Group Payer Update (RS-O-318)

```
RSM386                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                       ENROLLEE RECORDS WITH NO 41 GROUP PAYER UPDATE

          (1)          (2)          (3)    (4)    (5)    (6)        (7)        (8)          (9)
         CLAIM                   NAME                SEX   BIRTH      AGY     EFFECTIVE    ENROLLEE
        NUMBER       SURNAME      FIRST    I          DATE                      DATE      ID NUMBER

        [redacted]   [redacted]                      F   02/08/1927  S49       06/2000    [redacted]

                                                          TOTAL ITEMS REPORTED  (10)  1


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Buy-in Sex Code	DE3082	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EFFECTIVE DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-320 Medicare Premium Processing Invalid Data Encountered

General Information

This report shows occurrences of invalid data encountered in editing the SSA tape, and indicates whether the SSA record is allowed continued processing, or permanently dropped. The report includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Invalid Data Encountered (RS-O-320)

```
RSM390                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                              INVALID DATA ENCOUNTERED

        (1)        (2)        (3)          (4)  (5)      (6)        (7)          (8)  (9)    (10)        (11)        (12)     (13)
CLAIM NO      LAST NAME   FIRST NAME    M SEX  BIRTH DT   NEW CLM NO    AGY  EC   BILL DT TRAN CODE TRAN DATE ENRL

0009[redacted]                                                          490   P    0601        86     021996 [redacted]
                                                                  (16)        (17)
                                                                FLD: 6   ERROR ENCOUNTERED: BIRTH DATE NOT NUMERIC

999[redacted]                                                           490   P    0601        86     021996 [redacted]
                                                                  (18)        (19)
                                                                FLD: 6   ERROR ENCOUNTERED: BIRTH DATE NOT NUMERIC

999[redacted]                                                           490   P    0601        86     021996 9[redacted]
                                                                  (20)        (21)
                                                                FLD: 6   ERROR ENCOUNTERED: BIRTH DATE NOT NUMERIC


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NO	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MID	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DT	Enrollee Birth Date	DE3005	
7	NEW CLM NO	Medicare Number	DE3002	
8	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	EC	Enrollee Buy-In SMI Eli-gibility Code	DE3102	
10	BILL DT	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRAN CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRAN DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENRL ID	Enrollee Permanent	DE3093	

		Identification Number		
14	RID	Calculated	DE0002	Record ID Code
15	SEQ. NO	Calculated	DE0002	
16	ERROR FLD	Calculated	DE0002	
17	ERROR ENCOUNTERED	Calculated	DE0002	

Output Reports RS-O-321 Medicare Premium Processing Invalid Data Encountered, Summary

General Information

This is a summary of invalid data encountered in editing the SSA tape. The report includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing Invalid Data Encountered, Summary (RS-O-321)

```
RSM390                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                            INVALID DATA ENCOUNTERED SUMMARY
              (1)                          (2)          (3)
          RECORD TYPE                    COUNT        AMOUNT
CLAIM NUMBER CHANGES (23)                    1           .00
ERROR RECORDS                              422           .00
  TOTAL CODE 27                              1           .00
  TOTAL CODE 1125                          495     83,685.30
  TOTAL CODE 1128                           18      4,336.20
  TOTAL CODE 1161                        2,338    438,433.70
  TOTAL CODE 1165                           40     12,488.80
  TOTAL CODE 1167                           30     20,209.60
  TOTAL CODE 1172                           37     62,805.00
  TOTAL CODE 1175                          177     69,924.00
  TOTAL CODE 14                              1           .00
  TOTAL CODE 15                             14      7,720.80-
  .
  .
  .
  TOTAL CODE 41                        105,588  4,624,754.40
  TOTAL CODE 4211                           11     15,099.70-
  TOTAL CODE 4214                            5        350.40-
  TOTAL CODE 4216                           11      1,467.80-
  TOTAL CODE 4267                            1        564.20-
  TOTAL CODE 4368                           13     12,157.50
  TOTAL CODE 4999                            5           .00
  TOTAL CODE 86                            491           .00
  TOTAL CODE 87                            311           .00

INPUT RECORDS FROM SSA                 114,025  5,039,402.40
CODE 23 RECORDS DROPPED                    150           .00
INV. TRANS TOTAL                             0           .00
ERROR RECORDS                              152      5,055.80
OUTPUT RECORDS                         113,723           .00


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD TYPE	Calculated	DE0002	
2	COUNT	Calculated	DE0002	
3	AMOUNT	Calculated	DE0002	

Output Reports RS-O-322 Medicare Premium Processing SMIB Premium Payment Notice

General Information

This report lists total debit, credit, and miscellaneous values from the Buy-In tape from SSA, and includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	15,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Preliminary Reporting (RSM389)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing SMIB Premium Payment Notice (RS-O-322)

```
RSM389                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:    RS-O-322
AS OF:MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING                              PAGE NUMBER:   999,999
RUN DATE: MM/DD/CCYY HH:MM                         SMIB PREMIUM PAYMENT NOTICE

        (1)     (2)          (3)    (4)(5) (6)     (7)           (8) (9)  (10)   (11) (12)  (13)     (14)      (15)           (16)
FIELD NO. 1      2            3      4  5 6          7            8   9    11     12   13    14       15        16             17
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  L  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  L  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  L  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  M  MMCCYY 2561      MMCCYY XXXXXXXXXXXX                   0.00
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  D  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  P  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  M  MMCCYY 1161      MMCCYY XXXXXXXXXXXX  99999          419.60
999-99-9999A   XXXXXXXX     XXXXXXX    M MMDDCCYY                490  A  MMCCYY 87                           99999            0.00
999-99-9999A   XXXXXXXX     XXXXXXX    M MMDDCCYY                490  E  MMCCYY 1728  440 MMCCYY XXXXXXXXXXXX  99999        -  524.50
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  D  MMCCYY 1728  100 MMCCYY XXXXXXXXXXXX  99999        -  839.20
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  U  MMCCYY 1728  310 MMCCYY XXXXXXXXXXXX  99999        -  419.60
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  L  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX    F MMDDCCYY                490  V  MMCCYY 1751      MMCCYY XXXXXXXXXXXX  99999        -  104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  P  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  L  MMCCYY 1728  110 MMCCYY XXXXXXXXXXXX  99999        -  314.70
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  U  MMCCYY 1161      MMCCYY XXXXXXXXXXXX  99999          629.40
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  V  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX    F MMDDCCYY                490  D  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  P  MMCCYY 1751      MMCCYY XXXXXXXXXXXX  99999        -  209.80
999-99-9999A   XXXXXXXX     XXXXXXX    F MMDDCCYY                490  D  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  D  MMCCYY 1728  100 MMCCYY XXXXXXXXXXXX  99999        -  839.20
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  V  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F            XXXXXXXXXXXX 490     MMCCYY 23                XXXXXXXXXXXX                   0.00
999-99-9999A   XXXXXXXX     XXXXXXX    F MMDDCCYY                490  M  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  F            XXXXXXXXXXXX 490     MMCCYY 2361              XXXXXXXXXXXX                   0.00
999-99-9999A   XXXXXXXX     XXXXXXX X  F MMDDCCYY                490  V  MMCCYY 41        MMCCYY XXXXXXXXXXXX  99999          104.90
999-99-9999A   XXXXXXXX     XXXXXXX X  M MMDDCCYY                490  L  MMCCYY 16        MMCCYY XXXXXXXXXXXX               -  104.90
                                                   *** END OF REPORT ***
                 *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *  *  *  *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIELD NO. 1	Medicare Number	DE3002	
2	2	Enrollee Last Name	DE3110	
3	3	Enrollee First Name	DE3111	
4	4	Enrollee Middle Initial	DE3112	
5	5	Enrollee Sex Code	DE3007	
6	6	Enrollee Birth Date	DE3005	
7	7	Medicare Number	DE3002	
8	8	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	9	Enrollee Buy-In SMI Eligibility Code	DE3102	
10	11	Enrollee Medicare Premium Payment Start Date	DE3029	
11	12	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	13	Conflicting State code for 1728 Transaction Code	DE3814	
13	14	Enrollee Medicare Premium Payment Transaction Date	DE3097	
14	15	Enrollee Permanent Identification Number	DE3093	
15	16	Enrollee ZIP Code	DE3118	
16	17	Enrollee Medicare Premium Payment Amount	DE3030	

Output Reports RS-O-323 Medicare Premium Processing SMIB Premium Payment Notice Summary

General Information

This report reflects the summary of total debit, credit, miscellaneous values from the Buy-In tape from SSA, and includes total record counts and amounts by transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Preliminary Reporting (RSM389)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing SMIB Premium Payment Notice Summary (RS-O-323)

```
RSM389                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                            SMIB PREMIUM PAYMENT NOTICE
                                                                SUMMARY

    TOTAL RECORDS READ - (1)     114026  TOTAL RECORDS PROCESSED - (2)  114025  TOTAL RECORDS BYPASSED - (3)        0

                (4)   DEBIT   (5)                                (8)   CREDIT    (9)                                MISC (12)
               ITEMS          MONEY                            ITEMS          MONEY                              ITEMS
     CODE 11     3135       691882.60            CODE 13        0            0.00            CODE 01        0
     CODE 12        0            0.00            CODE 14        1            0.00            CODE 02        0
     CODE 41   105588      4624754.40            CODE 15       14         7720.80            CODE 03        0
     CODE 91        0            0.00            CODE 16      421        38703.80            CODE 04        0
     CODE 43       13        12157.50            CODE 17     2458       225485.40            CODE 05        0
     CODE 45        0            0.00            CODE 42       28        17482.10            CODE 06        0
      *TOTALS  108736       328794.50            CODE 44        0            0.00            CODE 07        0
                (6)            (7)                 *TOTALS    2922       289392.10            CODE 08        0
                                                             (10)         (11)               CODE 09        0
                                                                                            CODE 10        0
                                                                                            CODE 18        0
                                                                                            CODE 19        0
                                                                                            CODE 20       36
                                                                                            .
                                                                                            .
                                                                                            .
                                                                                            CODE 95        0
                                                                                            CODE 96        0
                                                                                            CODE 97        0
                                                                                            CODE 98        0
                                                                                            CODE 99        0
                                                                                             *TOTAL (13) 2367
        (15)                 (16)                        (17)
LABEL DATE 061998 LABEL REC CNT 0011402 PROCESSED RECORD CNT   114,025


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL RECORDS READ	Calculated	DE0002	
2	TOTAL RECORDS PROCESSED	Calculated	DE0002	
3	TOTAL RECORDS BYPASSED	Calculated	DE0002	
4	DEBIT ITEMS	Calculated	DE0002	
5	DEBIT MONEY	Calculated	DE0002	
6	TOTALS DEBIT ITEMS	Calculated	DE0002	
7	TOTALS DEBIT MONEY	Calculated	DE0002	

8	CREDIT ITEMS	Calculated	DE0002	
9	CREDIT MONEY	Calculated	DE0002	
10	TOTALS CREDIT ITEMS	Calculated	DE0002	
11	TOTALS CREDIT MONEY	Calculated	DE0002	
12	MISC ITEMS	Calculated	DE0002	
13	TOTAL MISC ITEMS	Calculated	DE0002	
14	TOTAL MISC MONEY	Calculated	DE0002	
15	LABEL DATE	Calculated	DE0002	
16	LABEL REC CNT	Calculated	DE0002	
17	PROCESSED RECORD CNT	Calculated	DE0002	

Output Reports RS-O-324 Medicare Premium Processing - Medicare Policy Error Report

General Information

This report will list Medicare Policy errors while processing Buy-In Part-B transactions (for transaction '11XX' and not equal to '1175'). The report contains recipients claim number, name, sex, date of birth, Medicaid ID, Premium Amount and any error messages.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing - Medicare Policy Error Report (RS-O-324)

```
+RSM391                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
 AS OF:99/99/9999                                MEDICARE PREMIUM PROCESSING                                PAG
 RUN DATE: 99/99/9999 99:99                      MEDICARE POLICY ERROR REPORT

-CLAIM NO      LAST NAME       FIRST NAME   M SEX BIRTH DATE  ENROLLEE ID   ELIG   PREM AMT        ERROR MESSAGES
    (1)           (2)             (3)      (4)(5)    (6)          (7)        (8)      (9)               (10)
 XXXXXXXXXX    XXXXXXXXX       XXXXXXXXXXX  X  9  99/99/9999  999999999999    X     9999.99  XXXXXXXXXXXXXXXXXXXXX
 XXXXXXXXXX    XXXXXXXXX       XXXXXXXXXXX  X  9  99/99/9999  999999999999    X     9999.99  XXXXXXXXXXXXXXXXXXXXX
                                                *** 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	Claim Number	Medicare Number	DE3002	
2	Enrollee Last Name	Enrollee Last Name	DE3110	
3	Enrollee First Name	Enrollee First Name	DE3111	
4	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	
5	Enrollee Sex	Enrollee Sex Code	DE3007	
6	Enrollee Birthdate	Enrollee Birth Date	DE3005	
7	Enrollee ID	Enrollee Identification Number	DE3001	
8	Buy-In Elig Code	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	Buy-In Premium Amount	Enrollee Medicare Premium Payment Amount	DE3030	
10	Error Messages	Calculated	DE0002	

Output Reports RS-O-325 Medicare Premium Processing SSA Claim Number Change Activity

General Information

This report is an audit trail of SSA claim number change activity, and includes control totals.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	Yes
Sequence:	Old Enrollee HIC Number New Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing SSA Claim Number Change Activity (RS-O-325)

RSM390
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
SSA CLAIM NUMBER CHANGE ACTIVITY

(1) SSA OLD CLAIM NUMBER	(2) SSA NEW CLAIM NUMBER	(3) ELIG OLD CLAIM NUMBER	(4) SSA ENROLLEE	(5) SSA SURNAME	(6) SSA FIRST	(7) MI	(8) SX	(9) SSA CODE	(10) TRANS DATE	(11) ELIG BIRTH
[redacted]	[redacted]		99[redacted]	[redacted]	[redacted]	M	2	2361	051998	00/00/0000
			99[redacted]			J	2	2361	041998	00/00/0000
			99[redacted]			T	1	2361	041998	00/00/0000
			99[redacted]			T	1	2375	031998	00/00/0000
			99[redacted]			T	1	2376	031998	00/00/0000
			99[redacted]			E	2	2361	051998	00/00/0000
			99[redacted]			E	2	2361	051998	00/00/0000
			99[redacted]			M	2	2361	041998	00/00/0000
			99[redacted]			C	2	2361	101997	00/00/0000
			99[redacted]				2	2361	041998	00/00/0000
			99[redacted]				2	2361	021998	00/00/0000
			99[redacted]				2	2361	021998	00/00/0000
			99[redacted]				2	23	031991	00/00/0000
			99[redacted]			M	2	23	121991	00/00/0000
			99[redacted]			M	2	2361	021994	00/00/0000
			99[redacted]			M	2	2361	071992	00/00/0000
			99[redacted]				2	2361	051998	00/00/0000

TOTAL SSA CODE 23 TRANS (13) 150

TOTAL CLAIM NOS. CHANGED (14) 1

TOTAL CHANGES NOT NEEDED (15)

TOTAL CHANGES NOT MADE (16)

TOTAL ENROLLEES NOT FOUND (17) 149

CODE 23 RECORDS REJECTED (18) 14

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSA OLD CLAIM NUMBER	Medicare Number	DE3002	
2	SSA NEW CLAIM NUMBER	Medicare Number	DE3002	
3	ELIG OLD CLAIM NUMBER	Medicare Number	DE3002	
4	SSA ENROLLEE	Enrollee Permanent Identification Number	DE3093	
5	SSA SURNAME	Enrollee Last Name	DE3110	
6	SSA FIRST	Enrollee First Name	DE3111	
7	MI	Enrollee Middle Initial	DE3112	
8	SX	Enrollee Sex Code	DE3007	

9	SSA CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
10	TRANS DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
11	ELIG BIRTH	Enrollee Birth Date	DE3005	
12	COMMENTS	Calculated	DE0002	
13	TOTAL SSA CODE 23 TRANS	Calculated	DE0002	
14	TOTAL CLAIM NOS. CHANGED	Calculated	DE0002	
15	TOTAL CHANGES NOT NEEDED	Calculated	DE0002	
16	TOTAL CHANGES NOT MADE	Calculated	DE0002	
17	TOTAL ENROLLEES NOT FOUND	Calculated	DE0002	
18	CODE 23 RECORDS REJECTED	Calculated	DE0002	

Output Reports RS-O-326 Medicare Premium Processing C-101 Report

General Information

This report lists SSA records with transaction codes showing SSA acknowledgement of accretions and deletions, ongoing items, and debit and credit adjustments.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	No
Sequence:	Payment Status
Control Breaks:	N/A

Medicare Premium Processing C-101 Report (RS-O-326)

RSM391 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING PA
RUN DATE: MM/DD/CCYY HH:MM C-101 REPORT

PAYMENT STATUS (1)	ENROLLEE COUNT (2)	PREMIUM AMOUNT (3)	ENROLLEE TYPE (4)
SSIA	13,729	914,351.40	65/OVER
SSIA	0	.00	BLIND
SSIA	0	.00	DISABLED
SSIA	0	.00	UNDER 21
SSIA	1	66.60	ADULTS
SSIA	0	.00	OTHER
	13,730 (5)	914,418.00 (6)	TOTAL FOR PAYMENT STATU
SSIB	472	31,435.20	65/OVER
SSIB	110	7,326.00	BLIND
SSIB	10	666.00	DISABLED
SSIB	0	.00	UNDER 21
SSIB	1	66.60	ADULTS
SSIB	0	.00	OTHER
	593	39,493.80	TOTAL FOR PAYMENT STATU
SSID	8,972	597,535.20	65/OVER
SSID	0	.00	BLIND
SSID	0	.00	DISABLED
SSID	0	.00	UNDER 21
SSID	0	.00	ADULTS
SSID	0	.00	OTHER
	8,972	597,535.20	TOTAL FOR PAYMENT STATU
SSAA	6,472	431,035.20	65/OVER
SSAA	0	.00	BLIND
SSAA	0	.00	DISABLED
SSAA	0	.00	UNDER 21
SSAA	0	.00	ADULTS
SSAA	1	66.60	OTHER
	6,473	431,101.80	TOTAL FOR PAYMENT STATU
SSAB	99,999	6,659,933.40	65/OVER
SSAB	0	.00	BLIND
SSAB	0	.00	DISABLED
SSAB	0	.00	UNDER 21
SSAB	1	66.60	ADULTS
SSAB	0	.00	OTHER
	100,000	6,660,000.00	TOTAL FOR PAYMENT STATU

Medicare Premium Processing C-101 Report (RS-O-326)

RSM391 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REP
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING PAG
RUN DATE: MM/DD/CCYY HH:MM C-101 REPORT

PAYMENT STATUS	ENROLLEE COUNT	PREMIUM AMOUNT	ENROLLEE TYPE
SSAD	609	40,559.40	65/OVER
SSAD	0	.00	BLIND
SSAD	0	.00	DISABLED
SSAD	0	.00	UNDER 21
SSAD	0	.00	ADULTS
SSAD	0	.00	OTHER
	609	40,559.40	TOTAL FOR PAYMENT STATUS
QMB	280	18,648.00	65/OVER
QMB	3	199.80	BLIND
QMB	188	12,520.80	DISABLED
QMB	0	.00	UNDER 21
QMB	0	.00	ADULTS
QMB	0	.00	OTHER
	471	31,368.60	TOTAL FOR PAYMENT STATUS
SLMB	145	9,657.00	65/OVER
SLMB	0	.00	BLIND
SLMB	0	.00	DISABLED
SLMB	0	.00	UNDER 21
SLMB	0	.00	ADULTS
SLMB	0	.00	OTHER
	145	9,657.00	TOTAL FOR PAYMENT STATUS
MAO	333	22,177.80	65/OVER
MAO	0	.00	BLIND
MAO	0	.00	DISABLED
MAO	0	.00	UNDER 21
MAO	0	.00	ADULTS
MAO	0	.00	OTHER
	333	20,177.80	TOTAL FOR PAYMENT STATUS
CN	44,145	2,940,057.00	65/OVER
CN	0	.00	BLIND
CN	0	.00	DISABLED
CN	0	.00	UNDER 21
CN	0	.00	ADULTS
CN	0	.00	OTHER
	44,145	2,940,057.00	TOTAL FOR PAYMENT STATUS

Medicare Premium Processing C-101 Report (RS-O-326)

```
RSM391                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT
AS OF:     MM/DD/CCYY                            MEDICARE PREMIUM PROCESSING                            PAGE N
RUN DATE:  MM/DD/CCYY HH:MM                            C-101 REPORT

                          PAYMENT                  ENROLLEE        PREMIUM       ENROLLEE
                           STATUS                    COUNT          AMOUNT          TYPE
                             QI1                       230        15,318.00      65/OVER
                             QI1                         0              .00      BLIND
                             QI1                         0              .00      DISABLED
                             QI1                         0              .00      UNDER 21
                             QI1                         0              .00      ADULTS
                             QI1                         0              .00      OTHER
                                                       230        15,318.00      TOTAL FOR PAYMENT STATUS

                             DCN                       767        51,082.20      65/OVER
                             DCN                         0              .00      BLIND
                             DCN                        30         1,998.00      DISABLED
                             DCN                         0              .00      UNDER 21
                             DCN                         0              .00      ADULTS
                             DCN                         0              .00      OTHER
                                                       797        53,080.20      TOTAL FOR PAYMENT STATUS


                                                   176,498    10,695,778.80      TOTAL OVERALL
                                                     (7)          (8)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PAYMENT STATUS	Calculated	DE0002	
2	ENROLLEE COUNT	Calculated	DE0002	
3	PREMIUM AMOUNT	Calculated	DE0002	
4	ENROLLEE TYPE	Calculated	DE0002	
5	TOTAL FOR PAYMENT STATUS ENROLLEE COUNT	Calculated	DE0002	
6	TOTAL FOR PAYMENT STATUS	Calculated	DE0002	

	PREMIUM AMOUNT			
7	TOTAL OVERALL ENROLLEE COUNT	Calculated	DE0002	
8	TOTAL OVERALL PREMIUM AMOUNT	Calculated	DE0002	

Output Reports RS-O-327 Medicare Premium Processing C-101 Supplemental Report of Job Control Infor

General Information

This report reflects the count of records being processed for each SSA transaction code.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	No
Sequence:	Transaction Code
Control Breaks:	N/A

Medicare Premium Processing C-101 Supplemental Report of Job Control Infor. (RS-O-327)

```
RSM391                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                  C-101 SUPPLEMENTAL REPORT OF JOB CONTROL INFORMATION

                                   (1)                (2)                        (3)
                              CODE            RECORDS            PREMIUM AMOUNT
                               11                  78             13,355.50
                               14                   0                   .00
                               15                   0                   .00
                               16                  14              1,007.40-
                               17                  56              4,168.90-
                               41               2,025             88,695.00
                               42                   4                876.00-
                               43                   0                   .00
                          INPUT FILE            2,177             95,998.20
                          NO PREMIUM                0
                          OUTPUT FILE           2,177


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
2	RECORDS	Calculated	DE0002	
3	PREMIUM AMOUNT	Calculated	DE0002	

Output Reports RS-O-328 Medicare Premium Processing, C-101 Report Error Messages

General Information

This report lists each transaction for which a premium is charged but not included in C101 reports due to error.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	500
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	Yes
Sequence:	Payment Status
Control Breaks:	N/A

Medicare Premium Processing, C-101 Report Error Messages (RS-O-328)

```
RSM391                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                             C-101 REPORT ERROR MESSAGES

(1)                  (2)      (3)          (4) (5)     (6)       (7)     (8)          (9)            (10)
CLAIM NO      LAST NAME       FIRST NAME    M SEX BIRTH DATE  ENROLLEE ID ELIG   PREM AMT       ERROR MESSAGES

XXXXXXXXXX    XXXXX           XXXXXXX       X  1  08/03/0027  99999999999   M     1301.00  PROGRAM DESIGNATOR ERRONE
XXXXXXXXXX    XXXXX           XXXXXXX       X  1  08/03/0027  99999999999   M     1392.00  PROGRAM DESIGNATOR ERRONE


                                                        *** 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	Claim number	Medicare Number	DE3002	
2	Enrollee Last name	Enrollee Last Name	DE3110	
3	Enrollee First name	Enrollee First Name	DE3111	
4	Enrollee Middle init	Enrollee Middle Initial	DE3112	
5	Enrollee sex code	Enrollee Sex Code	DE3007	
6	Enrollee date of birth	Enrollee Birth Date	DE3005	
7	Enrollee id	Enrollee Identification Number	DE3001	
8	Buyin Elig code	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	Buyin Premium amount	Enrollee Medicare Premium Payment Amount	DE3030	
10	Error messages	Calculated	DE0002	

Output Reports RS-O-329 Medicare Premium Processing, Part-B Buy-In History Update

General Information

This is the HCFA 2082 Medicare Part-B Buy-In History Update report showing the results of the Monthly Buy-In Tape merge with the 24 Month Buy-In History Tape. All records from the file that are at least two years old as of the Report Run Date are purged.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator - Program Operations
Program:	Medicare Premium History Merge/Update (RSM387)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing, Part-B Buy-In History Update (RS-O-329)

```
RSM387                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                          PART-B BUY-IN HISTORY UPDATE

                                                 (1)                  (2)
                                             ENRL CT        TOTAL PREMIUMS
ITEMS ON HISTORY FILE-B.O.M.                 671,400          29,517,058.40
ITEMS ADDED                                    2,177              95,998.20
ITEMS PURGED
ITEMS ON HISTORY FILE-E.O.M.                 673,577          29,613,056.60
INVALID MONTHLY BUY-IN RECS


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROL CT	Calculated	DE0002	
2	TOTAL PREMIUMS	Calculated	DE0002	

Output Reports RS-O-330 Medicare Premium Processing Enrollees with 1165 or 1167 Transaction Codes

General Information

This report lists all records with '1165' or '1167' Transaction Codes in unedited form. It includes total record counts and amounts for both transactions.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Enrollees with 1165 or 1167 Transaction Codes (RS-O-330)

RSM390
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
ENROLLEES WITH 1165 OR 1167 TRANSACTION CODES

(1) CLAIM NO.	(2) LAST NAME	(3) FIRST NAME	(4) M I	(5) SEX	(6) BIRTH DTE	(7) SUB CDE	(8) AGC	(9) TPC	(10) PREMIUM AMT.	(11) BILL DATE	(12) TR CD	(13) TRAN DATE	(14) ENRO I
2[redacted]9A	[redacted]	[redacted]	M	2	09091957		490	V	017520	061998	1165	031998	[redacted]
2[redacted]9A			E	1	10081907		490	P	021900	061998	1165	021998	
2[redacted]9A			D	2	01251926		490	V	017520	061998	1165	031998	
2[redacted]9A				2	03031909		490	P	017520	061998	1165	031998	
2[redacted]9A			M	2	05281918		490	V	017520	061998	1165	031998	
2[redacted]9A			E	2	08181926		490		026280	061998	1167	011998	
2[redacted]9A			B	1	06291950		490	V	013140	061998	1165	041998	
2[redacted]9A				1	06051926		490	V	017520	061998	1165	031998	
2[redacted]9A			S	1	06221932		490		026280	061998	1167	011998	
2[redacted]9A9			L	1	02281961		490	V	017520	061998	1165	031998	
2[redacted]9A				2	12261922		490	V	017520	061998	1165	031998	
2[redacted]9A				2	04081927		490		052560	061998	1167	071997	
2[redacted]9A				2	05081909		490	L	056940	061998	1165	061997	
2[redacted]9A			S	1	08131908		490		017520	061998	1167	031998	
2[redacted]9A			J	2	01221933		490		026280	061998	1167	011998	
2[redacted]9A			L	2	09221922		490	V	030660	061998	1165	121997	
2[redacted]9A			L	2	05231932		490		035040	061998	1167	111997	
2[redacted]9A			W	1	03291932		490		056940	061998	1167	061997	
2[redacted]9A				1	05151917		490		021900	061998	1167	021998	
2[redacted]9A				2	04211919		490		021900	061998	1167	021998	
2[redacted]9A			L	2	12221932		490		026280	061998	1167	011998	

TOTALS: TRANS CODES 1165 AND 1167

TRANS CODE	COUNT	AMOUNT
1165 (16)	40 (17)	12,488.80 (18)
1167	30	20,209.60

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NO.	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DTE	Enrollee Birth Date	DE3005	
7	SUB CDE	Provider/Prescriber Qualifier	DE0001	
8	AGC	Enrollee Medicare Premium Payment Agency Code	DE3045	
9	TPC	Enrollee Buy-In SMI Eli-gibility Code	DE3102	

10	PREMIUM AMT.	Enrollee Medicare Premium Payment Amount	DE3030	
11	BILL DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
12	TR CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
13	TRAN DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
14	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
15	SEQ. NO.	Calculated	DE0002	
16	TRANS CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
17	COUNT	Calculated	DE0002	
18	AMOUNT	Calculated	DE0002	

Output Reports RS-O-331 MMA PRO RECORD RESPONSE FILE MEDICARE PART-D DISCREPANCY DATES

General Information

This reports MMA PRO Record Medicare Discrepancy Part D Dates. This report is created when there is more than one occurrence in the MMIS tables or overlapping PART D dates. This report will no longer include records where the HIC number's BIC is ' M'.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	Total Enrollees

MMA PRO RECORD RESPONSE FILE MEDICARE PART-D DISCREPANCY DATES (RS-O-331)

```
RSM140      07/06/2007 10:25:13          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:07/05/2007                                   MMA PRO RECORD RESPONSE FILE
RUN DATE: 07/05/2007 22:36                       MEDICARE PART-D DISCREPANCY DATES

        (1)          (2)                 (3)      (4)      (5)      (6)    (7)/(8)      (9)/(10)
                                                                                        MMA PART D/
    ENROLLEE ID   LAST NAME           FIRST NAME   M      BIRTH    SEX   POLICY/SSN   MMIS PART D

    999999999999  XXXXXXXXXXXXX       XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX
                                                                         999-99-9999    12/31/9999

                                                                                        09/01/2007
                                                                                        12/31/9999
                                                                                        09/01/2007

    999999999999  XXXXXXXXXXXXX       XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX    07/01/2007
                                                                         999-99-9999    12/31/9999

                                                                                        07/01/2007
                                                                                        12/31/9999

    999999999999  XXXXXXXXXXXXX       XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX    07/01/2007
                                                                         999-99-9999    12/31/9999

                                                                                        07/01/2007
                                                                                        12/31/9999

    999999999999  XXXXXXXXXXXXX       XXXXXXXXXXX  X    MM/DD/CCYY  M   XXXXXXXXXX    10/01/2007
                                                                         999-99-9999    12/31/9999

                                                                                        10/01/2007
                                                                                        12/31/9999

    999999999999  XXXXXXXXXXXXX       XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX    01/01/2006
                                                                         999-99-9999    12/31/9999

                                                                                        01/01/2006
                                                                                        07/31/2006
                                                                                        01/01/2006
      TOTAL ENROLLEES REPORTED :       313
                (11)
                                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Last Name	Enrollee Last Name	DE3110	
3	First Name	Enrollee First Name	DE3111	
4	M	Enrollee Middle Initial	DE3112	
5	Birth	Enrollee Birth Date	DE3005	
6	Sex	Enrollee Sex Code	DE3007	
7	Policy	TPL Policy Number	DE3658	
8	SSN	Enrollee Social Security Number (SSN)	DE3034	This is the SSN comes from the MMA file and it is not stored in the MMIS tables.
9	MMA Part D	TPL Coverage Effect-	DE3667	

		ive (Begin) Date		
10	MMIS Part D	TPL Coverage End Date	DE3668	
11	Total Enrollees Reported	Calculated	DE0002	This is the total number of enrollees on the MMA PRO RECORD RESPONSE FILE that have Medicare Part D discrepancy dates.

Output Reports RS-O-332 MMA PRO RECORD RESPONSE FILE MEDICARE PART- A/B DISCREPANCY DATES

General Information

This reports MMA PRO record response file Medicare Discrepancy dates. This report is generated when: 1) There are single PART A or PART B dates in the MMIS and CMS file and are different as type "DIFFERENT" 2) There are single PART A or PART B dates in the MMIS and CMS file and are overlapping as type "OVERLAPPING" 3) Multiple dates in CMS file as "MULTIPLE CMS" 4) Multiple dates in MMIS as "MULTIPLE MMIS"

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	Ondemand - DARS
Retention:	7 Years
Distribution:	DARS
Program:	MMA PRO Record Response File Medicare Discrepancy Dates (RSM141)
Confidential:	Yes
Sequence:	Discrepancy Type and then by Enrollee ID
Control Breaks:	Total Enrollees.

MMA PRO RECORD RESPONSE FILE MEDICARE PART- A/B DISCREPANCY DATES (RS-O-332)

```
RSM140      07/06/2007 10:25:14          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:07/05/2007                                  MMA PRO RECORD RESPONSE FILE                                 PA
RUN DATE: 07/05/2007 22:37                      MEDICARE PART-A/B DISCREPANCY DATES

       (1)            (2)                  (3)       (4)      (5)      (6)     (7)/(8)       (9)/(10)       (11)/(12)
                                                                                          MMA PART A/    MMA PART B/
    ENROLLEE ID   LAST NAME            FIRST NAME    M       BIRTH     SEX   POLICY/SSN    MMIS PART A    MMIS PART B

    999999999999  XXXXXXXXXXXX         XXXXXXXX      X     MM/DD/CCYY  F    XXXXXXXXXXX    12/01/1995     12/01/1995
                                                                            999-99-9999    10/31/1996     10/31/1996

                                                                                           12/01/1995     12/01/1995
                                                                                           12/01/1995     12/01/1995

    999999999999  XXXXXXXXXXXX         XXXXXXXX      X     MM/DD/CCYY  F    XXXXXXXXXXX    09/01/1986     09/01/1986
                                                                            999-99-9999    09/30/1986     09/30/1986

                                                                                           07/31/1986     07/31/1986
                                                                                           07/31/1986     07/31/1986

    999999999999  XXXXXXXXXXXX         XXXXXXXX      X     MM/DD/CCYY  M    XXXXXXXXXXX    04/01/1985     04/01/1985
                                                                            999-99-9999    99/99/9999     08/31/1999

                                                                                           04/01/1985     07/01/2007
                                                                                           12/31/9999     12/31/9999

    999999999999  XXXXXXXXXXXX         XXXXXXXX      X     MM/DD/CCYY  M    XXXXXXXXXXX    04/01/1985     04/01/1985
                                                                            999-99-9999    99/99/9999     08/31/1999

                                                                                           04/01/1985     07/01/2007
                                                                                           12/31/9999     12/31/9999


  TOTAL ENROLLEES REPORTED :        351
            (14)                                  *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Last Name	Enrollee Last Name	DE3110	
3	First Name	Enrollee First Name	DE3111	
4	M	Enrollee Middle Initial	DE3112	
5	Birth	Enrollee Birth Date	DE3005	
6	Sex	Enrollee Sex Code	DE3007	
7	Policy	TPL Policy Number	DE3658	
8	SSN	Enrollee Social Security Number (SSN)	DE3034	This is the SSN comes from the MMA file and it is not stored in the MMIS tables.
9	MMA Part A	TPL Coverage Effective (Begin) Date	DE3667	
10	MMIS Part A	TPL Coverage End Date	DE3668	
11	MMA Part B	TPL Coverage Effect-	DE3667	

		ive (Begin) Date		
12	MMIS Part B	TPL Coverage End Date	DE3668	
13	Discrepancy Type	Not Stored in MMIS	DE2	Discrepancy type while processing MMA Pro records
14	Total Enrollees Reported	Calculated	DE0002	This is the total number of enrollees on the MMA PRO RECORD RESPONSE FILE that have Medicare Part A/B discrepancy dates.

Output Reports RS-O-333 Medicare Part-D Eligibility Invalid Data Report

General Information

Active Part-D Eligibility Invalid Data Report.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	Paper
Retention:	N/A
Distribution:	DARS
Program:	Medicare Part-D Enrollees with Invalid Data (RSM333)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Part-D Eligibility Invalid Data Report (RS-O-333)

```
RSM333                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:99/99/9999                                   ACTIVE PART-D ELIGIBILITY                                PAG
RUN DATE: 99/99/9999 99:99                               INVALID DATA
                                                                                                  (9)    (10)    (11)    (
     (1)            (3)                  (2)     (4)    (7)     (8)    (5)  (6)            PART A         PART B
 ENROLLEE ID     LAST NAME            FIRST NAME   M    BIRTH    SEX  POLICY/SSN        BEG DT/END DT  BEG DT/END
-----------------------------------------------------------------------------------------------------------------------
 999-999999-999  XXXXXXX             XXXXXXX         99/99/9999  X   999999999X
                                                                     999-99-9999

 999-999999-999  XXXXXXX             XXXXXXX         99/99/9999  X   999999999X          99/99/9999
                                                                     999-99-9999          99/99/9999

 999-999999-999  XXXXXXX             XXXXXXX      X  99/99/9999  X   X99999                            99/99/99
                                                                     999-99-9999                        99/99/99

 999-999999-999  XXXXXXX             XXXXXXX      X  99/99/9999  X   XX999999            99/99/9999
                                                                     999-99-9999          99/99/9999

 999-999999-999  XXXXXXX             XXXXXXX      X  99/99/9999  X   999999999X                        99/99/99
                                                                     999-99-9999                        99/99/99

 999-999999-999  XXXXXXX             XXXXXXX      X  99/99/9999  X   999999999X          99/99/9999    99/99/99
                                                                     999-99-9999          99/99/9999    99/99/99


          CASELOAD:              TOTAL:              9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Person Identifier Value	DE3955	Enrollee Personal ID value
2	Enrollee First Name	Enrollee First Name	DE3111	First name of the enrollee
3	Enrollee Last Name	Enrollee Last Name	DE3110	Last name of the enrollee
4	Enrollee Middle Initial	Enrollee Middle Initial	DE3112	Middle initial of the enrollee
5	TPL Policy Number	TPL Policy Number	DE3658	TPL policy number value
6	Enrollee Social Security Number	Person Identifier Value	DE3955	Enrollee SSN value
7	Enrollee Birth Date	Enrollee Birth Date	DE3005	Enrollee birth date
8	Enrollee Gender Code	Enrollee Sex Code	DE3007	Enrollee gender
9	Medicare Part-A TPL Coverage Begin Date	TPL Coverage Effective (Begin) Date	DE3667	TPL begin date for Medicare Part-A coverage

10	Medicare Part-A TPL Coverage End Date	TPL Coverage End Date	DE3668	Medicare TPL Part-A coverage end date
11	Medicare Part-B TPL Coverage Begin Date	TPL Coverage Effect-ive (Begin) Date	DE3667	Medicare Part-B coverage beginning date
12	Medicare Part-B TPL Coverage End Date	TPL Coverage End Date	DE3668	Medicare Part-B coverage end date
13	Medicare Part-D TPL Eligibility Begin Date	TPL Coverage Effect-ive (Begin) Date	DE3667	Medicare Part-D eligibility beginning date
14	Medicare Part-D TPL Eligibility End Date	TPL Coverage End Date	DE3668	Medicare Part-D eligibility end date

Output Reports RS-O-335 Medicare Premium Processing Medicare Data Not Present for Update

General Information

This report lists enrollees that were not updated in the Medicare Premium processing because there was no TPL data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Medicare Premium Processing Medicare Data Not Present for Update (RS-O-335)

```
RSM390                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                       MEDICARE DATA NOT PRESENT FOR UPDATE

                    ENROLLEE ID      (1)        CLAIM NUMBER (2)       CODE (3)
                    999999999999                229999999A              23
                    999999999999                229999999A              23


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CLAIM NUMBER	Medicare Number	DE3002	
3	CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	

Output Reports RS-O-336 Group Plan History - PRO Records

General Information

This reports MMA PRO records detailing the group-plan history for each enrollee on the response file who has group-plan data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - Dars
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Order by Enrollee Last Name, First Name, Middle Initial, then SSN.
Control Breaks:	Group Number

Group Plan History - PRO Records (RS-O-336)

```
RSM140                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF: 11/01/2008                                GROUP PLAN HISTORY - PRO RECORDS                          PAG
RUN DATE: 11/01/2008 11:32

   LAST NAME            FIRST NAME   MI  SFX     SSN       GROUP NUMBER START DATE END DATE
     (1)                (2)         (3) (4)     (5)          (6)          (7)       (8)
 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXX  999-99-9999    XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999

 XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXX X  XXXX  999-99-9999     XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999
                                                           XXXXX     99/99/9999 99/99/9999

                                        *** 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	Last Name	Enrollee Last Name	DE3110	
2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	SFX	Enrollee Name Suffix	DE3113	
5	SSN	Enrollee Social Security Number (SSN)	DE3034	
6	Group Number	Not Stored in MMIS	DE2	
7	Start Date	Not Stored in MMIS	DE2	
8	End Date	Not Stored in MMIS	DE2	

Output Reports RS-O-337 Medicare Premium Processing - Buy-In History Error Report for Aid Category 80

General Information

This report lists all enrollees with Aid Category 080 and Medicare Part A Buy-in transactions.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Premium History Merge/Update (RSM387)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing - Buy-In History Error Report for Aid Category 80 (RS-O-337)

RSM367 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING PA
RUN DATE: MM/DD/CCYY HH:MM AID CATEGORY 080 ENROLLEES WITH PART A BUY-IN TRANSACTIONS

(1) ENROLLEE ID NUMBER	(2) AID CAT	(3) TRANS CODE	(4) PREMIUM AMOUNT
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99
999999999999	XXX	XXXXX	9999999.99

*** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
3	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
4	PREMIUM AMT	Enrollee Medicare Premium Payment Amount	DE3030	

Output Reports RS-O-338 Medicare Premium Processing - Part B Processing Error Report for Aid Category 80

General Information

This report lists all enrollees with Aid Category 080 and Medicare Part B Buy-in transactions.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing - Part B Processing Error Report for Aid Category 80 (RS-O-338)

RSM395 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM SSA EXTRACT - AID CATEGORY 080 ENROLLEES WITH BUY-IN TRANSACTIONS

(1) ENROLLEE ID NUMBER	(2) LAST NAME	(3) FIRST NAME	(4) M I	(5) AID CAT	(6) RACE	(7) SEX	(8) BIRTHDATE	(9) CLA NUM
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX
999999999999	XXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	X	XXX	X	X	99/99/9999	XXX

*** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	LAST NAME	Enrollee Full Name	DE3003	Use positions 1-15
3	FIRST NAME	Enrollee Full Name	DE3003	Use positions 16-23
4	MIDDLE INITIAL	Enrollee Full Name	DE3003	Use position 24
5	ELIG AID CATG	Enrollee Eligibility Aid Category	DE3009	
6	ENROLLEE RACE	Enrollee Race Code	DE3006	
7	ENROLLEE SEX	Enrollee Sex Code	DE3007	
8	ENROLLEE BIRTHDATE	Enrollee Birth Date	DE3005	
9	ENROLLEE	Medicare Number	DE3002	

	CLAIM NO			

Output Reports RS-O-339 PART A - PERSONAL CHARACTERISTICS CHANGE REPORT

General Information

Record Type E - Personal Characteristics Change Record - is used to create this report. For every 'E' record(Personal Characteristics), the following fields in the first half of the record (VaMMIS) are compared to their corresponding fields in the second half of the record (CMS). The fields are Social Security Number, Last Name (first 19 characters only), First Name, Sex code, and Date of Birth. If a hyphen or an apostrophe is replaced with a space in the enrollee name field, then it is considered a match. If there is a difference in any single comparison, the appropriate error flag is set and a line is written to the Change Report, displaying all differences in the data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Varies
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 years
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A and Part B Personal Characteristics Change Report (RSM373)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	N/A

PART A - PERSONAL CHARACTERISTICS CHANGE REPORT (RS-O-339)

```
RSM389                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                        PART A - PERSONAL CHARACTERISTICS CHANGE REPORT                       PAGE
RUN DATE: MM/DD/CCYY HH:MM
  (1) / (2)            (3)                (4)            (5)        (6) (7)   (8)     (9)         (10)
MEDICAID NUMBER   SSN                  LAST NAME       FIRST        MI  SUF   SEX     DOB        DISCREPANCY
MEDICARE NUMBER   CMS DATA

999-999999-999     999-99-9999        XXXXXXXX        XXXXXXX      X          M    10/24/1921
XXXXXXXXXXXX       999-99-9999        XXXXXXXX        XXXXXXX      X          F    10/23/1921   SEX DOB

999-999999-999     999-99-9999        XXXXXXXX        XXXXXXX      X          M    03/15/1930
XXXXXXXXXXXX       999-99-9999        XXXXXXXX        XXXXXXX                 F    03/14/1930   NAME SEX DOB

999-999999-999     999-99-9999        XXXXXXXXXXX     XXXXXXX      X          M    02/21/1921
XXXXXXXXXXXX       999-99-9999        XXXXXXXX        XXXXXXXXXX              M    02/21/1921   NAME

999-999999-999     999-99-9999        XXXXXXXXXXX     XXXXXXXXX    X          M    08/12/1964
XXXXXXXXXXXX       999-99-9999        XXXXXXXX        XXXXXXXXXX              M    08/12/1964   NAME

999-999999-999     999-99-9999        XXXXXXXXXXX     XXXXXXXXX    X          F    06/18/1970
XXXXXXXXXXXX       999-99-9999        XXXXXXXX        XXXXXXXXXX              F    06/18/1970   NAME


      ***** 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	Medicaid Number	Enrollee Identification Number	DE3001	
2	Medicare Number	Medicare Number	DE3002	
3	SSN	Enrollee Social Security Number (SSN)	DE3034	
4	Last Name	Enrollee Last Name	DE3110	
5	First	Enrollee First Name	DE3111	
6	MI	Enrollee Middle Initial	DE3112	
7	Suf	Enrollee Name Suffix	DE3113	
8	Sex	Enrollee Sex Code	DE3007	M / F or Blank
9	DOB	Enrollee Birth Date	DE3005	
10	Discrepancy	Calculated	DE0002	Displays the field in error which caused this data to be printed on the report. Fields that could be reported are NAME, SEX, DOB, and/or SSN.

Output Reports RS-O-340 Medicare Premium Processing SSA Transaction Code Verification Report

General Information

This report lists enrollees' totals and dollar totals for various Buy-In categories. These categories are SSIA, SSIB, SSID, SSAA, SSAB, SSAD, QMB, SLMB, MAO, CN, QI1 and DCN.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	No
Sequence:	SSA Buy-In Code
Control Breaks:	N/A

Medicare Premium Processing SSA Transaction Code Verification Report (RS-O-340)

RSM391
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
SSA TRANSACTION CODE VERIFICATION REPORT

	COUNT (1)	(2)
SSA REPORTS SSIA (SSA BUY-IN CODE = A)		
AGREE WITH OUR FILE	330	$13,926.40
* DISAGREE WITH OUR FILE	1	$43.80
MEDICAID NUMBER NOT ON FILE	9,152	$380,519.90
TOTAL	9,483	$394,492.10
SSA REPORTS SSIB (SSA BUY-IN CODE = B)		
AGREE WITH OUR FILE	808	$34,908.60
* DISAGREE WITH OUR FILE	0	$0.00
MEDICAID NUMBER NOT ON FILE	52,020	$2,338,622.40
TOTAL	52,828	$2,373,531.00
SSA REPORTS SSID (SSA BUY-IN CODE = D)		
AGREE WITH OUR FILE	896	$39,989.40
* DISAGREE WITH OUR FILE	10	$569.40
MEDICAID NUMBER NOT ON FILE	43,730	$1,913,719.80
TOTAL	44,636	$1,954,278.60
SSA REPORTS SSAA (SSA BUY-IN CODE = E)		
AGREE WITH OUR FILE	895	$39,979.40
* DISAGREE WITH OUR FILE	9	$559.40
MEDICAID NUMBER NOT ON FILE	43,729	$1,913,709.80
TOTAL	44,633	$1,954,248.60
SSA REPORTS SSAB (SSA BUY-IN CODE = F)		
AGREE WITH OUR FILE	894	$39,900.40
* DISAGREE WITH OUR FILE	08	$549.40
MEDICAID NUMBER NOT ON FILE	43,728	$1,913,700.80
TOTAL	44,630	$1,954,149.60
SSA REPORTS SSAD (SSA BUY-IN CODE = G)		
AGREE WITH OUR FILE	896	$39,989.40
* DISAGREE WITH OUR FILE	10	$569.40
MEDICAID NUMBER NOT ON FILE	43,730	$1,913,719.80
TOTAL	44,636	$1,954,278.60
SSA REPORTS MAO (SSA BUY-IN CODE = M)		
AGREE WITH OUR FILE	133	$8,388.80
* DISAGREE WITH OUR FILE	0	$0.00
MEDICAID NUMBER NOT ON FILE	6,612	$303,486.30
TOTAL	6,745	$311,875.10
SSA REPORTS CN (SSA BUY-IN CODE = V)		
AGREE WITH OUR FILE	9,440	$410,640.00
* DISAGREE WITH OUR FILE	50	$2,190.00
MEDICAID NUMBER NOT ON FILE	10,000	438,000.00
TOTAL	19,490	$850,830.00

Medicare Premium Processing SSA Transaction Code Verification Report (RS-O-340)

```
RSM391                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM                        SSA TRANSACTION CODE VERIFICATION REPORT

                                                          (1)                    (2)
                 SSA REPORTS QMB  (SSA BUY-IN CODE = P )
                    AGREE WITH OUR FILE                    890                 $39,982.00
                 *  DISAGREE WITH OUR FILE                  10                    $438.00
                    MEDICAID NUMBER NOT ON FILE          43,730              $1,915,374.00
                              TOTAL                      44,630              $1,955,794.00
                  SSA REPORTS SLMB (SSA BUY-IN CODE = L )
                    AGREE WITH OUR FILE                    895                 $39,989.40
                 *  DISAGREE WITH OUR FILE                  15                    $569.40
                    MEDICAID NUMBER NOT ON FILE          43,735              $1,913,719.80
                              TOTAL                      44,645              $1,954,278.60
                 SSA REPORTS QMB  (SSA BUY-IN CODE = U )
                    AGREE WITH OUR FILE                    892                 $39,891.20
                 *  DISAGREE WITH OUR FILE                  12                    $525.60
                    MEDICAID NUMBER NOT ON FILE          43,732              $1,915,461.60
                              TOTAL                      44,626              $1,955,878.40
                SSA REPORTS DCN   (SSA BUY-IN CODE = Z )
                    AGREE WITH OUR FILE                    900                 $39,420.00
                 *  DISAGREE WITH OUR FILE                  10                    $438.00
                    MEDICAID NUMBER NOT ON FILE          43,700              $1,913,858.00
                              TOTAL                      44,610              $1,952,060.00
                 GRAND TOTAL                    (3)     445,592             $20,465,694.60 (4)

      * AS OF PREVIOUS CUT-OFF


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	COUNT	Calculated	DE0002	
2	(PREMIUM AMOUNT)	Calculated	DE0002	
3	GRAND TOTAL COUNT	Calculated	DE0002	
4	GRAND TOTAL (PREMIUM AMOUNT)	Calculated	DE0002	

Output Reports RS-O-341 PART B - PERSONAL CHARACTERISTICS CHANGE REPORT

General Information

Record Type E - Personal Characteristics Change Record - is used to create this report. For every 'E' record(Personal Characteristics), the following fields in the first half of the record (VaMMIS) are compared to their corresponding fields in the second half of the record (CMS). The fields are Social Security Number, Last Name (first 19 characters only), First Name, Sex code, and Date of Birth. If a hyphen or an apostrophe is replaced with a space in the enrollee name field, then it is considered a match. If there is a difference in any single comparison, the appropriate error flag is set and a line is written to the Change Report, displaying all differences in the data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Varies
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 years
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part A and Part B Personal Characteristics Change Report (RSM373)
Confidential:	Yes
Sequence:	Enrollee ID Number
Control Breaks:	N/A

PART B - PERSONAL CHARACTERISTICS CHANGE REPORT (RS-O-341)

```
RSM389                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                      PART B - PERSONAL CHARACTERISTICS CHANGE REPORT                       PA
RUN DATE: MM/DD/CCYY HH:MM
 (1) / (2)          (3)                (4)            (5)        (6)  (7)   (8)     (9)         (10)
MEDICAID NUMBER   SSN                LAST NAME       FIRST       MI  SUF   SEX     DOB        DISCREPANCY
MEDICARE NUMBER   CMS DATA

999-999999-999     999-99-9999       XXXXXXXX        XXXXXXX     X          M    10/24/1921
XXXXXXXXXXXX       999-99-9999       XXXXXXXX        XXXXXXX     X          F    10/23/1921   SEX DOB

999-999999-999     999-99-9999       XXXXXXXX        XXXXXXX     X          M    03/15/1930
XXXXXXXXXXXX       999-99-9999       XXXXXXXX        XXXXXXX                F    03/14/1930   NAME SEX DOB

999-999999-999     999-99-9999       XXXXXXXXXXX     XXXXXXX     X          M    02/21/1921
XXXXXXXXXXXX       999-99-9999       XXXXXXXX        XXXXXXXXXX             M    02/21/1921   NAME

999-999999-999     999-99-9999       XXXXXXXXXXX     XXXXXXXXX   X          M    08/12/1964
XXXXXXXXXXXX       999-99-9999       XXXXXXXX        XXXXXXXXXX             M    08/12/1964   NAME

999-999999-999     999-99-9999       XXXXXXXXXXX     XXXXXXXXX   X          F    06/18/1970
XXXXXXXXXXXX       999-99-9999       XXXXXXXX        XXXXXXXXXX             F    06/18/1970   NAME
```

* * * * * 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	Medicaid Number	Enrollee Identification Number	DE3001	
2	Medicare Number	Medicare Number	DE3002	
3	SSN	Enrollee Social Security Number (SSN)	DE3034	
4	Last Name	Enrollee Last Name	DE3110	
5	First	Enrollee First Name	DE3111	
6	MI	Enrollee Middle Initial	DE3112	
7	Suf	Enrollee Name Suffix	DE3113	
8	Sex	Enrollee Sex Code	DE3007	M / F or Blank
9	DOB	Enrollee Birth Date	DE3005	
10	Discrepancy	Calculated	DE0002	Displays the field in error which caused this data to be printed on the report. Fields that could be reported are NAME, SEX, DOB, and/or SSN.

Output Reports RS-O-342 Medicare Premium Processing SSA Transaction Code Discrepancy Report

General Information

This program lists discrepancies between the SSA file and the Eligibility File found in Medicare Premium processing.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part B Premium Processing Program (RSM391)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing SSA Transaction Code Discrepancy Report (RS-O-342)

RSM391 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM SSA TRANSACTION CODE DISCREPANCY REPORT

(1) MEDICARE NO	(2)	(3) ENROLLEE NAME	(4)	(5) SEX	(6) BIRTH DATE	(7) ENROLLEE ID	(8) AID CATG	(9) BEG DATE	(10) SSA BUY-IN	(11 SS
2[redacted]9A	[redacted]	[redacted]	R	2	12181923	00[redacted]-9	922	04/01/1998	L	4
2[redacted]9A				2	03041919	00[redacted]-9	922	03/01/1998	L	4
2[redacted]9A				1	03191920	00[redacted]-9	922	06/17/1997	M	9
2[redacted]9A			G	2	09221911	00[redacted]-9	962	04/01/1998	M	9
2[redacted]9A				2	11011925	00[redacted]-9	923	08/01/1997	M	4
2[redacted]9A			T	2	07071927	00[redacted]-9	922	05/31/1996	M	4
2[redacted]9A			B	2	02141903	00[redacted]-9	921	09/01/1994	M	4
2[redacted]9A			Y	1	03161917	00[redacted]-9	921	05/01/1992	M	4
2[redacted]9A				2	04301920	00[redacted]-9	928	12/01/1997	M	4

TOTAL RECORDS (14) 9

SLMB TOTAL RECORDS (15)

QI1 TOTAL RECORDS (16)

SSIA TOTAL RECORDS (17)

SSIB TOTAL RECORDS (18)

SSID TOTAL RECORDS (19)

SSAA TOTAL RECORDS (20)

SSAB TOTAL RECORDS (21)

SSAD TOTAL RECORDS (22)

MAO TOTAL RECORDS (23)

QMB TOTAL RECORDS (24)

CN TOTAL RECORDS (25)

DCN TOTAL RECORDS (26)

GRAND TOTAL RECORDS (27) 9

ALL OTHER RECORDS (28) 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	MEDICARE NO	Medicare Number	DE3002	
2	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
8	PROG DESIGN	Enrollee Eligibility Aid Category	DE3009	
9	BEG DATE	Enrollee Eligibility Begin Date	DE3010	

10	SSA BUY-IN	Enrollee Buy-In SMI Eligibility Code	DE3102	
11	SSA-COMM-CDE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	SSA-COMM-CDE DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	QDWIS	Calculated	DE0002	
14	TOTAL RECORDS	Calculated	DE0002	
15	SLMB TOTAL RECORDS	Calculated	DE0002	
16	QI1 TOTAL RECORDS	Calculated	DE0002	
17	SSIA TOTAL RECORDS	Calculated	DE0002	
18	SSIB TOTAL RECORDS	Calculated	DE0002	
19	SSID TOTAL RECORDS	Calculated	DE0002	
20	SSAA TOTAL RECORDS	Calculated	DE0002	
21	SSAB TOTAL RECORDS	Calculated	DE0002	
22	SSAD TOTAL RECORDS	Calculated	DE0002	
23	MAO TOTAL RECORDS	Calculated	DE0002	
24	QMB TOTAL RECORDS	Calculated	DE0002	
25	CN TOTAL RECORDS	Calculated	DE0002	
26	DCN TOTAL RECORDS	Calculated	DE0002	
27	GRAND TOTAL RECORDS	Calculated	DE0002	
28	ALL OTHER RECORDS	Calculated	DE0002	

Output Reports RS-O-344 Medicare Premium Processing Enrollee Records with No 41 Buy-In Update

General Information

This report lists eligibility file records with Buy-In information for which SSA Buy-In update information is not received.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Enrollee Records with No 41 Buy-In Update (RS-O-344)

```
RSM395                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                       ENROLLEE RECORDS WITH NO 41 BUY-IN UPDATE

            (1)          (2)          (3)     (4) (5)   (6)     (7)  (8)   (9)   (10)  (11)  (12)       (13)            (14) (
         CLAIM                NAME             S  BIRTH    AGY  E  PREM  PREM      TRANS       ENROLLEE        APPL  C
CANCEL
         NUMBER       SURNAME      FIRST    I X  DATE         C   AMT  PERIOD   CODE  DATE   ID NUMBER       DATE  C
DATE

ELIG  2[redacted]                                                                                              [redacted]
000000                                                                  (20)

                                                   TOTAL ITEMS REPORTED       1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PERIOD	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
14	APPL DATE	Enrollee Application Date	DE3041	
15	CUR C/C	Enrollee FIPS Code	DE3008	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	PT B ELIG	TPL Coverage Effective (Begin) Date	DE3667	
18	CAN RSN	Eligibility Cancel Reason	DE3451	
19	CANCEL DATE	Eligibility Cancel Date	DE3452	
20	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-345 Medicare Premium Processing Non-Premium List (by Claim Number)

General Information

This report includes all items on the SSA file for which no premium amounts are involved. The report is used to notify DMAS of State-submitted transactions that have not been completed. All items will require investigation by the State.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Non-Premium List (by Claim Number) (RS-O-345)

```
RSM395                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                                  NON-PREMIUM LIST
                                         CODES 20 2151 2162 2163 2175 24 25 27 28 49 BY CLAIM NUMBER

      (1)          (2)        (3)     (4)  (5)      (6)      (7)    (8)          (9)
    CLAIM         LAST       FIRST    M          BIRTH     TRANSACTION     ENROLLEE
    NUMBER        NAME       NAME     I   SEX  DA MO YEAR   CODE DATE     ID NUMBER
  22[redacted]9A  [redacted]  [redacted]  L    2   01 19 1939   9999 MMCCYY  99[redacted]99
  22[redacted]9A  [redacted]  [redacted]  H    2   05 28 1924   9999 MMCCYY  99[redacted]99
  22[redacted]9A9 [redacted]  [redacted]  W    1   02 10 1960   9999 MMCCYY  99[redacted]99
  22[redacted]9A  [redacted]  [redacted]       2   02 02 1908   9999 MMCCYY  99[redacted]99
  22[redacted]9A  [redacted]  [redacted]       2   09 17 1965   9999 MMCCYY  99[redacted]99

                                                   TOTAL ITEMS REPORTED (11)  5


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH	Enrollee Birth Date	DE3005	
7	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	MESSAGE	Calculated	DE0002	
11	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-347 Medicare Premium Processing Non-Premium List Code 2161 City/County Code XXX

General Information

This report lists code '2161' items, in City/County Code sequence, for which no premium amounts are involved. The report is used to notify DMAS of State-submitted transactions that have not been completed. All items will require State investigation.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	City/County Code, Enrollee HIC Number
Control Breaks:	Page break for City/County Code

Medicare Premium Processing Non-Premium List Code 2161 City/County Code XXX (RS-O-347)

```
RSM395                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                               NON-PREMIUM LIST          (19)
                                                     CODE 2161 CITY/COUNTY CODE XXX

      (1)          (2)          (3)    (4)  (5)     (6)      (7)   (8)          (9)        (10)  (11)
    CLAIM        LAST         FIRST   M          BIRTH     TRANSACTION    ENROLLEE     CUR
    NUMBER       NAME         NAME    I   SEX  DA MO YEAR   CODE  DATE    ID NUMBER    C/C  RACE                /AD
 ------------------------------------------------------------------------------------------087   2                BUYI
                                                                                                              AGE DI
                                                 803 VARINA ROAD (13)          (14)                (15) RICHMOND
                                                  TOTAL ITEMS REPORTED (18) 1


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH	Enrollee Birth Date	DE3005	
7	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	CUR C/C	Enrollee FIPS Code	DE3008	
11	RACE	Enrollee Race Code	DE3006	
12	MESSAGE	Calculated	DE0002	
13	ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
14	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
15	(CITY)	Enrollee City Name	DE3116	
16	(STATE)	Enrollee State Code	DE3117	
17	(ZIP CODE)	Enrollee ZIP Code	DE3118	
18	TOTAL ITEMS REPORTED	Calculated	DE0002	
19	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	

Output Reports RS-O-348 Medicare Premium Processing Non-Premium List Code 2161 Alphabetic

General Information

This report lists code '2161' items, in alphabetic sequence, for which no premium amounts are involved. The report is used to notify DMAS of State-submitted transactions that have not been completed. All items will require State investigation.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee Last Name First Name Middle Initial
Control Breaks:	N/A

Medicare Premium Processing Non-Premium List Code 2161 Alphabetic (RS-O-348)

```
RSM395                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                                   NON-PREMIUM LIST
                                                           CODE 2161 ALPHABETIC

      (1)          (2)          (3)    (4)  (5)     (6)      (7)   (8)          (9)      (10)  (11)
    CLAIM        LAST         FIRST   M          BIRTH     TRANSACTION    ENROLLEE     CUR                          M
    NUMBER       NAME         NAME    I   SEX  DA MO YEAR   CODE  DATE     ID NUMBER    C/C  RACE                /ADDR
[redacted]087   2                BUYIN
                                                                                                                AGE DISC
                                                 803 VARINA ROAD (13)          (14)              (15) RICHMOND
                                                  TOTAL ITEMS REPORTED (18) 1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH	Enrollee Birth Date	DE3005	
7	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	CUR C/C	Enrollee FIPS Code	DE3008	
11	RACE	Enrollee Race Code	DE3006	
12	MESSAGE	Calculated	DE0002	
13	ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
14	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
15	(CITY)	Enrollee City Name	DE3116	
16	(STATE)	Enrollee State Code	DE3117	
17	(ZIP CODE)	Enrollee ZIP Code	DE3118	
18	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-349 Medicare Premium Processing Non Premium List Code 29 Current City/County Code XXX

General Information

This report lists code '29' items, in City/County Code sequence, for which no premium amounts are involved. The report is used to notify DMAS of State-submitted transactions that have not been completed. All items will require State investigation.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	City/County Code, Enrollee HIC Number
Control Breaks:	Page Break on City/County Code

Medicare Premium Processing Non Premium List Code 29 Current City/County Code XXX (RS-O-349)

```
RSM395                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM                                    NON-PREMIUM LIST
                                                   CODE 29 CURRENT CITY/COUNTY CODE XXX (19)

     (1)          (2)          (3)    (4)          (6)      (7)   (8)          (9)        (10)
   CLAIM        LAST         FIRST   M   (5)     BIRTH     TRANSACTION    ENROLLEE     CUR(11)
   NUMBER       NAME         NAME    I   SEX  DA MO YEAR   CODE  DATE     ID NUMBER    C/C   RACE
   [redacted]   [redacted]   [redacted]     1   09 03 1909   296B 061998  [redacted]   087    2
                                                   803 VARINA ROAD (13)          (14)              (15)
                                                    TOTAL ITEMS REPORTED (18)  1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
0	New Field Definition		DE0000	
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH	Enrollee Birth Date	DE3005	
7	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
9	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
10	CUR C/C	Enrollee FIPS Code	DE3008	
11	RACE	Enrollee Race Code	DE3006	
12	MESSAGE/ADDRESS	Calculated	DE0002	
13	ADDRESS (LINE 1)	Enrollee Street Address	DE3115	
14	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
15	(CITY)	Enrollee City Name	DE3116	
16	(STATE)	Enrollee State Code	DE3117	

17	(ZIP CODE)	Enrollee ZIP Code	DE3118	
18	TOTAL ITEMS REPORTED	Calculated	DE0002	
19	CITY COUNTY CODE	Case Administrative FIPS Code	DE3039	

Output Reports RS-O-355 Medicare Premium Processing Claim Number Mismatch SSA Active - Elig Cancel

General Information

This is a list of SSA active Medicaid eligibility cancelled items for which the SSA Claim Number and the Eligibility Claim Number do not agree.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Claim Number Mismatch SSA Active - Elig Cancel (RS-O-355)

```
RSM395                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                                 CLAIM NUMBER MISMATCH
                                                       SSA ACTIVE - ELIGIBILITY CANCELLED

            (1)                                   (5)   (6)      (7)  (8)  (9)    (10)   (11) (12)       (13)          (14)   (15)  (16)
           CLAIM        (2)      NAME  (3)   (4)  S   BIRTH     AGY  E   PREM    PREM        TRANS      ENROLLEE      APPL   CUR  AI
          NUMBER       SURNAME        FIRST   I   X    DATE         C    AMT    PERIOD   CODE DATE   ID NUMBER     DATE   C/C  CA

SSA  [redacted]9A   D[redacted]        E   2 02061971  490 M 026280 06011998 9999 999999 9[redacted]
ELIG [redacted]9A   D[redacted]            2 02061970                                                   04011997 071 99

                                                   TOTAL ITEMS REPORTED (20)   1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	
14	APPL DATE	Enrollee Application Date	DE3041	
15	CUR C/C	Enrollee FIPS Code	DE3008	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	PT B ELIG	TPL Coverage Effective (Begin) Date	DE3667	
18	CAN RSN	Eligibility Cancel Reason	DE3451	
19	CANCEL DATE	Eligibility Cancel Date	DE3452	
20	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-356-01 Medicare Drug Card Extract - Included Enrollees

General Information

Report containing all information for recipients included in RS-F-356 (Medicare Drug Card Extract).

Subsystem:	Recipient
Frequency:	Monthly
Volume:	95,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Medicare Rx Extract (RSM356)
Confidential:	Yes
Sequence:	No Sort Order Applied. Same order as file is produced.
Control Breaks:	N/A

Medicare Drug Card Extract - Included Enrollees (RS-O-356-01)

RSM356 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE

AS OF:MM/DD/CCYY ENROLLEES INCLUDED ON CMS MEDICARE RX EXTRACT FILE PA
RUN DATE: MM/DD/CCYY HH:MM

ENROLLEE ID	LAST NAME	FIRST NAME	AID CAT	BENEFIT PKG	SSN	HIC / RRB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX

TOTAL REPORTED ENROLLEES: 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	Enrollee Iden-tification Number	Enrollee Identification Number	DE3001	
2	Enrollee Last Name	Enrollee Last Name	DE3110	
3	Enrollee First Name	Enrollee First Name	DE3111	
4	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category	DE3009	
5	Enrollee Benefit Plan code	Benefit Definition Bene-fit Plan Code	DE3550	
5	Enrollee Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
5	Enrollee Benefit Subprogram Code	Benefit Definition Plan Subprogram Code	DE3552	

6	Enrollee Social Security Number (SSN)	Enrollee Social Security Number (SSN)	DE3034	
7	Enrollee Health Insurance Claim (HIC) Number	Medicare Number	DE3002	
8	Enrollee Birth Date	Enrollee Birth Date	DE3005	
9	Enrollee Sex Code	Enrollee Sex Code	DE3007	

Output Reports RS-O-356-02 Medicare Drug Card Extract - Excluded Enrollees

General Information

Report of Enrollees with Medicare Coverage on File but did not meet other criteria to be selected for RS-F-356 Medicare Drug Card Extract.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	95000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS
Program:	Medicare Rx Extract (RSM356)
Confidential:	Yes
Sequence:	No Sort Order Applied.
Control Breaks:	N/A

Medicare Drug Card Extract - Excluded Enrollees (RS-O-356-02)

RSM356 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

AS OF:MM/DD/CCYY ENROLLEES NOT INCLUDED ON CMS MEDICARE RX EXTRACT FILE

RUN DATE: MM/DD/CCYY HH:MM

ENROLLEE ID	LAST NAME	FIRST NAME	AID CAT	BENEFIT PKG	SSN	HIC / RRB
(1)	(2)	(3)	(4)	(5)	(6)	(7)
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX
999-999999-999	XXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	999	99-99-9999	999-99-9999	XXXXXXXXXXXXXX

TOTAL REPORTED ENROLLEES: 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	Enrollee Iden-tification Number	Enrollee Identification Number	DE3001	
2	Enrollee Last Name	Enrollee Last Name	DE3110	
3	Enrollee First Name	Enrollee First Name	DE3111	
4	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category	DE3009	
5	Enrollee Benefit Plan Code	Benefit Definition Bene-fit Plan Code	DE3550	
5	Enrollee Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
5	Enrollee Benefit SubProgram Code	Benefit Definition Plan Subprogram Code	DE3552	

6	Enrollee Social Security Number (SSN)	Enrollee Social Security Number (SSN)	DE3034	
7	Enrollee Health Insurance Claim (HIC) Number	Medicare Number	DE3002	
8	Enrollee Birth Date	Enrollee Birth Date	DE3005	
9	Enrollee Sex Code	Enrollee Sex Code	DE3007	

Output Reports RS-O-357 Medicare Premium Processing Claim Number Mismatch SSA Active - Elig Active

General Information

This is a list of SSA active Medicaid eligibility active items for which the SSA Claim Number and the Eligibility Claim Number do not agree.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Claim Number Mismatch SSA Active - Elig Active (RS-O-357)

```
RSM395                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM                                 CLAIM NUMBER MISMATCH
                                                       SSA ACTIVE - ELIGIBILITY ACTIVE

                                          (21)
          (1)                             (5)    (6)      (7)  (8)  (9)   (10)    (11) (12)       (13)          (14)   (15)  (
          CLAIM        (2)      NAME (3)  (4)  S   BIRTH    AGY  E  PREM   PREM     TRANS      ENROLLEE        APPL   CUR
CANCEL
          NUMBER       SURNAME      FIRST    I  X   DATE         C   AMT  PERIOD   CODE  DATE  ID NUMBER       DATE   C/C
DATE

SSA       [redacted]99A  [redacted]    ANN      E  2  02081971 490 M 026280 06011998 9999 999999 [redacted]99
ELIG      [redacted]99A                          F  02081970                                                 04011997 071
00000000                                                                  (20)

                                                   TOTAL ITEMS REPORTED       1


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

14	APPL DATE	Enrollee Application Date	DE3041	
15	CUR C/C	Enrollee FIPS Code	DE3008	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	PT B ELIG	TPL Coverage Effect-ive (Begin) Date	DE3667	
18	CAN RSN	Eligibility Cancel Reason	DE3451	
19	CANCEL DATE	Eligibility Cancel Date	DE3452	
20	TOTAL ITEMS REPORTED	Calculated	DE0002	
21	SEX	Enrollee Buy-in Sex Code	DE3082	

Output Reports RS-O-358 Medicare Drug Card Extract Response File

General Information

Report of Response file received from CMS containing Rejected records in their processing of Medicare Drug Card Extract File RS-F-356.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	300
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	Medicare Rx Response File Report (RSM358)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Medicare Drug Card Extract Response File (RS-O-358)

```
RSM356                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP

AS OF:MM/DD/CCYY                      CMS RESPONSE FILE FROM MEDICARE DRUG CARD EXTRACT RS-F-356            PAG
RUN DATE: MM/DD/CCYY HH:MM
                                      ************************************************************
                                      *      SEVERE ERROR MESSAGE - IF APPLICABLE                *
                                      ************************************************************
HEADER RECORD DETAIL

PROCESSED: MM/DD/CCYY FILE STATUS: X AS OF: MM/CCYY ORIGINAL STATE HEADER: VA MM/CCYY F

                                                AID BENEFIT
 ENROLLEE ID    LAST NAME     FIRST NAME        CAT PACKAGE      SSN       HIC/RRB          BIRTH DATE SEX          E
     (1)          (2)           (3)            (4)    (5)       (6)     (7) (8)              (9)      (10)(11)
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX
999-999999-999 XXXXXXXXXXXX XXXXXXXXXXXXXX 999 99-99-9999 999-99-9999 X XXXXXXXXXX      MM/DD/CCYY  X  999 XXXXXX

TRAILER RECORD DETAIL

PROCESSED: MM/DD/CCYY AS OF: MM/CCYY RECORDS ACCEPTED:99,999,999 REJECTED:99,999,999 ORIGINAL STATE TRAILER: VA S
                                     (13)
TOTAL RESPONSE FILE RECORDS READ  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	Enrollee Iden-tification Number	Enrollee Identification Number	DE3001	
2	Enrollee Last Name	Enrollee Last Name	DE3110	
3	Enrollee First Name	Enrollee First Name	DE3111	
4	Enrollee Eligibility Aid Category	Enrollee Eligibility Aid Category	DE3009	
5	Enrollee Benefit Plan Code	Benefit Definition Bene-fit Plan Code	DE3550	
5	Enrollee Benefit Program Code	Benefit Definition Plan Program Code	DE3551	
5	Enrollee Benefit Subprogram Code	Benefit Definition Plan Subprogram Code	DE3552	

6	Enrollee Social Security Number (SSN)	Enrollee Social Security Number (SSN)	DE3034	Source is RSF358 which contains rejected records from RSF356.
7	HIC / RRB INDICATOR		DE0000	
8	Enrollee Health Insurance Claim (HIC) Number	Medicare Number	DE3002	Source is RSF358 which contains rejected records from RSF356.
9	Enrollee Birth Date	Enrollee Birth Date	DE3005	Source is RSF358 which contains rejected records from RSF356.
10	Enrollee Sex Code	Enrollee Sex Code	DE3007	Source is RSF358 which contains rejected records from RSF356.
11	CMS Error Reason Code		DE0000	
12	Error Reason		DE0000	
13	Total Response File Records Read	Calculated	DE0002	For each record read (including header, detail and trailer records) from RS-F-358, add 1.

Output Reports RS-O-359 Medicare Premium Processing Claim Number Mismatch SSA Active Remaining Elig Active

General Information

This is a list of all remaining mismatches with Medicaid eligibility active for which the SSA Claim Number does not agree with the Eligibility Claim Number.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Claim Number Mismatch SSA Active Remaining Elig Active (RS-O-359)

```
RSM395                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                           CLAIM NUMBER MISMATCH SSA ACTIVE
                                                        REMAINING ELIGIBIILTY ACTIVE

            (1)                                  (5)   (6)      (7)  (8)   (9)   (10)   (11)  (12)       (13)          (14)   (15)
            CLAIM        (2)      NAME   (3)    (4)  S  BIRTH    AGY E  PREM     PREM   TRANS        ENROLLEE       APPL   CUR
CANCEL
           NUMBER       SURNAME      FIRST    I  X   DATE        C   AMT    PERIOD  CODE  DATE  ID NUMBER      DATE   C/C
DATE

SSA   [redacted]9A  [redacted]          ANN      E  2 02061971 490 M 000000 06011998 9999 999999 [redacted]99
ELIG  [redacted]9A  [redacted]ANN E                 2 02061970                                                 04011997 071
00000000                                                                    (20)

                                                     TOTAL ITEMS REPORTED       1


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eli-gibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

14	APPL DATE	Enrollee Application Date	DE3041	
15	CUR C/C	Enrollee FIPS Code	DE3008	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	PT B ELIG	TPL Coverage Effect-ive (Begin) Date	DE3667	
18	CAN RSN	Eligibility Cancel Reason	DE3451	
19	CANCEL DATE	Eligibility Cancel Date	DE3452	
20	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-360 Medicare Premium Processing Daily Accretion File Listing

General Information

This report lists the details and totals of each online extract transaction created and processed against the enrollee Eligibility File to send to SSA. Please note that this report will be generated twice per month, once for Part A and once for Part B.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Premium Online Transactions Processing (RSM360)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Daily Accretion File Listing (RS-O-360)

RSM360 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY MEDICARE PREMIUM PROCESSING
RUN DATE: MM/DD/CCYY HH:MM DAILY ACCRETION FILE LISTING

(1) CLAIM NUMBER	(2) LAST NAME	(3) FIRST NAME	(4) MID INIT	(5) SEX CODE	(6) BIRTH DATE	(7) AGENCY CODE	(8) ELIG CODE	(9) TRANSACTION CODE	(10) EFFECTIVE DATE	MEDI N
A22[redacted] PAYOR SELF	[redacted]	[redacted]	H	1	08/15/1907	490	M	99	08/01/1993	999[redacted]
A2[redacted] PAYOR RRB NMN			C	1	12/21/1917	490	L	99	04/01/1996	999
MA[redacted] PAYOR RRB NMN				2	08/24/1927	490	P	99	12/01/1992	999
MA22[redacted] PAYOR RRB NMN				2	08/15/1917	490	L	99	04/01/1996	999
MA2[redacted] PAYOR SELF NMN			L	2	04/24/1923	490	P	99	11/01/1996	999
WA2[redacted] RRB PAYOR NMN			N	2	11/06/1912	490	M	99	11/01/1996	999
WA99[redacted] PAYOR RRB NMN			W	2	05/03/1904	490	V	99	02/01/1995	999
WA99[redacted] PAYOR SELF			H	2	12/19/1903	490	M	99	12/01/1995	999

TOTAL TRANSACTION 50: (12) 0
TOTAL TRANSACTION 51: 3
TOTAL TRANSACTION 53: 0
TOTAL TRANSACTION 61: 21
TOTAL TRANSACTION 63: 0
TOTAL TRANSACTION 75: 33
TOTAL TRANSACTION 76: 33
TOTAL TRANSACTION 99: 114
INVALID CLAIM NUMBER: (13) 1
(14)
TOTAL ALL TRANSACTIONS: 205

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MID INIT	Enrollee Middle Initial	DE3112	
5	SEX CODE	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGENCY CODE	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	ELIG CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRANSACTION	Enrollee Medicare	DE3015	

	CODE	Premium Payment Transaction Code		
10	EFFECTIVE CODE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
11	MEDICAID ID NUMBER	Enrollee Permanent Identification Number	DE3093	
12	TOTAL TRANSACTION (NN)	Calculated	DE0002	
13	INVALID CLAIM NUMBER TOTALS	Calculated	DE0002	
14	TOTAL ALL TRANSACTIONS	Calculated	DE0002	

Output Reports RS-O-361 Medicare Premium Processing Claim Number Mismatch Remaining Elig Cancelled

General Information

This is a list of all remaining mismatches with Medicaid eligibility cancelled for which the SSA Claim Number does not agree with the Eligibility Claim Number.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Claim Number Mismatch Remaining Elig Cancelled (RS-O-361)

```
RSM395                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                     MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                                  CLAIM NUMBER MISMATCH
                                                        REMAINING ELIGIBIILTY CANCELLED

            (1)                                   (5)   (6)      (7)  (8)  (9)   (10)   (11) (12)      (13)          (14)   (15)  (16)
            CLAIM        (2)      NAME  (3)   (4)  S   BIRTH    AGY  E  PREM   PREM        TRANS      ENROLLEE      APPL   CUR  AI
CANCEL
            NUMBER       SURNAME        FIRST    I  X   DATE        C  AMT    PERIOD     CODE  DATE   ID NUMBER     DATE   C/C  CA
DATE

SSA   229[redacted]   D[redacted]   ANN      E  2  02061971 490  M  026280 06011998 9999  999999 999[redacted]
ELIG  229[redacted]   D[redacted]            2  02061970                                                          04011997 071  99
09011997                                                                  (20)

                                                        TOTAL ITEMS REPORTED        1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID	Enrollee Permanent	DE3093	

	NUMBER	Identification Number		
14	APPL DATE	Enrollee Application Date	DE3041	
15	CUR C/C	Enrollee FIPS Code	DE3008	
16	AID CAT	Enrollee Eligibility Aid Category	DE3009	
17	PT B ELIG	TPL Coverage Effective (Begin) Date	DE3667	
18	CAN RSN	Eligibility Cancel Reason	DE3451	
19	CANCEL DATE	Eligibility Cancel Date	DE3452	
20	TOTAL ITEMS REPORTED	Calculated	DE0002	

Output Reports RS-O-363 Medicare Premium Processing Multiple Records for Enrollee by HIC Number

General Information

This report lists enrollees, by HIC Number, for which more than one record has been received.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	2,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Multiple Records for Enrollee by HIC Number (RS-O-363)

RSM395
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
MULTIPLE RECORDS FOR ENROLLEE BY HIC NUMBER
RECORDS LISTED IN ASCENDING ORDER OF PRIORITY WITHIN ENROLLEE NUMBER

(1) CLAIM NUMBER	(2) NAME SURNAME	(3) FIRST	(4) I	(5) SX	(6) BIRTH DATE	(7) AGY	(8) EC	(9) PREM AMT	(10) PREM PERIOD	(11) TRANS CODE	(12) TRANS DAT
2[redacted]99A	[redacted]	[redacted]	E	2	02081971	490	M	026280	06011998	9999	9999
2[redacted]99A			E	2	02081971	490	M	00000	06011998	9999	9999
2[redacted]99A9			W	1	02101960	490	V	008760	06011998	16	0319
2[redacted]99A9			W	1	02101960	490	P	E0398	06011998	9999	9919
2[redacted]99A				2	09171965	490	V	004380	06011998	41	0719
2[redacted]99A				2	09171965	490	V	490	06011998	9999	9919
2[redacted]99A				2	09171965	490	V	490	06011998	9999	9919
2[redacted]99A				2	12311910	490	M	013140	06011998	16	0319
2[redacted]99A				2	12311910	490	M	013140	06011998	9999	9919
2[redacted]99A9			G	1	06161978	490	M	004380	06011998	9999	9919
2[redacted]99A9			G	1	06161978	490	M	00000	06011998	9999	9919
2[redacted]99A				2	02021908	490	P	004380	06011998	41	0719
2[redacted]99A				2	02021908	490	P	490	06011998	9999	9919
2[redacted]99A				2	02021908	490	P	490	06011998	9999	9919
2[redacted]99A			S	1	05011926	490	V	004380	06011998	41	0319
2[redacted]99A			S	1	05011926	490	V	035040	06011998	9999	9919
2[redacted]99A			I	2	03211926	490	V	004380	06011998	41	0319
2[redacted]99A			I	2	03211926	490	V	035040	06011998	9999	9919

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eli-gibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment	DE3030	

		Amount		
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID NUMBER	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-365 Medicare Premium Processing Multiple Records for Enrollee With 'M' BIC

General Information

This report lists enrollees, by HIC Number when BIC Number is 'M', for whom more than one record has been received.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Part-B Medicare Premium Reporting Program (RSM395)
Confidential:	Yes
Sequence:	Enrollee BIC Number Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Multiple Records for Enrollee With 'M' BIC (RS-O-365)

RSM395
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
MULTIPLE RECORDS FOR ENROLLEE WITH 'M' BIC
RECORDS LISTED 'M' BIC ASCENDING ORDER OF PRIORITY WITHIN HIC NUMBER

(1) CLAIM NUMBER	(2) NAME SURNAME	(3) FIRST	(4) I	(5) SX	(6) BIRTH DATE	(7) AGY	(8) EC	(9) PREM AMT	(10) PREM PERIOD	(11) TRANS CODE	(12) TRANS DAT
2[redacted]9A	[redacted]	[redacted]	E	2	02081971	490	M	026280	06011998	9999	9999
2[redacted]9A			E	2	02081971	490	M	00000	06011998	9999	9999
2[redacted]9A			W	1	02101960	490	V	008760	06011998	16	0319
2[redacted]9A			W	1	02101960	490	P	E0398	06011998	9999	9999
2[redacted]9A				2	09171965	490	V	004380	06011998	41	0719
2[redacted]9A				2	09171965	490	V	490	06011998	9999	9999
2[redacted]9A				2	09171965	490	V	490	06011998	9999	9999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	SURNAME	Enrollee Last Name	DE3110	
3	FIRST	Enrollee First Name	DE3111	
4	I	Enrollee Middle Initial	DE3112	
5	SX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	EC	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PREM AMT	Enrollee Medicare Premium Payment Amount	DE3030	
10	PREM PER	Enrollee Medicare Premium Payment Start Date	DE3029	
11	TRANS CD	Enrollee Medicare Premium Payment Transaction Code	DE3015	
12	TRANS DT	Enrollee Medicare Premium Payment Transaction Date	DE3097	
13	ENROLLEE ID	Enrollee Permanent	DE3093	

	NUMBER	Identification Number		

Output Reports RS-O-370 Medicare Premium Processing Retroactive Buy-In Records Extracted

General Information

This is a list of Part B Buy-In Retroactive Accretion records extracted to be processed for sending to SSA with record counts.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Premium Retroactive Processing Program (RSM370)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Retroactive Buy-In Records Extracted (RS-O-370)

RSM370
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
RETROACTIVE BUY-IN RECORDS EXTRACTED

(1) CLAIM NUMBER	(2) ENROLLEE ID	(3) ENROLLEE	(4)	(5) NAME	(5) BIRTH DATE	(6) TRAN CDE	(7) AID CAT	(8) BUYIN CODE	(9) BEGIN DATE	(10) END DATE	(11) ACT DAT
[redacted]	[redacted]	[redacted]		[redacted]	10/06/1907	00	999	L	03/01/1996	03/31/1996	05/13/19
(12) [redacted]					11/07/1914	61	999	U	01/11/1996	01/31/1996	05/13/19
		T			10/03/1935	00	999	V	06/27/1997	06/30/1997	05/11/19
					10/03/1935	00	999	M	12/22/1997	12/31/1997	05/11/19
					10/04/1966	61	999	P	02/27/1996	02/28/1996	05/13/19
					10/18/1934	61	999	M	11/03/1997	12/03/1997	05/11/19
					10/18/1934	61	999	M	12/01/1997	12/31/1997	05/12/19
					05/06/1964	61	999	L	03/06/1996	01/31/1996	05/11/19
		T			02/20/1925	61	999	P	01/24/1996	02/28/1996	05/11/19
					02/20/1925	61	999	M	03/01/1996	05/31/1996	05/12/19
					12/14/1937	61	999	P	01/01/1996	01/31/1996	05/12/19
					08/25/1955	61	999	U	04/01/1996	04/30/1996	05/12/19
					08/25/1955	61	999	M	04/02/1996	04/30/1996	05/13/19
					08/13/1965	00	999	L	08/01/1995	05/31/1996	05/13/19
COMMENT											

CONTROL TOTALS
TOTAL TRANS 75 WRITTEN TO SSA (12) 35

TOTAL TRANS DROPPED (13) 6

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	BIRTH DATE	Enrollee Birth Date	DE3005	
6	TRAN CDE	Premium Payment Transaction Code Response	DE3103	
7	PROG DES	Enrollee Eligibility Aid Category	DE3009	
8	BUYIN CODE	Enrollee Buy-In SMI Eli-gibility Code	DE3102	

9	BEGIN DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
10	END DATE	Enrollee Medicare Premium Payment Stop Date	DE3033	
11	ACT DATE	Eligibility Date Added	DE3037	
12	COMMENT	Calculated	DE0002	
13	TOTAL TRANS DROPPED	Calculated	DE0002	

Output Reports RS-O-371 Medicare Premium Processing Retroactive Buy-In Records Processed

General Information

This is a list of Part B Buy-in Retroactive Accretion records that have been processed to send to SSA.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Retroactive Buy-in Combine Transactions (RSM371)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Retroactive Buy-In Records Processed (RS-O-371)

```
RSM371                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
0-371
AS OF:     MM/DD/CCYY                                    MEDICARE PREMIUM PROCESSING
999,999
RUN DATE: MM/DD/CCYY HH:MM                          RETROACTIVE BUY-IN RECORDS PROCESSED
                                                          (7)       (8)     (9)   (10)   (11)
      (1)              (2)      (3)          (4)    (5)    (6)
                                                                                                  (12)
                                                                 BIRTH    AGENCY BUYIN TRAN  EFFECT    STOP
CLAIM NUMBER  ENROLLEE  ID        ENROLLEE  NAME       SEX     DATE      CODE  CODE  CODE   DATE     DATE

[redacted]99A    999[redacted]99 [redacted]  [redacted]L      2  10/06/1907   490     M    75   031998    062000
                                                                        (13)  COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                     L      2  10/06/1907   490     M    76   031998    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                     F      1  12/31/1955   490     V    75   011996    062001
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                     F      1  12/31/1955   490     V    76   011996    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                            2  11/07/1914   490     M    75   011998    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                            2  11/07/1914   490     M    76   011998    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                            2  10/18/1934   490     P    75   121997    062000
                                                                            COMMENTS
                                                                            REC DROPPED- ELIG COMBND
      99A    999      99                            2  10/18/1934   490     P    76   121997    062000
                                                                            COMMENTS
                                                                            REC DROPPED- ELIG COMBND
      99A    999      99                            2  10/18/1934   490     P    75   111997    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA
      99A    999      99                            2  10/18/1934   490     P    76   121997    062000
                                                                            COMMENTS
                                                                            REC WRITTEN TO SSA


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	SEX	Enrollee Sex Code	DE3007	
7	BIRTH DATE	Enrollee Birth Date	DE3005	
8	AGENCY CODE	Enrollee Medicare Premium Payment Agency Code	DE3045	

9	BUY IN CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
10	TRAN CODE	Premium Payment Transaction Code Response	DE3103	
11	EFFECT DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
12	STOP DATE	Enrollee Medicare Premium Payment Stop Date	DE3033	
13	COMMENTS	Calculated	DE0002	

Output Reports RS-O-372 Medicare Premium Processing Retroactive Buy-In Records Sent to SSA

General Information

This report lists retroactive transactions sent to SSA. There have been no time limits defined for requests sent to HCFA for Buy-In.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Retroactive Buy-in Combine Transactions (RSM371)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Retroactive Buy-In Records Sent to SSA (RS-O-372)

RSM371
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
RETROACTIVE BUY-IN RECORDS SENT TO SSA

(1) CLAIM NO	(2) NAME	(3)	(4)	(5) SEX	(6) BDATE	(7) AGENCY	(8) BUYIN CODE	(9) TRAN CDE	(10) EFFEC DT	(11) STOP DT	(12) ENROL
[redacted]9A	[redacted]	[redacted]	L	2	10061907	490	M	75	031998	062000	99[redacted]
[redacted]9A	[redacted]	[redacted]	L	2	10061907	490	M	76	031998	061999	99[redacted]
[redacted]9A	[redacted]	[redacted]	F	1	12311955	490	V	75	011996	062000	99[redacted]
[redacted]9A	[redacted]	[redacted]	F	1	12311955	490	V	76	011996	062001	99[redacted]
[redacted]9A	[redacted]	[redacted]		2	11071914	490	M	75	011998	062000	99[redacted]
[redacted]9A	[redacted]	[redacted]		2	11071914	490	M	76	011998	062001	99[redacted]
[redacted]9A	[redacted]	[redacted]	E	1	10031935	490	M	75	121997	061999	99[redacted]
[redacted]9A	[redacted]	[redacted]	E	1	10031935	490	M	76	121997	042000	99[redacted]
[redacted]9A	[redacted]	[redacted]	H	2	10041966	490	P	75	021998	051999	99[redacted]
[redacted]9A	[redacted]	[redacted]	H	2	10041966	490	P	76	021998	122000	99[redacted]
[redacted]9A	[redacted]	[redacted]		2	10181934	490	P	75	111997	072001	99[redacted]
[redacted]9A	[redacted]	[redacted]		2	10181934	490	P	76	121997	122000	99[redacted]
[redacted]9A	[redacted]	[redacted]	B	2	02201925	490	P	75	011998	042000	99[redacted]
[redacted]9A	[redacted]	[redacted]	B	2	02201925	490	P	76	051998	042000	99[redacted]
[redacted]9A	[redacted]	[redacted]	A	1	12141937	490	V	75	011998	061998	99[redacted]
[redacted]9A	[redacted]	[redacted]	A	1	12141937	490	V	76	011998	061998	99[redacted]
[redacted]9A	[redacted]	[redacted]	W	1	08251955	490	V	75	041998	071999	99[redacted]
[redacted]9A	[redacted]	[redacted]	W	1	08251955	490	V	76	041998	071999	99[redacted]

(13)
TOTAL NUMBER OF RECORDS : 99999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NO	Medicare Number	DE3002	
2	NAME (LAST)	Enrollee Last Name	DE3110	
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BDATE	Enrollee Birth Date	DE3005	
7	AGENCY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	BUYIN CD	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRAN	Premium Payment Transaction Code	DE3103	

		Response		
10	EFFEC DT	Enrollee Medicare Premium Payment Start Date	DE3029	
11	STOP DT	Enrollee Medicare Premium Payment Stop Date	DE3033	
12	ENROLLEE	Enrollee Permanent Identification Number	DE3093	
13	Total Number Of Records	Calculated	DE0002	calculated

Output Reports RS-O-373 Medicare Premium Processing Retroactive Buy-In Records Held

General Information

This report lists transactions held on file to be processed next month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Retroactive Buy-in Combine Transactions (RSM371)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Retroactive Buy-In Records Held (RS-O-373)

RSM371
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
RETROACTIVE BUY-IN RECORDS HELD

(1) CLAIM NO	(2) NAME	(3)	(4)	(5) SEX	(6) BDATE	(7) AGENCY	(8) BUYIN CODE	(9) TRAN CDE	(10) EFFEC DT	(11) STOP DT	(12) ENROLLEE
22[redacted]A	[redacted]	[redacted]	L	2	10061907	490	M	75	031998	062000	9[redacted]
22[redacted]A	[redacted]	[redacted]	L	2	10061907	490	M	76	031998	061999	9[redacted]
22[redacted]A	[redacted]	[redacted]	F	1	12311955	490	V	75	011996	062000	9[redacted]
22[redacted]A	[redacted]	[redacted]	F	1	12311955	490	V	76	011996	062001	9[redacted]
22[redacted]A	[redacted]	[redacted]		2	11071914	490	M	75	011998	062000	9[redacted]
22[redacted]A	[redacted]	[redacted]		2	11071914	490	M	76	011998	062001	9[redacted]

TOTAL NUMBER OF RECORDS : 99999

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NO	Medicare Number	DE3002	
2	NAME (LAST)	Enrollee Last Name	DE3110	
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BDATE	Enrollee Birth Date	DE3005	
7	AGENCY	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	BUYIN CD	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRAN	Premium Payment Transaction Code Response	DE3103	
10	EFFECT DT	Enrollee Medicare Premium Payment Start Date	DE3029	
11	STOP DT	Enrollee Medicare Premium Payment Stop Date	DE3033	
12	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-374 BUY-IN Eligibility TPL Data Updates

General Information

This report lists changes to TPL data on the Eligibility File.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	Medicare Part B Premium Receive Program (RSM390)
Confidential:	No
Sequence:	City County Code Enrollee ID
Control Breaks:	City County Code

BUY-IN Eligibility TPL Data Updates (RS-O-374)

```
RSM390                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT
AS OF: MM/DD/CCYY                                BUY-IN ELIGIBLITY TPL DATA UPDATES                    PAGE N
RUN DATE: MM/DD/CCYY HH:MM

                (1)            (2)                                                  (3)                   (4)
CITY COUNTY CODE  760      RICHMOND CITY                                ENROLLEE ID:   041-311162-01-1  PREMIUM IND
    ***********************  BEFORE ********************    ************************ AFTER ******************
  (5)     (6)        (7)              (8)          (9)        (10)    (11)        (12)            (13)        (14)
  TYPE    INSR    POLICY NUMBER    BEG DATE     END DATE     TYPE    INSR    POLICY NUMBER    BEG DATE    END DATE
   A       001    [redacted]       03/01/1999   99/99/9999    A       002    [redacted]       03/01/1999  99/99/9999
   B       001    [redacted]       03/01/1999   99/99/9999    B       002    [redacted]       03/01/1999  99/99/9999

                (15)                  (16)                                  (17)
        CITY COUNTY CODE  760   RICHMOND CITY                                1

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY COUNTY CODE	Enrollee FIPS Code	DE3008	
2	(CITY COUNTY CODE DESCRIPTION)	Locality Name	DE5255	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	PREMIUM IND	Medicare Premium Indicator	DE3655	
5	TYPE (BEFORE)	Enrollee Medicare Premium Payment Type Codes	DE3018	Policy Sequence Number (before)
6	INSR (BEFORE)	Calculated	DE0002	
7	POLICY NUMBER (BEFORE)	Medicare Number	DE3002	
8	BEG DATE (BEFORE)	TPL Coverage Effect-ive (Begin) Date	DE3667	
9	END DATE (BEFORE)	TPL Coverage End Date	DE3668	
10	TYPE (AFTER)	TPL Coverage Code	DE3013	Policy Sequence Number (after)
11	INSUR (AFTER)	Calculated	DE0002	
12	POLICY NUMBER (AFTER)	Medicare Number	DE3002	
13	BEG DATE (AFTER)	TPL Coverage Effect-ive (Begin) Date	DE3667	
14	END DATE (AFTER)	TPL Coverage End Date	DE3668	
15	CITY COUNTY CODE	Enrollee FIPS Code	DE3008	
16	(CITY COUNTY CODE DESCRIPTION)	Locality Name	DE5255	
17	TOTAL ENROLLEES FOR THE LOCALITY	Calculated	DE0002	Total enrollees for the locality.

Output Reports RS-O-375 Group Plan History - DET Records

General Information

This reports MMA DET records detailing the group-plan history for each enrollee on the response file who has group-plan data.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - Dars
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Order by Enrollee Last Name, First Name, Middle Initial, then SSN.
Control Breaks:	Group Number

Group Plan History - DET Records (RS-O-375)

```
RSM140                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:11/01/2008                               GROUP PLAN HISTORY - DET RECORDS                             PAGE
RUN DATE: 11/01/2008 11:32

  LAST NAME            FIRST NAME   MI  SFX     SSN        GROUP NUMBER START DATE END DATE
      (1)                (2)        (3) (4)     (5)           (6)          (7)       (8)
  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX X   XXXX  999-99-9999    XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999

  XXXXXXXXXXXXXXXXXXX XXXXXXXXXXX X  XXXX  999-99-9999     XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999
                                                          XXXXX     99/99/9999 99/99/9999

                                          *** 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	Last Name	Enrollee Last Name	DE3110	
2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	SFX	Enrollee Name Suffix	DE3113	
5	SSN	Enrollee Social Security Number (SSN)	DE3034	
6	Group Number	Not Stored in MMIS	DE2	
7	Start Date	Not Stored in MMIS	DE2	
8	End Date	Not Stored in MMIS	DE2	

Output Reports RS-O-376 Medicare Part-D Discrepancy Dates - M-BIC Records

General Information

This reports Medicare Part-D Discrepancy Dates for M-BIC records. This report is created when there is more than one occurrence in the MMIS tables or overlapping PART D dates.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	Enrollee Totals

Medicare Part-D Discrepancy Dates - M-BIC Records (RS-O-376)

```
RSM140      07/06/2007 10:25:13          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:07/05/2007                          MEDICARE PART-D DISCREPANCY DATES - M-BIC RECORDS                    PAGE
RUN DATE: 07/05/2007 22:36

        (1)          (2)                  (3)      (4)      (5)      (6)    (7)/(8)      (9)/(10)
                                                                                         MMA PART D/
    ENROLLEE ID   LAST NAME            FIRST NAME   M      BIRTH     SEX   POLICY/SSN   MMIS PART D

    999999999999  XXXXXXXXXXXXX        XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX
                                                                           999-99-9999    12/31/9999

                                                                                          09/01/2007
                                                                                          12/31/9999
                                                                                          09/01/2007

    999999999999  XXXXXXXXXXXXX        XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX     07/01/2007
                                                                           999-99-9999    12/31/9999

                                                                                          07/01/2007
                                                                                          12/31/9999

   999999999999  XXXXXXXXXXXXX        XXXXXXXXXXX  X    MM/DD/CCYY  F   XXXXXXXXXX      01/01/2006
                                                                           999-99-9999    12/31/9999

                                                                                          01/01/2006
                                                                                          07/31/2006
                                                                                          01/01/2006
       TOTAL ENROLLEES REPORTED :        313
                (11)
                                                   *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Last Name	Enrollee Last Name	DE3110	
3	First Name	Enrollee First Name	DE3111	
4	M	Enrollee Middle Initial	DE3112	
5	Birth	Enrollee Birth Date	DE3005	
6	Sex	Enrollee Sex Code	DE3007	
7	Policy	TPL Policy Number	DE3658	
8	SSN	Enrollee Social Security Number (SSN)	DE3034	
9	MMA Part D	TPL Coverage Effective (Begin) Date	DE3667	
10	MMIS Part D	TPL Coverage End Date	DE3668	
11	Total Enrollees Reported	Calculated	DE0002	This is the total number of M- BIC records on the MMA PRO RECORD RESPONSE FILE that have Medicare

				Part D discrepancy dates.

Output Reports RS-O-377 MMA TPL Non-Update Report-M-BIC Records

General Information

This reports the M-BIC records based on the MMA Response file processing for PRO records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand - Dars
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	Total Enrollees

MMA TPL Non-Update Report-M-BIC Records (RS-O-377)

```
RSM140      07/06/2007 10:25:10          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:07/05/2007                              MMA TPL NON-UPDATE REPORT-M-BIC RECORDS                          PAGE
RUN DATE: 07/05/2007 22:36

     (1)              (2)              (3)       (4)       (5)             (6)          (7)        (8)       (9)

  ENROLLEE ID     ENROLLEE NAME                          CLAIM NUMBER       SSN          DOB        TPL    BEGIN

  999999999999    XXXXXXXXXXXXX      XXXXXXXXX    X    XXXXXXXXXX      999-99-9999    MM/DD/CCYY    X      05/199

       TOTAL ENROLLEES REPORTED :          1
               (11)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Enrollee Name (Last)	Enrollee Last Name	DE3110	
3	(Enrollee First Name)	Enrollee First Name	DE3111	
4	(Enrollee Middle Initial)	Enrollee Middle Initial	DE3112	
5	Claim Number	TPL Policy Number	DE3658	
6	SSN	Enrollee Social Security Number (SSN)	DE3034	
7	DOB	Enrollee Birth Date	DE3005	
8	TPL	TPL Coverage Code	DE3013	
9	Begin Date	TPL Coverage Effective (Begin) Date	DE3667	
10	End Date	TPL Coverage End Date	DE3668	
11	Total Enrollees Reported	Calculated	DE0002	This is the total number of TPL M- BIC records on the MMA PRO RECORD RESPONSE FILE.

Output Reports RS-O-380 Medicare Premium History File Reconciliation

General Information

This report reflects detail information from the reconciliation of the SSA Part A and/or Part B Third Party History File and the DMAS Enrollee Medicare Premium History File.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Premium History File Reconciliation Program (RSR380)
Confidential:	Yes
Sequence:	Enrollee ID Number Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium History File Reconciliation (RS-O-380)

```
RSR380                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            MEDICARE PREMIUM HISTORY FILE RECONCILIATION
RUN DATE:  MM/DD/CCYY HH:MM

          (1)            (2)          (3)            (4)          (5)   (6)    (7)        (8)  (9)    (10)        (11)
                                   ENROLLEE  NAME                            DATE OF    ELG SUR   START       STOP
  ENROLLEE ID      HIC NUMBER    LAST              FIRST         M    SEX    BIRTH      CD  IND    DATE        DATE
  1[redacted]1  999[redacted]9  [redacted]          [redacted]    H    M   01/01/1990   X   X  01/01/1991 12/31/1991
  1[redacted]1  999[redacted]9  [redacted]          [redacted]    H    M   01/01/1990   X   X  01/01/1991 12/31/1991
  ** STATEMENT OF MATCH, MISMATCH, RECORD TO BE ADDED, ETC.
  (13)
  2[redacted]222  9[redacted]9  [redacted]          [redacted]    H    F   01/01/1992   X   X  01/01/1993 12/31/1993
  2[redacted]222  9[redacted]9  [redacted]          [redacted]    H    F   01/01/1992   X   X  01/01/1993 12/31/1993
  ** STATEMENT OF MATCH, MISMATCH, RECORD TO BE ADDED, ETC.

  TOTAL TRANSACTIONS: (14)       99


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE HIC NUMBER	Medicare Number	DE3002	
3	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
4	ENROLLEE FIRST NAME	Enrollee First Name	DE3111	
5	ENROLLEE MIDDLE INITIAL	Enrollee Middle Initial	DE3112	
6	SEX	Enrollee Sex Code	DE3007	
7	DATE OF BIRTH	Enrollee Birth Date	DE3005	
8	ELIGIBILILTY CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	PART A SURCHARGE INDICATOR	Enrollee Premium Surcharge Indicator	DE3800	
10	START DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
11	STOP DATE	Enrollee Medicare Premium Payment Stop Date	DE3033	
12	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
13	(MESSAGE OF MATCH, MISMATCH, ETC.)	Calculated	DE0002	
14	TOTAL TRANSACTIONS	Calculated	DE0002	

Output Reports RS-O-381 Medicare Premium History File Reconciliation Summary

General Information

This report shows record counts of data item discrepancies between the SSA Part A and/or Part B Third Party History File and DMAS Enrollee Medicare Premium History File.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Premium History File Reconciliation Program (RSR380)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium History File Reconciliation Summary (RS-O-381)

```
RSR380                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                       MEDICARE PREMIUM HISTORY FILE RECONCILIATION
RUN DATE:  MM/DD/CCYY HH:MM                                  SUMMARY

                                          (1)                                    (2)
                                          MISMATCHED                             RECORDS
                                          FIELD DESCRIPTION                      IN ERROR
                                          -------------------------------------------------------

                                          HIC NUMBER                             ZZZ,ZZZ,ZZ9
                                          LAST NAME                              ZZZ,ZZZ,ZZ9
                                          FIRST NAME                             ZZZ,ZZZ,ZZ9
                                          MIDDLE INITIAL                         ZZZ,ZZZ,ZZ9
                                          SEX                                    ZZZ,ZZZ,ZZ9
                                          DATE OF BIRTH                          ZZZ,ZZZ,ZZ9
                                          ELIGIBILITY CODE                       ZZZ,ZZZ,ZZ9
                                          SURCHARGE INDICATOR                    ZZZ,ZZZ,ZZ9
                                          START DATE                             ZZZ,ZZZ,ZZ9
                                          STOP DATE                              ZZZ,ZZZ,ZZ9
                                          TRANSACTION CODE                       ZZZ,ZZZ,ZZ9


                                          RECORD TOTALS
                                          ---------------------------------------(3)---------------

                                          HISTORY RECORDS READ                   (4)  ZZZ,ZZZ,ZZ9

                                          DMAS RECORDS READ                      (5)  ZZZ,ZZZ,ZZ9

                                          RECORDS TO BE ADDED                    (6)  ZZZ,ZZZ,ZZ9

                                          RECORDS MISMATCHED                          ZZZ,ZZZ,ZZ9

                                          INVALID RECORDS                        (7)  ZZZ,ZZZ,ZZ9

                                          RECORDS MATCHED                        (8)  ZZZ,ZZZ,ZZ9


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MISMATCHED FIELD DESCRIPTION	Calculated	DE0002	
2	RECORDS IN ERROR	Calculated	DE0002	
3	HISTORY RECORDS READ	Calculated	DE0002	
4	DMAS RECORDS READ	Calculated	DE0002	
5	RECORDS TO BE ADDED	Calculated	DE0002	
6	RECORDS MISMATCHED	Calculated	DE0002	

7	INVALID RECORDS	Calculated	DE0002	
8	RECORDS MATCHED	Calculated	DE0002	

Output Reports RS-O-385 Medicare Premium Processing Listing of Error Transactions

General Information

This report lists Add/Cancel transactions sent and dropped on the file sent to SSA; includes record counts.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	15,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part-A Premium Merge (RSM355)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Listing of Error Transactions (RS-O-385)

```
RSM355                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                        LISTING OF ERROR TRANSACTIONS

          (1)                                 (5)     (6)   (7)    (8)
        CLAIM        (2)      (3)     (4)    BIRTH   NON TRANS SMIB   (9)     (10)          (11)
        NUMBER      NAME                     DATE    PAY CODE  DATE   SEX  ENROLLEE   ID   COMMENTS


                                   TOTAL RECS INPUT FROM RSM350 SSA EXTRACT    (12)   87
                                                                               (13)
                                   TOTAL RECS OUTPUT FROM RSM355 SSA EXTRACT      87


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	NAME (LAST)	Enrollee Last Name	DE3110	
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	BIRTH DATE	Enrollee Birth Date	DE3005	
6	NON PAY	Enrollee Medicare Premium Payment Reduced Part A Indicator	DE3092	
7	TRANS CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	SMIB DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
9	SEX	Enrollee Sex Code	DE3007	
10	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
11	COMMENTS	Calculated	DE0002	
12	TOTAL RECS INPUT FROM SSA EXTRACT	Calculated	DE0002	
13	TOTAL RECS INPUT TO SSA	Calculated	DE0002	

Output Reports RS-O-386 Medicare Premium Processing Group HI State to CMS

General Information

This report lists each Part A transaction sent to CMS.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part-A Premium Extract Processing (RSM350)
Confidential:	Yes
Sequence:	Medicare Number
Control Breaks:	N/A

Medicare Premium Processing Group HI State to SSA (RS-O-386)

RSM350
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
GROUP HI STATE TO SSA

(1) CLAIM NO	(2) NAME	(3)	(4)	(5) SEX	(6) BIRTHDATE	(7) AGENCY	(8) PAY CODE	(9) TRAN CODE	(10) TRAN DATE	(11) ENROLLEE ID
22[redacted]A	[redacted]	[redacted]	T	2	02101911	S49	P	51	061998	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]	E	2	06051914	S49	P	61	111997	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	RI	2	03191922	S49	P	61	081997	99[redacted]99
22[redacted]A	[redacted]	[redacted]	ABS	2	03011918	S49	P	61	071991	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		2	01051913	S49	P	53	061998	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	J	2	08181924	S49	P	61	101995	99[redacted]99
22[redacted]A	[redacted]	[redacted]	M	2	06021926	S49	P	61	101997	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]	M	2	04091925	S49	P	61	071995	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	O	1	05091920	S49	P	53	061998	99[redacted]99
22[redacted]A	[redacted]	[redacted]		2	02031921	S49	P	61	111992	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		1	11081921	S49	P	61	111992	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	G	2	07051925	S49	P	53	061998	99[redacted]99
22[redacted]A	[redacted]	[redacted]	T	2	10161919	S49	P	61	051996	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		1	02021926	S49	P	61	101991	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	O	2	06031925	S49	P	61	041992	99[redacted]99
22[redacted]A	[redacted]	[redacted]	P	2	04131906	S49	P	61	011989	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]	A V	2	03251910	S49	P	61	011989	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]		2	08151925	S49	P	61	081990	99[redacted]99
22[redacted]A	[redacted]	[redacted]	P B	1	02121921	S49	P	61	011989	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		2	06281920	S49	P	61	111997	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	P	2	10181923	S49	P	61	061997	99[redacted]99
22[redacted]A	[redacted]	[redacted]		1	02181909	S49	P	61	121991	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]	A B	2	01281929	S49	P	61	091994	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]		2	11201921	S49	P	61	021996	99[redacted]99
22[redacted]A	[redacted]	[redacted]	S	1	07091928	S49	P	61	061996	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		2	12211920	S49	P	61	101991	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	MA	1	05241913	S49	P	53	061998	99[redacted]99
22[redacted]A	[redacted]	[redacted]		2	12311910	S49	P	61	081997	99[redacted]99
22[redacted]A	[redacted]TH	[redacted]		1	03171918	S49	P	61	081990	99[redacted]99
22[redacted]A	[redacted]ES	[redacted]	A	2	10241924	S49	P	61	081990	99[redacted]99

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NO	Medicare Number	DE3002	
2	NAME	Calculated	DE0002	If Name Suffix (DE 3113) exists, then it is moved into Last Name (DE3110) field with a space between the Last Name and the Suffix.
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTHDATE	Enrollee Birth Date	DE3005	
7	AGENCY	Enrollee Medicare Premium Payment Agency Code	DE3045	

8	PAY CODE	Enrollee Medicare Premium Payment Reduced Part A Indicator	DE3092	
9	TRAN CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
10	TRAN DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
11	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-387 Medicare Premium Processing Group HI State to SSA Summary

General Information

This report is a summary of Part A transactions sent to SSA.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Medicare Part-A Premium Merge (RSM355) Medicare Premium History Merge/Update (RSM387)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing Group HI State to SSA Summary (RS-O-387)

```
RSM355                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                     MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                                  GROUP HI STATE TO SSA
                                                                   SUMMARY

                                                  TOTAL PART-A MEDICARE RECORDS SENT TO SSA

                                                       TRAN CODE 99  (1)

                                                       TRAN CODE 61  (2)          62

                                                       TRAN CODE 53  (3)          16

                                                       TRAN CODE 51  (4)           9

                                                         TOTAL RECORDS  (5)       87


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TRAN CODE 99	Calculated	DE0002	
2	TRAN CODE 61	Calculated	DE0002	
3	TRAN CODE 53	Calculated	DE0002	
4	TRAN CODE 51	Calculated	DE0002	
5	TOTAL RECORDS	Calculated	DE0002	

Output Reports RS-O-388 Medicare Premium Processing Listing of Add/Cancel Enrollees

General Information

This report lists Part B Add/Cancel transactions sent and dropped on file to SSA; including record counts. The Medicare Premium processing includes QI1 and QI2 enrollees.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Extract Medicare Part-B Enrollees (RSM352)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing Listing of Add/Cancel Enrollees (RS-O-388)

RSM352
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
LISTING OF ADD/CANCEL ENROLLEES

(1) CLAIM NUMBER	(2) NAME	(3)	(4)	(5) BIRTH DATE	(6) NON PAY	(7) TRANS CODE	(8) SMIB DATE	(9) SEX	(10) ENROLLEE ID	(11) COMMENTS
22[redacted]9A	[redacted]		F	04/10/1947	V	61	08/1997	2	99[redacted]99	NOT A/C REC. - D
22[redacted]9A	[redacted]		RA E	01/15/1955	V	61	08/1997	2	99[redacted]99	NOT A/C REC. - D

INPUT FROM STRIP FILE	(12)	2,228
NON A/C & ONGOING DROPPED	(13)	2,053
OUTPUT RECORDS	(14)	175

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	NAME (LAST)	Enrollee Last Name	DE3110	
3	(FIRST)	Enrollee First Name	DE3111	
4	(MI)	Enrollee Middle Initial	DE3112	
5	BIRTH DATE	Enrollee Birth Date	DE3005	
6	NON PAY	Enrollee Buy-In SMI Eligibility Code	DE3102	
7	TRANS CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
8	SMIB DATE	Enrollee Medicare Premium Payment Start Date	DE3029	
9	SEX	Enrollee Sex Code	DE3007	
10	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
11	COMMENTS	Calculated	DE0002	
12	INPUT FROM STRIP FILE	Calculated	DE0002	
13	NON A/C & ONGOING	Calculated	DE0002	

	DROPPED			
14	OUTPUT RECORDS	Calculated	DE0002	

Output Reports RS-O-389 Medicare Premium Processing Group SMIB State to CMS

General Information

This report lists each Part B transaction submitted to CMS.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Process Medicare Part-B for CMS (RSM353)
Confidential:	Yes
Sequence:	Medicare Number
Control Breaks:	N/A

Medicare Premium Processing Group SMIB State to SSA (RS-O-389)

RSM353
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
GROUP SMIB STATE TO SSA

(1) CLAIM NUMBER	(2) LAST NAME	(3) FIRST NAME	(4) M I	(5) SEX	(6) BIRTH DATE	(7) AGENCY CODE	(8) ELIG CODE	(9) TRANSACTION CODE	(10) TRANSACTION DATE	END
[redacted]	[redacted]	[redacted]	M	2	12/09/1915	490	V	51	041998	[redacted]
				2	04/09/1901	490	M	61	061996	
				1	09/03/1924	490	P	61	051998	
			P	2	09/10/1913	490	P	61	021998	
			L	1	01/02/1940	490	V	61	111992	
			H	2	05/28/1924	490	P	51	041998	
				2	03/14/1963	490	V	61	111994	
			L	2	01/19/1939	490	L	51	041998	
				1	08/19/1912	490	P	61	031998	
			A	2	06/20/1999	490	V	53	111997	
				2	04/07/1905	490	P	61	111997	
				2	11/24/1924	490	P	61	051998	
				1	11/18/1932	490	M	61	051998	
			J	2	06/23/1931	490	V	53	021998	
			J	2	05/24/1923	490	M	61	061998	
			B	2	10/02/1964	490	V	61	011998	
				1	10/09/1945	490	P	61	081996	

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME (and NAME SUFFIX)	Calculated	DE0002	If Name Suffix (DE 3113) exists, then it is moved into Last Name (DE3110) field with a space between the Last Name and the Suffix.
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGENCY CODE	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	ELIG CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
10	TRANSACTION DATE	Enrollee Medicare Premium Payment	DE3097	

		Transaction Date		
11	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-390 Medicare Premium Processing Virginia Buy-In Transactions Forwarded to SSA

General Information

This report lists totals of each Part B transaction processed.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Process Medicare Part-B for CMS (RSM353)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Premium Processing Virginia Buy-In Transactions Forwarded to SSA (RS-O-390)

```
RSM353                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      MEDICARE PREMIUM PROCESSING
RUN DATE:  MM/DD/CCYY HH:MM                     VIRGINIA (490) BUY-IN TRANSACTIONS FORWARDED TO SSA
                                                                          (1)
                                                          CODE 51       44
                                                          CODE 53       19
                                                          CODE 61       99
                                                          CODE 62        0
                                                          CODE 63        0
                                                          CODE 99        0

                                                     TOTAL RECORDS (2)  162


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CODE (NN)	Enrollee Medicare Premium Payment Transaction Code	DE3015	
2	TOTAL RECORDS	Calculated	DE0002	

Output Reports RS-O-391 Medicare Premium Processing 21XX From Last month - SSA PDO

General Information

This report lists SSA transactions with no match that have been outstanding from last month. It also includes record counts.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Process Medicare Part-B for CMS (RSM353)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing 21XX From Last month - SSA PDO (RS-O-391)

RSM353
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
21XX FROM LAST MONTH - TO SSA PDO

(1) CLAIM NUMBER	(2) LAST NAME	(3) FIRST NAME	(4) MI	(5) SEX	(6) BIRTH DATE	(7) AGENCY CODE	(8) ELIG CODE	(9) TRANSACTION CODE	(10) TRANSACTION DATE	EN
2[redacted]A	[redacted]	[redacted]		2	03/03/1909	490	P	61	041994	9[redacted]
2[redacted]A			L	1	07/09/1920	490	V	53	031998	9
2[redacted]A			M	2	05/08/1925	490	P	61	121993	9
2[redacted]A			E	1	05/11/1909	490	M	00	051997	9
2[redacted]A9			B	2	03/24/1928	490	L	61	031993	9
2[redacted]A				2	10/05/1912	490	L	61	061997	9
2[redacted]A				2	11/17/1916	490	V	61	091983	9
2[redacted]A			B	2	02/12/1921	490	V	00	081997	9
2[redacted]A			E	2	06/22/1911	490	P	61	091994	9
2[redacted]A			M	2	05/04/1925	490	P	53	111997	9
2[redacted]A				2	01/09/1929	490	V	61	021998	9[redacted]

(12)
TOTAL 21 RECORDS 11

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGENCY CODE	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	ELIG CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
10	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
11	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	TOTAL 21 RECORDS	Calculated	DE0002	

Output Reports RS-O-392 Medicare Premium Processing 331-32XX from last month - to SSA BALTIMORE

General Information

This report lists SSA transactions returned because accretion is under SSA investigation and has been outstanding from last month. It also includes record counts.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Process Medicare Part-B for CMS (RSM353)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

Medicare Premium Processing 331-32XX from last month - to SSA BALTIMORE (RS-O-392)

RSM353
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICARE PREMIUM PROCESSING
31-32XX OUTSTANDING FROM LAST MONTH - TO SSA BALTIMORE

(1) CLAIM NUMBER	(2) LAST NAME	(3) FIRST NAME	(4) MI	(5) SEX	(6) BIRTH DATE	(7) AGENCY CODE	(8) ELIG CODE	(9) TRANSACTION CODE	(10) TRANSACTION DATE	ENRO
[redacted]9A	[redacted]	[redacted]		2	03/03/1909	490	P	61	041994	99[redacted]
[redacted]9A			L	1	07/09/1920	490	V	53	031998	99[redacted]
[redacted]9A			M	2	05/08/1925	490	P	61	121993	99[redacted]
[redacted]9A			E	1	05/11/1909	490	M	00	051997	99[redacted]
[redacted]9A9			B	2	03/24/1928	490	L	61	031993	99[redacted]
[redacted]9A				2	10/05/1912	490	L	61	061997	99[redacted]
[redacted]9A				2	11/17/1916	490	V	61	091983	99[redacted]
[redacted]9A			B	2	02/12/1921	490	V	00	081997	99[redacted]
[redacted]9A			E	2	06/22/1911	490	P	61	091994	99[redacted]
[redacted]9A			M	2	05/04/1925	490	P	53	111997	99[redacted]
[redacted]9A				2	01/09/1929	490	V	61	021998	99[redacted]

(12)
TOTAL 31-32 RECORDS 11

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CLAIM NUMBER	Medicare Number	DE3002	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	SEX	Enrollee Sex Code	DE3007	
6	BIRTH DATE	Enrollee Birth Date	DE3005	
7	AGENCY CODE	Enrollee Medicare Premium Payment Agency Code	DE3045	
8	ELIG CODE	Enrollee Buy-In SMI Eligibility Code	DE3102	
9	TRANSACTION CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
10	TRANSACTION DATE	Enrollee Medicare Premium Payment Transaction Date	DE3097	
11	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
12	TOTAL 31-32 RECORDS	Calculated	DE0002	

Output Reports RS-O-400 BENDEX Transactions to SSA from Agency 490

General Information

This report identifies enrollees whose status is being queried through SSA BENDEX. MMIS output reports and files going to SSA do not contain information owned by SSA.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Extract for BENDEX Transactions (RSM401)
Confidential:	Yes
Sequence:	Enrollee HIC Number
Control Breaks:	N/A

BENDEX Transactions to SSA from Agency 490 (RS-O-400)

RSM401 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY BENDEX TRANSACTIONS TO SSA FROM AGENCY 490
RUN DATE: MM/DD/CCYY HH:MM

(1) SSA CLAIM/SS NO	(2) EARN CD	(3) SURNAME	(4) GIVEN	(5) I	(6) SEX	(7) BIRTHDATE	(8) CAT	(9) COM CODE	(10) CANCEL DATE	(11) CANCEL REASON	MEI
[redacted] 99	E	[redacted]	[redacted]	B	F	12/16/65	C	BDA	00/00		00[redacted]
99 A	E				F	03/20/39	D	DPA	12/99	002	00
99	E				F	11/04/88	C	BDA	00/00		00
99	E				M	10/05/87	C	BDA	00/00		00
99	E				F	12/15/85	C	BDA	00/00		00
99	E				M	05/27/95	C	BDA	00/00		00
99	E				F	06/27/71	C	BDA	00/00		00
99	E				F	05/09/92	C	BDA	00/00		00
99	E				M	11/24/81	C	BDA	00/00		00
99	E			J	M	05/18/83	C	BDA	00/00		00
99	E				F	02/24/83	C	BDA	00/00		00
99	E				F	01/14/94	C	BDA	00/00		00
99	E				F	03/25/59	C	BDA	00/00		00
99	E			M	F	03/28/85	C	BDA	00/00		00
99	E			C	F	10/22/75	C	BDA	00/00		00
99	E			D	M	05/02/83	C	BDA	00/00		00
99	E			M	F	08/08/92	C	BDA	00/00		00
99	E			J	M	04/18/96	C	BDA	00/00		00
99 M	E				M	05/05/25	A	BDA	00/00		00
99	E				F	10/26/74	C	BDA	00/00		00[redacted]

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSA CLAIM/SS NO	Medicare Number	DE3002	
2	EARN CD	Calculated	DE0002	
3	SURNAME	Enrollee Last Name	DE3110	
4	GIVEN	Enrollee First Name	DE3111	
5	I	Enrollee Middle Initial	DE3112	
6	SEX	Enrollee Sex Code	DE3007	
7	BIRTHDATE	Enrollee Birth Date	DE3005	
8	CAT	BENDEX Category of Assistance Code	DE3511	
9	COM CODE	BENDEX SSA Inform-ation Exchange Code	DE3031	
10	CANCEL DATE	Determined by Pro-gram Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 10.1 through 10.4.
10.1	CANCEL DATE	Eligibility Cancel Date	DE3452	If Eligibility Cancel Reason (DE 3451) is not '000' and Eligibility Cancel Date

				(DE 3452) is populated, 'CANCEL DATE' contains the month and two digit year of Eligibility Cancel Date (DE 3452),
10.2	CANCEL DATE	Enrollee Eligibility End Date	DE3011	If Eligibility Cancel Reason (DE 3451) is '000' or Eligibility Cancel Date (DE 3452) is not populated, 'CANCEL DATE ' contains Enrollee Eligibility End Date (DE 3011).
10.3	CANCEL DATE	Enrollee Date of Death	DE3036	If the value chosen from either Enrollee Eligibility End Date (DE 3011) or Enrollee Cancel Date (DE 3452) to be contained in 'CANCEL DATE' is not null and Enrollee Cancel Reason (DE 2451) is '001' , 'CANCEL DATE' contains Enrollee Date of Death (DE 3036).
10.4	CANCEL DATE	Literal Used to Rep-resent Null Date	DE9901	If Enrollee Eligibility End Date (DE 3011) was chosen as the value to be contained in 'CANCEL DATE' and Enrollee Eligibility End Date (DE 3011) is not populated, zeros are moved to 'CANCEL DATE'.
11	CANCEL REASON	Eligibility Cancel Reason	DE3451	
12	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	

Output Reports RS-O-402 BENDEX Transactions to SSA Summary

General Information

This report reflects summary totals of records going to SSA.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	Extract for BENDEX Transactions (RSM401)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BENDEX Transactions to SSA Summary (RS-O-402)

```
RSM401                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                              BENDEX TRANSACTIONS TO SSA
RUN DATE:  MM/DD/CCYY HH:MM                                  SUMMARY

                                         BDA (1) 7,541

                                         DTH (2)    93

                                         DPA (3)   511

                                   TOTAL RECDS (4) 8,145


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	BDA	Calculated	DE0002	
2	DTH	Calculated	DE0002	
3	DPA	Calculated	DE0002	
4	TOTAL RECDS	Calculated	DE0002	

Output Reports RS-O-405 ACS FAMIS Weekly and Monthly Extract Report

General Information

ACS FAMIS Weekly and Monthly Extract Statistics Report.

Subsystem:	Recipient
Frequency:	Weekly / Monthly
Volume:	
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Monthly Extract for ACS of active FAMIS enrollees and active Medicaid enrollees age 19 and younger (RSM210) FAMIS Weekly Extract for ACS (RSW400)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

ACS FAMIS Weekly and Monthly Extract Report (RS-O-405)

```
RSW400                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   ACS FAMIS EXTRACT TOTALS
RUN DATE:  MM/DD/CCYY HH:MM

                                                FAMIS ROWS READ:       999,999
                                                FAMIS ROWS WRITTEN:    999,999

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

ACS FAMIS Weekly and Monthly Extract Report (RS-O-405)

```
RSM210                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                              ACS FAMIS MONTHLY EXTRACT TOTALS
RUN DATE:  MM/DD/CCYY HH:MM


                                                 FAMIS ROWS READ:       999,999
                                                 FAMIS ROWS WRITTEN:    999,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FAMIS ROWS READ		DE0000	Total count of rows read of Case and Enrollee data from Recipient Database
2	FAMIS ROWS WRITTEN		DE0000	Total count of extract records written.

Output Reports RS-O-420 BENDEX Update Audit Trail

General Information

This is an audit trail of action taken on each BENDEX Transaction sent from SSA Baltimore.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

BENDEX Update Audit Trail (RS-O-420)

RSM420 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY BENDEX UPDATE AUDIT TRAIL
RUN DATE: MM/DD/CCYY HH:MM

(1) ENROLLEE ID	(2) CLAIM NUMBER	(3) ENROLLEE NAME	(4)	(5)	(6) SOC SEC NO	(7) MESSAGE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	K	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	R	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	M	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	C	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	F	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	B	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	L	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	J	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	T	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9-B6	[redacted]	[redacted]	M	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	L	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	M	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	M	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	A	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	H	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]	A	[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE
00[redacted]-9	22[redacted]9	[redacted]	[redacted]		[redacted]	NO ENROLLEE FOR BENDE

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CLAIM NUMBER	Medicare Number	DE3002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	SOC SEC NO	Enrollee Social Security Number (SSN)	DE3034	
7	MESSAGE	Calculated	DE0002	

Output Reports RS-O-422 BENDEX Update Control Totals

General Information

This report reflects the control totals of record counts from processing the BENDEX Transaction Tape received from SSA Baltimore.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

BENDEX Update Control Totals (RS-O-422)

```
RSM420                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  BENDEX UPDATE CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM

                                                  VALID     INVALID
SSA TRANSACTIONS PROCESSED  (1)  76,066

                 DATA RECDS  (2)                            74,513

ENROLLEE RECDS PROCESSED   (3)  44,526

ENROLLEE RECDS UPDATED   (4)     1,552

NUMBER OF ENROLLEE CIDS (5)         42

BENDEX REPORT RECDS WRITTEN   (6)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSA TRANSACTIONS PROCESSED	Calculated	DE0002	
2	DATA RECDS	Calculated	DE0002	
3	ENROLLEE/BASE RECDS PROC	Calculated	DE0002	
4	ENROLLEE RECDS UPDATED	Calculated	DE0002	
5	NUMBER OF ENROLLEE CIDS	Calculated	DE0002	
6	BENDEX REPORT RECDS WRITTEN	Calculated	DE0002	

Output Reports RS-O-424 MMA TPL UPDATE REPORT

General Information

This reports the TPL updates based on the MMA Response file processing for PRO records. This report will no longer include records where the HIC number's BIC is ' M'.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	1
Number of Copies:	NA
Output Form:	OnDemand - DARS
Retention:	7 Years
Distribution:	DARS
Program:	Dual Eligible CMS response file processing and Part-D Update (RSM140)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	Total Enrollees

MMA TPL UPDATE REPORT (RS-O-424)

```
RSM140      07/06/2007 10:25:10          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:07/05/2007                                      MMA TPL UPDATE REPORT                                     PAGE
RUN DATE: 07/05/2007 22:36

      (1)              (2)              (3)       (4)       (5)             (6)           (7)        (8)        (9)

  ENROLLEE ID     ENROLLEE NAME                          CLAIM NUMBER        SSN           DOB        TPL    BEGIN

  999999999999    XXXXXXXXXXXXX       XXXXXXXXX    X    XXXXXXXXXX      999-99-9999    MM/DD/CCYY    X      05/199

       TOTAL ENROLLEES REPORTED :          1
                (11)                                 *** END OF REPORT ***
```

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
2	Enrollee Name (Last)	Enrollee Last Name	DE3110	
3	(First Name)	Enrollee First Name	DE3111	
4	(Middle Initial)	Enrollee Middle Initial	DE3112	
5	Claim Number	TPL Policy Number	DE3658	
6	SSN		DE0000	This is the SSN comes from the MMA file and it is not stored in the MMIS tables.
7	DOB	Enrollee Birth Date	DE3005	
8	TPL	TPL Coverage Code	DE3013	
9	Begin Date	TPL Coverage Effect-ive (Begin) Date	DE3667	
10	End Date	TPL Coverage End Date	DE3668	
11	Total Enrollees Reported	Calculated	DE0002	

Output Reports RS-O-425 BENDEX TPL Update Report

General Information

This is a report of enrollees who have had TPL information updated by BENDEX processing.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	50,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

BENDEX TPL Update Report (RS-O-425)

```
RSM420                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      BENDEX TPL UPDATE REPORT
RUN DATE:  MM/DD/CCYY HH:MM

          (1)                    (2)                (3)        (4)        (5)         (6)          (7)
    ENROLLEE ID            ENROLLEE NAME         CLAIM NUMBER   TPL    HI BGN DATE  HI END DATE  SMI BGN DATE  SI

      TOTAL ENROLLEES REPORTED:  (9)      0


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

Field Definitions

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

		Identification Number		
2	ENROLLEE NAME	Enrollee Full Name	DE3003	
3	CLAIM NUMBER	Medicare Number	DE3002	
4	TPL	TPL Coverage Code	DE3013	
5	HI BGN DATE	TPL Coverage Effective (Begin) Date	DE3667	
6	HI END DATE	TPL Coverage End Date	DE3668	
7	SMI BGN DATE	TPL Coverage Effective (Begin) Date	DE3667	
8	SMI END DATE	TPL Coverage End Date	DE3668	
9	TOTAL ENROLLEES REPORTED	Calculated	DE0002	

Output Reports RS-O-427 BENDEX TPL Data Error Listing

General Information

This is a report of enrollees with TPL updates that were not applied during the BENDEX processing.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

BENDEX TPL Data Error Listing (RS-O-427)

```
RSM420                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  BENDEX TPL DATA ERROR LISTING
RUN DATE:  MM/DD/CCYY HH:MM

                                (1)                          (2)
           ENROLLEE  NUMBER          ERROR DESCRIPTION

                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE
                999999999999          POLICY NUMBER ON TPL FILE --- NO UPDATE


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	ERROR DESCRIPTION	Calculated	DE0002	

Output Reports RS-O-430 BENDEX No Match Transactions with '00' in Positions 10-11 of Enrollee ID

General Information

This report shows 'NO MATCH' transactions from DSS that have '00' in positions 10-11 of the Enrollee ID.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	20,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Buy-In Coordinator
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

BENDEX No Match Transactions with '00' in Positions 10-11 of Enrollee ID (RS-O-430)

```
RSM420                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                      BENDEX NO MATCH TRANSACTIONS
RUN DATE:  MM/DD/CCYY HH:MM                          WITH '00' IN POSITIONS 10-11 OF ENROLLEE ID

          (1)              (2)          (3)                                    (6)
ENROLLEE ID        CLAIM NUMBER     ENROLLEE NAME                          SOC SEC NO
                                                        (4)     (5)
00[redacted]-9 2[redacted]99                                    K
00[redacted]-9 2[redacted]99                                    D
00[redacted]-9 2[redacted]99                                    T
00[redacted]-9 2[redacted]99                                    L
00[redacted]-9 2[redacted]99-A                                  C
00[redacted]-9 2[redacted]99                                    M
00[redacted]-9 2[redacted]99                                    D
00[redacted]-9 2[redacted]99                                    L
00[redacted]-9 2[redacted]99                                    S
00[redacted]-9 2[redacted]99-A
00[redacted]-9 2[redacted]99                                    E
00[redacted]-9 2[redacted]99                                    A
00[redacted]-9 2[redacted]99                                    L
00[redacted]-9 2[redacted]99                                    A
00[redacted]-9 2[redacted]99-E                                  A
00[redacted]-9 2[redacted]99                                    D
00[redacted]-9 2[redacted]99
00[redacted]-9 2[redacted]99

                                  ***** TOTAL NOMATCH TRANSACTIONS  6715 *****
                                                                (7)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CLAIM NUMBER	Medicare Number	DE3002	
3	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
4	(FIRST)	Enrollee First Name	DE3111	
5	(MI)	Enrollee Middle Initial	DE3112	
6	SOC SEC NO	Enrollee Social Security Number (SSN)	DE3034	
7	TOTAL NOMATCH TRANSACTIONS	Calculated	DE0002	

Output Reports RS-O-435 BENDEX Eligibility TPL Data Updates

General Information

This report lists changes to TPL data on the Eligibility File.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	50,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	BENDEX TPL updates (RSM421)
Confidential:	Yes
Sequence:	City/County Code Enrollee ID
Control Breaks:	City County Code

BENDEX Eligibility TPL Data Updates (RS-O-435)

```
RSM421                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  BENDEX ELIGIBILITY TPL DATA UPDATES
RUN DATE:  MM/DD/CCYY HH:MM

                    (1)            (2)                                                                  (4)
  CITY COUNTY CODE  087   HENRICO                          ENROLLEE  ID: (3) 001-999999-01-9     PREMIUM IND 2
     ********************** B E F O R E ******************     ************************** A F T E R **************
    (5)     (6)          (7)                  (8)          (9)       (10)    (11)        (12)                (13)        (
   TYPE   INSR      POLICY NUMBER          BEG DATE     END DATE    TYPE   INSUR    POLICY NUMBER          BEG DATE    EN
     H     001  22[redacted]              07/01/1979   99/99/9999    H     001   [redacted]              07/01/1979  99/
     J     001  22[redacted]              07/01/1979   99/99/9999    J     001   [redacted]              07/01/1979  99/
              (15)                   (16)
         CITY COUNTY CODE     087  HENRICO                                    1


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY COUNTY CODE	Enrollee FIPS Code	DE3008	
2	(CITY COUNTY CODE DESCRIPTION)	Locality Name	DE5255	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	PREMIUM IND	Medicare Premium Indicator	DE3655	
5	TYPE (before)	Enrollee Medicare Premium Payment Type Codes	DE3018	
6	INSR (before)	Calculated	DE0002	
7	POLICY NUMBER (before)	Medicare Number	DE3002	
8	BEG DATE (before)	TPL Coverage Effect-ive (Begin) Date	DE3667	
9	END DATE (before)	TPL Coverage End Date	DE3668	
10	TYPE (after)	TPL Coverage Code	DE3013	
11	INSUR (after)	Calculated	DE0002	
12	POLICY NUMBER (after)	Medicare Number	DE3002	
13	BEG DATE (after)	TPL Coverage Effect-ive (Begin) Date	DE3667	
14	END DATE (after)	TPL Coverage End Date	DE3668	
15	CITY COUNTY CODE	Enrollee FIPS Code	DE3008	
16	(CITY COUNTY CODE DESCRIPTION)	Locality Name	DE5255	

Output Reports RS-O-440 BENDEX Listing

General Information

This report reflects BENDEX transaction data from SSA for each record read, and includes total records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	BENDEX Listing (RSM423)
Confidential:	Yes
Sequence:	HIC Number
Control Breaks:	N/A

BENDEX Listing (RS-O-440)

```
RSM423                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                          BENDEX LISTING
RUN DATE: MM/DD/CCYY HH:MM
                                   (5)    (6)    (7) (8)      (9)       (10)     (11)    (12)    (13)    (14)                    (17)
     (1)          (2)        (3) (4)  S   DATE     R C      STATE      O     SOCIAL   P      M      D      (15)    (16)
  SSA CLAIM        ENROLLEE          E   OF       S A     CONTROL     B    SECURITY  S      B      O     COMM    SSI   SOC/
   NUMBER           NAME             X   BIRTH    C C      DATA       I     NUMBER   C      P      E     CODE    IND   HOC
                                                                       C                              I

[redacted]  [redacted]      R K  F    /  /    D F 000/000008/00/6      0- 0-   0                /   NOTITLE2
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY                    (24)  (25)
                                   (22)                          (23)
                            S D  F    /  /    D F 000/000016/00/8      0- 0-   0                /   NOTITLE2
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

                            C T  M    /  /    D F 000/000016/00/8      0- 0-   0                /   NOTITLE2
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

                            C L  M    /  /    D F 000/000018/00/9      0- 0-   0                /   NOTITLE2
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

                     A      P C  F    /  /    D F 001/005992/00/8      [redacted] N     0.00    /   MATCHED
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

                            W T  M    /  /    D C 001/010662/08/3      0- 0-   0                /   NOTITLE2
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

                     B6     H M  F    /  /    D C 001/010813/01/4      [redacted] CP  303.00 01/97 MATCHED        Y  C
                                             HI PREM AMT COLL: 000.00   HI TERM DATE: MM/CCYY

***TOTAL BENDEX RECORDS          76,066
                          (27)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSA CLAIM NUMBER	BENDEX SSA Claim Number	DE3501	
2	ENROLLEE NAME (LAST)	BENDEX Surname	DE3502	
3	(FIRST INIT)	BENDEX First Name	DE3503	
4	(MI)	BENDEX Middle Initial	DE3504	
5	SEX	BENDEX Sex Code	DE3506	
6	DATE OF BIRTH	BENDEX Birth Date	DE3507	
7	RSC	BENDEX Record Source Code	DE3510	
8	CAC	BENDEX Category of Assistance Code	DE3511	
9	STATE CONTROL DATA	BENDEX State Control Data	DE3512	

10	OBIC	BENDEX SSA Claim Number	DE3501	
11	SOCIAL SECURITY NUMBER	BENDEX Social Security Number (SSN)	DE3514	
12	PSC	BENDEX Payment Status Code	DE3516	
13	MBP	BENDEX Monthly Benefit Payable	DE3517	
14	DOEI	BENDEX Initial Entitlement Date	DE3518	
15	COMM CODE	BENDEX SSA Information Exchange Code	DE3031	
16	SSI IND	BENDEX SSI Status Code	DE3520	
17	SOC	BENDEX SMI Non Covered Reason Code	DE3521	
18	DOES	BENDEX SMI Entitlement Date	DE3522	
19	SMI PAYR	BENDEX SMI Premium Payer	DE3524	
20	RLSC	BENDEX RRB Status Code	DE3531	
21	BLES	BENDEX Black Lung Entitlement Status	DE3532	
22	HI PREM AMT COLL	BENDEX Hospital Insurance Premium Amount Collectable	DE3528	
23	HI TERM DATE	BENDEX Hospital Insurance Termination Date	DE3529	
24	HOC	BENDEX Hospital Insurance Option Code (HOC)	DE3526	
25	DOEH	BENDEX Hospital Insurance Entitlement Date	DE3527	
26	HI PAYR	BENDEX HI Premium Payer	DE3539	
27	TOTAL BENDEX RECORDS	Calculated	DE0002	

Output Reports RS-O-445 BENDEX Case Action Notice (DSS & FAMIS)

General Information

This report is used to advise the Local Welfare Offices as quickly as possible of BENDEX additions, deletions, and changes of Medicaid and SLH enrollees. It also includes report totals.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator. DSS - Local Welfare Offices, DSS - Regional Welfare Offices DSS - Local Welfare Offices DSS - Regional Welfare Offices
Program:	BENDEX Case Actions (RSM422)
Confidential:	Yes
Sequence:	HIC Number
Control Breaks:	County Region

BENDEX Case Action Notice (DSS & FAMIS) (RS-O-445)

```
RSM422                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  BENDEX CASE ACTION NOTICE (DSS)
RUN DATE:  MM/DD/CCYY HH:MM

C/C 087 HENRICO                      REGION  CENTRAL                      FOOD STAMP AND REGIONAL Q.C.
                                                                                                  ELIGIBILIT

MEDICAID ID      ENROLLEE  NAME       SSA CLAIM NO   BIRTH     SEX              MESSAGE              SMI   SSI
  99[redacted]                                                                                    WAS   D0197
 229[redacted]                          A   0/ 0/ 0    F CLAIM DENIED                             NOW   D0197
  99[redacted]                          A9 01/20/1995  2 BENEFITS SUSPENDED                       WAS   I
 229[redacted]                     A    A9  0/ 0/ 0    F MISCELLANEOUS-REASON UNSPECIFIED         NOW   I
  99[redacted]                          A9 05/07/1973  2                                          WAS   Y0497
 229[redacted]                     M    A9  0/ 0/ 0    F BENEFITS IN CURRENT-PAY STATUS           NOW   Y0497
  99[redacted]                          A9 11/28/1989  1                                          WAS   I
 229[redacted]                     J    A9  0/ 0/ 0    M BENEFITS IN CURRENT-PAY STATUS           NOW   I
  99[redacted]                          A9 09/19/1958  1                                          WAS   Y0498
 229[redacted]                     T    A9  0/ 0/ 0    M BENEFITS IN CURRENT-PAY STATUS           NOW   Y0498
  99[redacted]                          A9 09/17/1987  1 BENEFITS SUSPENDED                       WAS   E0198


                                  SCREENING RESULTS CODE MATCHED      37
                                              4 PAGES


                              END  OF BENDEX CASE ACTION NOTICE (02) REPORT

                                  SCREENING RESULTS CODES OTHER THAN MATCHED     173
                        IIP=    0    IMP CAN=    0    NO AUTH=    0    M=     4    K=  169
                                              4 PAGES


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/C	Case Administrative FIPS Code	DE3039	
2	(CITY COUNTY CODE DESCRIPTION)	Locality Name	DE5255	
3	REGION	Region Type Name	DE5245	
4	FOOD STAMP AND REGIONAL Q.C.		DE0000	
5	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
6	ENROLLEE NAME (LAST)	Enrollee Last Name	DE3110	
7	(FIRST)	Enrollee First Name	DE3111	
8	(MI)	Enrollee Middle Initial	DE3112	

9	SSA CLAIM NO	Medicare Number	DE3002	
10	BIRTH	Enrollee Birth Date	DE3005	
11	SEX	Enrollee Sex Code	DE3007	
12	MESSAGE	Calculated	DE0002	MESSAGE
13	(BEFORE/AFTER INDICATOR)	Calculated	DE0002	(BEFORE/AFTER INDICATOR)
14	SMI	BENDEX SMI Non Covered Reason Code	DE3521	
15	SSI	BENDEX SSI Entitlement Date	DE3537	
16	PSC	BENDEX Payment Status Code	DE3516	
17	RATE	BENDEX Monthly Benefit Payable	DE3517	
18	SSA COMM	BENDEX SSA Information Exchange Code	DE3031	
19	(SSN)	BENDEX Social Security Number (SSN)	DE3514	
20	SCREENING RESULTS CODE MATCHED	Calculated	DE0002	SCREENING RESULTS CODE MATCHED
21	SCREENING RESULTS CODES OTHER THAN MATCHED	Calculated	DE0002	SCREENING RESULTS CODES OTHER THAN MATCHED
22	IIP	Calculated	DE0002	IIP
23	IMP CAN	Calculated	DE0002	IMP CAN
24	NO AUTH	Calculated	DE0002	IMP CAN
25	M	Calculated	DE0002	M
26	K	Calculated	DE0002	K

Output Reports RS-O-450 BENDEX Suspect Report-Disability

General Information

This is a report of BENDEX transactions for enrollees who may be receiving disability benefits.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator
Program:	BENDEX Update Processing Program (RSM420)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

BENDEX Suspect Report-Disability (RS-O-450)

```
RSM420                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          BENDEX SUSPECT REPORT - DISABILITY
RUN DATE:  MM/DD/CCYY HH:MM

          (1)          (2)                          (5)                 (6)              (7)
          MID          ENROLLEE  NAME (3)     (4)   SSN                 HICN             DATE OF BIRTH

        9[redacted]9   [redacted]             H     229[redacted]99      12[redacted]90     08/15/1907
        9[redacted]9   [redacted]             A     229[redacted]99      01[redacted]89     01/15/1943

NUMBER OF RECORDS WRITTEN ON REPORT: (9)  99

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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	MID	Enrollee Permanent Identification Number	DE3093	
2	ENROLLEE NAME (LAST)	BENDEX Surname	DE3502	
3	(FIRST)	BENDEX First Name	DE3503	
4	(MI)	BENDEX Middle Initial	DE3504	
5	SSN	BENDEX Social Security Number (SSN)	DE3514	
6	HICN	BENDEX SSA Claim Number	DE3501	
7	DATE OF BIRTH	BENDEX Birth Date	DE3507	
8	DISAB. DATE	BENDEX Disability Onset Date	DE3536	
9	NUMBER OF RECORDS WRITTEN ON REPORT	Calculated	DE0002	

Output Reports RS-O-460 EDB FILE MATCHED RECORDS REPORT

General Information

ENROLLMENT DATABASE (EDB) file is the return file from CMS and contains a record of health insurance beneficiaries living within Virginia. This is a listing of everyone within the state that is receiving Medicare benefits; but cannot be used to determine current eligibility and is only to be used as a lead. Program RSM460 identifies the individuals matching or not matching on the enrollee tables and generates three reports 'EDB FILE MATCHED RECORDS REPORT', 'EDB FILE - MISSING/MISMATCH HIC #' and 'DEMOGRAPHIC DATA MISMATCH REPORT'. This report contains all the Enrollees, whose information on the EDB file matched with the corresponding information on the VAMMIS database for the following fields: Medicare Claim #, Recipient Last Name, First Name, Middle Name, Suffix, Sex, Date of Birth and SSN.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	600,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	EDB Report Processing Program (RSM460)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

EDB FILE MATCHED RECORDS REPORT (RS-O-460)

```
R3M460                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:06/15/2005                          EDB FILE MATCHED RECORDS REPORT                                     PAG
RUN DATE: 06/15/2005 11:23

    (1)            (2)                 (3)          (4)  (5)  (6)  (7)          (8)
 MEDICAID ID    LAST NAME            FIRST        MI SUFFIX SEX  DOB         HIC #

 999999999999   XXXXX                XXXXXX       X         X    99/99/9999  999999999X

 999999999999   XXXX                 XXXXXX       X         X    99/99/9999  999999999X

 999999999999   XXXXXXX              XXXXXXX      X         X    99/99/9999  999999999X

 999999999999   XXXXXX               XXXX         X  XX     X    99/99/9999  999999999X

 999999999999   XXXXXX               XXXX         X         X    99/99/9999  999999999X

 999999999999   XXXXXX               XXXXXX                 X    99/99/9999  999999999X

 999999999999   XXXXXX               XXXXXXX      X         X    99/99/9999  999999999X

 999999999999   XXXXXXXX             XXXXX        X         X    99/99/9999  999999999X

 999999999999   XXXXXXX              XXXXX                  X    99/99/9999  999999999X
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	MEDICAID ID	Person Identifier Value	DE3955	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MIDDLE NAME	Enrollee Middle Initial	DE3112	
5	SUFFIX	Enrollee Name Suffix	DE3113	
6	SEX	Enrollee Sex Code	DE3007	
7	DOB	Enrollee Birth Date	DE3005	
8	CLAIM NUMBER	Person Identifier Value	DE3955	

Output Reports RS-O-462 EDB File Duplicate SSN Report

General Information

Contains, in SSN (DE3034) order, a listing of all EDB records that have its SSN field value duplicated in other EDB records on the same EDB input file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5 pages
Number of Copies:	N/A
Output Form:	DARS
Retention:	N/A
Distribution:	N/A
Program:	Create Report of Duplicate SSNs on the EDB Return File (RSM462)
Confidential:	No
Sequence:	SSN (DE3034)
Control Breaks:	None

EDB File Duplicate SSN Report (RS-O-462)

```
RSM462                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:99/99/9999                                EDB FILE DUPLICATE SSN REPORT  (1)                          PAG
RUN DATE: 99/99/9999 99:99
                        (2)         (3)          (4)                      (5) (6)          (7)          (8)
                         SSN       STATE      RECIPIENT                  BIRTH    GENDER   FIRST NAME  LAST NAME
                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXX       XXXXX
                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXXX      XXXXXX

                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXXX      XXXXXX
                     999-99-9999    XX        999999999999               9999/99/99   X       XXXX        XXXXXX

                     999-99-9999    XX        999999999999               9999/99/99   X       XXX         XXXXXX
                     999-99-9999    XX        999999999999               9999/99/99   X       XXX         XXXXXX

                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXXX      XXXXXX
                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXXX      XXXXXX

                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXX       XXXXX
                     999-99-9999    XX        999999999999               9999/99/99   X       XXXXX       XXXXN

                                                   *** 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	Report Title	Calculated	DE0002	
2	Social Security Number	Enrollee Social Security Number (SSN)	DE3034	
3	State Code	Enrollee State Code	DE3117	
4	Recipient ID	Person Identifier Value	DE3955	
5	Birth Date	Enrollee Birth Date	DE3005	
6	Gender	Enrollee Sex Code	DE3007	
7	First Name	Enrollee First Name	DE3111	
8	Last Name	Enrollee Last Name	DE3110	

Output Reports RS-O-465 EDB FILE MISSING/MISMATCH HIC#

General Information

ENROLLMENT DATABASE (EDB) file is the return file from CMS and contains a record of health insurance beneficiaries living within Virginia. This is a listing of everyone within the state that is receiving Medicare benefits; but cannot be used to determine current eligibility and is only to be used as a lead. Program RSM460 identifies the individuals matching or not matching on the enrollee tables and generates three reports 'EDB FILE MATCHED RECORDS REPORT', 'EDB FILE - MISSING/MISMATCH HIC #' and 'DEMOGRAPHIC DATA MISMATCH REPORT'. This report contains all the Enrollees, whose SSN or HIC# on the EDB file did not match with the corresponding information on the VAMMIS database. In this report spaces in the Medicaid ID column indicates the SSN is not found on VAMMIS database. A value in the Medicaid ID Column indicates SSN on the EDB file matched with the database but HIC# either not matched or not found. The report contains Enrollees with HIC # mismatch followed by Enrollees with SSN not found or not matched with the database.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	EDB Report Processing Program (RSM460)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

EDB FILE MISSING/MISMATCH HIC# (RS-O-465)

```
RSM460                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:06/15/2005                                EDB FILE - MISSING/MISMATCH HIC #                           PA
RUN DATE: 06/15/2005 11:23

    (1)            (2)            (3)          (4)         (5)         (6)       (7)                (8)        (9)
 MEDICAID ID      HIC #        PART-A BEGIN/END DATE  PART-B BEGIN/END DATE  LAST NAME           FIRST       MI

 999999999999    999999999X    99/99/9999             99/99/9999            XXXXXXXX            XXXX        X

 999999999999    999999999X    99/99/9999             99/99/9999            XXXXXXX             XXXXX       X

 999999999999    999999999X    99/99/9999 99/99/9999  99/99/9999 99/99/9999 XXXXX               XXXXXXXX

 999999999999    999999999X    99/99/9999             99/99/9999            XXXXXX              XXXX        X

 999999999999    999999999X    99/99/9999             99/99/9999            XXXXX               XXXX        X

 999999999999    999999999X    99/99/9999             99/99/9999 99/99/9999 XXXXXX              XXXX        X

 999999999999    999999999X    99/99/9999             99/99/9999            XXXXXXXXX           XXXXXX      X

                 999999999X    99/99/9999             99/99/9999            XXXXXX              XXXXXXXXX   X

                 999999999X    99/99/9999             99/99/9999            XXXXXXXXX           XXXXXX      X

                 999999999X    99/99/9999                                   XXXXXXXXX           XXXXXXX     X

                 999999999X    99/99/9999             99/99/9999            XXXXXXXX            XXXXXX      X

                 999999999X    99/99/9999             99/99/9999 99/99/9999 XXXXXXX             XXXXXXX     X

                 999999999X    99/99/9999             99/99/9999            XXXXXXX             XXXXXXX

                 999999999X    99/99/9999             99/99/9999            XXXXXX              XXXXX       X

             * * * * *   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	MEDICAID ID	Person Identifier Value	DE3955	
2	CLAIM NUMBER	Person Identifier Value	DE3955	
3	PART-A BEGIN DATE	TPL Coverage Effect-ive (Begin) Date	DE3667	
4	PART-A END DATE	TPL Coverage End Date	DE3668	
5	PART-B BEGIN DATE	TPL Coverage Effect-ive (Begin) Date	DE3667	
6	PART-B END DATE	TPL Coverage End Date	DE3668	
7	LAST NAME	Enrollee Last Name	DE3110	
8	FIRST NAME	Enrollee First Name	DE3111	
9	MIDDLE INITIAL	Enrollee Middle Initial	DE3112	
10	SSN	Person Identifier Value	DE3955	

Output Reports RS-O-470 DEMOGRAPHIC DATA MISMATCH REPORT

General Information

ENROLLMENT DATABASE (EDB) file is the return file from CMS and contains a record of health insurance beneficiaries living within Virginia. This is a listing of everyone within the state that is receiving Medicare benefits; but cannot be used to determine current eligibility and is only to be used as a lead. Program RSM460 identifies the individuals matching or not matching on the enrollee tables and generates three reports 'EDB FILE MATCHED RECORDS REPORT', 'EDB FILE - MISSING/MISMATCH HIC #' and 'DEMOGRAPHIC DATA MISMATCH REPORT'. This report contains all the Enrollees, whose demographic information on EDB file did not match with the corresponding information on the VAMMIS database. Enrollee on this report implies mismatch in one or more of the fields Enrollee Last Name, First Name, Middle Name, Suffix, Sex and Date of Birth.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	200,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Buy-In Coordinator DMAS - TPL Unit
Program:	EDB Report Processing Program (RSM460)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

DEMOGRAPHIC DATA MISMATCH REPORT (RS-O-470)

```
RSM460                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:06/15/2005                            DEMOGRAPHIC DATA MISMATCH REPORT                              PAG
RUN DATE: 06/15/2005 11:23

 (2)/(1)            (3)          (4)          (5)                (6)         (7) (8) (9)  (10)        (11)
MEDICAID ID      PART-A BEGIN PART-B BEGIN LAST NAME           FIRST        MI SUF SEX  DOB        COMMENTS

999999999D       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      M      M    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      M      F    99/99/9999 MISMATCH SEX

999999999A       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      F      M    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             F    99/99/9999 MISMATCH  NAM

999999999A       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      J      F    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             F    99/99/9999 MISMATCH  NAM

999999999D       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      C      F    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             F    99/99/9999 MISMATCH  NAM

999999999A       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      L      F    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             F    99/99/9999 MISMATCH  NAM

999999999A       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      C      F    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             F    99/99/9999 MISMATCH  NAM

999999999A       99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX      M      M    99/99/9999
999999999999     99/99/9999   99/99/9999   XXXXXXXX            XXXXXXX             M    99/99/9999 MISMATCH  NAM

              * * * * *   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	MEDICAID ID	Person Identifier Value	DE3955	
2	CLAIM NUMBER	Person Identifier Value	DE3955	
3	PART-A BEGIN DATE	TPL Coverage Effect-ive (Begin) Date	DE3667	
4	PART-B BEGIN DATE	TPL Coverage Effect-ive (Begin) Date	DE3667	
5	LAST NAME	Enrollee Last Name	DE3110	
6	FIRST NAME	Enrollee First Name	DE3111	
7	MIDDLE INITIAL	Enrollee Middle Initial	DE3112	
8	SUFFIX	Enrollee Name Suffix	DE3113	
9	SEX	Enrollee Sex Code	DE3007	
10	DOB	Enrollee Birth Date	DE3005	
11	COMMENTS		DE0000	

Output Reports RS-O-475 IEVS Extract Control Report

General Information

This report lists control total counts for the IEVS extract.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Recipient Coordinator
Program:	IEVS Extract Processing Program (RSM475)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

IEVS Extract Control Report (RS-O-475)

```
RSM475                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF: MM/DD/CCYY                                   IEVS EXTRACT CONTROL REPORT                               PAGE
RUN DATE: MM/DD/CCYY HH:MM


TOTAL RECORDS FETCHED:            701,321  (1)
TOTAL ENROLLEE RECORDS READ:      689,562  (2)
V000 RECORDS EXTRACTED:            43,304  (3)
NON V000 RECORDS EXTRACTED:       646,258  (4)
TOTAL RECORDS EXTRACTED:          689,562  (5)

                                          *** 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	Source/Calculations

			ID	
1	TOTAL RECORDS FETCHED	Calculated	DE0002	Calculated by adding 1 to the counter for every record selected from the DB2 tables.
2	TOTAL ENROLLEE RECORDS READ	Calculated	DE0002	Calculated by adding 1 to the counter for every enrollee record read.
3	V000 RECORDS EXTRACTED	Calculated	DE0002	Calculated by adding 1 to the counter for every enrollee record extracted that is assigned to a V000 case worker.
4	NON V000 RECORDS EXTRACTED	Calculated	DE0002	Calculated by adding 1 to the counter for every enrollee record extracted that is assigned to a Non-V000 case worker.
5	TOTAL RECORDS EXTRACTED	Calculated	DE0002	Calculated by adding 1 to the counter for every enrollee record extracted.

Output Reports RS-O-480 IEVS Eligibility Update Report

General Information

This report is a summary of information on eligibility records that were matched against an SSA record, and then updated. This report gives all the counts.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	DMAS - Recipient Coordinator
Program:	IEVS Update Processing Program (RSM480)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

IEVS Eligibility Update Report (RS-O-480)

```
RSM480                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:MM/DD/CCYY                           IEVS ELIGIBILITY UPDATE REPORT  SUMMARY
RUN DATE: MM/DD/CCYY HH:MM

                                                        REPORT TOTALS
SUMMARY OF NON-V000 CASE WORKERS (RS-0-485A REPORT)
      RECORDS SUBMITTED FOR VERIFICATION:  (1)          9,676
      ENROLLEE RECORDS UPDATED:    (2)                  6,001
      SSA RECORDS READ:    (3)                        25,494
      SSA RECORDS MATCHED:    (4)                      9,676    (26)
      RECORDS VERIFIED:    (5)                         3,824     39.00%
         RECORDS WITH V STATUS:  (6)                   3,644     37.00%
         RECORDS WITH F STATUS:  (7)                      33      0.00%
         RECORDS WITH M STATUS:  (8)                      31      0.00%
         RECORDS WITH P STATUS:  (9)                      27      0.00%
         RECORDS WITH R STATUS:  (10)                     45      0.00%
         RECORDS WITH X STATUS:  (11)                     44      0.00%
      RECORDS UNVERIFIED:    (12)                      5,813     60.00%
         RECORDS WITH BLANK STATUS:  (13)                 18      0.00%
         RECORDS WITH * STATUS:  (14)                  2,925     30.00%
         RECORDS WITH . STATUS:  (15)                     12      0.00%
         RECORDS WITH 1 STATUS:  (16)                    388      4.00%
         RECORDS WITH 2 STATUS:  (17)                      6      0.00%
         RECORDS WITH 3 STATUS:  (18)                    502      5.00%
         RECORDS WITH 5 STATUS:  (19)                  1,962     20.00%
      RECORDS MISCELLANEOUS:   (20)                       39      0.00%
         RECORDS WITH Z STATUS:  (21)                      8      0.00%
         RECORDS WITH & STATUS:  (22)                     31      0.00%
      SSA RECORDS NOT ON ELIG FILE:  (23)             13,421
      SSA RECORDS WITH INVALID SSN:  (24)                 10
      SSA RECORDS NOT MATCHED FOR UPDATE: (25)         2,387
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS SUBMITTED FOR VERIFICATION	Calculated	DE0002	Calculated by retrieving the record from the RF_SYS_PARAMETER table for the number of records sent to SSA. This count is accumulated by program RSM475.
2	ENROLLEE RECORDS UPDATED	Calculated	DE0002	Calculated by adding 1 to the counter for every record that the SSN Status code is updated.
3	SSA RECORD READ	Calculated	DE0002	Calculated by adding 1 to the counter for every record read.
4	SSA RECORD MATCHED	Calculated	DE0002	Calculated by adding 1 to the counter for every record where the data from SSA matched with the data on the VAMMIS database for the SSN.
5	RECORDS VERIFIED	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record.
6	RECORDS WITH V STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'V' status.

7	RECORDS WITH F STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'F' status.
8	RECORDS WITH M STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'M' status.
9	RECORDS WITH P STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'P' status.
10	RECORDS WITH R STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'R' status.
11	RECORDS WITH X STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "verified" record that has a 'X' status.
12	RECORDS UNVERIFIED	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record.
13	RECORDS WITH BLANK STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a 'blank' status.
14	RECORDS WITH * STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '*' status.
15	RECORDS WITH . STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '.' status.
16	RECORDS WITH 1 STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '1' status.
17	RECORDS WITH 2 STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '2' status.
18	RECORDS WITH 3 STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '3' status.
19	RECORDS WITH 5 STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "unverified" record that has a '5' status.
20	RECORDS MISCELLANEOUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "miscellaneous" record.
21	RECORDS WITH Z STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "miscellaneous" record that has a 'Z' status.

22	RECORDS WITH & STATUS	Calculated	DE0002	Calculated by adding 1 to the counter for every "miscellaneous" record that has a '&' status.
23	SSA RECORDS NOT ON ELIG FILE	Calculated	DE0002	Calculated by adding 1 to the counter for every record that is not eligible.
24	SSA RECORDS WITH INVALID SSN	Calculated	DE0002	Calculated by adding 1 to the counter for every record that the SSN received from SSA is invalid (SSN is not numeric or zeroes).
25	SSA RECORDS NOT MATCHED FOR UPDATE	Calculated	DE0002	Calculated by adding 1 to the counter for every record that did not match the information on the Enrollee table.
26	Percent of status records to "MATCHED"	Calculated	DE0002	Calculated by dividing "records matched" by the associated counter.

Output Reports RS-O-481A CITIZENSHIP UPDATE REPORT SUMMARY (DSS)

General Information

This report contains summary details about Non-V000 verified and unverified citizenship status records submitted and updated from the SSA return file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS Update Processing Program (RSM480)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CITIZENSHIP UPDATE REPORT SUMMARY (DSS) (RS-O-481A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD SUBMITTED FOR VERIFICATION	Calculated	DE0002	The number of records submitted for verification.
2	SSA RECORDS READ	Calculated	DE0002	The number of SSA records read.
3	SSA RECORDS UPDATED	Calculated	DE0002	The number of SSA records updated.
4	RECORDS UPDATED	Calculated	DE0002	The number of records updated as verified citizen.

	VERIFIED CITIZEN (Count)			
5	RECORDS UPDATED VERIFIED CITIZEN (Percent)	Calculated	DE0002	The percentage of records updated as verified citizen.
6	RECORDS UPDATED VERIFIED NOT A CITIZEN (Count)	Calculated	DE0002	The number of records updated as verified not a citizen.
7	RECORDS UPDATED VERIFIED NOT A CITIZEN (Percent)	Calculated	DE0002	The percentage of records updated as verified not a citizen.
8	RECORDS UPDATED UNVERIFIED (Count)	Calculated	DE0002	The number of records updated as unverified.
9	RECORDS UPDATED UNVERIFIED (Percent)	Calculated	DE0002	The percentage of records updated as unverified.
10	TOTAL RECORDS UPDATED (Count)	Calculated	DE0002	The total number of records updated.
11	TOTAL RECORDS UPDATED (Percent)	Calculated	DE0002	The total percentage of records updated.
12	RECORD NOT UPDATED (Count)	Calculated	DE0002	The total number of records not updated.
13	SSN CHANGED SINCE FILE SUBMISSION (Count)	Calculated	DE0002	The number of SSNs changed since file submission.
14	SSN CHANGED SINCE FILE SUBMISSION (Percent)	Calculated	DE0002	The percentage of SSNs changed since file submission.
15	RECORD NOT MATCHED (Count)	Calculated	DE0002	The number of records not matched.

16	RECORD NOT MATCHED (Percent)	Calculated	DE0002	The percentage of records not matched.
17	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Count)	Calculated	DE0002	The number of records updated with Citizenship Level value CV.
18	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Citizenship Level value CV.
19	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Count)	Calculated	DE0002	The number of records updated with Identity Verification value CV.
20	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Identity Verification value CV.

Output Reports RS-O-481B CITIZENSHIP UPDATE REPORT SUMMARY (FAMIS)

General Information

This report contains summary details about V000 verified and unverified citizenship status records submitted and updated from the SSA return file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS Update Processing Program (RSM480)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CITIZENSHIP UPDATE REPORT SUMMARY (FAMIS) (RS-O-481B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD SUBMITTED FOR VERIFICATION	Calculated	DE0002	The number of records submitted for verification.
2	SSA RECORDS READ	Calculated	DE0002	The number of SSA records read.
3	SSA RECORDS UPDATED	Calculated	DE0002	The number of SSA records updated.
4	RECORDS	Calculated	DE0002	The number of records updated as veri-

	UPDATED VERIFIED CITIZEN (Count)			fied citizen.
5	RECORDS UPDATED VERIFIED CITIZEN (Percent)	Calculated	DE0002	The percentage of records updated as verified citizen.
6	RECORDS UPDATED VERIFIED NOT A CITIZEN (Count)	Calculated	DE0002	The number of records updated verified as not a citizen.
7	RECORDS UPDATED VERIFIED NOT A CITIZEN (Percent)	Calculated	DE0002	The percentage of records updated verified as not a citizen.
8	RECORDS UPDATED UNVERIFIED (Count)	Calculated	DE0002	The number of records updated as unverified.
9	RECORDS UPDATED UNVERIFIED (Percent)	Calculated	DE0002	The percentage of records updated as unverified.
10	TOTAL RECORDS UPDATED (Count)	Calculated	DE0002	The total number of records updated.
11	TOTAL RECORDS UPDATED (Percent)	Calculated	DE0002	The total percentage of records updated.
12	RECORD NOT UPDATED (Count)	Calculated	DE0002	The number of records not updated.
13	SSN CHANGED SINCE FILE SUBMISSION (Count)	Calculated	DE0002	The number of SSNs changed since file submission.
14	SSN CHANGED SINCE FILE SUBMISSION (Percent)	Calculated	DE0002	The percentage of SSNs changed since file submission.
15	RECORD NOT MATCHED (Count)	Calculated	DE0002	The number of records not matched.

16	RECORD NOT MATCHED (Percent)	Calculated	DE0002	The percentage of records not matched.
17	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Count)	Calculated	DE0002	The number of records updated with Citizenship Level value CV.
18	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Citizenship Level value CV.
19	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Count)	Calculated	DE0002	The number of records updated with Identity Verification value CV.
20	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Identity Verification value CV.

Output Reports RS-O-481C CITIZENSHIP UPDATE REPORT SUMMARY (DMAS)

General Information

This report contains summary details about V000 and Non-V000 verified and unverified citizenship status records submitted and updated from the SSA return file.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	100
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS Update Processing Program (RSM480)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

CITIZENSHIP UPDATE REPORT SUMMARY (DMAS) (RS-O-481C)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORD SUBMITTED FOR VERIFICATION	Calculated	DE0002	The number of records submitted for verification.
2	SSA RECORDS READ	Calculated	DE0002	The number of SSA records read.
3	SSA RECORDS UPDATED	Calculated	DE0002	The number of SSA records updated.
4	RECORDS UPDATED	Calculated	DE0002	The number of records updated as verified citizen.

	VERIFIED CITIZEN (Count)			
5	RECORDS UPDATED VERIFIED CITIZEN (Percent)	Calculated	DE0002	The percentage of records updated as verified citizen.
6	RECORDS UPDATED VERIFIED NOT A CITIZEN (Count)	Calculated	DE0002	The number of records updated verified as not a citizen.
7	RECORDS UPDATED VERIFIED NOT A CITIZEN (Percent)	Calculated	DE0002	The number of records updated verified as not a citizen.
8	RECORDS UPDATED UNVERIFIED (Count)	Calculated	DE0002	The number of records updated as unverified.
9	RECORDS UPDATED UNVERIFIED (Percent)	Calculated	DE0002	The percentage of records updated as unverified.
10	TOTAL RECORDS UPDATED (Count)	Calculated	DE0002	The total number of records updated.
11	TOTAL RECORDS UPDATED (Percent)	Calculated	DE0002	The total percentage of records updated.
12	RECORD NOT UPDATED (Count)	Calculated	DE0002	The number of records not updated.
13	SSN CHANGED SINCE FILE SUBMISSION (Count)	Calculated	DE0002	The number of SSNs changed since file submission.
14	SSN CHANGED SINCE FILE SUBMISSION (Percent)	Calculated	DE0002	The percentage of SSNs changed since file submission.
15	RECORD NOT MATCHED (Count)	Calculated	DE0002	The number of records not matched.

16	RECORD NOT MATCHED (Percent)	Calculated	DE0002	The percentage of records not matched.
17	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Count)	Calculated	DE0002	The number of records updated with Citizenship Level value CV.
18	RECORD UPDATED CITIZENSHIP LEVEL WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Citizenship Level value CV.
19	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Count)	Calculated	DE0002	The number of records updated with Identity Verification value CV.
20	RECORD UPDATED IDENTITY VERIFICATION WITH CV (Percent)	Calculated	DE0002	The percentage of records updated with Identity Verification value CV.

Output Reports RS-O-485A SSN AND CITIZENSHIP UPDATE REPORT (DSS)

General Information

This report lists information on eligibility records that were unverified or that matched against an SSA record and then updated. This report will display the non-V000 case worker records only.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS - Recipient Coordinator
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	REGION CODE (DE 5249), FIPS CODE (DE 3039), CASE WORKER (DE 3043), ENROLLEE ID (DE 3093).
Control Breaks:	N/A

IEVS Eligibility Update Report - non-V000 case worker records (RS-O-485A)

```
RSM485                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REI
AS OF:MM/DD/CCYY                           IEVS ELIGIBILITY UPDATE REPORT(DSS)                                PAG
RUN DATE: MM/DD/CCYY HH:MM
          (1)       (2)     (3)                                        (4)
 C/W#   XXXX   C/C 999   XXXXXXXX                              REGION: 9999

 ENROLLEE ID      ENROLLEE NAME                        SSN      DATE OF    SSN    VERIFICATION SSN DATA
                                                               BIRTH      STATUS
     (5)          (6)  (7)   (8)                     (9)        (10)      (11)    (12)
 999-999999-999  XXXXXXXX,XXXXXXXXX                 999-99-9999 MM/DD/CCYY   *     999999999
 999-999999-999  XXXXXXXX,XXXXXXXXX X               999-99-9999 MM/DD/CCYY   9
 999-999999-999  XXXXXXXX,XXXXXXXXX X               999-99-9999 MM/DD/CCYY   9

                 *  *  *  *  *   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	C/W#	Case Worker Number	DE3431	
2	C/C	Case Administrative FIPS Code	DE3039	
3	(LOCALITY NAME)	Locality Name	DE5255	
4	REGION	Region Code	DE5249	
5	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
6	ENROLLEE NAME	Enrollee Last Name	DE3110	
7	ADAPT#	Case ADAPT Number	DE3469	
8	SSN	Enrollee Social Security Number (SSN)	DE3034	
9	DOB	Enrollee Birth Date	DE3005	
10	SSN STAT	Social Security Number (SSN) Status Code	DE3443	
11	VERIFICATION SSN DATA	Verification SSN Data	DE3017	
12	CIT ST	Enrollee Citizenship Status	DE3251	
13	CIT LVL	Enrollee Citizenship Level	DE3081	
14	ID LVL	Enrollee Identity Verification	DE3080	
15	SSA CIT STAT	SSA Citizenship Status	DE3622	
16	SSA STAT DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-486A SSN AND CITIZENSHIP UPDATE REPORT (DMAS)

General Information

This report lists information on eligibility records that were matched against an SSA record and then updated. This report will display the non-V000 case worker records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS - Recipient Coordinator
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	REGION CODE (DE 5249), FIPS CODE (DE 3039), CASE WORKER (DE 3043), ENROLLEE ID (DE 3093).
Control Breaks:	N/A

IEVS Eligibility Update Report - non-V000 case worker records (RS-O-486A)

RSM485 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:MM/DD/CCYY IEVS ELIGIBILITY UPDATE REPORT(DSS) PA
RUN DATE: MM/DD/CCYY HH:MM

REGION	C/C	C/W#	ENROLLEE ID	ENROLLEE NAME				SSN	DATE OF BIRTH	SSN STAT	VERIFICATION SSN
(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10)	(11)
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	*	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	MM/DD/CCYY
9999	999	XXXX	999-999999-999	XXXXXXXX,	XXXXXXXXX	X		999-99-9999	MM/DD/CCYY	9	999999999

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	ADAPT#	Case ADAPT Number	DE3469	
9	SSN	Enrollee Social Secur-ity Number (SSN)	DE3034	
10	DOB	Enrollee Birth Date	DE3005	
11	SSN STAT	Social Security Number (SSN) Status Code	DE3443	
12	VERIF DATA	Verification SSN Data	DE3017	
13	CIT STAT	Enrollee Citizenship Status	DE3251	
14	CIT LVL	Enrollee Citizenship Level	DE3081	

15	ID LVL	Enrollee Identity Verification	DE3080	
16	SSA STAT	SSA Citizenship Status	DE3622	
17	SSA DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-486B SSN AND CITIZENSHIP UPDATE REPORT (FAMIS)

General Information

This comma delimited file lists information on eligibility records that were matched against an SSA record and then updated. This report will display only the V000 case worker records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	DMAS - Recipient Coordinator
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	REGION CODE (DE 5249), FIPS CODE (DE 3039), CASE WORKER (DE 3043), ENROLLEE ID (DE 3093).
Control Breaks:	N/A

IEVS Eligibility Update Report - V000 case worker records (RS-O-486B)

```
RSM485                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                           IEVS ELIGIBILITY UPDATE REPORT(FAMIS)                              PAGE
RUN DATE: MM/DD/CCYY HH:MM
REGION C/C  C/W#   ENROLLEE ID     ENROLLEE NAME                        SSN       DATE OF   SSN  VERIFICATION SSN D
                                                                                   BIRTH     STAT
 (1)   (2)  (3)        (4)          (5)  (6)   (7)                     (8)          (9)    (10)    (11)
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
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 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  *  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  999999999
 9999  999  XXXX   999-999999-999  XXXXXXXX,XXXXXXXXX X              999-99-9999 MM/DD/CCYY  9  MM/DD/CCYY
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	
4	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	ADAPT#	Case ADAPT Number	DE3469	
9	SSN	Enrollee Social Security Number (SSN)	DE3034	
10	DOB	Enrollee Birth Date	DE3005	
11	SSN STAT	Social Security Number (SSN) Status Code	DE3443	
12	VERIF DATA	Verification SSN Data	DE3017	

13	CIT STAT	Enrollee Citizenship Status	DE3251	
14	CIT LVL	Enrollee Citizenship Level	DE3081	
15	ID LVL	Enrollee Identity Verification	DE3080	
16	SSA STAT	SSA Citizenship Status	DE3622	
17	SSA DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-487A ENROLLEES WITH 999 SSN GREATER THAN AGE 1, EXCEPT CIT ST D (DMAS)

General Information

This comma delimited report lists information for DMAS on enrollees older than age 1 with 999 in the first three digits of the SSN, except for Citizenship Status 'D'. This report includes V000 and non-V000 records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

ENROLLEES WITH 999 SSN GREATER THAN AGE 1, EXCEPT CIT ST D (DMAS) (RS-O-488B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	

4	ENROLLEE ID	Enrollee Identification Number	DE3001	
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	DOB	Enrollee Birth Date	DE3005	
9	AGE	Calculated	DE0002	
10	SSN	Enrollee Social Security Number (SSN)	DE3034	
11	A/C	Enrollee Eligibility Aid Category	DE3009	
12	REVIEW DT	Enrollee Benefit Review Date	DE3068	
13	CIT ST	SSA Citizenship Status	DE3622	
14	ENTRY DT	Enrollee Entry to US Date	DE3252	

Output Reports RS-O-487B ENROLLEES WITH 999 SSN GREATER THAN AGE 1, EXCEPT CIT ST D (FAMIS)

General Information

This report lists information for FAMIS on enrollees older than age 1 with 999 in the first three digits of the SSN, except for those with Citizenship Status 'D'. This report includes only V000 records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

ENROLLEES WITH 999 SSN GREATER THAN AGE 1, EXCEPT CIT ST D (FAMIS) (RS-O-487B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W	Case Worker Number	DE3431	
4	ENROLLEE ID	Enrollee Identification	DE3001	

		Number		
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	DOB	Enrollee Birth Date	DE3005	
9	AGE	Calculated	DE0002	
10	SSN	Enrollee Social Security Number (SSN)	DE3034	
11	A/C	Enrollee Eligibility Aid Category	DE3009	
12	REVIEW DT	Enrollee Benefit Review Date	DE3068	
13	CIT ST	Enrollee Citizenship Status	DE3251	
14	ENTRY DT	Enrollee Entry to US Date	DE3252	

Output Reports RS-O-488A SSA VERIFIED NOT A CITIZEN (DMAS)

General Information

This comma delimited report lists enrollees for DMAS that are verified not a citizen by the SSA. This report includes V000 and non-V000 records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

SSA VERIFIED NOT A CITIZEN (DMAS) (RS-O-488A)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	
4	ENROLLEE ID	Enrollee Identification Number	DE3001	
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	ADAPT#	Case ADAPT Number	DE3469	

9	DOB	Enrollee Birth Date	DE3005	
10	SSN	Enrollee Social Security Number (SSN)	DE3034	
11	AC	Enrollee Eligibility Aid Category	DE3009	
12	SSA CIT ST	SSA Citizenship Status	DE3622	
13	SSA ST DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-488B SSA VERIFIED NOT A CITIZEN (FAMIS)

General Information

This comma delimited report lists enrollees for FAMIS that are verified not a citizen by the SSA. This report includes only V000 records.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	10,000
Number of Copies:	1
Output Form:	OnDemand
Retention:	7 Years
Distribution:	N/A
Program:	IEVS - SSA verification audit reports. (RSM485)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

SSA VERIFIED NOT A CITIZEN (FAMIS) (RS-O-488B)

There is no Sample

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REGION	Region Code	DE5249	
2	C/C	Case Administrative FIPS Code	DE3039	
3	C/W#	Case Worker Number	DE3431	
4	ENROLLEE ID	Enrollee Identification Number	DE3001	
5	FIRST NAME	Enrollee First Name	DE3111	
6	LAST NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	ADAPT#	Case ADAPT Number	DE3469	

9	DOB	Enrollee Birth Date	DE3005	
10	SSN	Enrollee Social Security Number (SSN)	DE3034	
11	AC	Enrollee Eligibility Aid Category	DE3009	
12	SSA CIT ST	SSA Citizenship Status	DE3622	
13	SSA ST DATE	SSA Citizenship Status Date	DE3623	

Output Reports RS-O-500 SSI/Medicaid Termination Matches

This Output is no longer in use.

Output Reports RS-O-501 SSI/Medicaid Termination Non-Matches

This Output is no longer in use.

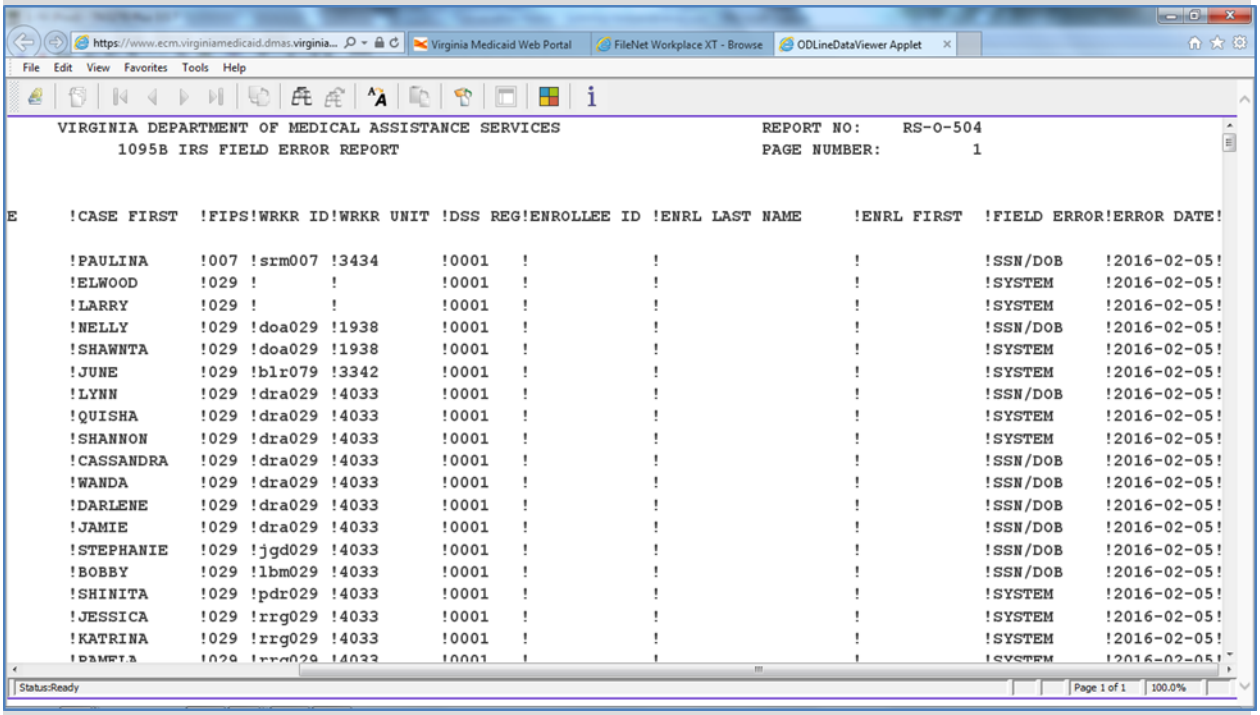
Output Reports RS-O-504 IRS Field Errors

General Information

This report lists all IRS field errors for Case and/or Enrollee IDs details received from IRS.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	Report
Retention:	30 Days
Distribution:	Enrollee
Program:	IRS Field Error report program (RSD105)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

IRS 1095B REJECTION REPORT (RS-O-504)



```
VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:     RS-O-504
      1095B IRS FIELD ERROR REPORT                                    PAGE NUMBER:         1

E     !CASE FIRST  !FIPS!WRKR ID!WRKR UNIT !DSS REG!ENROLLEE ID !ENRL LAST NAME     !ENRL FIRST  !FIELD ERROR!ERROR DATE!

      !PAULINA     !007 !srm007 !3434      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !ELWOOD      !029 !       !          !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !LARRY       !029 !       !          !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !NELLY       !029 !doa029 !1938      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !SHAWNTA     !029 !doa029 !1938      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !JUNE        !029 !blr079 !3342      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !LYNN        !029 !dra029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !QUISHA      !029 !dra029 !4033      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !SHANNON     !029 !dra029 !4033      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !CASSANDRA   !029 !dra029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !WANDA       !029 !dra029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !DARLENE     !029 !dra029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !JAMIE       !029 !dra029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !STEPHANIE   !029 !jgd029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !BOBBY       !029 !lbm029 !4033      !0001   !            !                   !            !SSN/DOB    !2016-02-05!
      !SHINITA     !029 !pdr029 !4033      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !JESSICA     !029 !rrg029 !4033      !0001   !            !                   !            !SYSTEM     !2016-02-05!
      !KATRINA     !029 !rrg029 !4033      !0001   !            !                   !            !SYSTEM     !2016-02-05!
```

Field Definitions

#	Field Name	Data Element Name	Element ID
1	Tax Year	Tax Year	DE9001
2	CASE ID	CASE ID	DE9021
3	CASE LAST NAME	CASE LAST NAME	DE9022
4	CASE FIRST	CASE FIRST NAME	DE9022
5	FIPS	CASE ADMINISTRATIVE FIPS CODE	DE3039
6	WRKR ID	VACMS WORKER ID	DE3275
7	WRKR UNIT	VACMS WORKER UNIT	DE3276
8	DSS REG	DSS REGION	DE5249
9	ENROLLEE ID	ENROLLEE ID	DE9033
10	ENRL LAST NAME	ENRL LAST NAME	DE9034
11	ENRL FIRST	ENRL FIRST	DE9034
12	FIELD ERROR	FIELD ERROR	DE9017
13	ERROR DATE	ERROR DATE	DE9031

Output Reports RS-O-550 Enrollees Potentially Eligible For Medicare (DSS & FAMIS)

General Information

This report lists Medicare and SLH enrollees over 64 or enrollees disabled more than two years who do not have Medicare coverage. Includes aliens only if entry date exceeds five years.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	500
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Agency, DMAS
Program:	Medicare Reporting Program (RSM550)
Confidential:	Yes
Sequence:	City/County Code Caseworker Enrollee Name
Control Breaks:	City/County Code Caseworker

Enrollees Potentially Eligible For Medicare (DSS & FAMIS) (RS-O-550)

```
RSM550                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                    ENROLLEES POTENTIALLY ELIGIBLE FOR MEDICARE (DSS)
RUN DATE:  MM/DD/CCYY HH:MM

                                         C/C: XXX (1)          CASEWORKER: XXXXX (2)
                                                                   (7)                          (9)
     (3)                  (4)            (5)       (6)          MEDICARE       (8)            BIRTH
   LAST NAME            FIRST NAME       MI      ENROLLEE ID     NUMBER        SSN            DATE

                                          T      12[redacted]23   12[redacted]123    123[redacted]89    01/01/1995
                                          W      12[redacted]23   12[redacted]123    123[redacted]89    01/01/1995
                                          R      12[redacted]23   12[redacted]123    123[redacted]89    01/01/1995

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/C	Case Administrative FIPS Code	DE3039	
2	Caseworker	Case Worker Number	DE3431	
3	Last Name	Enrollee Last Name	DE3110	
4	First Name	Enrollee First Name	DE3111	
5	MI	Enrollee Middle Initial	DE3112	
6	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
7	Medicare Number	Medicare Number	DE3002	
8	SSN	Enrollee Social Security Number (SSN)	DE3034	
9	Birth Date	Enrollee Birth Date	DE3005	

Output Reports RS-O-560 Monthly Discrepancy Report From SSA

General Information

This report identifies individual SSA BENDEX and Medicare Premium Processing discrepancies.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	5,000
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	180 Days
Distribution:	DSS - Local Welfare Agency, DMAS
Program:	SSA Discrepancy Reporting Program (RSM560)
Confidential:	Yes
Sequence:	Region City/County Case Worker Case Name
Control Breaks:	Region City/County Case Worker

Monthly Discrepancy Report From SSA (RS-O-560)

```
R3M560                                        VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                 MONTHLY DISCREPANCY REPORT FROM SSA
RUN DATE:  MM/DD/CCYY HH:MM
      (1)          (2)      (3)                                    (4)
C/W # XXXXX    C/C 033   CAROLINE                        REGION    CENTRAL
                                                                                (14)        (15)          (16)
CASE NAME(5) (6) (7) (8)          ENROLLEE NAME (10)(11) (12)  ENROLLEE ID (13) SOC.SEC.NO.   SSA CLAIM NO.   BIRTH
[redacted]                                                                                                    03/27/1992
BUY-IN COMM                                                                   BDX COMM IMP CAN     IMPOSSIBLE CLAIM NUMBER
[redacted]                                                                                                    04/10/1943
(18)BUY-IN COMM 216B1198  SSA CANNOT MATCH STATE ACCRETION          (19) BDX COMM

   C/W TOTALS:
(20)ENROLLEES MEDICARE PREMIUM PROCESSING                              ENROLLEES BENDEX
              AGE IS OVER 65-PI/MEDICARE NO. REQUIRED                            DATE OF BIRTH DISCREPANCY
              NOT MEDICARE ELIGIBLE                                              GIVEN NAME UNMATCHED
              SSA REPORTS RECIPIENTS DEATH                                   1   IMPOSSIBLE CLAIM NUMBER
        1     SSA CANNOT MATCH STATE ACCRETION                                   SURNAME UNMATCHED
              NO CURRENT MEDICARE COVERAGE                                       UNABLE TO LOCATE X-REF NUMBER
              ACCRETION REJECTED-DEATH ON FILE                                   IN CONFLICT WITH ANOTHER STATE
              BUY-IN ONGOING IN ANOTHER STATE                                    NUMBER HOLDER IS DECEASED
(21)CITY/COUNTY TOTALS:
   ENROLLEES MEDICARE PREMIUM PROCESSING                               ENROLLEES BENDEX
              AGE IS OVER 65-PI/MEDICARE NO. REQUIRED                            DATE OF BIRTH DISCREPANCY
              NOT MEDICARE ELIGIBLE                                              GIVEN NAME UNMATCHED
              SSA REPORTS RECIPIENTS DEATH                                   1   IMPOSSIBLE CLAIM NUMBER
        1     SSA CANNOT MATCH STATE ACCRETION                                   SURNAME UNMATCHED
              NO CURRENT MEDICARE COVERAGE                                       UNABLE TO LOCATE X-REF NUMBER
              ACCRETION REJECTED-DEATH ON FILE                                   IN CONFLICT WITH ANOTHER STATE
              BUY-IN ONGOING IN ANOTHER STATE                                    NUMBER HOLDER IS DECEASED
(22)REGION TOTALS:
   ENROLLEES MEDICARE PREMIUM PROCESSING                               ENROLLEES BENDEX
              AGE IS OVER 65-PI/MEDICARE NO. REQUIRED                            DATE OF BIRTH DISCREPANCY
              NOT MEDICARE ELIGIBLE                                              GIVEN NAME UNMATCHED
              SSA REPORTS RECIPIENTS DEATH                                   1   IMPOSSIBLE CLAIM NUMBER
        1     SSA CANNOT MATCH STATE ACCRETION                                   SURNAME UNMATCHED
              NO CURRENT MEDICARE COVERAGE                                       UNABLE TO LOCATE X-REF NUMBER
              ACCRETION REJECTED-DEATH ON FILE                                   IN CONFLICT WITH ANOTHER STATE
              BUY-IN ONGOING IN ANOTHER STATE                                    NUMBER HOLDER IS DECEASED
(23)STATE TOTALS:
   ENROLLEES MEDICARE PREMIUM PROCESSING                               ENROLLEES BENDEX
              AGE IS OVER 65-PI/MEDICARE NO. REQUIRED                            DATE OF BIRTH DISCREPANCY
              NOT MEDICARE ELIGIBLE                                              GIVEN NAME UNMATCHED
              SSA REPORTS RECIPIENTS DEATH                                   1   IMPOSSIBLE CLAIM NUMBER
        1     SSA CANNOT MATCH STATE ACCRETION                                   SURNAME UNMATCHED
              NO CURRENT MEDICARE COVERAGE                                       UNABLE TO LOCATE X-REF NUMBER
              ACCRETION REJECTED-DEATH ON FILE                                   IN CONFLICT WITH ANOTHER STATE
              BUY-IN ONGOING IN ANOTHER STATE                                    NUMBER HOLDER IS DECEASED

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/W	Case Worker Number	DE3431	
2	C/C	Enrollee FIPS Code	DE3008	
3	(C/C description)	Locality Name	DE5255	
4	Region	Region Code	DE5249	
5	Case Name (Last)	Case Last Name	DE3487	
6	Case Name (Suffix)	Case Name Suffix	DE3490	
7	Case Name (First)	Case First Name	DE3488	
8	Case Name (Middle)	Case Middle Initial	DE3489	
9	Enrollee Name (Last)	Enrollee Last Name	DE3110	
10	Enrollee Name	Enrollee Name Suffix	DE3113	

	(Suffix)			
11	Enrollee Name (First)	Enrollee First Name	DE3111	
12	Enrollee Name (Middle)	Enrollee Middle Initial	DE3112	
13	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
14	Soc Sec No	Enrollee Social Security Number (SSN)	DE3034	
15	SSA Claim No	Medicare Number	DE3002	
16	Birth	Enrollee Birth Date	DE3005	
17	Sex	Enrollee Sex Code	DE3007	
18	Buy-In Comm	Enrollee Medicare Premium Payment Transaction Code	DE3015	
19	BDX Comm	BENDEX SSA Information Exchange Code	DE3031	
20	C/W Totals	Calculated	DE0002	C/W Totals
21	City/County Totals	Calculated	DE0002	City/County Totals
22	Region Totals	Calculated	DE0002	Region Totals
23	State Totals	Calculated	DE0002	State Totals

Output Reports RS-O-59A Monthly enrollment report

General Information

List the monthly enrollment for those who are enrolled aid category 059 for the calendar month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	1
Output Form:	On demand
Retention:	60 days
Distribution:	DARS
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Monthly enrollment report (RS-O-059A)

```
RSM049                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    R
AS OF:MM/DD/CCYY                         MONTHLY NEW ENROLLMENT REPORT FOR AID CATEGORY 059                 P
RUN DATE: MM/DD/CCYY HH:MM

LAST NAME            FIRST NAME    MI     ENROLLEE ID      SOC SEC     COV BEGIN      CASE ID        CASE FIPS   CASE
      (1)                (2)       (3)       (4)             (5)         (6)           (7)            (8)         (9
XXXXXXXXXXXXXXXXXX XXXXXXXXXXX X      XXXXXXXXXXXX    XXXXXXXXX   XXXXXXXXXX    XXXXXXXXXXX    XXX         XXX

                                                      *** 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	Last Name	Enrollee Last Name	DE3110	

2	First Name	Enrollee First Name	DE3111	
3	MI	Enrollee Middle Initial	DE3112	
4	Enrollee ID	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is PERL, it represent Enrollee ID.
5	Soc Sec	Person Identifier Value	DE3955	This element id depends on person identifier type code. If type code is SSN, it represent Social security ID.
6	Cov Begin	Enrollee Eligibility Begin Date	DE3010	
7	Case ID	Case Identification Number	DE3043	
8	Case Fips	Case Administrative FIPS Code	DE3039	
9	Case Worker	Case Worker Number	DE3431	

Output Reports RS-O-608 Transitional Coverage Under Welfare Reform

General Information

This is a quarterly report on transitional coverage of all enrollees active at some time within the quarter by City/County.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	3
Output Form:	OnDemand
Retention:	1 Year
Distribution:	DMAS - Policy Research DMAS - Program Operations DMAS - Statistician
Program:	Transitional Coverage Under Welfare Reform Report (RSQ025)
Confidential:	No
Sequence:	FIPS Code
Control Breaks:	FIPS Code

Transitional Coverage Under Welfare Reform (RS-O-608)

```
RSQ025                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                          TRANSITIONAL COVERAGE UNDER WELFARE REFORM
RUN DATE: MM/DD/CCYY HH:MM

   CITY COUNTY: 760      RICHMOND CITY
        (1)                  (2)
 I. A) TRANSITIONAL COVERAGE BY QUARTER      Q1          Q2          Q3          Q4          TOTAL
        ACTIVE                              (3) 0       (4) 0       (5) 0       (6) 0       (7) 0
        TOTAL                               (8) 1       (9) 1       (10) 0      (11) 0      (12) 2

    B) DIVERSIONARY ASSISTANCE              D1          D2          D3          D4          TOTAL
        ACTIVE                             (13) 0      (14) 0      (15) 0      (16) 0      (17) 0
        TOTAL                              (18) 0      (19) 0      (20) 0      (21) 0      (22) 0

 II.  AGE OF CARETAKER/RELATIVE     <18      18-21      22-25      26-30      31-35      36-40      41-60      >60
                                   (23) 0   (24) 0     (25) 1     (26) 0     (27) 0     (28) 1     (29) 0     (30) 0

 III.  RACE OF CARETAKER/RELATIVE        WHITE       BLACK       AMERICAN       ASIAN       HISPANIC       UNKNOWN
                                        (32) 0      (33) 2       (34) 0       (35) 0       (36) 0       (37)

 IV. A) UTILIZATION EXPENITURES        PHYSICIAN      PHARMACY     OTHER PRACT.      HOSPITAL     OTHER SERVICES
              NUMBER OF CLAIMS        (39)     3     (40)     1   (41)     0        (42)     0     (43)     0
                 REIMBURSMENT         (45) $45.69    (46) $44.78  (47) $0.00       (48) $0.00     (49) $0.00

    B) NUMBER OF HMO ENROLLEES (51) ID        (52)  NAME          (53)  COUNT            ID            NAME

      TOTAL                0   (54)

 V.  TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES
  CARETAKER/RELATIVE
    EMPLOYMENT
    ___________
 WH  EMPLOYED     TC TERMINATED, FAMILY CEASES TO INCLUDE A CHILD, WHETHER OR NOT THE CHILD IS A DEPENDENT UNDER TANF
 WI  NOT EMPLOYED TC TERMINATED, FAMILY CEASES TO INCLUDE A CHILD, WHETHER OR NOT THE CHILD IS A DEPENDENT UNDER TANF
 WJ  EMPLOYED     TC TERMINATED, FAMILY INCOME EXCEEDS 185% OF POVERTY . . . . . . . . . . . . . . . . . . . . . . .
 WK  NOT EMPLOYED TC TERMINATED, FAMILY INCOME EXCEEDS 185% OF POVERTY . . . . . . . . . . . . . . . . . . . . . . .
 WL  EMPLOYED     TC TERMINATED, FAILED TO APPLY . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 WM  NOT EMPLOYED TC TERMINATED, FAILED TO APPLY . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 WN               TC TERMINATED, CARETAKER-RELATIVE NOT MEETING QUARTERLY REPORTING . . . . . . . . . . . . . . . .
 WP               TC DECLINED . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 WQ               TC TERMINATED, 12 MONTHS OF COVERAGE EXHAUSTED . . . . . . . . . . . . . . . . . . . . . . . . .
 WS               TANF TERMINATED DUE TO EARNINGS . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 WT     NA        TANF TERMINATED NOT DUE TO EARNINGS . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .
 WU     NA        CARETAKER VOLUNTARILY WITHDREW FROM TRANSITIONAL COVERAGE . . . . . . . . . . . . . . . . . . .

 VI. A) AID CATEGORY CHANGES
        TOTAL AID CATEGORY CHANGES                          0 (67)
 VI. B) TERMINATED FROM TRANSITIONAL COVERAGE WITH NO NEW AC                2 (68)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CITY COUNTY	MMIS Locality Code based on Postal Code	DE5254	
2	(CITY COUNTY DESCRIPTION)	Locality Name	DE5255	
3	TRANSITIONAL COVERAGE - ACTIVE - Q1	Calculated	DE0002	
4	TRANSITIONAL COVERAGE - ACTIVE - Q2	Calculated	DE0002	
5	TRANSITIONAL COVERAGE - ACTIVE -	Calculated	DE0002	

	Q3			
6	TRANSITIONAL COVERAGE - ACTIVE - Q4	Calculated	DE0002	
7	TRANSITIONAL COVERAGE - ACTIVE - TOTAL	Calculated	DE0002	
8	TRANSITIONAL COVERAGE - TOTAL - Q1	Calculated	DE0002	
9	TRANSITIONAL COVERAGE - TOTAL - Q2	Calculated	DE0002	
10	TRANSITIONAL COVERAGE - TOTAL - Q3	Calculated	DE0002	
11	TRANSITIONAL COVERAGE - TOTAL - Q4	Calculated	DE0002	
12	TRANSITIONAL COVERAGE - TOTAL	Calculated	DE0002	
13	DIVERSIONARY ASSISTANCE - ACTIVE - D1	Calculated	DE0002	
14	DIVERSIONARY ASSISTANCE - ACTIVE - D2	Calculated	DE0002	
15	DIVERSIONARY ASSISTANCE - ACTIVE - D3	Calculated	DE0002	
16	DIVERSIONARY ASSISTANCE - ACTIVE - D4	Calculated	DE0002	
17	DIVERSIONARY ASSISTANCE - ACTIVE - TOTAL	Calculated	DE0002	
18	DIVERSIONARY ASSISTANCE - TOTAL - D1	Calculated	DE0002	
19	DIVERSIONARY ASSISTANCE - TOTAL - D2	Calculated	DE0002	
20	DIVERSIONARY ASSISTANCE - TOTAL -	Calculated	DE0002	

	D3			
21	DIVERSIONARY ASSISTANCE - TOTAL - D4	Calculated	DE0002	
22	DIVERSIONARY ASSISTANCE - TOTAL	Calculated	DE0002	
23	AGE OF CARETAKER/RELATIVE - <18	Calculated	DE0002	
24	AGE OF CARETAKER/RELATIVE - 18-21	Calculated	DE0002	
25	AGE OF CARETAKER/RELATIVE - 22-25	Calculated	DE0002	
26	AGE OF CARETAKER/RELATIVE - 26-30	Calculated	DE0002	
27	AGE OF CARETAKER/RELATIVE - 31-35	Calculated	DE0002	
28	AGE OF CARETAKER/RELATIVE - 36-40	Calculated	DE0002	
29	AGE OF CARETAKER/RELATIVE - 41-60	Calculated	DE0002	
30	AGE OF CARETAKER/RELATIVE - >60	Calculated	DE0002	
31	AGE OF CARETAKER/RELATIVE - TOTAL	Calculated	DE0002	
32	RACE OF CARETAKER/RELATIVE - WHITE	Calculated	DE0002	
33	RACE OF CARETAKER/RELATIVE - BLACK	Calculated	DE0002	
34	RACE OF CARETAKER/RELATIVE - AMERICAN	Calculated	DE0002	
35	RACE OF CARETAKER/RELATIVE	Calculated	DE0002	

	- ASIAN			
36	RACE OF CARETAKER/RELATIVE - HISPANIC	Calculated	DE0002	
37	RACE OF CARETAKER/RELATIVE - UNKNOWN	Calculated	DE0002	
38	RACE OF CARETAKER/RELATIVE - TOTAL	Calculated	DE0002	
39	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - PHYSICIAN	Calculated	DE0002	
40	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - PHARMACY	Calculated	DE0002	
41	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - OTHER PRACT.	Calculated	DE0002	
42	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - HOSPITAL	Calculated	DE0002	
43	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - OTHER SERVICES	Calculated	DE0002	
44	UTILIZATION EXPENDITURES - NUMBER OF CLAIMS - TOTAL	Calculated	DE0002	
45	UTILIZATION EXPENDITURES - REIMBURSEMENT - PHYSICIAN	Calculated	DE0002	
46	UTILIZATION EXPENDITURES - REIMBURSEMENT - PHARMACY	Calculated	DE0002	
47	UTILIZATION EXPENDITURES -	Calculated	DE0002	

	REIMBURSEMENT - OTHER PRACT.			
48	UTILIZATION EXPENDITURES - REIMBURSEMENT - HOSPITAL	Calculated	DE0002	
49	UTILIZATION EXPENDITURES - REIMBURSEMENT - OTHER SERVICES	Calculated	DE0002	
50	UTILIZATION EXPENDITURES - REIMBURSEMENT - TOTAL	Calculated	DE0002	
51	ID	National Provider Identifier	4700	
52	NAME	Provider Name	4085	
53	COUNT	Calculated	DE0002	
54	TOTAL	Calculated	DE0002	
55	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WH	Calculated	DE0002	
56	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WI	Calculated	DE0002	
57	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WJ	Calculated	DE0002	
58	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WK	Calculated	DE0002	
59	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WL	Calculated	DE0002	
60	TERMINATED FROM TRANSITIONAL COVERAGE AND	Calculated	DE0002	

	OTHER STATUSES - WM			
61	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WN	Calculated	DE0002	
62	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WP	Calculated	DE0002	
63	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WQ	Calculated	DE0002	
64	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WS	Calculated	DE0002	
65	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WT	Calculated	DE0002	
66	TERMINATED FROM TRANSITIONAL COVERAGE AND OTHER STATUSES - WU	Calculated	DE0002	
67	TOTAL PROGRAM DESIGNATION CHANGES	Calculated	DE0002	
68	TERMINATED FROM TRANSITIONAL COVERAGE WITH NO NEW PD	Calculated	DE0002	

Output Reports RS-O-609 Enrollee Duplicate Exempt File Change Requests

General Information

This report lists daily requests for the Enrollee Duplicate Exempt File and prints the result of the attempted modification.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 days
Distribution:	DMAS - Information Management
Program:	Add Enrollee to Duplicate Exempt File (RSR070)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee Duplicate Exempt File Change Requests (RS-O-609)

```
RSR070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:MM/DD/CCYY                        ENROLLEE DUPLICATE EXEMPT FILE CHANGES                          PAGE
RUN DATE: MM/DD/CCYY HH:MM

          (1)                 (2)                 (3)                       (4)        (5)
          OPERATOR            FUNCTION            ENROLLEE ID               GROUP      PREV GROUP

          XXXXX               ADD                 999-999999-999            99999
          XXXXX               ADD                 999-999999-999            99999
          XXXXX               DELETE              999-999999-999                       99999
          XXXXX               ADD                 999-999999-999            99999
          XXXXX               ADD                 999-999999-999            99999
          XXXXX               DELETE              999-999999-999                       99999
          XXXXX               ADD                 999-999999-999            99999


                                                  *** 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	OPERATOR	User/Operator ID	DE0012	
2	FUNCTION	Input Request Data	DE3101	
3	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
4	GROUP	Sequence Number Value Identifier	DE0031	
5	PREV GROUP	Sequence Number Value Identifier	DE0031	

Output Reports RS-O-609B Enrollee Duplicate Exempt DSS Request Status

General Information

Reports daily approved/denied/pending activity on Enrollee Duplicate Exempt Request Status (RSF021) file.

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	1
Output Form:	On Demand
Retention:	30 days
Distribution:	DMAS - Information Management
Program:	Add Enrollee to Duplicate Exempt File (RSR070)
Confidential:	No
Sequence:	Status, Req Type, Req date
Control Breaks:	N/A

Enrollee Duplicate Exempt DSS Request Status (RS-O-609B)

RSR070 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES RE
AS OF:DD/MM/CCYY ENROLLEE DUPLICATE EXEMPT DSS REQUEST STATUS PA
RUN DATE: DD/MM/CCYY HH:MM

{1} DSS OPERATOR	{2} ADAPT IND	{3} STATUS	{4} REQ TYPE	{5} REQ DATE	{6} ENROLLEE ID	{7} DMAS OPERATOR
XXXXX	Y	PENDING	ADD	MM/DD/CCYY	999-999999-999	
XXXXX	N	PENDING	UPDATE	MM/DD/CCYY	999-999999-999	
XXXXX	Y	PENDING	UPDATE	MM/DD/CCYY	999-999999-999	
XXXXX	N	PENDING	ADD	MM/DD/CCYY	999-999999-999	
XXXXX	Y	APPROVED	ADD	MM/DD/CCYY	999-999999-999	XXXXX
XXXXX	N	APPROVED	UPDATE	MM/DD/CCYY	999-999999-999	XXXXX
XXXXX	Y	DENIED	UPDATE	MM/DD/CCYY	999-999999-999	XXXXX
XXXXX	N	DENIED	ADD	MM/DD/CCYY	999-999999-999	XXXXX
XXXXX	Y	DENIED	ADD	MM/DD/CCYY	999-999999-999	XXXXX

*** 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	DSS OPERATOR	User/Operator ID	DE0012	
2	ADAPT IND	ADAPT Indicator	DE3997	
3	STATUS	DMAS Review Flag	DE3994	
4	REQ TYPE	Request Type	DE3995	
5	REQ DATE	Request Date	DE3996	
6	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
7	DMAS OPERATOR	User/Operator ID	DE0012	
8	REVIEW DATE	Enrollee Update Trans-action Date	DE3026	

Output Reports RS-O-609C Enrollee Duplicate Exempt File Data

General Information

Reports on request, contents of RSF165 Enrollees Exempt from Duplicates Checks File).

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	1
Output Form:	On Demand
Retention:	30 days
Distribution:	DMAS - Information Management
Program:	Add Enrollee to Duplicate Exempt File (RSR070)
Confidential:	Yes
Sequence:	Group
Control Breaks:	N/A

Enrollee Duplicate Exempt File Data (RS-O-609C)

```
RSR070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REP
AS OF:MM/DD/YYYY                        ENROLLEE DUPLICATE EXEMPT FILE DATA                                 PAG
RUN DATE: MM/DD/YYYY HH:MM

   GROUP  ENROLLEE ID      OPERATOR  UPDATE DATE   NAME                          SSN         RACE  SEX     BIRTH
   (1)     (2)              (3)       (4)           (5)                          (6)         (7)   (8)     (9)

   99999  999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD
          999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD
          999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD

   99999  999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD
          999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD
          999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD

   99999  999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD
          999-999999-999   E9999     MM/DD/YYYY    XXXXXXXXXXXXXXXXXXXXXXXX     999-99-999   9     X      MM/DD

                                                 *** 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	Group	Sequence Number Value Identifier	DE0031	
2	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
3	Operator	User/Operator ID	DE0012	
4	Update Date	Enrollee Update Trans-action Date	DE3026	
5	Name	Enrollee Full Name	DE3003	
6	SSN	Enrollee Social Security Number (SSN)	DE3034	
7	Race	Enrollee Race Code	DE3006	
8	Sex	Enrollee Sex Code	DE3007	
9	Birth Date	Enrollee Birth Date	DE3005	
10	C/C	Enrollee FIPS Code	DE3008	

Output Reports RS-O-609D Possible Duplicates Approved & Written to the Bypass File

General Information

Report shows all possible duplicate enrollees and all enrollees who appear in the same bypass group that have been approved since the last time this process was executed. The report provides details of the enrollee who was approved and also lists details of the enrollee(s) who caused this approved enrollee to initially be identified as a possible duplicate.

Subsystem:	Recipient
Frequency:	Daily
Volume:	3 pages
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 days
Distribution:	DMAS - Information Management
Program:	Duplicate Recipient Statistics Reporting (RSR069)
Confidential:	Yes
Sequence:	Enrollee ID (DE 3001), ascending.
Control Breaks:	N/A

Possible Duplicates Approved Written to Bypass File (RS-O-609D)

```
RSR069      03/23/2010 21:31:30          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:03/23/2010                            POSSIBLE DUPLICATES - APPROVED FOR 03/23/2010                      PAGE NUMBER
RUN DATE: 03/23/2010 20:39

ENROLLEE ID       ENROLLEE NAME                        DOB            SSN        SSN ST    OP ID    REQ TYPE  ADAPT    REQ

001-[redacted]-091  [redacted]                       12/10/2009  [redacted]-12-10[redacted]   E       E6115     A          N     20100
003-[redacted]-030                                   12/08/2009  [redacted]-12-08[redacted]

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(From Date)	Calculated	DE0002	This field is populated with the date

				that program RSR069 last executed plus 1 day.
2	(To Date)	Calculated	DE0002	This field contains the current date. However, if the From Date heading is the same as the current date, this field is not printed on the report and the heading will only show 'FOR DD/MM/YYYY' (it will not show the 'TO DD/MM/YYYY' portion of the heading).
3	Enrollee ID	Enrollee Identification Number	DE3001	
4	Enrollee Name	Calculated	DE0002	Concatenation on Enrollee's Last Name (DE3110), First Name (DE3111) and Middle Initial DE (3112).
5	DOB	Enrollee Birth Date	DE3005	
6	SSN	Enrollee Social Security Number (SSN)	DE3034	
7	SSN ST	Social Security Number (SSN) Status Code	DE3443	
8	OP ID	User/Operator ID	DE0012	
9	REQ TYPE	Request Type	DE3995	
10	ADAPT	ADAPT Indicator	DE3997	
11	REQ DATE	Request Date	DE3996	

Output Reports RS-O-609E Possible Duplicates - Pending Review Summary

General Information

Report showing the daily summary count of enrollees that are flagged as possible duplicates and are in a Pending state.

Subsystem:	Recipient
Frequency:	Daily
Volume:	1 page
Number of Copies:	
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS Information Services
Program:	Duplicate Recipient Statistics Reporting (RSR069)
Confidential:	Yes
Sequence:	DSS-REQUEST-DATE (DE 3996) - Descending sequence
Control Breaks:	N/A

Possible Duplicates Pending Review Summary (RS-O-609E)

```
RSR069      06/21/2010 21:31:36          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:06/21/2010                            POSSIBLE DUPLICATES - PENDING REVIEW SUMMARY                       PAGE NUMBER:
RUN DATE: 06/21/2010 20:36

                      ----------ADAPT---------        ---------ONLINE---------          ------DAILY TOTAL-------
   REQUEST DATE          ADD   UPDATE    TOTAL           ADD   UPDATE    TOTAL             ADD   UPDATE    TOTAL

   06/21/2010             27        1       28             1        1        2              28        2       30
   06/19/2010              0        1        1             0        0        0               0        1        1

                      ======   ======   ======        ======   ======   ======          ======   ======   ======
   GRAND TOTALS           27        2       29             1        1        2              28        3       31
                      ======   ======   ======        ======   ======   ======          ======   ======   ======

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	REQUEST DATE	Request Date	DE3996	
2	ADAPT - ADD	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were added via ADAPT.
3	ADAPT - UPDATE	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were updated via ADAPT.
4	ADAPT - TOTAL	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were either added or updated via ADAPT.
5	ONLINE - ADD	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were added via an Online Screen.
6	ONLINE - UPDATE	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were updated via an Online Screen.
7	ONLINE - TOTAL	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), count of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were either added or updated via an Online Screen.
8	DAILY TOTAL - ADD	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), total of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were added via ADAPT and the Online Screen.
9	DAILY TOTAL - UPDATE	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), total of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were updated via ADAPT and the Online Screen.

10	DAILY TOTAL - TOTAL	Calculated	DE0002	Daily, using DSS-REQUEST-DATE (DE 3996), total of enrollees on the Possible Duplicates Master file (RS-F-021) that are in a pending status and were added and updated via ADAPT and Online Screens.

Output Reports RS-O-609F Possible Duplicates - Reviews Received

General Information

Reports the summary of duplicate review requests received during the reporting period and their current status.

Subsystem:	Recipient
Frequency:	Daily
Volume:	1 page
Number of Copies:	
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS - Information Management
Program:	Duplicate Recipient Statistics Reporting (RSR069)
Confidential:	Yes
Sequence:	DSS Request Type (DE 3995) ascending
Control Breaks:	DSS Request Type (DE 3995)

Possible Duplicates Reviews Received (RS-O-609F)

```
RSR069                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPORT NO:
AS OF:08/11/2010                    POSSIBLE DUPLICATES - REVIEWS RECEIVED FOR 08/11/2010             PAGE NUMBER:
RUN DATE: 08/11/2010 20:19

          REQUEST TYPE   STATUS                        ADAPT      ONLINE      TOTAL

          ADD            APPROVED                          1           1          2
                         PENDING                          18           1         19
                         DENIED (MANUAL)                   0           0          0
                         DENIED (SYSTEM)                   0           0          0

                                                      ======      ======     ======
                                   ADD TOTAL             19           2         21
                                                      ======      ======     ======


          UPDATE         APPROVED                          0           0          0
                         PENDING                           5           0          5
                         DENIED (MANUAL)                   0           0          0
                         DENIED (SYSTEM)                   0           0          0

                                                      ======      ======     ======
                                   UPDATE TOTAL           5           0          5
                                                      ======      ======     ======


          TOTAL          APPROVED                          1           1          2
                         PENDING                          23           1         24
                         DENIED (MANUAL)                   0           0          0
                         DENIED (SYSTEM)                   0           0          0

                                                      ======      ======     ======
                                   GRAND TOTAL           24           2         26
                                                      ======      ======     ======


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(From Date)	Calculated	DE0002	This field is populated with the Date that program RSR069 last executed plus 1 day.
2	(To Date)	Calculated	DE0002	This field contains the current date. However, if the From Date heading is the same as the current date, this field is not printed on the report and the heading will only show 'FOR DD/MM/YYYY' (it will not show the 'TO DD/MM/YYYY' portion of the head-ing).
3	REQUEST TYPE	Request Type	DE3995	
4	STATUS	DMAS Review Flag	DE3994	

5	ADAPT	Calculated	DE0002	Number of possible duplicate reviews that were received during the date/date range specified in the header line for transactions processed via ADAPT.
6	ONLINE	Calculated	DE0002	Number of possible duplicate reviews that were received during the date/date range specified in the header line for transactions processed via an Online screen.
7	TOTAL	Calculated	DE0002	Total of possible duplicate reviews that were received during the date/date range specified in the header line for transactions processed via ADAPT and an Online screen.

Output Reports RS-O-609G Possible Duplicates - Reviews Completed

General Information

Statistics Report which shows the number of duplicate reviews that have been completed per Type (Add/Update) and Reviewer (Operator ID).

Subsystem:	Recipient
Frequency:	Daily
Volume:	5 pages
Number of Copies:	
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS Information Management
Program:	Duplicate Recipient Statistics Reporting (RSR069)
Confidential:	Yes
Sequence:	DSS Request Type (DE 3995) ascending Operator ID (DE 0012) ascending
Control Breaks:	DSS Request Type (DE 3995)

Possible Duplicates Reviews Completed (RS-O-609G)

```
RSR069     04/05/2010 21:31:24          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPORT NO:
AS OF:04/05/2010               POSSIBLE DUPLICATES - REVIEWS COMPLETED FOR 01/03/2010 TO 04/05/2010          PAGE NUMBER
RUN DATE: 04/05/2010 21:04
```

		----------ADAPT----------			---------ONLINE----------			-------DAILY TOTALS ------		
REQ TYPE	REVIEWER	APPROVED	DENIED	SYS DENY	APPROVED	DENIED	SYS DENY	APPROVED	DENIED	SYS DENY
ADD	E6AIL	0	0	0	1	3	0	1	3	0
	E6CNR	0	0	0	2	1	0	2	1	0
	E6EQ4	0	0	0	1	0	0	1	0	0
	E6HCU	0	0	0	1	0	0	1	0	0
	E6MBH	0	0	0	3	0	0	3	0	0
	E6NIA	11	121	0	6	8	0	17	129	0
	E6S14	0	0	0	1	0	0	1	0	0
	E6TGI	0	0	0	1	0	0	1	0	0
	E6115	42	399	0	30	35	0	72	434	0
	E6384	1	0	0	1	0	0	2	0	0
		======	======	======	======	======	======	======	======	======
ADD TOTALS		54	520	0	47	47	0	101	567	0
		======	======	======	======	======	======	======	======	======
UPDATE	E6AIL	0	0	0	1	0	0	1	0	0
	E6EQ4	1	0	0	3	0	0	4	0	0
	E6HCU	0	0	0	1	0	0	1	0	0
	E6MBH	0	0	0	1	0	0	1	0	0
	E6NIA	2	0	0	0	0	0	2	0	0
	E6115	15	34	0	9	18	0	24	52	0
	E6384	1	0	0	1	0	0	2	0	0
		======	======	======	======	======	======	======	======	======
UPDATE TOTALS		19	34	0	16	18	0	35	52	0
		======	======	======	======	======	======	======	======	======
		======	======	======	======	======	======	======	======	======
GRAND TOTALS		73	554	0	63	65	0	136	619	0
		======	======	======	======	======	======	======	======	======

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(From Date)	Calculated	DE0002	This field is populated with the date that program RSR069 last executed plus 1 day.
2	(To Date)	Calculated	DE0002	This field contains the current date. However, if the From Date heading is the same as the current date, this field is not printed on the report and the heading will only show 'FOR DD/MM/YYYY' (it will not show the 'TO DD/MM/YYYY' portion of the heading).
3	REQ TYPE	DMAS Review Flag	DE3994	

4	REVIEWER	User/Operator ID	DE0012	
5	ADAPT - APPROVED	Calculated	DE0002	Number of ADAPT channel possible duplicate review requests that were Approved by Request Type and Operator ID during the date/date range specified in the report header.
6	ADAPT - DENIED	Calculated	DE0002	Number of ADAPT channel possible duplicate review requests that were Denied by Request Type and Operator ID during the date/date range specified in the report header.
7	ADAPT - SYS DENY	Calculated	DE0002	Number of ADAPT channel possible duplicate review requests that were System Denied by program RSR069 during the date/date range specified in the report header.
8	ONLINE - APPROVED	Calculated	DE0002	Number of Online possible duplicate review requests, that were Approved by Request Type and Operator ID during the date/date range specified in the report header.
9	ONLINE - DENIED	Calculated	DE0002	Number of Online possible duplicate review requests that were Denied by Request Type and Operator ID during the date/date range specified in the report header.
10	ONLINE - SYS DENY	Calculated	DE0002	Number of Online possible duplicate review requests that were System Denied by program RSR069 during the date/date range specified in the report header.
11	DAILY TOTALS - APPROVED	Calculated	DE0002	Total (includes ADAPT and Online transactions) possible duplicate review requests that were Approved by Request Type and Operator ID during the date/date range specified in the report header.
12	DAILY TOTALS - DENIED	Calculated	DE0002	Total (includes ADAPT and Online transactions) possible duplicate review requests that were Denied by Request Type and Operator ID during the date/date range specified in the report header.
13	DAILY TOTALS - SYS DENY	Calculated	DE0002	Total (includes ADAPT and Online transactions) possible duplicate review

				requests that were System Denied by program RSR069 during the date/date range specified in the report header.

Output Reports RS-O-610 Enrollees Extracted for Duplicate Check Control Totals Report

General Information

This report shows the total active enrollees extracted for the enrollee duplicate check.

Subsystem:	Recipient
Frequency:	Quarterly
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	FA - Quality Control
Program:	Suspect Duplicate Extract and Report (RSQ001)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollees Extracted for Duplicate Check Control Totals Report (RS-O-610)

```
RSQ001                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                    QUARTERLY SUSPECT DUPLICATE REPORT CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM

                                                                  (1)
                                     ENROLLEES EXTRACTED        62,415

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

Field Definitions

#	Field Name	Data Element Name	Element	Source/Calculations

			ID	
1	ENROLLEES EXTRACTED	Calculated	DE0002	

Output Reports RS-O-620 Enrollee Eligibility

General Information

This report, produced on request, is an audit trail of Enrollee data store.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	Standard
Retention:	90 Days
Distribution:	Requester
Program:	Enrollee Print Facsimile (RSR005)
Confidential:	Yes
Sequence:	RS-ENROLLEE-ID (DE3093)
Control Breaks:	N/A

Enrollee Eligibility (RS-O-620)

```
RSR005                                          VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                                ENROLLEE ELIGIBILITY
RUN DATE:  MM/DD/CCYY HH:MM
ENRL ID:  999-999999-999 CASE REL: 999  SSN: 999999999      ADAPT/VACIS:   999999999      ELIG IND: XX MOTHER ID: 9999999
NAME:         XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX MI: X   SUF: XXX        BIRTH:  99999999   EXP DEL DATE: 99999999        DOD: 9
ADDR:         XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
              XXXXXXXXXXXXXXXXX XX ZIP: 99999 9999      C/C 999 PHONE: 999999999  MARITAL STAT: X RACE: X  SEX: X  CITIZEN:
ENTRY DT XXXXXXXX    PEND CLAIMS: RSN: XXXXXXX BEGIN: 99999999 END: 99999999  DISABILITY CD: XXX  ONSET: 99999999 END: 9
IMMUNE STAT: X     HEALTH COND DIAG: XXXXXXX BEGIN: 99999999 END: 99999999             RSN: XXX   PROC: XXXXXXX
ID SUPPRESS:            LAST ID CARD:  ISSUE DT: 99999999  RSN:  X  SEQ NUM:  99
ELIG:    PD    APP DATE   BEGIN DT   END DATE   A/C CAN DATE   RSN EXT REIN      PD    APP DATE   BEGIN DT   END DATE   A/C CAN DATE
          1)   00000000   00000000   00000000   000 00000000   000 000 000        2)   00000000   00000000   00000000   000 00000000
          3)   00000000   00000000   00000000   000 00000000   000 000 000        4)   00000000   00000000   00000000   000 00000000
          5)   00000000   00000000   00000000   000 00000000   000 000 000        6)   00000000   00000000   00000000   000 00000000
          7)   00000000   00000000   00000000   000 00000000   000 000 000        8)   00000000   00000000   00000000   000 00000000
          9)   00000000   00000000   00000000   000 00000000   000 000 000       10)   00000000   00000000   00000000   000 00000000
         11)   00000000   00000000   00000000   000 00000000   000 000 000       12)   00000000   00000000   00000000   000 00000000
         13)   00000000   00000000   00000000   000 00000000   000 000 000       14)   00000000   00000000   00000000   000 00000000
         15)   00000000   00000000   00000000   000 00000000   000 000 000       16)   00000000   00000000   00000000   000 00000000
         17)   00000000   00000000   00000000   000 00000000   000 000 000       18)   00000000   00000000   00000000   000 00000000
         19)   00000000   00000000   00000000   000 00000000   000 000 000       20)   00000000   00000000   00000000   000 00000000
ENRL:    PD      PACKAGE    EXC   PROVIDER    BEGIN DT   END DATE   RSN              PD      PACKAGE    EXC   PROVIDER    BEGIN DT   END D
          1)   00-00-0000    X  1234567890   00000000   00000000   000               2)   00-00-0000    X  1234567890   00000000   0000
          3)   00-00-0000    X  0000000000   00000000   00000000   000               4)   00-00-0000    X  0000000000   00000000   0000
          5)   00-00-0000    X  0000000000   00000000   00000000   000               6)   00-00-0000    X  0000000000   00000000   0000
          7)   00-00-0000    X  0000000000   00000000   00000000   000               8)   00-00-0000    X  0000000000   00000000   0000
          9)   00-00-0000    X  0000000000   00000000   00000000   000              10)   00-00-0000    X  0000000000   00000000   0000
         11)   00-00-0000    X  0000000000   00000000   00000000   000              12)   00-00-0000    X  0000000000   00000000   0000
         13)   00-00-0000    X  0000000000   00000000   00000000   000              14)   00-00-0000    X  0000000000   00000000   0000
         15)   00-00-0000    X  0000000000   00000000   00000000   000              16)   00-00-0000    X  0000000000   00000000   0000
         17)   00-00-0000    X  0000000000   00000000   00000000   000              18)   00-00-0000    X  0000000000   00000000   0000
         19)   00-00-0000    X  0000000000   00000000   00000000   000              20)   00-00-0000    X  0000000000   00000000   0000
         21)   00-00-0000    X  0000000000   00000000   00000000   000              22)   00-00-0000    X  0000000000   00000000   0000
         23)   00-00-0000    X  0000000000   00000000   00000000   000              24)   00-00-0000    X  0000000000   00000000   0000
         25)   00-00-0000    X  0000000000   00000000   00000000   000              26)   00-00-0000    X  0000000000   00000000   0000
         27)   00-00-0000    X  0000000000   00000000   00000000   000              28)   00-00-0000    X  0000000000   00000000   0000
         29)   00-00-0000    X  0000000000   00000000   00000000   000              30)   00-00-0000    X  0000000000   00000000   0000
         31)   00-00-0000    X  0000000000   00000000   00000000   000              32)   00-00-0000    X  0000000000   00000000   0000
         33)   00-00-0000    X  0000000000   00000000   00000000   000              34)   00-00-0000    X  0000000000   00000000   0000
         35)   00-00-0000    X  0000000000   00000000   00000000   000              36)   00-00-0000    X  0000000000   00000000   0000
         37)   00-00-0000    X  0000000000   00000000   00000000   000              38)   00-00-0000    X  0000000000   00000000   0000
         39)   00-00-0000    X  0000000000   00000000   00000000   000              40)   00-00-0000    X  0000000000   00000000   0000
CMM RESTRICT LEVEL: XXX  TYPE: XXX  BEGIN DT: 99999999  END DT: 99999999  END RSN: 999  REVIEW DT: 99999999  STATUS: X
CURRENT PATIENT PAY TYPE X LIABILITY: 9999999.99 BALANCE: 9999999.99 BEGIN: 99999999 END: 99999999 STATUS: X
EMPLOYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   CONTACT: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
EMPL: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
ADDR: XXXXXXXXXXXXXXXXX XX ZIP: 99999 9999 PHONE: 9999999999 IRS#: 999999999  HRS: 999  INCOME: 9999999.99
*********************************** T P L  A N D  B U Y I N / B E N D E X  I N F O R M A T I O N *********************
    COV   CARRIER    POLICY NUMBER      BEG DATE    END DATE     COV    CARRIER    POLICY NUMBER       BEG DATE   END DATE
     XX    99999   9999999999999999   99999999    99999999      XX      99999    9999999999999999    99999999    99999999
     XX    99999   9999999999999999   99999999    99999999      XX      99999    9999999999999999    99999999    99999999
     XX    99999   9999999999999999   99999999    99999999      XX      99999    9999999999999999    99999999    99999999
     XX    99999   9999999999999999   99999999    99999999      XX      99999    9999999999999999    99999999    99999999
     XX    99999   9999999999999999   99999999    99999999      XX      99999    9999999999999999    99999999    99999999
PREM IND:X SSA EXCH:XXXXXXXX SSI STAT:X      SSI ENTLMNT DT:99999999 INIT ENTLMNT DT:99999999 BDX QY:X B/LG:X RR:X BDX S
HI PAYOR:XXXXX  HI OPT:X  HI DATE:99999999  HI PREM:000.00  HI TERM:00000000
SMI PAYER:XXXXX SMI OPT:X SMI DATE:99999999 SMI PREM:000.00 SMI TERM:00000000
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RS-ENROLLEE-ID	Enrollee Permanent Identification Number	DE3093	
2	RS-CASE-RELATIONSHIP	Enrollee Relationship to Case Head Code	DE3480	
3	RS-SOC-SEC-NO	Enrollee Social Security Number (SSN)	DE3034	
4	RS-VACIS-CLIENT-ID	Enrollee ADAPT/VACIS Client Identification Number	DE3096	
5	RS-SPECIAL-ELIG-CODE	Enrollee Special Eligibility Code	DE3340	
6	RS-INFANT-MOTHER-ID	Enrollee Mother Identification Number	DE3936	

7	RS-PRIMARY-LANGUAGE	Enrollee Primary Language Code	DE3476	
8	RS-NAME-LAST	Enrollee Last Name	DE3110	
9	RS-NAME-FIRST	Enrollee First Name	DE3111	
10	RS-NAME-MID	Enrollee Middle Initial	DE3112	
11	RS-NAME-SUFF	Enrollee Name Suffix	DE3113	
12	RS-BIRTH-DATE	Enrollee Birth Date	DE3005	
13	RS-EXPECTED-DELIVERY-DATE	Enrollee Expected Delivery/Delivery Date	DE3402	
14	RS-DEATH-DATE	Enrollee Date of Death	DE3036	
15	RS-STREET-ADDRESS	Enrollee Street Address	DE3115	
16	RS-ADDTL-ADDRESS	Enrollee Additional Address Name	DE3114	
17	RS-CITY-NAME	Enrollee City Name	DE3116	
18	RS-STATE	Enrollee State Code	DE3117	
19	RS-ZIP-CODE	Enrollee ZIP Code	DE3118	
20	RS-ENROLLEE-FIPS	Enrollee FIPS Code	DE3008	
21	RS-ENROLLEE-PHONE	Enrollee Telephone Number	DE3095	
22	RS-MARITAL-STATUS	Enrollee Marital Status	DE3016	
23	RS-RACE	Enrollee Race Code	DE3006	
24	RS-SEX	Enrollee Sex Code	DE3007	
25	RS-CITIZEN-STATUS	Enrollee Citizenship Status	DE3251	
26	RS-COUNTRY-ORIGIN	Enrollee Country of Origin	DE3253	
27	RS-US-ENTRY-DATE	Enrollee Entry to US Date	DE3252	
28	RS-PEND-RSN-CODE	Enrollee Pend Location Code	DE3121	
29	RS-PEND-BEGIN-DATE	Enrollee Pend Payment Begin Date	DE3119	
30	RS-PEND-END-DATE	Enrollee Pend Payment End Date	DE3120	
31	RS-DISABILITY-CODE	Enrollee Disability Code	DE3403	
32	RS-DISABILITY-ONSET-DATE	Enrollee Disability Onset Date	DE3404	

33	RS-DISABILITY-END	Enrollee Disability End Date	DE3405	
34	RS-IMMUN-STATUS	Enrollee Immunization Status	DE3485	
35	RS-HEALTH-COND-DIAG	Diagnosis Code	DE5301	
36	RS-HEALTH-COND-DIAG-BEGIN	Enrollee Health Condition Begin Date	DE3400	
37	RS-HEALTH-COND-DIAG-END	Enrollee Health Condition End Date	DE3401	
38	RS-HEALTH-COND-DIAG-END-RSN	Enrollee Health Condition End Reason	DE3558	
39	RS-HEALTH-COND-PROC	Procedure Code	DE5002	
40	RS-ID-CARD-ISSUE-DATE	Enrollee ID Card Issue/Reissue Date	DE3022	
41	RS-ID-CARD-ISSSUE-RSN	Enrollee ID Card Reissue Reason	DE3481	
42	RS-ID-CARD-SEQ-NUM	Enrollee ID Card Sequence Number	DE3482	
43	RS-ELIG-APPL-DATE	Enrollee Application Date	DE3041	
44	RS-ELIG-BEGIN-DATE	Enrollee Eligibility Begin Date	DE3010	
45	RS-ELIG-END-DATE	Enrollee Eligibility End Date	DE3011	
46	RS-ELIG-AID-CATEGORY	Enrollee Eligibility Aid Category	DE3009	
47	RS-ELIG-CANCEL-DATE	Eligibility Cancel Date	DE3452	
48	RS-ELIG-CANCEL-RSN	Eligibility Cancel Reason	DE3451	
49	RS-ELIG-EXT-REASON	Enrollee Eligibility Extension Reason Code	DE3473	
50	RS-ELIG-REINSTATE-REASON	Enrollee Reinstatement Reason	DE3453	
51	RS-PROGRAM-CODE	Benefit Definition Plan Program Code	DE3551	
52	RS-	Benefit Definition Plan	DE3552	

	SUBPROGRAM-CODE	Subprogram Code		
53	RS-PLAN-CODE	Benefit Definition Plan Benefit Code	DE3553	
54	RS-EXCEPTION-INDICATOR	Benefit Plan Exception Indicator	DE3072	
55	RS-ENROL-PROV-ID	National Provider Identifier	DE4700	
56	RS-ENROL-BEGIN-DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
57	RS-ENROL-END-DATE	Enrollee Benefit Enrollment End Date	DE3065	
58	RS-ENROL-CLOSURE-REASON	Enrollee Benefit Closure Reason	DE3073	
59	RS-CMM-RES-LEVEL	Enrollee CMM Restriction Level	DE3136	
60	RS-CMM-RES-TYPE	Enrollee CMM Restriction Type	DE3131	
61	RS-CMM-RES-BEGIN-DATE	Enrollee CMM Restriction Begin Date	DE3125	
62	RS-CMM-RES-END-DATE	Enrollee CMM Restriction End Date	DE3130	
63	RS-CMM-RES-END-RSN	Enrollee CMM Restriction End Reason	DE3132	
64	RS-CMM-RES-REVIEW-DATE	Enrollee CMM Restriction Review Date	DE3133	
65	RS-CMM-RES-STATUS-CODE	Enrollee CMM Restriction Status Code	DE3134	
66	RS-CMM-RES-STATUS-DATE	Enrollee CMM Restriction Status Date	DE3135	
67	RS-PAT-PAY-TYPE	Enrollee Patient Pay Type	DE3459	
68	RS-PAT-PAY-LIABILITY	Enrollee Patient Pay Liability	DE3461	
69	RS-PAT-PAY-BALANCE	Enrollee Patient Pay Account Balance	DE3460	
70	RS-PAT-PAY-BEGIN-DATE	Enrollee Patient Pay Begin Date	DE3483	
71	RS-PAT-PAY-END-DATE	Enrollee Patient Pay End Date	DE3484	
72	RS-PAT-PAY-STATUS	Patient Pay Status Code	DE3665	

73	RS-EMPLOYER-NAME	Employer Name	DE3170	
74	RS-EMPLOYER-CONTACT-NAME	Employer Contact Name	DE3178	
75	RS-EMPLOYER-ADDRESS	Employer Address Line	DE3172	
76	RS-EMPLOYER-ADDTL-ADDRESS	Employer Additional Address Name	DE3171	
77	RS-EMPLOYER-CITY	Employer City Name	DE3173	
78	RS-EMPLOPYER-STATE	Employer State Code	DE3174	
79	RS-EMPLOYER-ZIP	Employer ZIP Code	DE3175	
80	RS-EMPLOYER-PHONE	Employer Phone Number	DE3177	
81	RS-EMPLOYER-IRS-NO	Employer Federal Identification Number	DE3176	
82	RS-MONTHLY-HRS-WORKED	Enrollee Monthly Number of Hours Worked	DE3475	
83	RS-GROSS-INCOME	Enrollee Gross Income	DE3035	
84	RS-TPL-COV-CODE	TPL Coverage Code	DE3013	
85	RS-TPL-POLICY-CARRIER	TPL Carrier Code	DE3657	
86	RS-TPL-POLICY-NUMBER	TPL Policy Number	DE3658	
87	RS-TPL-COV-BEGIN-DATE	TPL Coverage Effective (Begin) Date	DE3667	
88	RS-TPL-COV-END-DATE	TPL Policy End Date	DE3660	
89	RS-BENDEX-PREM-IND	Medicare Premium Indicator	DE3655	
90	RS-BENDEX-SSA-EXCHANGE	BENDEX SSA Information Exchange Code	DE3031	
91	RS-BENDEX-SSI-STATUS	BENDEX SSI Status Code	DE3520	
92	RS-BENDEX-SSI-DATE-ENTLMNT	BENDEX SSI Entitlement Date	DE3537	

93	RS-BENDEX-INIT-DATE-ENTLMNT	BENDEX Initial Entitlement Date	DE3518	
94	RS-BENDEX-QUERY-CODE	BENDEX Query Code	DE3447	
95	RS-BENDEX-BLK-LUNG-STATUS	BENDEX Black Lung Entitlement Status	DE3532	
96	RS-BENDEX-RRB-STATUS	BENDEX RRB Status Code	DE3531	
97	RS-BENDEX-REC-SOURCE-CODE	BENDEX Record Source Code	DE3510	
98	RS-BENDEX-DUAL-ENTLMNT	BENDEX Dual Entitlement Indicator	DE3535	
99	RS-BENDEX-HOSP-PREM-PAYOR	BENDEX HI Premium Payer	DE3539	
100	RS-BENDEX-HOSP-OPT	BENDEX Hospital Insurance Option Code (HOC)	DE3526	
101	RS-BENDEX-HOSP-DATE-ENTLMNT	BENDEX Hospital Insurance Entitlement Date	DE3527	
102	RS-BENDEX-HOSP-PREM	BENDEX Hospital Insurance Premium Amount Collectable	DE3528	
103	RS-BENDEX-HOSP-TERM-DATE	BENDEX Hospital Insurance Termination Date	DE3529	
104	RS-BENDEX-SMI-PAER	BENDEX SMI Premium Payer	DE3524	
105	RS-BENDEX-SMI-OPT	BENDEX SMI Non Covered Reason Code	DE3521	
106	RS-BENDEX-SMI-DATE-ENTLMNT	BENDEX SMI Entitlement Date	DE3522	
107	RS-BENDEX-SMI-PREMIUM	BENDEX SMI Premium Amount Collectable	DE3523	
108	RS-BENDEX-SMI-TERM-DATE	BENDEX SMI Termination Date	DE3525	

Output Reports RS-O-621 Case Print Facsimile

General Information

This is an on-request report which displays case data.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	Requester
Program:	Case Print Facsimile (RSR007)
Confidential:	Yes
Sequence:	Case ID
Control Breaks:	Case ID

Case Print Facsimile (RS-O-621)

```
RSR007                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                    CASE PRINT FACSIMILE
RUN DATE:  MM/DD/CCYY HH:MM

  CASE ID          ADM      CASE     NAME OF CASEHEAD/                          CASEHEAD      CASE RENEWAL    DSS FOLLOW-
                   FIPS     WORKER   CASE ADDRESS                                SSN            DATE        EFFECTIVE D
      ( 1)          (2)      (4)          (5)       (6)          (7)          (8)         (9)            (10)            (11)
999-999999-999     999     XXXXX     XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX XXX    999-99-9999    99/99/9999     99/99/999
                             (22)     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                             (23)     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
                             (24)     XXXXXXXXXXXX XX  99999-9999
                                                (25)       (26)

CASE ENROLLEES:

ENROLLEE ID                 ENROLLEE NAME                          ENROLLEE RELATION   ADDRESS        CASE EFFECTIVE
                                                                      TO CASEHEAD    SAME AS CASE?       DATE
     (13)                        (14)      (15)        (16)          (17)          (18)           (19)           (20)
999-999999-999              XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX XXX       XX            YES            99/99/9999
999-999999-999              XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX XXX       XX            YES            99/99/9999
999-999999-999              XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX XXX       XX            YES            99/99/9999
999-999999-999              XXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXX XXX       XX            YES            99/99/9999
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	CASE ID	Case Identification Number	DE3043	
2	ADM FIPS	Case Administrative FIPS Code	DE3039	
4	CASEWORKER	Case Worker Number	DE3431	
5	NAME OF CASEHEAD (FIRST NAME)	Case First Name	DE3488	
6	(MI)	Case Middle Initial	DE3489	
7	(LAST NAME)	Case Last Name	DE3487	
8	(SUFFIX)	Case Name Suffix	DE3490	
9	CASEHEAD SSN	Case Social Security Number	DE3450	
10	CASE RENEWAL DATE	Case Review Date	DE3432	
11	DSS FOLLOW-UP EFFECTIVE DATE	DSS Special Follow Up Effective Date	DE3434	
12	DSS FOLLOWU-UP CODES	DSS Special Follow Up Code	DE3433	
13	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
14	ENROLLEE NAME (FIRST NAME)	Enrollee First Name	DE3111	
15	(MIDDLE INITIAL)	Enrollee Middle Initial	DE3112	
16	(LAST NAME)	Enrollee Last Name	DE3110	
17	(SUFFIX)	Enrollee Name Suffix	DE3113	
18	ENROLLEE RELATION TO CASEHEAD	Enrollee Relationship to Case Head Code	DE3480	
19	ADDRESS SAME AS CASE	Enrollee Address Type	DE3107	
20	CASE EFFECTIVE DATE	Enrollee Case Asso-ciation Begin Date	DE3410	
22	(CASE ADDRESS LINE1)	Enrollee Additional Address Name	DE3114	

23	(CASE ADDRESS LINE2)	Enrollee Street Address	DE3115	
24	(CASE CITY)	Enrollee City Name	DE3116	
25	(CASE STATE)	Enrollee State Code	DE3117	
26	(CASE ZIP)	Enrollee ZIP Code	DE3118	

Output Reports RS-O-622 Eligibility Tape for City/County 999 - All Enrollees - Control Report

General Information

This is a control report produced for a tape extract from the Enrollee File, displaying records read and records written.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand and FTP to DSS
Retention:	90 Days
Distribution:	DSS - Local Welfare Office, DMAS
Program:	Enrollee Backup Control Totals (RSD005)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Tape for City/County 999 - All Enrollees - Control Report (RS-O-622)

```
RSR010                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          ELIGIBILITY TAPE FOR CITY/COUNTY 999
RUN DATE:  MM/DD/CCYY HH:MM                                  ALL ENROLLEES
                                                            CONTROL REPORT

                                     ELIGIBILITY RECORDS READ   (1)       8,928

                                     TOTAL ELIGIBILITY WRITTEN  (2)           0

                                     ELIGIBILITY CASE WRITTEN   (3)           0

                                     ELIGIBILITY ENROL WRITTEN  (4)           0


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ELIGIBILITY RECORDS READ	Calculated	DE0002	
2	TOTAL ELIGIBILITY WRITTEN	Calculated	DE0002	
3	ELIGIBILITY CASE WRITTEN	Calculated	DE0002	
4	ELIGIBILITY ENROL WRITTEN	Calculated	DE0002	

Output Reports RS-O-625 Eligibility Extracts

General Information

This report shows total records written to the seven (7) sequential tape files used to load the DMAS TPL Recovery System.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - Information Management
Program:	Enrollee Extracts for the IRP (RSR015)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Extracts (RS-O-625)

```
RSR015                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        ELIGIBILITY EXTRACTS
RUN DATE:  MM/DD/CCYY HH:MM

                    TOTAL CASE RECORDS READ (1)                          5,395

                    TOTAL ENROLLEE RECORDS READ   (2)                    9,909

                    CASE RECORDS WRITTEN  (3)                            1,954

                    DETAIL RECORDS WRITTEN  (4)                          3,441

                    ELIGIBILITY RECORDS WRITTEN   (5)                   11,311

                    LOCKIN RECORDS WRITTEN  (6)                          4,441

                    TPL RECORDS WRITTEN  (7)                             1,598

                    NURSING HOME RECORDS WRITTEN  (8)                      686

                    CASE MANAGEMENT RECORDS WRITTEN  (9)                   243


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL CASE RECORDS READ	Calculated	DE0002	
2	TOTAL ENROLEE RECORDS READ	Calculated	DE0002	
3	CASE RECORDS WRITTEN	Calculated	DE0002	
4	DETAIL RECORDS WRITTEN	Calculated	DE0002	
5	ENROLLMENT RECORDS WRITTEN	Calculated	DE0002	
6	LOCKIN RECORDS WRITTEN	Calculated	DE0002	
7	TPL RECORDS WRITTEN	Calculated	DE0002	
8	NURSING HOME RECORDS WRITTEN	Calculated	DE0002	
9	CASE MANAGEMENT	Calculated	DE0002	

	RECORDS WRITTEN			

Output Reports RS-O-626 Enrollee Aid Category Extract Request Control Totals

General Information

This report will display the aid category report extract request parameters and the number of records extracted.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 days
Distribution:	N/A
Program:	Enrollees by Aid Category Extract (RSR020)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Enrollee Aid Category Extract Request Control Totals (RS-O-626)

```
RSR020                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                  ENROLLEE AID CATEGORY EXTRACT REQUEST CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM


                                (1)
REPORT OPTION REQUESTED:  X

OPTION DATE REQUESTED: (2)  MM/DD/CCYY

LOCALITIES REQUESTED:  (3)  999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999

                                (4)
AID CATEGORIES REQUESTED: 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999
                          999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999 999
                                (5)
NUMBER RECORDS EXTRACTED: 9,999,999


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	REPORT OPTION REQUESTED	Input Request Data	DE3101	
2	OPTION DATE REQUESTED	Input Request Data	DE3101	
3	LOCALITIES REQUESTED	Case Administrative FIPS Code	DE3039	
4	AID CATEGORIES REQUESTED	Enrollee Eligibility Aid Category	DE3009	
5	NUMBER RECORDS EXTRACTED	Calculated	DE0002	

Output Reports RS-O-627 Medicaid Eligible Cases and Enrollees for Aid Categories

General Information

Based on parameters supplied, e.g. option, City/County(s), date and aid categories, a roster of eligible cases and enrollees is produced.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	Standard
Retention:	90 Days
Distribution:	DMAS - Program and Policy Specialist DMAS - Social Services DMAS - Department For The Visually Handicapped
Program:	Enrollees by Aid Category Report (RSR022)
Confidential:	Yes
Sequence:	Locality Aid Category Enrollee ID
Control Breaks:	Locality

Medicaid Eligible Cases and Enrollees for Aid Categories (RS-O-627)

```
RSR022                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            MEDICAID ELIGIBLE CASES AND ENROLLEES
RUN DATE:  MM/DD/CCYY HH:MM                                   FOR AID CATEGORIES
                                (1)
            ENROLLEE CATEGORIES = 031,041,042,048
                                 ROSTER OF CURRENT CASELOAD FOR PERIOD ENDING        MAY 01, 1998 (2)
                                                                 001   ACCOMACK
                                                                  (3)     (4)
    (5)                      (6)                                    (7)
** CASE ID 001-[redacted] ADDR P. O. BOX [redacted]                    ADDR LINE 2
      (8)          (9)        (10)
TEMPERANCEVILLE, VA    23442-0052
 (11)                    (12)    (13)  (14)                    (15)              (16)  (17)       (18)                (19)
ENR-ID  001-[redacted] JONES,[redacted]                          SSN 229[redacted] SEX RACE F/2 BIRTH 08-07-[redacted]  INS
(20)                          (21)
SSA CHILD SP       BUYIN STATUS CODE 41
                                (24)
     (22)  ELIG DATES      (23)     AC            ELIG DATES            AC
1) 09-01-1971 TO 05-31-1998 31    2) 09-01-1971 TO 12-31-1090 31


** CASE ID 001-[redacted] ADDR C/O SHIRLEY [redacted]                  ADDR LINE 2 RFD BOX [redacted]
SANFORD, VA [redacted]23426-0033
ENR-ID  001-[redacted] SMITH,[redacted]                          SSN 229-[redacted] SEX RACE M/2 BIRTH 01-04-[redacted]  INS
SSA B-1 TERM       BUYIN STATUS CODE 41
        ELIG DATES          AC              ELIG DATES         AC             ELIG DATES          AC
1) 05-01-1987 TO 05-31-1998 31     2) 03-01-1986 TO 04-01-1986 31     3) 12-01-1985 TO 01-01-1986 31


** CASE ID 001-[redacted] ADDR C/O MARTINA[redacted]                   ADDR2 LINE 2 P.O. BOX[redacted]
HORNTOWN, VA [redacted]23395-0001
ENR-ID 001-[redacted] JONES,[redacted]                           SSN 229-[redacted] SEX RACE F/1 BIRTH 07-15-[redacted] INS
SSA                BUYIN STATUS CODE
       ELIG DATES           AC
1) 06-01-1986 TO 05-31-1998 31


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE CATEGORIES	Calculated	DE0002	
2	PERIOD ENDING		DE0000	
3	(CITY/COUNTY CODE)	MMIS Locality Code based on Postal Code	DE5254	
4	(CITY/COUNTY CODE NAME)	Locality Region Type Address Name	DE5264	
5	CASE ID	Case Identification Number	DE3043	
6	ADDR (LINE 1)	Enrollee Street Address	DE3115	
7	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	

8	(CITY)	Enrollee City Name	DE3116	
9	(STATE)	Enrollee State Code	DE3117	
10	(ZIP)	Enrollee ZIP Code	DE3118	
11	ENR-ID	Enrollee Permanent Identification Number	DE3093	
12	(LAST NAME)	Enrollee Last Name	DE3110	
13	(FIRST NAME)	Enrollee First Name	DE3111	
14	(MI)	Enrollee Middle Initial	DE3112	
15	SSN	Enrollee Social Security Number (SSN)	DE3034	
16	SEX	Enrollee Sex Code	DE3007	
17	RACE	Enrollee Race Code	DE3006	
18	BIRTH	Enrollee Birth Date	DE3005	
19	INS	Medicare Premium Indicator	DE3655	
20	SSA	BENDEX SSA Information Exchange Code	DE3031	
21	BUYIN STATUS CODE	Enrollee Medicare Premium Payment Transaction Code	DE3015	
22	ELIG DATES (BEGIN)	Enrollee Eligibility Begin Date	DE3010	
23	ELIG DATES (END)	Determined by Program Coded Logic	DE9986	Contents determined by program logic. See Calculations for fields 23.1 and 23.2.
23.1	ELIG DATES (END)	Eligibility Cancel Date	DE3452	If C_AID_STATUS_CVAL (DE 3499) is 'C', 'ELIG DATES (END)' contains Eligibility Cancel Date (DE3452).
23.2	ELIG DATES (END)	Enrollee Eligibility End Date	DE3011	If C_AID_STATUS_CVAL (DE 3499) is not 'C', 'ELIG DATES (END)' contains Enrollee Eligibility End Date (DE 3011).
24	AC	Enrollee Eligibility Aid Category	DE3009	

Output Reports RS-O-629 Fraud/Conviction Update Detail Listing

General Information

This report details the updates to the Fraud/Conviction table.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - Enrollee Fraud Unit
Program:	Fraud/Conviction Update (RSR025)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Fraud/Conviction Update Detail Listing (RS-O-629)

```
RSR025                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   FRAUD/CONVICTION UPDATE
RUN DATE:  MM/DD/CCYY HH:MM                                   DETAIL LISTING

          (1)                                                   (6)          (7)          (8)          (9)
     SOCIAL SECURITY        (2)      NAME    (3)     (4)  (5)  DATE OF     DATE OF      END OF      CITY/COU
         NUMBER             LAST             FIRST    MI  SUF  BIRTH      CONVICTION   CONVICTION  CONVICTI

       229[redacted]  [redacted]                [redacted]                [redacted]   [redacted]   [redacted]    790
       229[redacted]  [redacted]                [redacted]    M           [redacted]   [redacted]   [redacted]    153
       229[redacted]  [redacted]                [redacted]    S           [redacted]   [redacted]   [redacted]    121
   *   229[redacted]  [redacted]                [redacted]                [redacted]   [redacted]   [redacted]    710
       229[redacted]  [redacted]                [redacted]    A           [redacted]   [redacted]   [redacted]    810
       229[redacted]  [redacted]                [redacted]                [redacted]   [redacted]   [redacted]    179
       229[redacted]  [redacted]                [redacted]    A           [redacted]   [redacted]   [redacted]    153

* - RECORD DELETED

                TOTAL RECORDS READ     :    (10)   7

                TOTAL RECORDS DELETED  :           1 (11)
                TOTAL RECORDS CHANGED  :    (12)   4
                TOTAL RECORDS ADDED    :           2 (13)
                TOTAL RECORDS ERRORS   :    (14)   0
                TOTAL RECORDS PROCESSED:           9 (15)

                TOTAL RECORDS PRINTED  :           7 (16)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SOCIAL SECURITY NUMBER	Eligibility Fraud Social Security Number (SSN)	DE3200	
2	NAME - LAST	Eligibility Fraud Last Name	DE3202	
3	NAME - FIRST	Eligibility Fraud First Name	DE3203	
4	NAME - MI	Eligibility Fraud Middle Initial	DE3204	
5	NAME - SUF	Eligibility Fraud Suffix	DE3205	
6	DATE OF BIRTH	Eligibility Fraud Birth Date	DE3206	
7	DATE OF CONVICTION	Eligibility Fraud Con-viction Date	DE3207	
8	END OF CONVICTION	Eligibility Fraud End Date	DE3208	
9	CITY/COUNTY	Eligibility Fraud Locality	DE3201	

	CONVICTION	Code		
10	TOTAL RECORDS READ	Calculated	DE0002	
11	TOTAL RECORDS DELETED	Calculated	DE0002	
12	TOTAL RECORDS CHANGED	Calculated	DE0002	
13	TOTAL RECORDS ADDED	Calculated	DE0002	
14	Total Record with Errors	Calculated	DE0002	
15	TOTAL RECORDS PROCESSED	Calculated	DE0002	
16	TOTAL RECORDS PRINTED	Calculated	DE0002	

Output Reports RS-O-629A Fraud/Conviction Detail Table Listing

General Information

This is a report of all records on the Fraud/Conviction Table. It is produced by entering 'PRT' in the Transaction Type field on screen RS-S-046-10.

Subsystem:	Recipient
Frequency:	On-Request
Volume:	1
Number of Copies:	1
Output Form:	OnDemand
Retention:	N/A
Distribution:	N/A
Program:	Fraud/Conviction Update (RSR025)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Fraud/Conviction Detail Table Listing (RS-O-629A)

RSR025
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
FRAUD/CONVICTION DETAIL TABLE LISTING

(1) SOCIAL SECURITY NUMBER	(2) NAME LAST	(3) NAME FIRST	(4) MI	(5) SUF	(6) DATE OF BIRTH	(7) DATE OF CONVICTION	(8) END OF CONVICTION	(9) CITY/C CONVIC
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	001
229-[redacted]	[redacted]	[redacted]	M		[redacted]	[redacted]	[redacted]	001
229-[redacted]	[redacted]	[redacted]	S		[redacted]	[redacted]	[redacted]	001
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	001
229-[redacted]	[redacted]	[redacted]	A		[redacted]	[redacted]	[redacted]	011
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	011
229-[redacted]	[redacted]	[redacted]	A		[redacted]	[redacted]	[redacted]	011
229-[redacted]	[redacted]	[redacted]	G		[redacted]	[redacted]	[redacted]	020
229-[redacted]	[redacted]	[redacted]	B		[redacted]	[redacted]	[redacted]	020
229-[redacted]	[redacted]	[redacted]	B		[redacted]	[redacted]	[redacted]	030
229-[redacted]	[redacted]	[redacted]	C		[redacted]	[redacted]	[redacted]	030
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	080
229-[redacted]	[redacted]	[redacted]	A		[redacted]	[redacted]	[redacted]	080
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	080
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]	A		[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]	Y		[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]	N		[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]	L		[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	100
229-[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	[redacted]	100

TOTAL RECORDS PRINTED : 81 (10)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Social Security Number	Eligibility Fraud Social Security Number (SSN)	DE3200	
2	Name-Last	Eligibility Fraud Last Name	DE3202	
3	Name - First	Eligibility Fraud First Name	DE3203	
4	Name - MI	Eligibility Fraud Middle Initial	DE3204	
5	Name - Suf	Eligibility Fraud Suffix	DE3205	
6	Date of Birth	Eligibility Fraud Birth Date	DE3206	

7	Date of Conviction	Eligibility Fraud Conviction Date	DE3207	
8	End of Conviction	Eligibility Fraud End Date	DE3208	
9	City/County Conviction	Eligibility Fraud Locality Code	DE3201	
10	Total Fraud/Conviction Records Printed	Calculated	DE0002	

Output Reports RS-O-630 Fraud/Conviction Update - Update Errors

General Information

This report shows the errors encountered when trying to update the Fraud/Conviction table.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	Enrollee Fraud Unit
Program:	Fraud/Conviction Update (RSR025)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Fraud/Conviction Update - Update Errors (RS-O-630)

```
RSR025                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:    MM/DD/CCYY                                   FRAUD/CONVICTION UPDATE
RUN DATE: MM/DD/CCYY HH:MM                                   UPDATE ERRORS

          (1)                   (2)          (3)                  (4)
SOCIAL SECURITY NUMBER    TRANSACTION    ERROR FIELD VALUE       ERROR
      999-99-9999             CHG        999-99-999F             SSN NOT NUMERIC
                                         12/28/1999              DATE OF BIRTH CANNOT BE IN FUTURE
                                         02/13/1999              TRANSFER DATE CANNOT BE IN FUTURE
                                         100                      CITY/COUNTY CODE NOT ON FILE


 *** ALL TRANSACTIONS HAD ERRORS AND PRINT WAS NOT REQUESTED - RUN CANCELLED ***


TOTAL NUMBER OF TRANSACTIONS READ     :           1   (5)
TOTAL NUMBER OF TRANSACTION ERRORS    :           0   (6)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Social Security Number	Eligibility Fraud Social Security Number (SSN)	DE3200	
3	Error Field Value		DE0000	
4	Error		DE0000	
5	Total Number of Transactions Read		DE0000	
6	Total Number of Transaction Errors		DE0000	

Output Reports RS-O-632 Eligible VUSP Enrollees

General Information

This report shows enrollees who are on both the Phone Company File and the Enrollee Master File, and are active.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	Phone Company
Program:	VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Business Office

Eligible VUSP Enrollees (RS-O-632)

```
RSR035                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        ELIGIBLE VUSP ENROLLEES
RUN DATE:  MM/DD/CCYY HH:MM

                          BUSINESS OFFICE CODE -  01 (1)

                     (2)                              (3)
                CUSTOMERS                        CUSTOMERS
                LAST NAME                     TELEPHONE NUMBER
```

```
TOTAL ENROLLEES FOR BUSINESS CODE 01 IS  (4)  135

                TOTAL ELIGIBLE ENROLLEES IS  (5)  135

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BUSINESS OFFICE CODE		DE0000	
2	CUSTOMERS LAST NAME	Enrollee Last Name	DE3110	
3	CUSTOMERS TELEPHONE NUMBER	Enrollee Telephone Number	DE3095	
4	TOTAL ENROLLEES FOR BUSINESS CODE 01 IS	Calculated	DE0002	
5	TOTAL ELIGIBLE ENROLLEES IS	Calculated	DE0002	

Output Reports RS-O-633 VUSP Enrollees to be Recertified

General Information

This report shows enrollees who are either not on the Enrollee Master File, but on the Phone Company File; or are on the Enrollee Master File, but have been canceled.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	Phone Company
Program:	VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	Business Office

VUSP Enrollees to be Recertified (RS-O-633)

```
RSR035                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  VUSP ENROLLEES TO BE RECERTIFIED
RUN DATE:  MM/DD/CCYY HH:MM

                          BUSINESS OFFICE CODE -  01 (1)

        (2)                    (3)                (4)        (5)        (6)     (7)
     CUSTOMERS              CUSTOMERS              ACTION TAKEN / COMMENTS
     LAST NAME          TELEPHONE NUMBER     NO ACCT  SERVICE  MLD VUSP  RECER
[redacted]              [redacted]              (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___
                                                (   )   _______  _______  ___

      TOTAL ENROLLEES TO BE RECERTIFIED FOR BUSINESS CODE 01 IS (8)  36

                          TOTAL ENROLLEES TO BE RECERTIFIED IS (9)  36


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	BUSINESS OFFICE CODE		DE0000	
2	CUSTOMERS LAST NAME	Enrollee Last Name	DE3110	
3	CUSTOMERS TELEPHONE NUMBER	Enrollee Telephone Number	DE3095	
4	NO ACCT		DE0000	
5	SERVICE		DE0000	
6	MLD VUSP		DE0000	
7	RECER		DE0000	
8	TOTAL ENROLLEES TO BE RECERTIFIED FOR BUSINESS CODE NN IS	Calculated	DE0002	
9	TOTAL	Calculated	DE0002	

	ENROLLEES TO BE RECERTIFIED IS			

Output Reports RS-O-634 Reduced Phone Rate Eligibility Match Error List

General Information

This is a report of enrollees either not found, or inactive, on the Enrollee Master File.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	DMAS - Enrollee Services Unit-Supervisor
Program:	VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Reduced Phone Rate Eligibility Match Error List (RS-O-634)

RSR035
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
REDUCED PHONE RATE ELIGIBILITY MATCH ERROR LIST

(1) SSN	(2) CUSTOMER NAME
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]TON
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]
2[redacted]99	[redacted]

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	SSN	Enrollee Social Security Number (SSN)	DE3034	
2	CUSTOMER NAME	Enrollee Last Name	DE3110	

Output Reports RS-O-635 Control Totals for VUSP

General Information

This report reflects control totals of enrollees processed for reduced phone rate eligibility.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	90 Days
Distribution:	FA-Quality Control
Program:	VUSP Enrollee Match for Reduced Phone Rates (RSR035)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Control Totals for VUSP (RS-O-635)

```
RSR035                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                        CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM


                                         TOTAL PHONE COMPANY ENROLLEES  NOT ON ELIGIBILITY FILE  (1)      10
                                         TOTAL PHONE COMPANY ENROLLEES  NOT ELIGIBLE  (2)                 26
                                         TOTAL PHONE COMPANY ENROLLEES  ELIGIBLE  (3)                    135
                                         TOTAL PHONE COMPANY RECORDS READ  (4)                           171
                                         TOTAL PHONE COMPANY RECORDS WRITTEN TO TAPE  (5)                171


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TOTAL PHONE COMPANY ENROLLEES NOT ON ELIGIBILITY FILE	Calculated	DE0002	
2	TOTAL PHONE COMPANY ENROLLEES NOT ELIGIBLE	Calculated	DE0002	
3	TOTAL PHONE COMPANY ENROLLEES ELIGIBLE	Calculated	DE0002	
4	TOTAL PHONE COMPANY RECORDS READ	Calculated	DE0002	
5	TOTAL PHONE COMPANY RECORDS WRITTEN TO TAPE	Calculated	DE0002	

Output Reports RS-O-640 Certificate of Creditable Coverage

General Information

This letter will be generated and sent to an enrollee to provide physical evidence of prior health care coverage. It certifies that the enrollee has been enrolled in a group health plan. HIPAA requirements state that insurers issue a certificate of former coverage to be used to reduce or eliminate the pre-existing condition requirements of group or individual health insurance for former Medicaid/FAMIS enrollees. This letter is that certificate.

Subsystem:	Recipient
Frequency:	On Request
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	90 days
Distribution:	Enrollees
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Certificate of Creditable Coverage (RS-O-640)

(2) (3) (4) (5) (1)

XXXX X XXXX October 15, 2004
XXXXXXXXXXXXX (6)
CITY/COUNTY CODE: 999 (7)
XXXXXXXX, XX 99999-9999
(8) (9) (10)

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes overage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care or treatment was recommended or received for the condition within the 6-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself of your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

If you have questions regarding your prior Medicaid eligibility, please call your local Department of Social Services.

(2) (4)
XXXX XXXX
999-999999-999 (11)

PLAN ADMINISTRATOR

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219

COVERAGE PERIOD
12/12/1990 THROUGH 10/31/2004
(12) (13)
For further information about coverage listed on this certificate, call (804) 786-6145.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter Date	Enrollee Notice Date	DE3088	
2	Enrollee First Name	Enrollee First Name	DE3111	
3	Enrollee MI	Enrollee Middle Initial	DE3112	
4	Enrollee Last Name	Enrollee Last Name	DE3110	
5	Enrollee Suffix	Enrollee Name Suffix	DE3113	

6	Enrollee Address Line 1	Enrollee Street Address	DE3115	
7	Enrollee Address Line 2	Enrollee Additional Address Name	DE3114	
8	Enrollee City	Enrollee City Name	DE3116	
9	Enrollee State	Enrollee State Code	DE3117	
10	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	
11	Enrollee Permanent Identification Number	Enrollee Permanent Identification Number	DE3093	
12	COVERAGE PERIOD (Begin)	Enrollee Eligibility Begin Date	DE3010	
13	COVERAGE PERIOD (End)	Eligibility Cancel Date	DE3452	

Output Reports RS-O-640A Certificate of Creditable Coverage Listing

General Information

This report is produced by Program RSR040 when the Certificate of Creditable Coverage letters are produced.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	1
Output Form:	JHS/DARS
Retention:	90 days
Distribution:	DARS
Program:	Certificate of Former Coverage Report (RSR040)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Certificate of Creditable Coverage Listing (RS-O-640A)

RSR040 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES REPOR

AS OF: 12/15/2004 CERTIFICATE OF CREDITABLE COVERAGE LISTING PAGE

RUN DATE: 12/15/2004 14:22

(1) ENROLLEE-ID	(2) PERSON-ID	(3) BEGIN-DATE	(4) END-DATE	(5) FIRST-NAME	(6) LAST-NAME	(7) MI	(8) SUFF	(9) OPER-ID
[redacted]	[redacted]	06/01/2001	09/30/2004	[redacted]	[redacted]			[redacted]
[redacted]	[redacted]	06/01/2002	05/31/2004	[redacted]	[redacted]	S		[redacted]
[redacted]	[redacted]	12/01/1993	03/31/2003	[redacted]	[redacted]	S		[redacted]
[redacted]	[redacted]	06/21/2002	07/31/2003	[redacted]	[redacted]	L		[redacted]
[redacted]	[redacted]	12/20/1990	10/31/2004	[redacted]	[redacted]			[redacted]
[redacted]	[redacted]	04/01/2003	11/30/2004	[redacted]	[redacted]	N		[redacted]
[redacted]	[redacted]	04/16/2002	07/31/2003	[redacted]	[redacted]	N		[redacted]
[redacted]	[redacted]	10/29/2003	10/31/2004	[redacted]	[redacted]	M		[redacted]
[redacted]	[redacted]	01/26/1996	10/31/2004	[redacted]	[redacted]			[redacted]

*** END OF REPORT ***

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	PERSON-ID	Person ID	DE3901	
3	BEGIN DATE	Enrollee Eligibility Begin Date	DE3010	
4	END-DATE	Eligibility Cancel Date	DE3452	
5	FIRST-NAME	Enrollee First Name	DE3111	
6	LAST-NAME	Enrollee Last Name	DE3110	
7	MI	Enrollee Middle Initial	DE3112	
8	SUFF	Enrollee Name Suffix	DE3113	
9	OPER ID	User/Operator ID	DE0012	

Output Reports RS-O-646 State and Local Hospitals Monthly Eligibility Alphabetical List

General Information

This is a list of SLH enrollees in alphabetic sequence.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 days
Distribution:	DMAS
Program:	SLH Monthly Eligibility Alphabetical List (RSM085)
Confidential:	Yes
Sequence:	Alphabetical
Control Breaks:	N/A

State and Local Hospitals Monthly Eligibility Alphabetical List (RS-O-646)

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RSM085                                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                                 STATE AND LOCAL HOSPITALS
RUN DATE:  MM/DD/CCYY HH:MM                                       ELIGIBILITY ALPHABETICAL LIST

                                (4)          (5)          (6)  (7)   (13)          (14)          (15)          (16)
   (1)    (2)  NAME (3)         C/C       ID NUMBER        S    R    SSN        BIRTH DATE   CURRENT BEGIN DT   CURRENT END DT

[redacted]                      059   [redacted]          M    2   22[redacted]   08/01/1938     12/30/1997         06/27/1998
                                (8)          (9)          (10)      (11)  (12)
ADDRESS:  [redacted]-0000

[redacted]                      710   [redacted]          F    2   [redacted]     01/14/1949     01/29/1998         07/27/1998

ADDRESS:  [redacted]-0000

[redacted]                      119   [redacted]          F    2   [redacted]     06/04/1938     02/26/1998         08/24/1998

ADDRESS:  [redacted]-0000

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(ENROLLEE LAST) NAME	Enrollee Last Name	DE3110	
2	(ENROLLEE FIRST NAME)	Enrollee First Name	DE3111	
3	(ENROLLEE MI)	Enrollee Middle Initial	DE3112	
4	C/C	Case Administrative FIPS Code	DE3039	
5	ID NUMBER	Enrollee Permanent Identification Number	DE3093	
6	S	Enrollee Sex Code	DE3007	
7	R	Enrollee Race Code	DE3006	
8	ADDRESS LINE 1	Enrollee Street Address	DE3115	
9	ADDRESS LINE 2	Enrollee Additional Address Name	DE3114	
10	CITY	Enrollee City Name	DE3116	
11	STATE	Enrollee State Code	DE3117	
12	ZIP	Enrollee ZIP Code	DE3118	
13	SSN	Enrollee Social Secur-ity Number (SSN)	DE3034	
14	BIRTHDATE	Enrollee Birth Date	DE3005	
15	CURRENT BEGIN DATE	Enrollee Eligibility Begin Date	DE3010	

16	CURRENT END DATE	Enrollee Eligibility End Date	DE3011	

Output Reports RS-O-650 LTC Cancellation Notice due to Property Transfer

General Information

This is a notification letter to the individual recipient stating that their long-term care LOC segment has been closed due to uncompensated property transfers.

Subsystem:	Recipient
Frequency:	On request
Volume:	N/A
Number of Copies:	1
Output Form:	Letter
Retention:	180 days
Distribution:	Enrollee
Program:	LETTER PRINT PROGRAM (RFD900)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

LTC Cancellation Notice due to Property Transfer (RS-O-650)

(1)
MARCH 15, 2005

(2) (3) (4) (5)
[redacted] JR.
[redacted] (6)
APT 101 (7)
[redacted]5050
(8) (9) (10)
ENROLLEE ID: [redacted]
(11)

Dear Enrollee:

Medicaid payment of your long-term care services will end on (12) 3/25/2005. You are not eligible for Medicaid payment of your long-term care costs because it was determined that you made a gift or transferred assets (money or property) for less than fair market value.

If you disagree with the proposed action, you may write or call your worker and ask for a conference or you may request in writing a fair hearing to appeal the action. At the hearing, you will have a chance to explain why you think we made a mistake and a hearings officer or appropriate authority will decide if you are right.

If you appeal the proposed action on your Medicaid case before (12) 3/25/2005, your Medicaid long-term care coverage may continue. If the hearing decision supports the action being proposed by the Agency, you may have to repay the cost of the long-term care assistance you received during the appeal process. You may waive your right to continued assistance by submitting a written statement to your eligibility worker indicating your desire to refuse such assistance. An appeal can be filed for up to 30 days after receipt of this notice if the proposed action is effective within the next 30 days. If the proposed action is effective more than 30 days following receipt of this notice, an appeal may be filed until the effective date. Appeal requests should be sent to:

Client Appeal Division
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

It is your right to appeal decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Letter Date	Enrollee Notice Date	DE3088	
2	Enrollee First Name	Enrollee First Name	DE3111	

3	Enrollee MI	Enrollee Middle Initial	DE3112	
4	Enrollee Last Name	Enrollee Last Name	DE3110	
5	Enrollee Suffix	Enrollee Name Suffix	DE3113	
6	Enrollee Address Line 1	Enrollee Street Address	DE3115	
7	Enrollee Address Line 2	Enrollee Additional Address Name	DE3114	
8	Enrollee City Name	Enrollee City Name	DE3116	
9	Enrollee State Code	Enrollee State Code	DE3117	
10	Enrollee ZIP Code	Enrollee ZIP Code	DE3118	
11	Enrollee ID	Enrollee Permanent Identification Number	DE3093	
12	Long Term Care Services End Date	Trigger Thru Date	DE3652	

Output Reports RS-O-650A LTC Cancellation Notices Listing

General Information

This report is produced by RSD045 program daily, and reflects requested RS-O-650 letters variable information for Enrollees whom the long-term care LOC segment has been closed due to uncompensated property transfers.

Subsystem:	Recipient
Frequency:	Daily
Volume:	
Number of Copies:	1
Output Form:	On demand
Retention:	90 days
Distribution:	JHS/DARS
Program:	LTC Cancellation Notice (RSD045)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

LTC Cancellation Notices Listing (RS-O-650A)

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RSD045                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPOR

AS OF: MM/DD/CCYY                           LTC CANCELLATION NOTICES LISTING                               PAGE

RUN DATE: MM/DD/CCYY HH:MM
  (1)            (2)         (3)        (4)         (5)   (6)                  (7)   (8)
ENROLLEE-ID   PERSON-ID   END-DATE   FIRST-NAME   MI LAST-NAME             SUFF OPER-ID

000000000000 000007335 03/15/2005 [redacted]

000000000000 000001605 03/20/2005 [redacted]

000000000000 000005107 03/25/2005 [redacted]

                                        *** 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   *  *  *
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Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE-ID	Enrollee Permanent Identification Number	DE3093	
2	PERSON-ID	Person ID	DE3901	
3	END-DATE	Trigger Thru Date	DE3652	
4	FIRST-NAME	Enrollee First Name	DE3111	
5	MI	Enrollee Middle Initial	DE3112	
6	LAST-NAME	Enrollee Last Name	DE3110	
7	SUFF	Enrollee Name Suffix	DE3113	
8	OPER-ID	User/Operator ID	DE0012	

Output Reports RS-O-663 Medicaid Eligibility Age/Sex/Race Tabulations

General Information

This report displays Medicaid eligibility tabulations by race and sex for each City/County Code.

Subsystem:	Recipient
Frequency:	Semi-Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	DMAS - Statistician
Program:	Medicaid Eligibility Age/Sex/Race Tabulations Report (RSR050)
Confidential:	No
Sequence:	Program, City/County Code
Control Breaks:	Program, City/County Code

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

RSR050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS

ACCOMACK (1) 001 (2)

(3) (4)

	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
AGE GROUP UNDER 1	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0
AGE GROUP 1 TO 5	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	79	0	0	0
W.F.	0	0	0	0	2	0	9	102	0	2	0
O.M.	0	0	0	0	20	0	46	157	1	1	0
O.F.	0	0	0	0	5	0	49	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	0	0
A TOT.	0	0	0	0	35	0	115	613	4	3	0
AGE GROUP 6 TO 12	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	79	0	0	0
W.F.	0	0	0	0	2	0	9	102	0	2	0
O.M.	0	0	0	0	20	0	46	157	1	1	0
O.F.	0	0	0	0	5	0	49	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	0	0
A TOT.	0	0	0	0	35	0	115	613	4	3	0
AGE GROUP 13 TO 17	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	79	0	0	0
W.F.	0	0	0	0	2	0	9	102	0	2	0
O.M.	0	0	0	0	20	0	46	157	1	1	0
O.F.	0	0	0	0	5	0	49	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	0	0
A TOT.	0	0	0	0	35	0	115	613	4	3	0
AGE GROUP 18 TO 20	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	79	0	0	0
W.F.	0	0	0	0	2	0	9	102	0	2	0
O.M.	0	0	0	0	20	0	46	157	1	1	0
O.F.	0	0	0	0	5	0	49	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	0	0
A TOT.	0	0	0	0	35	0	115	613	4	3	0

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

RSR050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS

ACCOMACK 001

AGE GROUP 21 - 24

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 25 - 34

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 35 - 44

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 45 - 54

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 55 - 59

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

RSR050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS

ACCOMACK 001

AGE GROUP 60 - 64

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 65 & OVER

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

RSR050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS
STATE WIDE TOTALS

AGE GROUP UNDER 1 (3)

	(5) OAA-$	(6) OAA-MA	(7) AB-$	(8) AB-MA	(9) APTD-$	(10) APTD-MA	(11) TANF-$	(12) TANF-MA	(13) FCARE-$	(14) FCARE-MA	(15) REFUGEE
W.M.	0	0	0	0	0	0	0	61	0	0	0
W.F. (4)	0	0	0	0	0	0	12	27	0	0	0
O.M.	0	0	0	0	0	0	17	49	0	0	0
O.F.	0	0	0	0	0	0	4	84	0	0	0
UNK.	0	0	0	0	0	0	0	60	0	0	0
A TOT.	0	0	0	0	0	0	33	281	0	0	0

AGE GROUP 1 TO 5

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	5	15	79	0	0	0
W.F.	0	0	0	0	2	0	12	102	0	2	0
O.M.	0	0	0	0	20	0	46	177	1	1	0
O.F.	0	0	0	0	5	0	49	175	11	0	0
UNK.	0	0	0	0	1	0	1	107	0	0	0
A TOT.	0	0	0	0	35	5	123	640	12	3	0

AGE GROUP 6 TO 12

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	15	84	0	0	0
W.F.	0	0	0	0	2	0	9	109	0	2	0
O.M.	0	0	0	0	20	0	46	164	1	1	0
O.F.	0	0	0	0	5	0	53	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	5	0
A TOT.	0	0	0	0	35	0	124	632	4	8	0

AGE GROUP 13 TO 17

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	89	0	0	0
W.F.	0	0	0	0	2	0	9	108	0	2	0
O.M.	0	0	0	0	20	0	51	157	1	1	0
O.F.	0	0	0	0	5	0	51	175	3	0	0
UNK.	0	0	0	0	1	0	1	105	0	0	0
A TOT.	0	0	0	0	35	0	122	634	4	3	0

AGE GROUP 18 TO 20

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	0	0	0	0	7	0	10	87	0	0	0
W.F.	0	0	0	0	2	6	9	102	0	2	0
O.M.	0	0	0	0	20	0	46	157	1	1	0
O.F.	0	0	0	0	5	0	49	175	3	0	0
UNK.	0	0	0	0	1	0	1	100	0	0	0
A TOT.	0	0	0	0	35	6	115	621	4	3	0

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

RSR050
AS OF: MM/DD/CCYY
RUN DATE: MM/DD/CCYY HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS
STATE WIDE TOTALS

AGE GROUP 21 - 24

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGE
W.M.	0	10	0	0	0	0	1	31	1	8	0
W.F.	0	0	0	0	0	4	2	27	4	4	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	10	0	0	0	4	14	191	5	12	0

AGE GROUP 25 - 34

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	4	3	1
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	4	3	1

AGE GROUP 35 - 44

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGE
W.M.	0	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	0	0	0	0	13	191	0	0	0

AGE GROUP 45 - 54

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGE
W.M.	70	35	0	15	25	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	5	0	29	0	0	17	7	49	0	0	0
O.F.	0	10	7	5	15	5	4	44	0	0	0
UNK.	0	9	7	230	4	41	9	40	0	0	0
A TOT.	75	54	43	250	44	63	22	191	0	0	0

AGE GROUP 55 - 59

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGE
W.M.	0	0	230	10	90	70	0	31	0	0	0
W.F.	0	0	0	1	1	1	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	0	0	0	0	0	0	4	44	16	7	9
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	0	0	230	11	91	71	13	191	16	7	9

Medicaid Eligibility Age/Sex/Race Tabulations (RS-O-663)

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RSR050                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                       MEDICAID ELIGIBILITY AGE/SEX/RACE TABULATIONS
RUN DATE:  MM/DD/CCYY HH:MM                              STATE WIDE TOTALS
```

AGE GROUP 60 - 64

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	340	0	60	0	10	0	90	31	0	0	0
W.F.	0	0	70	40	80	0	2	27	110	0	0
O.M.	0	0	0	9	11	0	7	49	0	0	0
O.F.	0	0	9	10	19	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	340	0	139	59	120	0	103	191	110	0	0

AGE GROUP 65 & OVER

	OAA-$	OAA-MA	AB-$	AB-MA	APTD-$	APTD-MA	TANF-$	TANF-MA	FCARE-$	FCARE-MA	REFUGEE
W.M.	11	0	0	0	0	0	0	31	0	0	0
W.F.	0	0	0	0	0	0	2	27	0	0	0
O.M.	0	0	0	0	0	0	7	49	0	0	0
O.F.	7	0	0	0	0	0	4	44	0	0	0
UNK.	0	0	0	0	0	0	0	40	0	0	0
A TOT.	18	0	0	0	0	0	13	191	0	0	0

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	(CITY/COUNTY NAME)	Locality Region Type Address Name	DE5264	
2	(CITY/COUNTY CODE)	MMIS Locality Code based on Postal Code	DE5254	
3	AGE GROUP		DE0000	
4	(RACE/SEX)		DE0000	
5	OAA-$	Calculated	DE0002	
6	OAA-MA	Calculated	DE0002	
7	AB-$	Calculated	DE0002	
8	AB-MA	Calculated	DE0002	
9	APTD-$	Calculated	DE0002	
10	APTD-MA	Calculated	DE0002	
11	TANF-$	Calculated	DE0002	

12	TANF-MA	Calculated	DE0002	
13	FCARE-$	Calculated	DE0002	
14	FCARE-MA	Calculated	DE0002	
15	REFUGEE	Calculated	DE0002	
16	TOTAL	Calculated	DE0002	

Output Reports RS-O-665 Age/Sex/Race Report Extract Control Report

General Information

This is a control report for the enrollee extract used for the Medicaid Eligibility Age/Sex/Race Tabulations report (RS-O-663).

Subsystem:	Recipient
Frequency:	Semi-Annual
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	1 Year
Distribution:	DMAS - Statistician
Program:	Medicaid Eligibility Age/Sex/Race Tabulations Report (RSR050)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Age/Sex/Race Report Extract Control Report (RS-O-665)

```
RSR050                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  AGE/SEX/RACE REPORT EXTRACT
RUN DATE:  MM/DD/CCYY HH:MM                                  CONTROL REPORT

                                                          (1)
                                              TOTAL RECORDS EXTRACTED -     507,829

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

Field Definitions

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

Output Reports RS-O-670 Summary of Uncompensated Transfer Table Updates

General Information

This report lists the total number of updates made to Uncompensated Property Transfer Table by RSR030 program.

Subsystem:	Recipient
Frequency:	On-Demand
Volume:	N/A
Number of Copies:	1
Output Form:	OnDemand
Retention:	180 Days
Distribution:	Eligibility and Enrollment Unit
Program:	Uncompensated Transfer of Property Maintenance (RSR030)
Confidential:	Yes
Sequence:	N/A
Control Breaks:	N/A

Summary of Uncompensated Transfer Table Updates (RS-O-670)

```
RSR030                                    VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                  UNCOMPENSATED TRANSFER UPDATE
RUN DATE:  MM/DD/CCYY HH:MM


        (1)  TOTAL RECORDS SELECTED:    2
        (2)  TOTAL RECORDS UPDATED :    2


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations

1	TOTAL RECORDS SELECTED	Calculated	DE0002	
2	TOTAL RECORDS UPDATED	Calculated	DE0002	

Output Reports RS-O-700 Automated Eligibility and Provider Payment Verification Audit Trail

General Information

This report details data entered by a provider into the system, and the response generated by the system or Helpline operator.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control DMAS - Client Services
Program:	Produce Eligibility Verification System Audit Trail Reports (RSD400)
Confidential:	Yes
Sequence:	Provider Number Date Time
Control Breaks:	Provider Number

Automated Eligibility and Provider Payment Verification Audit Trail (RS-O-700)

```
RSD400                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:01/01/2007                    AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION                 PA
RUN DATE: 01/01/2007 02:03                          AUDIT TRAIL DETAIL LISTING

    (1)            (3)                        (5)                (6)
PROV: 9999999999  ENR:                    DATE: MM/DD/CCYY    TIME: HH:MM     TRANS STATUS: 00 = COMPLETE TRANSAC
 REQ TYPE: 5       QUERY METHOD: "                                            PROVIDER TYPE:           999
    (2)              (4)                                                     REQ DISPOSITION:         N
                                                                             ASSISTANCE IND:          N
                                                                             LICENSE NUMBER:          999999
                                                                                   (7)
 PROV: 9999999999  ENR: 999-999999-999     DATE: MM/DD/CCYY    TIME: HH:MM     TRANS STATUS: 00 = COMPLETE TRANSAC
 REQ TYPE: 1       QUERY METHOD: I                                       (8)  PROVIDER TYPE:           999
                                                                        (15)  ENROLLEE STATUS:         Z
                                                                        (10)  ASSISTANCE IND:          Z
                                                                        (16)  VERIFICATION NUMBER:     0999999999
                                                                        (17)  LAST NAME:               XXXXXXXX
                                                                        (18)  SOCIAL SECURITY NO:      999-99-999
                                                                        (19)  DATE OF BIRTH:           MM/DD/CCYY
                                                                        (20)  BEGIN DATE OF SERVICE:   MM/DD/CCYY
                                                                        (21)  END DATE OF SERVICE:     MM/DD/CCYY
                                                                        (22)  COPAY INDICATOR:         N
                                                 *************** ELIGIBILITY ****************************
                                                                        (23)  AID CATEGORY:            999
                                                                      (23.1)  BEGIN DATE:              MM/DD/CCYY
                                                                      (23.2)  END DATE:                MM/DD/CCYY
                                                *************** BENEFITS ******************************
                                                                        (24)  BENEFIT PLAN:            MEDICAID I
                                                                        (25)  EXCEPTION INDICATOR:
                                                                        (26)  PLAN FROM DATE:          MM/DD/CCYY
                                                                        (27)  PLAN THRU DATE:          MM/DD/CCYY
                                                                        (28)  PLAN PROVIDER:           0000000000
                                                                        (29)  PLAN PROVIDER PHONE:     000-000-00
              *  *  *  *  *   C  O  N  F  I  D  E  N  T  I  A  L    I  N  F  O  R  M  A  T  I  O  N   *  *
```

Automated Eligibility and Provider Payment Verification Audit Trail (RS-O-700)

```
RSD400                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    RE
AS OF:MM/DD/CCYY                   AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION                  PA
RUN DATE: MM/DD/CCYY HH:MM                          AUDIT TRAIL DETAIL LISTING

                                                                          PLAN PATIENT PAY:              0.00
                                                                          *************** TPL ***************
                                                              (31)        POLICY TYPE:              3
                                                              (32)        POLICY NUMBER:            999999999
                                                              (33)        POLICY BEGIN DATE:        MM/DD/CCYY
                                                              (34)        POLICY END DATE:          MM/DD/CCYY
                                                              (34.1)      CARRIER NAME:  XXXXXXXXXXX
                                                              (35)        CO-PAYMENT:                    0.00
                                                              (36)        DEDUCTIBLE:                    0.00

PROV: 9999999999  ENR: 999-999999-999     DATE: MM/DD/CCYY    TIME: HH:MM   TRANS STATUS: 00 = COMPLETE TRANSAC
REQ TYPE: E       QUERY METHOD: I                                   (8)   PROVIDER TYPE:            999
                                                                    (15)   ENROLLEE STATUS:          A
                                                                  (36.1)   ID TYPE:                  E

PROV: 9999999999  ENR:                    DATE: MM/DD/CCYY    TIME: HH:MM   TRANS STATUS: 00 = COMPLETE TRANSAC
REQ TYPE: P       QUERY METHOD: I                                           PROVIDER TYPE:            999
                                                                            PROVIDER STATUS:          A
                                                                            PROVIDER ENTITY TYPE:     2

PROV: 9999999999  ENR:                    DATE: MM/DD/CCYY    TIME: HH:MM   TRANS STATUS: 00 = COMPLETE TRANSAC
REQ TYPE: 4       QUERY METHOD: V                                           PROVIDER TYPE:            999
                                                                            REQ DISPOSITION:          Y
                                                                            ASSISTANCE IND:           N
                                                                            *************** CHECKS        ******
                                                                            CHECK TYPE:               E
                                                                            CHECK NUMBER:             999999999
                                                                            REMITTANCE DATE:          MM/DD/CCYY
                                                                            REMITTANCE AMT:               99.999
                                                                            *************** CHECKS        ******
                                                                            CHECK TYPE:               E
                                                                            CHECK NUMBER:             999999999
                                                                            REMITTANCE DATE:          MM/DD/CCYY
                                                                            REMITTANCE AMT:             99.999.9
                                                                            *************** CHECKS        ******
                                                                            CHECK TYPE:               E
                                                                            CHECK NUMBER:             999999999
                                                                            REMITTANCE DATE:          MM/DD/CCYY
                                                                            REMITTANCE AMT:             99.999.9
                                                                            *************** CHECKS        ******
                                                                            CHECK TYPE:               E
                                                                            CHECK NUMBER:             999999999
                                                                            REMITTANCE DATE:          MM/DD/CCYY
                                                                            REMITTANCE AMT:               99.999
                                                                            *************** CHECKS        ******
                                                                            CHECK TYPE:               E
                                                                            CHECK NUMBER:             0999999999
                                                                            REMITTANCE DATE:          MM/DD/CCYY
                                                                            REMITTANCE AMT:              99.999.
                                                                            *************** CHECKS        ******
```

Automated Eligibility and Provider Payment Verification Audit Trail (RS-O-700)

```
RSD400                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
 AS OF:MM/DD/CCYY                   AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION                  PAG
 RUN DATE: MM/DD/CCYY HH:MM                          AUDIT TRAIL DETAIL LISTING

                                                                  (11)        CHECK TYPE:                E
                                                                  (12)        CHECK NUMBER:              00099999999
                                                                  (13)        REMITTANCE DATE:           MM/DD/CCYY
                                                                  (14)        REMITTANCE AMT:              999,999.9
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:              999,999.9
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:               999,999.
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:                999,999
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:              999,999.9
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:                999,999
                                                                              *************** CHECKS        *******
                                                                              CHECK TYPE:                E
                                                                              CHECK NUMBER:              00099999999
                                                                              REMITTANCE DATE:           MM/DD/CCYY
                                                                              REMITTANCE AMT:              999,999.9
 PROV: 9999999999  ENR: 999-999999-999     DATE: MM/DD/CCYY     TIME: HH:MM   TRANS STATUS: 00 = COMPLETE TRANSACT
 REQ TYPE: 3       QUERY METHOD: I                                            PROVIDER TYPE:             999
                                                                              REQ DISPOSITION:           Y
                                                                              ASSISTANCE IND:            N
                                                                  (81)        BEGIN DATE OF SERVICE:     MM/DD/CCYY
                                                                  (82)        END DATE OF SERVICE:       MM/DD/CCYY
                                                                              LAST NAME:                 XXXXXXXX
                                                                              FIRST NAME:                XXXXXXXX
                                                                              MIDDLE INIT:               X
                                                                              SUFFIX:
                                                                              DATE OF BIRTH:             MM/DD/CCYY
                                                                              GENDER:                    M
                                                  (73)  (74)  (75)  (76)      BILL PROV NAME:XXXXXXXX XXXXXXXX XXX
                                                                              BILL PROV ENTITY TYPE:     2
                                                                              *************** CLAIM STATUS *******
```

Automated Eligibility and Provider Payment Verification Audit Trail (RS-O-700)

```
RSD400                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                    REPO
AS OF:MM/DD/CCYY                   AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION                  PAGE
RUN DATE: MM/DD/CCYY HH:MM                          AUDIT TRAIL DETAIL LISTING
                                                                                                   (84) (85) (
                                                 (54)          CLAIM ICN:                 99999999999
                                                 (72)          SERVICE PROV:              9999999999
                                                               SERV PROV NAME:XXXXXXXX XXXXXX     XX
                                                 (67)          SERVICE PROV ENTITY TYPE:2
                                                 (88)          MEDICAL RECORD ID:         999999
                                                 (89)          BILL TYPE:                 999
                                                 (90)          PAYMENT METHOD:
                                                 (91)          CHECK NUMBER:
                                                 (92)          TOTAL CLAIM CHARGE AMT:          999
                                                 (93)          ADJ/PAYMENT DATE:
                                                 (94)          CLAIM PAYMENT AMT:                 0
                                                 (95)          STATUS INFO EFF DATE:      MM/DD/CCYY
                                                 (96)          HLTH CARE CLM STATUS (CAT CODE 1 2 3
                                                 (97)          HLTH CARE CLM STATUS (CODE 1 2 3):

 PROV: 9999999999  ENR: 999-999999-999     DATE: MM/DD/CCYY    TIME: HH:MM   TRANS STATUS: 00 = COMPLETE TRANSACT
 REQ TYPE: 2       QUERY METHOD: I                                          PROVIDER TYPE:             077
                                                                            REQ DISPOSITION:           Y
                                                                            ASSISTANCE IND:            N
                                                                            BEGIN DATE OF SERVICE:     MM/DD/CCYY
                                                                            END DATE OF SERVICE:       MM/DD/CCYY
                                                 (42)                       REQUESTED PA NUM/PROC:     99999999999
                                                                            *************** PRIOR AUTHORIZATION
                                                 (43)                       PA NUM/PROCEDURE CODE:     09036000195
                                                 (43.1)                     PROCEDURE MODIFIER:        99 99 99 99
                                                 (44)                       ACTION STATUS:             J
                                                 (45)                       ACTION DATE:               MM/DD/CCYY
                                                 (46)                       PA FROM DATE:              MM/DD/CCYY
                                                 (47)                       PA THRU DATE:              MM/DD/CCYY
                                                 (48)                       UNITS AUTHORIZED:            7
                                                 (49)                       UNITS REMAINING:             7
                                                 (50)                       PA FREQUENCY:              01
                                                 (51)                       AUTHORIZED AMOUNT:               0.00
                                                 (52)                       REMAINING AMOUNT:                0.00

REQ TYPE: 6        QUERY METHOD: S                     (68) or (69)         PROVIDER TYPE:             999
                                                                            REQ DISPOSITION:           Y
                                                                            ASSISTANCE IND:            N
                                                                            BEGIN DATE OF SERVICE:     MM/DD/CCYY
                                                                            END DATE OF SERVICE:       MM/DD/CCYY
                                                 (37)                       SERVICE LIMIT CATEGORY:    AE
                                                 (39)                       *************** SERVICE LIMITS *****
                                                 (40)                       SERVICE LIMIT CATEGORY:    XXXXX XXXXX
                                                 (41)                       UNITS REMAINING:             3.00
                                                                            LIMITATION BEGIN DATE:         MM/DD/
                                                                            LIMITATION END DATE:           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   * * *
```

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER NUMBER	National Provider Identifier	DE4700	
2	REQUEST TYPE	Eligibility Verification Request Type	DE3271	
3	ENROLLEE ID NO	Eligibility Verification Enrollee ID Queried	DE3264	
4	QUERY METHOD	Eligibility Verification Query Method	DE3262	
5	CURRENT DATE	Eligibility Verification	DE3260	

		Query Date		
6	CURRENT TIME	Eligibility Verification Query Time	DE3261	
7	TRANS STATUS		DE0000	TRANS STATUS
8	PROVIDER TYPE	Provider Type	DE4006	
10	ASSISTANCE INDICATOR	Eligibility Verification Assistance Required Flag	DE3268	
11	CHECK TYPE	Remittance Type Code	DE9595	
12	CHECK NUMBER	Remittance Check Number	DE9576	
13	REMITTANCE DATE	HIPP Payment Type	DE9582	
14	REMITTANCE AMOUNT	Remittance Check Amount	DE9577	
15	ENROLLEE STATUS INDICATOR	Eligibility Verification Request Disposition	DE3265	
16	ELIGIBILITY VERIFICATION NUMBER	Eligibility Verification Number	DE3098	
17	ENROLLEE LAST NAME	Enrollee Last Name	DE3110	
18	ENROLLEE SSN	Enrollee Social Security Number (SSN)	DE3034	
19	ENROLLEE BIRTH DATE	Enrollee Birth Date	DE3005	
20	ENROLLEE BEGIN DATE OF SERVICE	Eligibility Verification From Date	DE3266	
21	ENROLLEE END DATE OF SERVICE	Eligibility Verification To Date	DE3267	
22	COPAY INDICATOR	Calculated	DEDE0002	
23	AID CATEGORY	Enrollee Eligibility Aid Category	DE3009	
23.1	ELIGIBILITY BEGIN DATE	Enrollee Eligibility Begin Date	DE3010	
23.2	ELIGIBILITY END DATE	Enrollee Eligibility End Date	DE3011	
24	BENEFIT PLAN DESCRIPTION	Benefit Definition Plan Short Name	DE3555	
25	BENEFIT PLAN EXCEPTION INDICATOR	Enrollee Benefit Plan Exception Code Description	DE3076	

26	BENEFIT PLAN FROM DATE	Enrollee Benefit Enrollment Begin Date	DE3064	
27	BENEFIT PLAN THRU DATE	Enrollee Benefit Enrollment End Date	DE3065	
28	BENEFIT PLAN PROVIDER	National Provider Identifier	DE4700	
29	BENEFIT PLAN PROVIDER PHONE	Provider Phone Number	DE4090	
30	BENEFIT PLAN PATIENT PAY	Enrollee Patient Pay Liability	DE3461	
31	TPL POLICY TYPE	TPL Policy Type	DE3703	
32	TPL POLICY NUMBER	TPL Policy Number	DE3658	
33	TPL POLICY BEGIN DATE	TPL Policy Effective Date	DE3659	
34	TPL POLICY END DATE	TPL Policy End Date	DE3660	
34.1	Carrier Name	Insurance Carrier Name	DE2535	
35	TPL CO-PAYMENT	TPL Policy Coin-surance Amount	DE3671	
36	TPL DEDUCTIBLE	TPL Policy Deduct-ible Amount	DE3695	
36.1	ID Type	Person Enrollee ID	DE1004	
37	SERVICE LIMITS CATEGORY	Enrollee Service Lim-its Category Code	DE3950	
39	UNITS REMAINING	Enrollee Service Lim-its Units Remaining	DE3952	
40	LIMITATION BEGIN DATE	Enrollee Service Lim-its Period Begin Date	DE3953	
41	LIMITATION END DATE	Enrollee Service Lim-its Period End Date	DE3954	
42	PRIOR AUTHORIZATION NUMBER	PA Reference Num-ber (Mailroom Con-trol Number)	DE2605	
43	PRIOR AUTHORIZATION PROCEDURE CODE	PA Service Trace Number - Clearing House	DE2649	
43.1	PROCEDURE MODIFIER	Claims Procedure Code Modifier	DE2171	

44	PRIOR AUTHORIZATION ACTION STATUS	PA Detail Action Status Code	DE2641	
45	PRIOR AUTHORIZATION ACTION DATE	PA Detail Action Status Date	DE2624	
46	PRIOR AUTHORIZATION FROM DATE	PA Authorized From Date	DE2610	
47	PRIOR AUTHORIZATION THRU DATE	PA Authorized Through Date	DE2611	
48	PRIOR AUTHORIZATION UNITS	PA Authorized Units	DE2613	
49	PRIOR AUTHORIZATION UNITS REMAINING	Calculated	DE0002	
50	PRIOR AUTHORIZATION FREQUENCY	PA Per Frequency Code	DE2634	
51	PRIOR AUTHORIZATION AMOUNT	PA Authorized Amount	DE2616	
52	PRIOR AUTHORIZATION AMOUNT REMAINING	Calculated	DE0002	
53	CLAIM TYPE	Claim Type	DE2002	
54	CLAIM ICN	Claim Request ICN	DE2001	
55	CLAIM STATUS	Claim Status	DE2039	
56	PAYMENT AMOUNT	Claim Payment Amount	DE2023	
57	REMIT/ACTIVITY DATE	Claim Status Begin Date	DE2383	
58	PROCEDURE/RX/ADA CODE	Procedure Code	DE5002	
59	CLAIM ERROR CODE	Error Text Error Code	DE5501	
60	ERROR DESCRIPTION	Error Text Short Description	DE5513	
61	LICENSE NUMBER	Provider License Number	DE4064	
62	PRESCRIBING PROV	National Provider	DE4700	

	ID	Identifier		
63	PRESCRIBING PROV TYPE	Provider Type	DE4006	
64	PRESCRIBING PROV STAT	Eligibility Verification Provider Status	DE3270	
65	PRESCRIBING PROV NAME	Provider Name	DE4085	
67	PROV-ENTITY-TYPE	Provider Name Type	DE4249	
68	MCPCP-ENTITY-TYPE-1	Provider Name Type	DE4249	
69	MCPCP-ENTITY-TYPE-2	Provider Name Type	DE4249	
70	TPL-CARRIER-NAME	TPL Carrier Name	DE3673	
72	CLM-SERVICING-PROV	National Provider Identifier	DE4700	
73	BILL-LAST-NAME	Provider Name	DE4085	
74	BILL-FIRST-NAME	Provider Name	DE4085	
75	BILL-MI	Provider Name	DE4085	
76	BILL-SUFFIX	Provider Name	DE4085	
77	SERV-LAST-NAME	Provider Name	DE4085	
78	SERV-FIRST-NAME	Provider Name	DE4085	
79	SERV-MI	Provider Name	DE4085	
80	SERV-SUFFIX	Provider Name	DE4085	
81	CLM-DOS-FROM-DT	Claim Service From Date	DE2010	
82	CLM-DOS-THRU-DT	Claim Service Thru Date	DE2011	
83	ENRL-GENDER	Enrollee Sex Code	DE3007	
84	CLM-ICN-DATE	Claims Payment Request Date Identifier	DE2477	
85	CLM-ICN-MEDIA-CODE	Claims Payment Request Media Code	DE2478	
86	CLM-ICN-BATCH-SEQ	Claims Payment Request Sequence	DE2480	
87	CLM-ICN-LINE-NO	Claim Payment Request Line Number	DE2343	
88	MED-REC-ID	Claim Medical Record Number	DE2845	
89	BILL-TYPE	Claim Facility Bill	DE2102	

		Type		
90	PAY-METHOD	Disbursement Type Code	DE9663	
91	CHECK-NUM	Remittance Check Number	DE9576	
92	CLM-CHRG-AMT	Claim Billed Charge	DE2016	
93	ADJ-PAY-DATE	Remittance Payment Date	DE9578	
94	CLM-PYMT-AMT	Claim Payment Amount	DE2023	
95	STAT-INFO-EFF-DT	Claim Status Begin Date	DE2383	
96	CLM-TYP-MODIFIER	Claim Type Modifier	DE2003	
97	CLM-STATUS	Claim Status	DE2039	

Output Reports RS-O-701 Automated Eligibility and Provider Payment Verification Transaction Total

General Information

This is a listing of counts by Transaction ID invoked for data verification.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control DMAS - Client Services
Program:	Produce Eligibility Verification System Audit Trail Reports (RSD400)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Automated Eligibility and Provider Payment Verification Transaction Total (RS-O-701)

```
RSD400                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY               AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERFICATION SYSTEM
RUN DATE:  MM/DD/CCYY HH:MM                            TRANSACTION TOTALS

 TOTALS:
NUMBER OF CICS READS                    =     20,989 (1)
PROVIDER FILE SEARCH                    =      5,366 (2)
   NOT FOUND PROVIDERS                  =         92 (3)
   INACTIVE PROVIDERS                   =          5 (4)
   ACTIVE PROVIDERS                     =      5,269 (5)
CHECK INQUIRIES                         =        198 (6)
ENROLLEE FILE SEARCH                    =      7,292 (7)
   ENROLLEES NOT FOUND                  =      1,610 (8)
   SSN/DOB ERRORS                       =        245 (9)
   ENROLLEES FOUND                      =      5,437 (10)
      ENROLLEE KEY                      =      4,251 (11)
      SSN/DOB KEY                       =      3,041 (12)
ELIGIBILITY INQUIRIES                   =      6,644 (13)
   MULTIPLE RECORDS                     =         12 (14)
   INELIGIBLE ENROLLEES                 =      1,615 (15)
   ELIGIBLE ENROLLEES                   =      5,017 (16)
CLAIM STATUS INQUIRIES                  =        973 (17)
SERVICE LIMITS INQUIRIES                =        305 (18)
PRIOR AUTH STATUS INQUIRIES             =        181 (19)
PRESCRIBING PROVIDER ID INQUIRIES       =         30 (20)
VERIFICATION NUMBERS ISSUED             =      5,017 (21)
CONTINUATION RECORDS (ALL INQUIRIES)    =        321 (22)

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	NUMBER OF CICS READS	Calculated	DE0002	Total number of log records
2	PROVIDER FILE SEARCH	Calculated	DE0002	Total count of request type 'P' log records.
3	NOT FOUND PROVIDERS	Calculated	DE0002	Count of request type 'P' log records with a provider status of 'N'.
4	INACTIVE PROVIDERS	Calculated	DE0002	Count of request type 'P' log records with a provider status of 'I'.
5	ACTIVE PROVIDERS	Calculated	DE0002	Count of request type 'P' log records with a provider status of 'A'.
6	CHECK INQUIRIES	Calculated	DE0002	Total count of request type '4' log records.
7	ENROLLEE FILE SEARCH	Calculated	DE0002	Total count of request type 'E' log records.
8	ENROLLEES	Calculated	DE0002	Count of request type 'E' log records

	NOT FOUND			with an enrollee status of 'N'.
9	SSN/DOB ERRORS	Calculated	DE0002	Count of request type 'E' log records with an enrollee status of 'D'.
10	ENROLLEES FOUND	Calculated	DE0002	Count of request type 'E' log records with an enrollee status of 'A'.
11	ENROLLEE KEY	Calculated	DE0002	Count of request type 'E' log records with a key ID type of 'E'.
12	SSN/DOB KEY	Calculated	DE0002	Count of request type 'E' log records with a key ID type of 'O'.
13	ELIGIBILITY INQUIRIES	Calculated	DE0002	Total count of request type '1' log records.
14	MULTIPLE RECORDS	Calculated	DE0002	Count of request type '1' log records with an enrollee status of 'M'.
15	INELIGIBLE ENROLLEES	Calculated	DE0002	Count of request type '1' log records with an enrollee status of 'I'.
16	ELIGIBLE ENROLLEES	Calculated	DE0002	Count of request type '1' log records with an enrollee status of 'A'.
17	CLAIM STATUS INQUIRIES	Calculated	DE0002	Total count of request type '3' log records.
18	SERVICE LIMITS INQUIRIES	Calculated	DE0002	Total count of request type '6' log records.
19	PRIOR AUTH STATUS INQUIRIES	Calculated	DE0002	Total count of request type '2' log records.
20	PRESCRIBING PROVIDER ID INQUIRIES	Calculated	DE0002	Total count of request type '5' log records.
21	VERIFICATION NUMBERS ISSUED	Calculated	DE0002	Count of request type '1' log records with an enrollee status of 'A'.
22	CONTINUATION RECORDS (ALL INQUIRIES)	Calculated	DE0002	Count of records with a continuation-ind 'C'.

Output Reports RS-O-702 Automated Eligibility and Provider Payment Verification Telephone Summary

General Information

This report reflects the number of inquiries handled by each of the telephone lines dedicated to AEVS.

Subsystem:	Recipient
Frequency:	Daily
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA - Quality Control DMAS - Client Services
Program:	Produce Eligibility Verification System Audit Trail Reports (RSD400)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Automated Eligibility and Provider Payment Verification Telephone Summary (RS-O-702)

RSD400 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF 06/05/2000 AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION
RUN DATE: 06/05/2000 11:15 TELEPHONE SUMMARY

DAILY STATISTICS (BY LINE) (19)	PERCENT UTILIZATION (ON HOOK) (WITH LINE ON) (1)	MINUTES IN SERVICE (LINE) (2)	NUMBER OF CALLS (3)	AVERAGE CALL TIME (SECONDS ON LINE) (4)	USER CALLS ABANDONED (CALLER HUNG UP) (5)	SYSTEM ABANDONED CALLS (ISSUE ABANDON) (6)	NUMBER OF CALLS REFERRED (7)	AB RE
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
LINE ZZ9	ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	ZZZ,ZZ9	Z
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	
TOTALS	ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,ZZZ,ZZ9	Z,Z

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PERCENT UTILIZATION (ON HOOK WITH LINE ON)	Calculated	DE0002	PERCENT UTILIZATION (ON HOOK WITH LINE ON)
2	MINUTES IN SERVICE (LINE)	Calculated	DE0002	MINUTES IN SERVICE (LINE)
3	NUMBER OF CALLS	Calculated	DE0002	NUMBER OF CALLS
4	AVERAGE CALL TIME (SECONDS ON LINE)	Calculated	DE0002	AVERAGE CALL TIME (SECONDS ON LINE)
5	USER ABANDONED CALLS (CALLER HUNG UP)	Calculated	DE0002	USER ABANDONED CALLS (CALLER HUNG UP)
6	SYSTEM ABANDONED CALLS (ISSUE ABANDON)	Calculated	DE0002	SYSTEM ABANDONED CALLS (ISSUE ABANDON)
7	NUMBER OF CALLS REFERRED	Calculated	DE0002	NUMBER OF CALLS REFERRED
8	USER ABANDONED	Calculated	DE0002	USER ABANDONED REFERRALS

	REFERRALS			
9	AVERAGE LENGTH OF HELP CALL	Calculated	DE0002	AVERAGE LENGTH OF HELP CALL
10	TOTAL: PERCENT UTILIZATION (ON HOOK WITH LINE ON)	Calculated	DE0002	TOTAL: PERCENT UTILIZATION (ON HOOK WITH LINE ON)
11	TOTAL: MINUTES IN SERVICE (LINE)	Calculated	DE0002	TOTAL: MINUTES IN SERVICE (LINE)
12	TOTAL: NUMBER OF CALLS	Calculated	DE0002	TOTAL: NUMBER OF CALLS
13	TOTAL: AVERAGE CALL TIME (SECONDS ON LINE)	Calculated	DE0002	TOTAL: AVERAGE CALL TIME (SECONDS ON LINE)
14	TOTAL: USER ABANDONED CALLS (CALLER HUNG UP)	Calculated	DE0002	TOTAL: USER ABANDONED CALLS (CALLER HUNG UP)
15	TOTAL: SYSTEM ABANDONED CALLS (ISSUE ABANDON)	Calculated	DE0002	TOTAL: SYSTEM ABANDONED CALLS (ISSUE ABANDON)
16	TOTAL: NUMBER OF CALLS REFERRED	Calculated	DE0002	TOTAL: NUMBER OF CALLS REFERRED
17	TOTAL: USER ABANDONED REFERRALS	Calculated	DE0002	TOTAL: USER ABANDONED REFERRALS
18	TOTAL: AVERAGE LENGTH OF HELP CALL	Calculated	DE0002	TOTAL: AVERAGE LENGTH OF HELP CALL
19	TELEPHONE LINE NUMBER	Calculated	DE0002	

Output Reports RS-O-707 Automated Eligibility & Provider Payment Verification Statistics by Transaction Time

General Information

This report reflects calls to the system for each hour of the 24-hour day.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control DMAS - Client Services
Program:	Produce Eligibility and Provider Payment Verification Stats by Transaction Time (RSM405)
Confidential:	No
Sequence:	Date
Control Breaks:	N/A

Automated Eligibility & Provider Payment Verification Statistics by Transaction Time (RS-O-707)

```
RSM405                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                  AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION
RUN DATE:  MM/DD/CCYY HH:MM                         STATISTICS BY TRANSACTION TIME
                                                        DMAS CLIENT SERVICES

                (1)       (2)     (3)       (4)       (5)       (6)       (7)       (8)       (9)      (10)      (11)      (12)

DATE           1:00      2:00    3:00      4:00      5:00      6:00      7:00      8:00      9:00     10:00     11:00     12:00

                 (13)      (14)      (15)      (16)      (17)      (18)      (19)      (20)      (21)      (22)      (23)
                13:00     14:00     15:00     16:00     17:00     18:00     19:00     20:00     21:00     22:00     23:00

1998/04/01      0         0       0         0         45        6         31        240       1,065     1,744     1,812     1,619
                 1,160     1,545     1,644     1,822     1,156     353       103       114       29        13        18

1998/04/02      0       31        2         0         31        13        18        241       856       1,775     1,703     1,750
                 1,043     1,160     1,627     1,470     1,062     401       161       117       67        17        27

1998/04/03      0       17        2         0         29        14        31        249       885       1,564     1,720     1,532
                 1,005     1,386     1,570     1,198     850       311       88        26        7         29        21

1998/04/04      0       33        0         0         5         9         17        21        71        219       339       205
                    167       78        91        93        52        33        9         18        17        11        16

1998/04/05      0        3        0         0         0         0         3         30        38        82        58        44
                     35        70        60        64        88        23        81        61        11        0          0

1998/04/06      0        0        0         0         32        2         62        209       1,023     1,512     1,899     1,642
                 1,307     1,432     1,733     1,662     1,015     257       203       196       30        17        23

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	TRANSACTION TIME 1	Calculated	DE0002	
2	TRANSACTION TIME 2	Calculated	DE0002	
3	TRANSACTION TIME 3	Calculated	DE0002	
4	TRANSACTION TIME 4	Calculated	DE0002	
5	TRANSACTION TIME 5	Calculated	DE0002	
6	TRANSACTION TIME 6	Calculated	DE0002	

7	TRANSACTION TIME 7	Calculated	DE0002	
8	TRANSACTION TIME 8	Calculated	DE0002	
9	TRANSACTION TIME 9	Calculated	DE0002	
10	TRANSACTION TIME 10	Calculated	DE0002	
11	TRANSACTION TIME 11	Calculated	DE0002	
12	TRANSACTION TIME 12	Calculated	DE0002	
13	TRANSACTION TIME 13	Calculated	DE0002	
14	TRANSACTION TIME 14	Calculated	DE0002	
15	TRANSACTION TIME 15	Calculated	DE0002	
16	TRANSACTION TIME 16	Calculated	DE0002	
17	TRANSACTION TIME 17	Calculated	DE0002	
18	TRANSACTION TIME 18	Calculated	DE0002	
19	TRANSACTION TIME 19	Calculated	DE0002	
20	TRANSACTION TIME 20	Calculated	DE0002	
21	TRANSACTION TIME 21	Calculated	DE0002	
22	TRANSACTION TIME 22	Calculated	DE0002	
23	TRANSACTION TIME 23	Calculated	DE0002	
24	TRANSACTION TIME 24	Calculated	DE0002	
25	TRANSACTION TIME TOTAL	Calculated	DE0002	

Output Reports RS-O-708 Automated Eligibility and Provider Payment Verification Statistics by Provider

General Information

This report reflects the system inquiries made by each Provider Class Type.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 Days
Distribution:	FA - Quality Control DMAS - Client Services
Program:	Produce Eligibility and Provider Payment Verification Stats by Provider (RSM410)
Confidential:	No
Sequence:	Provider Type Provider Number
Control Breaks:	Provider Type

Automated Eligibility and Provider Payment Verification Statistics by Provider (RS-O-708)

```
RSM410                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                 AUTOMATED ELIGIBILITY AND PROVIDER PAYMENT VERIFICATION AUDIT TRAIL
RUN DATE: MM/DD/CCYY HH:MM                                STATISTICS BY PROVIDER

     (1)     (2)                                          DATES OF        CLAIM                                          SERV
   PROVIDER            PROVIDER       ENROLLEE          ELIGIBILITY      STATUS        CHECK            PA              LIM
      ID - NAME        INQUIRIES      INQUIRIES          INQUIRIES       INQUIRIES     INQUIRIES      INQUIRIES        INQUI

   9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   CLASS TYPE: 001                (4)                                (12)                                (19)            (22)
        (3)          NOT FOUND    0  NOT FOUND (8)  1  ELIGIBLE     5  FOUND (16)  10  FOUND      55  FOUND      111  FOUND
219
                     INACTIVE     0 (5) FOUND      (9)  6  INELIGIBLE (13) 0  NOT FOUND (17) 21  NOT FOUND (20) 34  NOT FOUND (23) 225  NOT FO
11
                     ACTIVE       (6) 8  DOB MISMATCH (10) 0  MULTIPLE (14) 0
                     TOTAL        (7) 8  TOTAL     (11)  7  TOTAL     (15) 5  TOTAL (18)  31  TOTAL (21) 89  TOTAL (24) 336  TOTAL
230

   9999999999      XXXXXXXXXXXXXXXXXXXXXXXXXXXX
   CLASS TYPE: 001
                     NOT FOUND    0  NOT FOUND      1  ELIGIBLE     5  FOUND       10  FOUND      55  FOUND      111  FOUND
219

                     INACTIVE     0  FOUND          6  INELIGIBLE   0  NOT FOUND   21  NOT FOUND 34  NOT FOUND 225  NOT FO
11

                     ACTIVE       8  DOB MISMATCH   0  MULTIPLE     0

                     TOTAL        8  TOTAL          7  TOTAL        5  TOTAL       31  TOTAL      89  TOTAL      336  TOTAL
230


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROVIDER	National Provider Identifier	DE4700	
2	PROVIDER NAME	Provider Name	DE4085	
3	CLASS TYPE	Provider Type	DE4006	
4	PROVIDER INQUIRIES - NOT FOUND	Calculated	DE0002	PROVIDER INQUIRIES - NOT FOUND
5	PROVIDER INQUIRIES - INACTIVE	Calculated	DE0002	PROVIDER INQUIRIES - INACTIVE
6	PROVIDER INQUIRIES - ACTIVE	Calculated	DE0002	PROVIDER INQUIRIES - ACTIVE
7	PROVIDER INQUIRIES - TOTAL	Calculated	DE0002	PROVIDER INQUIRIES - TOTAL
8	ENROLLEE	Calculated	DE0002	ENROLLEE INQUIRES - NOT

	INQUIRES - NOT FOUND			FOUND
9	ENROLLEE INQUIRES - FOUND	Calculated	DE0002	ENROLLEE INQUIRES - FOUND
10	ENROLLEE INQUIRES - DOB MISMATCH	Calculated	DE0002	ENROLLEE INQUIRES - DOB MISMATCH
11	ENROLLEE INQUIRES - TOTAL	Calculated	DE0002	ENROLLEE INQUIRES - TOTAL
12	DATE OF ELIGIBILITY INQUIRIES - ELIGIBLE	Calculated	DE0002	DATE OF ELIGIBILITY INQUIRIES - ELIGIBLE
13	DATE OF ELIGIBILITY INQUIRIES - INELIGIBLE	Calculated	DE0002	DATE OF ELIGIBILITY INQUIRIES - INELIGIBLE
14	DATE OF ELIGIBILITY INQUIRIES - MULTIPLE	Calculated	DE0002	DATE OF ELIGIBILITY INQUIRIES - MULTIPLE
16	CLAIMS STATUS INQUIRIES - FOUND	Calculated	DE0002	CLAIMS STATUS INQUIRIES - FOUND
17	CLAIMS STATUS INQUIRIES - NOT FOUND	Calculated	DE0002	CLAIMS STATUS INQUIRIES - NOT FOUND
18	CLAIMS STATUS INQUIRIES - TOTAL	Calculated	DE0002	CLAIMS STATUS INQUIRIES - TOTAL
19	CHECK INQUIRIES - FOUND	Calculated	DE0002	CHECK INQUIRIES - FOUND
20	CHECK INQUIRIES - NOT FOUND	Calculated	DE0002	CHECK INQUIRIES - NOT FOUND
21	CHECK INQUIRIES - TOTAL	Calculated	DE0002	CHECK INQUIRIES - TOTAL
22	PRIOR AUTHORIZATION INQUIRIES -	Calculated	DE0002	PRIOR AUTHORIZATION INQUIRIES - FOUND

	FOUND			
23	PRIOR AUTHORIZATION INQUIRIES - NOT FOUND	Calculated	DE0002	PRIOR AUTHORIZATION INQUIRIES - NOT FOUND
24	PRIOR AUTHORIZATION INQUIRIES - TOTAL	Calculated	DE0002	PRIOR AUTHORIZATION INQUIRIES - TOTAL
25	SERVICE LIMIT INQUIRIES - FOUND	Calculated	DE0002	SERVICE LIMIT INQUIRIES - FOUND
26	SERVICE LIMIT INQUIRIES - NOT FOUND	Calculated	DE0002	SERVICE LIMIT INQUIRIES - NOT FOUND
27	SERVICE LIMIT INQUIRIES - TOTAL	Calculated	DE0002	SERVICE LIMIT INQUIRIES - TOTAL
28	PRESCRIBING PROVIDER INQUIRIES - FOUND	Calculated	DE0002	PRESCRIBING PROVIDER INQUIRIES - FOUND
29	PRESCRIBING PROVIDER INQUIRIES - NOT FOUND	Calculated	DE0002	PRESCRIBING PROVIDER INQUIRIES - NOT FOUND
30	PRESCRIBING PROVIDER INQUIRIES - TOTAL	Calculated	DE0002	PRESCRIBING PROVIDER INQUIRIES - TOTAL

Output Reports RS-O-900 Recipient Conversion Control Report

General Information

This report produces a summary of the Recipient records that were read from the current VMAP system and converted to the New Virginia MMIS.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	1 Page
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	FA-Quality Control
Program:	Recipient Level Purge (RSC000) Build Enrollee ID Cross-Reference File (RSC066) DSS Office Conversion (RSC095)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Recipient Conversion Control Report (RS-O-900)

```
RSC000                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            RECIPIENT CONVERSION CONTROL REPORT
RUN DATE:  MM/DD/CCYY HH:MM

                              RECORDS READ                          69,471  (1)

                              RECORDS WRITTEN                      126,287  (2)

                              RECORDS UPDATED                       28,106  (3)

                              ERROR RECORDS WRITTEN                 63,876  (4)

                              CASE EXTRACT RECORDS WRITTEN          69,471  (5)

                              ENROLLEE IDENTIFIER RECORDS WRITTEN  126,287  (6)

                              DUPLICATE CRITERIA RECORDS WRITTEN   195,758  (7)


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	RECORDS READ	Calculated	DE0002	Total each input record read.
2	RECORDS WRITTEN	Calculated	DE0002	Total each output record written.
3	RECORDS UPDATED	Calculated	DE0002	Total each record updated.
4	ERROR RECORDS WRITTEN	Calculated	DE0002	Total each error record written.
5	CASE EXTRACT RECORDS WRITTEN	Calculated	DE0002	Total each case extract record written.
6	ENROLLEE IDENTIFIER RECORDS WRITTEN	Calculated	DE0002	Total each enrollee identifier record written.
7	DUPLICATE CRITERIA RECORDS WRITTEN	Calculated	DE0002	Total each duplicate criteria record written.

Output Reports RS-O-901 Recipient Conversion Discrepancy Report

General Information

This report prints out a detailed list of discrepancies found during the conversion process with an appropriate error message for each data element in error.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	Yes
Sequence:	Case Worker and Medicaid ID
Control Breaks:	Case Worker

Recipient Conversion Discrepancy Report (RS-O-901)

```
RSC060                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                          RECIPIENT CONVERSION DISCREPANCY REPORT
RUN DATE:  MM/DD/CCYY HH:MM
 C/W#(1)   000   C/C 087(2)   HENRICO (3)

                                        (10)              (11)                    (12)                    (13)
  CASE/ENROL NAME                   MEDICAID-ID                                 ADDRESS
   (4)   (5)   (6)
[redacted]                          001[redacted]     [redacted]                                        [redacted]
 DOE,CHARLENE F (7)  (8)  (9)
                                     (16)
 **  INVALID CASE WORKER #

[redacted]                          [redacted]                                                          [redacted]
 **  INVALID CASE WORKER #                SSN NOT ON FILE
[redacted]                          [redacted]                                  *******
 **  INVALID CASE WORKER #
[redacted]                          [redacted]
 **  INVALID CASE WORKER #
[redacted]                          [redacted]
 **  INVALID CASE WORKER #                BIRTH DATE ERROR
[redacted]                          [redacted]
 **  INVALID CASE WORKER #
[redacted]                          [redacted]                                  APT.2
 **  INVALID CASE WORKER #
[redacted]                          [redacted]
 **  INVALID CASE WORKER #                BIRTH DATE ERROR

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/W#	Case Worker Number	DE3431	
2	C/C	Case Administrative FIPS Code	DE3039	
3	(COUNTY NAME)	Locality Name	DE5255	
4	CASE NAME (LAST)	Case Last Name	DE3487	
5	CASE NAME (FIRST)	Case First Name	DE3488	
6	CASE NAME (MI)	Case Middle Initial	DE3489	
7	ENROL NAME (LAST)	Enrollee Last Name	DE3110	
8	ENROL NAME (FIRST)	Enrollee First Name	DE3111	

9	ENROL NAME (MI)	Enrollee Middle Initial	DE3112	
10	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
11	(ADDRESS LINE 1)	Enrollee Street Address	DE3115	
12	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
13	(ADDRESS CITY)	Enrollee City Name	DE3116	
14	(ADDRESS STATE)	Enrollee State Code	DE3117	
15	ZIP CODE	Enrollee ZIP Code	DE3118	
16	(ERROR MESSAGE)	Calculated	DE0002	Determine error message from RS-F-900's RS-ERROR-TYPE.

Output Reports RS-O-902 Duplicates Encountered Report

General Information

This report produces a detailed listing of duplicate records found during the conversion process to the New Virginia MMIS with an appropriate error message.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Link Multiple Recipients Based On Matching Demographic Data (RSC010)
Confidential:	Yes
Sequence:	Enrollee Name
Control Breaks:	N/A

Duplicates Encountered Report (RS-O-902)

RSC010 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY DUPLICATES ENCOUNTERED REPORT
RUN DATE: MM/DD/CCYY HH:MM

(1) ENROLLEE NAME	(2) RACE	(3) SEX	(4) BIRTH-DTE	(5) MEDICAID-ID	(6) PROGRAM SOURCE	(7) C/C	(8) ** INDICATES FIRST OF DUPLICATES
[redacted]	1	M	01/03/1959	00[redacted]19	MEDICAID	003	**
	1	M	01/03/1959	00[redacted]19	TDO	001	
	1	M	04/17/1960	00[redacted]19	MEDICAID	001	**
	1	M	04/17/1960	00[redacted]19	SLH	001	
	1	M	01/01/1963	00[redacted]19	DIST HOME	001	**
	1	M	01/01/1963	00[redacted]19	SLH	001	

ACTIVE ENROLLEES IN - 62,415 (9)

POSSIBLE DUPLICATES OUT 300 (10)

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROL NAME (LAST)	Enrollee Last Name	DE3110	
1	ENROL NAME (FIRST)	Enrollee First Name	DE3111	
1	ENROL NAME (MI)	Enrollee Middle Initial	DE3112	
2	RACE	Enrollee Race Code	DE3006	
3	SEX	Enrollee Sex Code	DE3007	
4	BIRTH DATE	Enrollee Birth Date	DE3005	
5	MEDICAID ID	Enrollee Permanent Identification Number	DE3093	
6	PROGRAM SOURCE	Benefit Definition Plan Program Code	DE3551	

7	C/C	Case Administrative FIPS Code	DE3039	
8	Indicates First of a Set of Possible Duplicates	Calculated	DE0002	** displayed indicates the first of a set of duplicates.
9	ACTIVE ENROLLEES IN	Calculated	DE0002	Total each input record read.
10	POSSIBLE DUPLICATES OUT	Calculated	DE0002	Total each possible duplicate.

Output Reports RS-O-903 Purged Recipients Report

General Information

This report produces a detailed listing of Enrollee records that have met the purge criteria and will not be converted to the New Virginia MMIS.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Recipient Level Purge (RSC000)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Purged Recipients Report (RS-O-903)

RSC000 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/CCYY PURGED RECIPIENTS REPORT
RUN DATE: MM/DD/CCYY HH:MM

(1) ENROLLEE ID	(2) CASE ID	(3) LAST NAME	(4) FIRST NAME	(5) MID INI	(6) SUF	(7) DATE OF BIRTH	(8) SOCIAL SECURITY NUMBER	(9) LAST CANCEL REASON
001[redacted]	001[redacted]	[redacted]	[redacted]	P		[redacted]	[redacted]	002
001[redacted]	001[redacted]	[redacted]	[redacted]	F		[redacted]	[redacted]	012
001[redacted]	001[redacted]	[redacted]	[redacted]	E		[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]	B		[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]	F		[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]	R		[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	008
001[redacted]	001[redacted]	[redacted]	[redacted]	_		[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]			[redacted]	[redacted]	001
001[redacted]	001[redacted]	[redacted]	[redacted]	K		[redacted]	[redacted]	011

*** END OF REPORT ***

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	CASE ID	Case Identification Number	DE3043	
3	LAST NAME	Enrollee Last Name	DE3110	
4	FIRST NAME	Enrollee First Name	DE3111	
5	MID INI	Enrollee Middle Initial	DE3112	
6	SUF	Enrollee Name Suffix	DE3113	
7	DATE OF BIRTH	Enrollee Birth Date	DE3005	
8	SOCIAL SECURITY NUMBER	Enrollee Social Secur-ity Number (SSN)	DE3034	
9	LAST CANCEL REASON	Eligibility Cancel Reason	DE3451	

10	LAST CANCEL DATE	Eligibility Cancel Date	DE3452	
11	CITY/COUNTY CODE	Case Administrative FIPS Code	DE3039	

Output Reports RS-O-904 Address Exceptions Report Truncation Occurred After 40 Bytes

General Information

This report produces a detailed listing of Enrollee records with address fields that were truncated during the conversion process to the New Virginia MMIS.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	Address Cleanup (Postal Abbreviations) (RSC001)
Confidential:	Yes
Sequence:	Enrollee ID
Control Breaks:	N/A

Address Exceptions Report Truncation Occurred After 40 Bytes (RS-O-904)

```
RSC001                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   ADDRESS EXCEPTIONS REPORT
RUN DATE:  MM/DD/CCYY HH:MM                        TRUNCATION OCCURRED AFTER 40 BYTES

PROGRAM MASTER FILE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  (1)

                        (3)          (4)     (5)     (6)     (7)         (8)                    (9)                (10)
 (2)
          NAME            ID-NUMBER      CI-CO  S R AC  ADDRESS LINE 1          ADDRESS LINE 2          ADDRESS LI
[redacted]                [redacted]      975  M 2 053
                                POSTCONVERSION ADDRESS:                [redacted]

                          [redacted]      087  F 1 056
                                POSTCONVERSION ADDRESS:                [redacted]

                          [redacted]      059  M 1 012
                                POSTCONVERSION ADDRESS:                [redacted]

                          [redacted]      001  F 2 071 P. O. BOX [redacted]
                                POSTCONVERSION ADDRESS: P O BOX 15

                          [redacted]      059  F 2 092
                                POSTCONVERSION ADDRESS:                [redacted]

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	PROGRAM MASTER FILE	Calculated	DE0002	
2	NAME (LAST)	Enrollee Last Name	DE3110	
2	NAME (FIRST)	Enrollee First Name	DE3111	
2	NAME (MI)	Enrollee Middle Initial	DE3112	
3	ID-NUMBER	Enrollee Permanent Identification Number	DE3093	
4	CI-CO	Case Administrative FIPS Code	DE3039	
5	S	Enrollee Sex Code	DE3007	
6	R	Enrollee Race Code	DE3006	
8	ADDRESS LINE 1	Enrollee Street Address	DE3115	
9	ADDRESS LINE 2	Enrollee Additional Address Name	DE3114	

10	ADDRESS LINE 3	Enrollee City Name	DE3116	
11	(ADDRESS STATE)	Enrollee State Code	DE3117	
12	ZIP	Enrollee ZIP Code	DE3118	

Output Reports RS-O-905 Case Discrepancy Report

General Information

This report prints out a detailed list of discrepancies associated with Cases found during the conversion process with an appropriate error message for each data element in error.

Subsystem:	Recipient
Frequency:	One-Time
Volume:	Variable
Number of Copies:	1
Output Form:	OnDemand
Retention:	30 Days
Distribution:	DMAS
Program:	N/A
Confidential:	Yes
Sequence:	Case Worker, Medicaid ID
Control Breaks:	Case Worker

Case Discrepancy Report (RS-O-905)

```
RSC070                                VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                                   CASE DISCREPANCY REPORT
RUN DATE:  MM/DD/CCYY HH:MM
     (1)            (2)          (3)
 C/W#    000   C/C 087    HENRICO
                                        (10)            (11)                (12)                (13)        (14
   CASE/ENROL NAME                   CASE-ID                             ADDRESS
                   (4) (5) (6)
[redacted]F (7) (8) (9)  [redacted]  [redacted]                                          HIGHLAND SPRING
**  INVALID CASE WORKER #  (16)
[redacted]  [redacted]  [redacted]                                                       RICHMOND, VA
**  INVALID CASE WORKER #            SSN NOT ON FILE
[redacted]  [redacted]  [redacted]                          *******                      RICHMOND, VA
**  INVALID CASE WORKER #
[redacted]  [redacted]                                                                   RICHMOND, VA
**  INVALID CASE WORKER #
[redacted]  [redacted]  [redacted]                                                       RICHMOND, VA
**  INVALID CASE WORKER #            BIRTH DATE ERROR
[redacted]  [redacted]  [redacted]                                                       RICHMOND, VA
**  INVALID CASE WORKER #
[redacted]  [redacted]                                      APT.2                        RICHMOND, VA
**  INVALID CASE WORKER #
[redacted]  [redacted]  [redacted]                                                       RICHMOND, VA
**  INVALID CASE WORKER #            BIRTH DATE ERROR

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	C/W#	Case Worker Number	DE3431	
2	C/C	Case Administrative FIPS Code	DE3039	
3	(COUNTY NAME)	Locality Name	DE5255	
4	CASE NAME (LAST)	Case Last Name	DE3487	
5	CASE NAME (FIRST)	Case First Name	DE3488	
6	CASE NAME (MI)	Case Middle Initial	DE3489	
7	ENROL NAME (LAST)	Enrollee Last Name	DE3110	
8	ENROL NAME (FIRST)	Enrollee First Name	DE3111	

9	ENROL NAME (MI)	Enrollee Middle Initial	DE3112	
10	CASE ID	Case Identification Number	DE3043	
11	(ADDRESS LINE 1)	Enrollee Street Address	DE3115	
12	(ADDRESS LINE 2)	Enrollee Additional Address Name	DE3114	
13	(ADDRESS CITY)	Enrollee City Name	DE3116	
14	(ADDRESS STATE)	Enrollee State Code	DE3117	
15	ZIP CODE	Enrollee ZIP Code	DE3118	
16	(ERROR MESSAGE)	Calculated	DE0002	Determine error message from RS-F-900's RS-ERROR-TYPE.

Output Reports RS-O-906 Eligibility Control Totals

General Information

This report lists control totals from the Enrollee and Case data store copies.

Subsystem:	Recipient
Frequency:	Conversion-One Time
Volume:	N/A
Number of Copies:	2
Output Form:	OnDemand
Retention:	180 days
Distribution:	Test Teams
Program:	N/A
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Eligibility Control Totals (RS-O-906)

```
RSC008                                  VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF:     MM/DD/CCYY                            ELIGIBILITY CONTROL TOTALS
RUN DATE:  MM/DD/CCYY HH:MM

                              CASE RECORDS READ                  (1)     69,471

                              ENROLLEE RECORDS READ              (2)    126,287

                              CASE RECORDS WRITTEN               (3)     69,471

                              ENROLLEE RECORDS WRITTEN           (4)    126,287

                              TOTAL ELIGIBILITY RECORDS WRITTEN  (5)    195,758


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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Case Records Read	Calculated	DE0002	
2	Enrollee Records Read	Calculated	DE0002	
3	Case Records Written	Calculated	DE0002	
4	Enrollee Records Written	Calculated	DE0002	
5	Total Eligibility Records Written	Calculated	DE0002	

Output Reports RS-O-925 Medicare Policy Status Updates

General Information

This report lists changes of Medicare Policy Status and Policy End Date on the TPL Policy table (TP_POLICY), produced by daily program (RSD990). This report includes the 'Before' and 'After' Policy Status and Policy End Date values. The Policy Status is changed to Active or Inactive status with respect to the Current Date and Policy Coverage.

Subsystem:	Recipient
Frequency:	Daily
Volume:	Variable
Number of Copies:	1
Output Form:	GDG file
Retention:	180 days
Distribution:	N/A
Program:	Medicare Policy Status Updates Program (RSD990)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Medicare Policy Status Updates (RS-O-925)

```
RSD990                                   VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES                REPO
AS OF:     MM/DD/CCYY                                MEDICARE POLICY STATUS UPDATES                        PAGE
RUN DATE:  MM/DD/CCYY HH:MM

                                                                  * B E F O R E *  ** A F T E R **
ENROLLEE ID     LAST NAME       FIRST NAME  MI  POLICY        POLICY      POLICY     POL   POLICY     POL   COVERAG
                                                NUMBER        BEGIN DATE  END DATE   STAT  END DATE   STAT  BEGIN D
 (1)              (2)             (3)        (4)  (5)           (6)         (7)        (8)    (9)       (10)  (11)
999-999999-999  XXXXXXXXXXXXXXX XXXXXXXXXXX XX  999999999999  99/99/9999  99/99/9999  X    99/99/9999  X     99/99/9
                                                                                                            99/99/9
                                                                                                            99/99/9

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

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	ENROLLEE ID	Enrollee Permanent Identification Number	DE3093	
2	LAST NAME	Enrollee Last Name	DE3110	
3	FIRST NAME	Enrollee First Name	DE3111	
4	MI	Enrollee Middle Initial	DE3112	
5	POLICY NUMBER	Medicare Number	DE3002	
6	POLICY BEGIN DATE (BEFORE)	TPL Policy Effective Date	DE3659	
7	POLICY END DATE (BEFORE)	TPL Policy End Date	DE3660	
8	POL STAT (BEFORE)	TPL Status Code	DE3698	
9	POLICY END DATE (AFTER)	TPL Policy End Date	DE3660	
10	POL STAT (AFTER)	TPL Status Code	DE3698	
11	COVERAGE BEGIN DATE	TPL Coverage Effect-ive (Begin) Date	DE3667	
12	COVERAGE END DATE	TPL Coverage End Date	DE3668	
13	CVRG TYPE	TPL Coverage Code	DE3013	

Output Reports RS-O-932 SAS Recipient Weekly FAMIS Control Totals Report Children's Health Insurance Program

General Information

This is an accumulation of FAMIS/FAMIS Plus Enrollees by week.

Subsystem:	Recipient
Frequency:	Weekly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Weekly Famis Control Totals Reporting (RSW110)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Weekly FAMIS Control Totals Report Children's Health Insurance Program (RS-O-932)

RSW110
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT WEEKLY FAMIS CONTROL TOTALS REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

	(1)	(2)	(3)	(4)	(5)	(6)
PROGRAM	Income	Number Enrolled MM-DD-YY	Number Enrolled MM-DD-YY	Number Canceled This Week	Net Change This Week	Nu on
FAMIS Children < 19 years	> 133% ≤ 200% FPL	6	10	1	4	1
MEDICAID EXPANSION Children < 19 years	≤ 133% FPL	7	9	2	2	2
Total SCHIP Children		13 **(8)**	19 **(9)**	3 **(10)**	6 **(11)**	3
FAMIS Plus Children < 21 years	≤ 133% FPL	8	8	3	0	1
Total Children		21 **(13)**	27 **(14)**	6 **(15)**	6 **(16)**	4
FAMIS Moms	>133% ≤ 150% FPL	9	7	4	-2	2
Medicaid Pregnant women	≤ 133% FPL	10	6	5	-4	1
Total Pregnant Women		19 **(18)**	13 **(19)**	9 **(20)**	-6 **(21)**	3
GRAND TOTAL		40 **(23)**	40 **(24)**	15 **(25)**	0 **(26)**	7

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	Famis Program Name
2	Income		DE0000	This describes the income level for the program.
3	Number Enrolled (Last Week)	Calculated	DE0002	Number enrolled for last week.
4	Number Enrolled (This Week)	Calculated	DE0002	Number Enrolled this week.
5	Number Canceled This Week	Calculated	DE0002	Number Canceled This Week.
6	Net Change This Week	Calculated	DE0002	Difference from last week to this week.
7	Number to be Canceled (This Month)	Calculated	DE0002	Number of enrollees who have a cancel date by the end of the month.

8	Total SCHIP Children (Enrolled Last Week)	Calculated	DE0002	Add FAMIS Children and Medicaid Expansion columns (last week).
9	Total SCHIP Children (Enrolled This Week)	Calculated	DE0002	Add FAMIS Children and Medicaid Expansion columns (this week).
10	Total SCHIP Children (Canceled This Week)	Calculated	DE0002	Add FAMIS Children and Medicaid Expansion columns (canceled this week).
11	Total SCHIP Children (Net Change)	Calculated	DE0002	Add FAMIS Children and Medicaid Expansion columns minus the total from the prior week.
12	Total SCHIP Children (Canceled for Month)	Calculated	DE0002	Add FAMIS Children and Medicaid Expansion columns to be canceled the current month.
13	Total Children (Enrolled Last Week)	Calculated	DE0002	Add Total SCHIP Children and FAMIS Plus Children columns (last week).
14	Total Children (Enrolled this Week)	Calculated	DE0002	Add Total SCHIP Children and FAMIS Plus Children columns (this week).
15	Total Children (Canceled This Week)	Calculated	DE0002	Add Total SCHIP Children and FAMIS Plus Children columns (canceled this week).
16	Total Children (Net Change)	Calculated	DE0002	Add Total SCHIP Children and FAMIS Plus Children columns (net change).
17	Total Children (Canceled this Month)	Calculated	DE0002	Add Total SCHIP Children and FAMIS Plus Children columns (canceled this month).
18	Total Pregnant Women (Enrolled Last Week)	Calculated	DE0002	Add FAMIS Moms and Medicaid Pregnant Women columns (last week).
19	Total Pregnant Women (Enrolled This Week)	Calculated	DE0002	Add FAMIS Moms and Medicaid Pregnant Women columns (this week).
20	Total Pregnant Women (Canceled This Week)	Calculated	DE0002	Add FAMIS Moms and Medicaid Pregnant Women columns (canceled this week).
21	Total Pregnant Women (Net Change)	Calculated	DE0002	Add FAMIS Moms and Medicaid Pregnant Women columns (net change).
22	Total Pregnant Women (Canceled This Month)	Calculated	DE0002	Add FAMIS Moms and Medicaid Pregnant Women columns (canceled this month).

23	Grand Total (Enrolled Last Week)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (last week).
24	Grand Total (Enrolled This Week)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (this week).
25	Grand Total (Canceled This Week)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (canceled this week).
26	Grand Total (Net Change)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (net change).
27	Grand Total (Canceled This Month)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (canceled this month).

Output Reports RS-O-933 SAS Recipient Monthly FAMIS Activity Report Children's Health Insurance Program

General Information

This is a monthly accumulation of FAMIS/FAMIS Plus Recipients by Program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Activity Report Children's Health Insurance Program (RS-O-933)

RSM320 VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
AS OF: MM/DD/YYYY SAS RECIPIENT MONTHLY FAMIS ACTIVITY REPORT REP
RUN DATE: MM/DD/YYYY TIME: HH:MM CHILDREN'S HEALTH INSURANCE PROGRAM

(1)		(2)	(3)	(4)	
PROGRAM	Income	# Enrolled as of MM-DD-YY	# Enrolled as of MM-DD-YY	Canceled This Month	N M
FAMIS Children < 19 years	> 133% ≤ 200% FPL	20	25	5	5
MEDICAID EXPANSION Children < 19 years	> 100% ≤ 133% FPL	12	10	3	-
Total SCHIP Children		32 (7)	35 (8)	8 (9)	3
FAMIS Plus Children < 21 years	≤ 133% FPL	10	12	2	2
Total Children		42 (11)	47 (12)	10 (13)	5
FAMIS Moms	>133% ≤ 150% FPL	4	5	0	1
Medicaid Pregnant women	≤ 133% FPL	2	3	0	1
Total Pregnant Women		6 (15)	8 (16)	0 (17)	2
GRAND TOTAL		48 (19)	55 (20)	10 (21)	7

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Program		DE0000	Famis Program
2	Income		DE0000	This is a description of the program by income.
3	Enrolled Prior Month	Calculated	DE0002	This is last month's accumulation by program (prior month).
4	Enrolled This Month	Calculated	DE0002	This is this month's accumulation by program.
5	Canceled This Month	Calculated	DE0002	This is the number of recipients canceled this month by program.
6	Net Change This Month	Calculated	DE0002	This is the difference between last month's enrollees and this month's enrollees.
7	Total SCHIP Children (Enrolled	Calculated	DE0002	Add FAMIS and Medicaid Expansion columns (last month).

	Last Month)			
8	Total SCHIP Children (Enrolled This Month)	Calculated	DE0002	Add FAMIS and Medicaid Expansion columns (this month).
9	Total SCHIP Children (Canceled This Month)	Calculated	DE0002	Add FAMIS and Medicaid Expansion columns (canceled this month).
10	Total SCHIP Children (Net Change This Month))	Calculated	DE0002	Add FAMIS and Medicaid Expansion columns (net change).
11	Total Children (Enrolled Last Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (last month).
12	Total Children (Enrolled This Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (this month).
13	Total Children (Canceled This Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (canceled this month).
14	Total Children (Net Change this Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (net change).
15	Total Pregnant Women (Enrolled Last Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (last month).
16	Total Pregnant Women (Enrolled This Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (this month).
17	Total Pregnant Women (Canceled This Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (canceled this month).
18	Total Pregnant Women (Net Change This Month)	Calculated	DE0002	Add SCHIP Children and FAMIS Plus Children columns (net change).
19	Grand Total (Enrolled Last Month)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (last month).
20	Grand Total (Enrolled This Month)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (this month).
21	Grand Total (Canceled This Month)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (canceled this month).

22	Grand Total (Net Change This Month)	Calculated	DE0002	Add Total Children and Total Pregnant Women columns (net change).

Output Reports RS-O-934 SAS Recipient Monthly FAMIS Cancellation Report Children's Health Insurance Program

General Information

This is the breakdown by cancel reason and program for the current month.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Cancellation Report Children's Health Insurance Program (RS-O-934)

RSM320
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT MONTHLY FAMIS CANCELLATION REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

REP

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CANCEL REASON	*FAMIS*	*Medicaid Expansion*	*FAMIS Plus*	*Total Children*	*FAMIS Moms*	*Medicaid Pregnant Women*
001-Death	1	2	3	6	4	6
002-No longer a Virginia resident	6	6	8	20	9	10
003-No longer meets non-financial requirements	11	12	13	36	14	15
004-Recipient requested cancellation	16	17	18	51	19	20
005-Failure to complete review/renewal	21	22	23	66	24	25
006-Agency unable to locate	26	27	28	81	29	30
007-No longer meets income or resource requirements	0	0	0	0	0	0
009-Child reached age 21 in Foster care/age 19 in IANF	1	2	3	6	4	5
010-Auto Canceled for spend down eligibility	6	6	8	20	9	10
011-Automatic cancellation for closed period of eligibility	11	12	13	36	14	15
012-Agency correspondence or Medicaid card returned	16	17	18	51	19	20
013- LIFC - 18 years of age, not in school	21	22	23	66	24	25
016-Child's maximum age reached	26	27	28	81	29	30
018-Child reached age 1 (AC 093 or 099)	0	0	0	0	0	0
025-AFDC enrollee not responding to notification letter	1	2	3	6	4	5
026-AFDC enrollee coverage ended	6	6	8	20	9	10
028-Ineligible due to institutional status (FAMIS)	11	12	13	36	14	15
031-Enrolled with creditable coverage in another health plan (FAMIS)	16	17	18	51	19	20
TOTALS	196	209	228	633	244	260
	(10)	(11)	(12)	(13)	(14)	(15)

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Cancel Reason		DE0000	This is the cancel reason code and cancel reason description.
2	FAMIS (Cancellation)	Calculated	DE0002	This is an accumulation of FAMIS enrollees by cancel reason.
3	Medicaid Expansion (Cancellation)	Calculated	DE0002	This is an accumulation of Medicaid Expansion enrollees by cancel reason.
4	FAMIS Plus (Cancellation)	Calculated	DE0002	This is an accumulation of FAMIS Plus enrollees by cancel reason.
5	Total Children (Cancellation)	Calculated	DE0002	This is FAMIS + Medicaid Expansion + Famis Plus canceled children.
6	FAMIS Moms (Cancellation)	Calculated	DE0002	This is an accumulation of FAMIS Moms enrollees by cancel reason.
7	Medicaid Pregnant Women (Cancellation)	Calculated	DE0002	This is an accumulation of Medicaid Pregnant Women enrollees by cancel reason.

8	Total Pregnant Women (Cancellation)	Calculated	DE0002	This is the accumulation of Famis Moms and Medicaid Pregnant Women Cancellations.
9	Grand Totals (Cancellation)	Calculated	DE0002	This is the combination of Total Children and Total Pregnant Women who are canceled.
10	Totals FAMIS	Calculated	DE0002	Total all fields in the column - FAMIS.
11	Totals Medicaid Expansion	Calculated	DE0002	Total all fields in the column - Medicaid Expansion.
12	Totals FAMIS Plus	Calculated	DE0002	Total all fields in the column - FAMIS Plus.
13	Totals Total Children	Calculated	DE0002	Total all fields in the column - Total Children.
14	Totals FAMIS Moms	Calculated	DE0002	Total all fields in the column - FAMIS Moms.
15	Totals Medicaid Pregnant Women	Calculated	DE0002	Total all fields in the column - Medicaid Pregnant Women.
16	Totals Total Pregnant Women	Calculated	DE0002	Total all fields in the column - Pregnant Women.
17	Totals Grand Totals	Calculated	DE0002	Total all fields in the column - Grand Total.

Output Reports RS-O-935 SAS Recipient Monthly FAMIS Gender Report Children's Health Insurance Program

General Information

This is a monthly report of FAMIS/FAMIS Plus Recipients by Gender and Program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Gender Report Children's Health Insurance Program (RS-O-935)

RSM320
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT MONTHLY FAMIS GENDER REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

REP

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
GENDER	*FAMIS*	*Medicaid Expansion*	*FAMIS Plus*	*Total Children*	*FAMIS Moms*	*Medicaid Pregnant Women*	*Total Pregnant Women*
Females	1	2	3	6	4	5	9
Males	6	7	8	21	0	0	0
Unknown	0	0	2	2	0	1	1
TOTALS	7	9	13	29	4	6	10
	(10)	(11)	(12)	(13)	(14)	(15)	(16)

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Gender		DE0000	This is the description by Gender
2	FAMIS	Calculated	DE0002	This is an accumulation of FAMIS enrollees by gender.
3	Medicaid Expan-sion	Calculated	DE0002	This is an accumulation of Medicaid Expansion enrollees by gender.
3	FAMIS Plus	Calculated	DE0002	This is an accumulation of FAMIS Plus enrollees by gender.
5	Total Children	Calculated	DE0002	This is an accumulation of FAMIS, Medicaid Expansion and FAMIS Plus enrollees by gender.
6	FAMIS Moms	Calculated	DE0002	This is an accumulation of FAMIS Moms enrollees by gender.
7	Medicaid Pregnant Women	Calculated	DE0002	This is an accumulation of Medicaid Pregnant Women enrollees by gender.
8	Total Pregnant Women	Calculated	DE0002	This is an accumulation of FAMIS Moms and Medicaid Pregnant Women enrollees by gender.
9	Grand Totals	Calculated	DE0002	This is an accumulation of Total Chil-dren and Total Pregnant Women by gender.
10	Totals FAMIS	Calculated	DE0002	The total of all fields in the column -

				FAMIS.
11	Totals Medicaid Expansion	Calculated	DE0002	The total of all fields in the column - Medicaid Expansion.
12	Totals FAMIS Plus	Calculated	DE0002	The total of all fields in the column - FAMIS Plus.
13	Totals Total Children	Calculated	DE0002	The total of all fields in the column - Total Children.
14	Totals FAMIS Moms	Calculated	DE0002	The total of all fields in the column - FAMIS Moms.
15	Totals Medicaid Pregnant Women	Calculated	DE0002	The total of all fields in the column - Medicaid Pregnant Women.
16	Totals Total Pregnant Women	Calculated	DE0002	The total of all fields in the column - Pregnant Women.
17	Totals Grand Totals	Calculated	DE0002	The total of all fields in the column - Grand Total.

Output Reports RS-O-936 SAS Recipient Monthly FAMIS Race Report Children's Health Insurance Program

General Information

This is an accumulation by Race and FAMIS/FAMIS Plus Program.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Race Report Children's Health Insurance Program (RS-O-936)

RSM320
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT MONTHLY FAMIS RACE REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

REP

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Race Code	*Race Description*	*FAMIS*	*Medicaid Expansion*	*FAMIS Plus*	*Total Children*	*FAMIS Moms*	*Medicaid Pregnant Women*	*Total Pregna Women*
1	White	1	2	3	6	4	5	
2	Black/African American	6	7	8	21	9	10	
3	American Indian/Alaskan Native	0	0	2	2	0	1	
4	Oriental/Asian	1	2	3	6	4	5	
5	Spanish American/Hispanic	6	7	8	21	9	10	
6	Native Hawaiian or Other Pacific Islander	0	0	2	2	0	1	
7	Asian & White	1	2	3	6	4	5	
8	Black/African American & White	6	7	8	21	9	10	
A	Asian & Black/African American	0	0	2	2	0	1	
9/B	Unknown/Other	1	2	3	6	4	5	
	TOTALS	22	29	42	93	43	53	
		(11)	(12)	(13)	(14)	(15)	(16)	(

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Race Code	Person Race Code	1012	
2	Race Description		DE0000	This is the expanded description of the race code.
3	FAMIS	Calculated	DE0002	This is an accumulation of FAMIS enrollees by race.
4	Medicaid Expan-sion	Calculated	DE0002	This is an accumulation of Medicaid Expansion enrollees by race.
5	FAMIS Plus	Calculated	DE0002	This is an accumulation of FAMIS Plus enrollees by race.
6	Total Children	Calculated	DE0002	This is an accumulation of FAMIS, Medicaid Expansion and FAMIS Plus enrollees by race.
7	FAMIS Moms	Calculated	DE0002	This is an accumulation of FAMIS Moms enrollees by race.
8	Medicaid Pregnant Women	Calculated	DE0002	This is an accumulation of Medicaid Pregnant Women enrollees by race.
9	Total Pregnant Women	Calculated	DE0002	This is an accumulation of FAMIS Moms and Medicaid Pregnant Women

				enrollees by race.
10	Grand Totals	Calculated	DE0002	This is an accumulation of FAMIS Children and Pregnant Women enrollees by race.
11	Totals FAMIS	Calculated	DE0002	The total of all fields in the column - FAMIS.
12	Totals Medicaid Expansion	Calculated	DE0002	The total of all fields in the column - Medicaid Expansion.
13	Totals FAMIS Plus	Calculated	DE0002	The total of all fields in the column - FAMIS Plus.
14	Totals Total Children	Calculated	DE0002	The total of all fields in the column - Total Children.
15	Totals FAMIS Moms	Calculated	DE0002	The total of all fields in the column - FAMIS Moms.
16	Totals Medicaid Pregnant Women	Calculated	DE0002	The total of all fields in the column - Medicaid Pregnant Women.
17	Totals Total Pregnant Women	Calculated	DE0002	The total of all fields in the column - Pregnant Women.
18	Totals Grand Totals	Calculated	DE0002	The total of all fields in the column - Grand Total.

Output Reports RS-O-937 SAS Recipient Monthly FAMIS Locality Report Children's Health Insurance Program

General Information

This is an accumulation of FAMIS/FAMIS Plus enrollees by locality.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Locality Report Children's Health Insurance Program (RS-O-937)

RSM320
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT MONTHLY FAMIS LOCALITY REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
FIPS	LOCALITY	FAMIS	MED EXP	FAMIS Plus	Total Children	FAMIS Moms	Medicaid Pregnant Women
001	ACCOMACK	1	2	3	6	4	5
003	ALBEMARLE	2	3	4	9	5	6
510	ALEXANDRIA	3	4	5	12	6	7
005/ 560/580	ALLEGHANY/COVINGTON/ CLIFTON FORGE	4	5	6	15	7	8
007	AMELIA	5	6	7	18	8	9
009	AMHERST	6	7	8	21	9	10
011	APPOMATTOX	7	8	9	24	10	11
013	ARLINGTON	8	9	10	27	11	12
015/790	AUGUSTA/STAUNTON	9	10	11	30	12	13
017	BATH	10	11	12	33	13	14
019/515	BEDFORD CITY/CO	11	12	13	36	14	15
021	BLAND	12	13	14	39	15	16
etc....							
197	WYTHE	13	14	15	42	16	17
199/ 735	YORK/POQUOSON	14	15	16	45	17	18
975	DEPT. MED ASSIST SVCS	15	16	17	48	18	19
	TOTALS	110	120	135	150	405	165
		(11)	(12)	(13)	(14)	(15)	(16)

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	FIPS	Enrollee FIPS Code	DE3008	
2	Locality	Locality Name	DE5255	
3	FAMIS	Calculated	DE0002	This is an accumulation of FAMIS enrollees by locality.
4	Med Exp	Calculated	DE0002	This is an accumulation of Medicaid Expansion enrollees by locality.
5	FAMIS Plus	Calculated	DE0002	This is an accumulation of FAMIS Plus enrollees by locality.
6	Total Children	Calculated	DE0002	This is an accumulation of FAMIS, Medicaid Expansion and FAMIS Plus enrollees by locality.
7	FAMIS Moms	Calculated	DE0002	This is an accumulation of FAMIS Moms enrollees by locality.

8	Medicaid Pregnant Women	Calculated	DE0002	This is an accumulation of Medicaid Pregnant Women enrollees by locality.
9	Total Pregnant Women	Calculated	DE0002	This is an accumulation of FAMIS Moms and Medicaid Pregnant Women enrollees by locality.
10	Grand Totals	Calculated	DE0002	This is an accumulation of FAMIS Children and Total Pregnant Women enrollees by locality.
11	Totals FAMIS	Calculated	DE0002	The total of all fields in the column - FAMIS.
12	Totals Med Exp	Calculated	DE0002	The total of all fields in the column - Medicaid Expansion.
13	Total FAMIS Plus	Calculated	DE0002	The total of all fields in the column - FAMIS Plus.
14	Totals Total Children	Calculated	DE0002	The total of all fields in the column - Total Children.
15	Totals FAMIS Moms	Calculated	DE0002	The total of all fields in the column - FAMIS Moms.
16	Totals Medicaid Pregnant Women	Calculated	DE0002	The total of all fields in the column - Medicaid Pregnant Women.
17	Totals Total Pregnant Women	Calculated	DE0002	The total of all fields in the column - Pregnant Women.
18	Totals Grand Total	Calculated	DE0002	The total of all fields in the column - Grand Total.

Output Reports RS-O-938 SAS Recipient Monthly FAMIS Language Report Children's Health Insurance Program

General Information

This is an accumulation of FAMIS/FAMIS Plus enrollees by Language.

Subsystem:	Recipient
Frequency:	Monthly
Volume:	
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	SAS Monthly Famis Control Totals Reporting (RSM320)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

SAS Recipient Monthly FAMIS Language Report Children's Health Insurance Program (RS-O-938)

RSM320
AS OF: MM/DD/YYYY
RUN DATE: MM/DD/YYYY TIME: HH:MM

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
SAS RECIPIENT MONTHLY FAMIS LANGUAGE REPORT
CHILDREN'S HEALTH INSURANCE PROGRAM

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Language Code	*Language Description*	*FAMIS*	*Medicaid Expansion*	*FAMIS Plus*	*Total Children*	*FAMIS Moms*	*Medicaid Pregnant Women*	*Toto Pregn Wom*
1	English	1	2	3	6	4	5	9
2	Spanish	6	7	8	21	9	10	19
4	Vietnamese	0	0	2	2	0	1	1
5	Farsi	1	2	3	6	4	5	9
7	Laotian	6	7	8	21	9	10	19
9	Korean	1	2	3	6	4	5	9
A	Somali	6	7	8	21	9	10	19
C	Arabic	0	0	2	2	0	1	1
O	Other	1	2	3	6	4	5	9
	TOTALS	22	29	40	91	43	52	95
		(11)	(12)	(13)	(14)	(15)	(16)	(17

END OF REPORT

Field Definitions

#	Field Name	Data Element Name	Element ID	Source/Calculations
1	Language Code	Enrollee Primary Language Code	DE3476	
2	Language Description		DE0000	This is the language description for the language code.
3	FAMIS	Calculated	DE0002	This is an accumulation of FAMIS enrollees by language.
4	Medicaid Expansion	Calculated	DE0002	This is an accumulation of Medicaid Expansion enrollees by language.
5	FAMIS Plus	Calculated	DE0002	This is an accumulation of FAMIS Plus enrollees by language.
6	Total Children	Calculated	DE0002	This is an accumulation of FAMIS, Medicaid Expansion and FAMIS Plus enrollees by language.
7	FAMIS Moms	Calculated	DE0002	This is an accumulation of FAMIS Moms enrollees by language.
8	Medicaid Pregnant Women	Calculated	DE0002	This is an accumulation of Medicaid Pregnant Women enrollees by lan-

				guage.
9	Total Pregnant Women	Calculated	DE0002	This is an accumulation of FAMIS Moms and Medicaid Pregnant Women enrollees by language.
10	Grand Totals	Calculated	DE0002	This is an accumulation of Total Children and Total Pregnant Women enrollees by language.
11	Totals FAMIS	Calculated	DE0002	The total of all fields in the column - FAMIS.
12	Totals Medicaid Expansion	Calculated	DE0002	The total of all fields in the column - Medicaid Expansion.
13	Totals FAMIS Plus	Calculated	DE0002	The total of all fields in the column - FAMIS Plus.
14	Totals Total Children	Calculated	DE0002	The total of all fields in the column - Total Children.
15	Totals FAMIS Moms	Calculated	DE0002	The total of all fields in the column - FAMIS Moms.
16	Totals Medicaid Pregnant Women	Calculated	DE0002	The total of all fields in the column - Medicaid Pregnant Women.
17	Totals Total Pregnant Women	Calculated	DE0002	The total of all fields in the column - Pregnant Women.
18	Totals Grand Totals	Calculated	DE0002	The total of all fields in the column - Grand Total.

Output Reports RSM333 Active Medicare Part-D Enrollees with Invalid Part-A or Part-B Coverage

General Information

Subsystem:	Recipient
Frequency:	Monthly
Volume:	N/A
Number of Copies:	N/A
Output Form:	N/A
Retention:	N/A
Distribution:	N/A
Program:	Medicare Part-D Enrollees with Invalid Data (RSM333)
Confidential:	No
Sequence:	N/A
Control Breaks:	N/A

Active Medicare Part-D Enrollees with Invalid Part-A or Part-B Coverage (RSM333)

There is no Sample

Field Definitions

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