

**Changed document to bypass negative revenue lines for the ancillary file extract in Section D.1 on Page 10.**

Initial Extracts based on Perm Plus Terminology. There will be three (3) types of payment data extracts performed, Fee for Service (FFS), Fixed, and Managed Care payments. The payment data extracted will be for Medicaid Benefit Program (Benefit Program 01 excluding Aid Category 094, Medicaid Expansion) and FAMIS (Benefit Program 07) to also include Medicaid Expansion (Benefit Program 01, Aid Category 094). All extracts will use SAS files (Claims based and Financial based) or SAS files specifically downloaded to the IRP (Dental Claims, Behavior Health Claims, etc.) from Rob Chapman as the source for the extract.

All dates will be formatted as MM/DD/YYYY. All Amount Paid fields will be 11 positions numeric including 2 decimal positions. All Units fields will be 8 positions numeric including 3 decimal positions.

A. The following are the types of payments proposed for the 3 types:

1. FFS (Value 0 in FIX\_PYMT\_IND field)

CT 01- Inpatient (UB-04 Format), both MMIS and Magellan claims from Behavior Health claims SAS files (2 or 3 each quarter). The ICN (16 positions) for the Magellan generated claims will use the claim number and item number submitted by Magellan on the claims SAS files. The item number is the associated line number.

CT 02- SNF Nursing Home (UB-04 Format)

CT 03- Outpatient/Home Health (UB-04 Format), both MMIS and Magellan claims from Behavior Health claims SAS files (2 or 3 each quarter). The ICN (16 positions) for the Magellan generated claims will use the claim number and item number submitted by Magellan on the claims SAS files. The item number is the associated line number. PACE claims (PT 104) will not be included in this group.

CT 04- Personal Care (CMS-1500 Format)

CT 05- Practitioner (CMS-1500 Format), both MMIS and Magellan claims from Behavior Health claims SAS files (2 or 3 each quarter). The ICN (16 positions) for the Magellan generated claims will use the claim number and item number submitted by Magellan on the claims SAS files. The item number is the associated line number.

CT 06- Pharmacy (NCPDP Format)

CT 08- Lab & Radiology (CMS-1500 Format)

CT 09A- Medicare Part A Crossovers (UB-04 Format)

CT 09B- Medicare Part B Crossovers (CMS-1500 Format)

CT 10- ICF Intermediate Care (UB-04 Format)

CT 11- Dental Claims, both MMIS and DentaQuest claims from Dental claims SAS files (3 files each quarter).

CT 13- Transportation Claims (Emergency)

CT 96- Assessments (CMS-1500)

CT CD- Claims payments reimbursed to PPL for Consumer Directed (CD) Timesheet expenditures. The source data will be SAS files from Rob Chapman for each month paid for the quarter (3 files each quarter).

CT MP- Claims payments reimbursed to PPL for Money Follows Person (MFP) expenditures. The source data will be SAS files from Rob Chapman for each month paid for the quarter (3 files each quarter).

NOTE \*Object Codes 123493, 123494, 123495, and 123813 will be dropped as State-only expenditures. Additionally, Object Codes associated to MMIS Admin payments will also be dropped and are included in the Excel spreadsheet attached.

NOTE1 \*Any FFS claims for Provider Types 052 (FQHC or 053 (RHC) for approved claims (STATUS = 1) and TPL\_AMT = zero and TENT\_PAY = zero should NOT be extracted for PERM Plus output records.

2. Fixed Payments (Value 1 in FIX\_PYMT\_IND field)

CT HP- HIPP Premium Payments

\*Object Code 123706 (HIV) will be dropped as State-only expenditures

CT 17- CMM Administrative Fees (PERM Plus Format without Procedure Code)

CT A5 & A9- PCRI (Provider Rate Increase) Payments

CT TR- Transportation Payments

3. Managed Care (Value 0 in FIX\_PYMT\_IND field)

CT 03- PACE Claims (PT 104, Revenue Code 3103)

CT 15- MCO Capitation Payments (PERM Plus Format without Procedure Code)

B. The payments will be associated with either Medicaid (Benefit Program 01) or SCHIP (FAMIS) (Benefit Program 07 and Benefit Program 01, Aid Category 094 (Medicaid Expansion)) only. No other programs are to be extracted.

C. All claims payments for the FFS and Managed Care will be as a result of claims extracted for the associated claim types from the SAS claim files for the corresponding claim type. Two (2) output extracted claims files will be generated from this extract process, one for Medicaid and one for SCHIP (FAMIS). These 2 files will be used to also extract any corresponding ancillary revenue line data as described in Section D below.

1. The following is the mapping for the PERM Plus Record for all FFS claims except CT 11 non-MMIS DentaQuest claims data, CT CD claims data, CT MP claims data, CT 05 and CT 09 BHSA claims data, and CT A5 and CT A9 for PCRI claims data:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (FAMIS or Medicaid Expansion) based on B_PGM (DE 3551). Value 01 = 1, Values 07 or 09 = 2.
FIX_PYMT_IND =	0 (Non-Fixed Payments) or 1 (Fixed Payment FFS)
RECORD_TYPE =	H (CT 01, 02, 03, 09A, 10, 15, 17) or L (CT 04, 05, 06, 08, 09B, 11, 13, 96).
MED_XOVR_IND =	Y (Crossover Claim Type 09) or N (Not a Crossover)
MANAGED_IND =	Y (Claim Type 15 or Claim Type 03, Provider Type 104) or N (Not Managed Care)

STATUS =	Claim Status 01 or 03 only (DE 2039)
INV_TYPE =	Invoice Claim Type (DE 2002)
BILL_PROV_ID	BILL_PROV_SUBMT (DE 4700)
SERV_PROV_ID	SRVC_PROV_SUBMT (DE 4700)
REF_PROV_ID	I_REF_PROV_SUBMT (DE 4700)
MEMBER_ID	Member Permanent Enrollee ID (DE 3093)
ICN =	REF_NUM - ICN Claim Number (DE 2001)
CT_MOD	Claim Type Modifier 01 original payments only (DE 2003)
REMIT_DT =	Payment Date (DE 9578)
TENT_PAY =	Amount Paid (DE 2023)
	If Object Codes (Claim Status 01 only) are 123432, 123433, 123462, 123463, 123473, or 123474, source field for TENT_PAY will be Claim Allowed Amount (DE 2073).
TPL_AMT =	Third Party Liability Amount (DE 2018)
UNITS_PD =	Units/Visits/Services (DE 2009) for all claim types except Metric/Decimal/Quantity (DE 2248) for CT 06 only
PLACE =	Place of Service (DE 2173) for CT 04, 05, 08, 09B, 11, 13 only
TYPE_SERV =	Type of Service (DE 2073) for CT 04, 05, 08, 09B, 11, 13 only
PROC_CODE =	HCPCS or CPT Procedure Code (DE 5002) for CT 04, 05, 08, 09B, 11, 13 only
PROC_MOD1 =	Procedure Code Modifier 1 (DE 2171) for CT 04, 05, 08, 09B, 11, 13 only
PROC_MOD2 =	Procedure Code Modifier 2 (DE 2171) for CT 04, 05, 08, 09B, 11, 13 only
PROC_MOD3 =	Procedure Code Modifier 3 (DE 2171) for CT 04, 05, 08, 09B, 11, 13 only
PROC_MOD4 =	Procedure Code Modifier 4 (DE 2171) for CT 04, 05, 08, 09B, 11, 13 only
NDC_CODE =	Pharmacy Drug Code (DE 5200) for CT 06 only
RX_NUM =	Prescription Number (DE 2211) for CT 06 only
PRESCRIB_DT =	Prescription Written Date (DE 2214) for CT 06 only
CAT_SERV=	Category of Service (DE 2038)
FROM_DOS=	Begin or From Date of Service (DE 2010)
THRU_DOS=	End or Thru Date of Service (DE 2011)
SA_NUMBER=	PA Number (DE 2024) generated from PA_DAYS (DE 2499) PA_SEQNO (DE 2498) PA_TYPE (DE 2508)
ICD9_PROC1 =	ICD-9-CM Procedure Code 1 (DE 5002) for CT 01, 02, 03, 09A, 10 only
ICD9_PROC2 =	ICD-9-CM Procedure Code 2 (DE 5002) for CT 01, 02, 03, 09A, 10 only
ICD9_PROC3 =	ICD-9-CM Procedure Code 3 (DE 5002) for CT 01, 02, 03, 09A, 10 only
ICD9_PROC4 =	ICD-9-CM Procedure Code 4 (DE 5002) for CT 01, 02, 03, 09A, 10 only

ICD9_PROC5 =	ICD-9-CM Procedure Code 5 (DE 5002) for CT 01, 02, 03, 09A, 10 only
ICD9_PROC6 =	ICD-9-CM Procedure Code 6 (DE 5002) for CT 01, 02, 03, 09A, 10 only
ICD9_DIAG1 =	ICD-9-CM Diagnosis Code 1 (DE 5301)
ICD9_DIAG2 =	ICD-9-CM Diagnosis Code 2 (DE 5301)
ICD9_DIAG3 =	ICD-9-CM Diagnosis Code 3 (DE 5301)
ICD9_DIAG4 =	ICD-9-CM Diagnosis Code 4 (DE 5301)
ICD9_DIAG5 =	ICD-9-CM Diagnosis Code 5 (DE 5301)
ICD9_DIAG6 =	ICD-9-CM Diagnosis Code 6 (DE 5301)
ICD9_DIAG7 =	ICD-9-CM Diagnosis Code 7 (DE 5301)
ICD9_DIAG8 =	ICD-9-CM Diagnosis Code 8 (DE 5301)
ICD9_DIAG9 =	ICD-9-CM Diagnosis Code 9 (DE 5301)
DRG_CODE =	DRG Code (DE 5353) for CT 01 only
SOURCE_LOC =	VAMMIS
AID_CATEGORY=	PROGRAM - Eligibility Aid Category (DE 3009)
USR_FLD1 =	Accounting Object Code (DE 9843) for paid claims only
USR_FLD2 =	Error/Edit/EOB Reason 1 (DE 5506)
USR_FLD3 =	SITE_NO (Servicing Provider Site Number - DE 4143)
USR_FLD4 =	EAPG_CD (DE 5065) for CT 05 only
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	SUBMT_BILL_TXNMY (DE 4391)
USR_FLD7 =	SUBMT_SRVC_TXNMY (DE 4391)
USR_FLD8 =	PROV_CLS (DE 4006)

All claim types above will be generated from the SAS claims files SS-F-MINV01 thru SS-F-MINV96.

2. The following is the mapping for the PERM Plus Record for the DentaQuest dental claims (Claim Type 11) claims data from the associated source files generated by Rob Chapman that are monthly SAS named Work.DYY\_MM (YY\_MM = paid year and month date, example 14\_10 for claims paid in for the month of October, 2014). These files contain the data necessary to generate the claims for Claim Type 11.

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) based on the source field OBJECT_CODE values 123201 or 123202, or 2 (FAMIS or Medicaid Expansion) based on the source field OBJECT_CODE values 123241, 123242, 123205, or 123206
FIX_PYMT_IND =	0
RECORD_TYPE =	L
MED_XOVR_IND =	N
MANAGED_IND =	N
STATUS =	01
INV_TYPE =	11
BILL_PROV_ID =	0101472634

SERV_PROV_ID =	DQ_NPI field from Work.DYY_MM source file
REF_PROV_ID =	Spaces
MEMBER_ID =	RECIP field from Work.DYY_MM source file
ICN =	CLAIM_ID field from Work.DYY_MM source file + ITEM_NUMBER field from Work.DYY_MM source file (16 positions)
CT_MOD =	1
REMIT_DT =	REMIT_DT field from Work.DYY_MM source file
TENT_PAY =	PAID_AMT field from Work.DYY_MM source file
TPL_AMT =	0
UNITS_PD =	1
PLACE =	Space
TYPE_SERV =	Space
PROC_CODE =	PROC_CODE field from Work.DYY_MM source file
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV =	080
FROM_DOS =	SVC_DATE field from Work.DYY_MM source file
THRU_DOS =	SVC_DATE field from Work.DYY_MM source file
SA_NUMBER =	Space
ICD9_PROC1 =	Space
ICD9_PROC2 =	Space
ICD9_PROC3 =	Space
ICD9_PROC4 =	Space
ICD9_PROC5 =	Space
ICD9_PROC6 =	Space
ICD9_DIAG1 =	Space
ICD9_DIAG2 =	Space
ICD9_DIAG3 =	Space
ICD9_DIAG4 =	Space
ICD9_DIAG5 =	Space
ICD9_DIAG6 =	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space
ICD9_DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	DENTAQ
AID_CATEGORY=	AC field from Work.DYY_MM source file
USR_FLD1 =	OBJECT_CODE field from Work.DYY_MM source file
USR_FLD2 =	Space
USR_FLD3 =	01 (Servicing Provider Site Number)

USR\_FLD4 = Space  
 USR\_FLD5 = 01 (Billing Provider Site Number)  
 USR\_FLD6 = Space  
 USR\_FLD7 = Space  
 USR\_FLD8 = Space

3. The following is the mapping for the PERM Plus Record for the CD (Consumer Directed) Claim Type and MP (Money Follows Person) claims data from the associated source files generated by Rob Chapman that are monthly SAS named Work.Cd\_QE\_YYYY\_MM (Paid year and month date, example 2014\_10 for claims paid in for the month). These files are the source files for the payments made to PPL monthly. These are files that contain the data necessary to generate the claims for Claim Type CD and MP. The ICN (16 positions) for these generated payments will be the source field TRANS\_NUM and will be formatted as M-NNNNN-SSSSSSSS where SSSSSSSS = a sequence number. The entire field will be used for the ICN including the dashes. Input CD claims with Object Codes 123868, 123869, and 123870 are to be excluded and will not be used for output claims generation.

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid)
FIX_PYMT_IND =	0
RECORD_TYPE =	L
MED_XOVR_IND =	N
MANAGED_IND =	N
STATUS =	1
INV_TYPE =	CD or MP if source PROC_CDE field = T2038
BILL_PROV_ID =	0159324067 for CD claims or 0103152044 for MP claims
SERV_PROV_ID =	0159324067 for CD claims or 0103152044 for MP claims
REF_PROV_ID =	Spaces
MEMBER_ID	RECIP field from Work.Cd_YYYY_MM source file
ICN =	TRANS_NUM field from Work.Cd_YYYY_MM source file
CT_MOD =	<b>1</b>
REMIT_DT =	REMIT_DT field from Work.Cd_YYYY_MM source file
TENT_PAY =	TENT_PAY field from Work.Cd_YYYY_MM source file
TPL_AMT =	0
UNITS_PD =	VUS field from Work.Cd_YYYY_MM source file
PLACE =	Space
TYPE_SERV =	Space
PROC_CODE =	PROC_CDE field from Work.Cd_YYYY_MM source file
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space

CAT_SERV =	190
FROM_DOS	SVC_DATE field from Work.Cd_YYYY_MM source file
THRU_DOS	SVC_DATE field from Work.Cd_YYYY_MM source file
SA_NUMBER	Space
ICD9_PROC1	Space
ICD9_PROC2	Space
ICD9_PROC3	Space
ICD9_PROC4	Space
ICD9_PROC5	Space
ICD9_PROC6	Space
ICD9_DIAG1	Space
ICD9_DIAG2	Space
ICD9_DIAG3	Space
ICD9_DIAG4	Space
ICD9_DIAG5	Space
ICD9_DIAG6	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space
ICD9_DIAG9 =	Space
DRG_CODE	Space
SOURCE_LOC	PPL
AID_CATEGORY=	PROGRAM field from Work.Cd_YYYY_MM source file
USR_FLD1 =	BA_OBJ field from Work.Cd_YYYY_MM source file
USR_FLD2 =	Space
USR_FLD3 =	01 (Servicing Provider Site Number)
USR_FLD4 =	Space
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	Space
USR_FLD7 =	Space
USR_FLD8 =	Space

4. The following is the mapping from for the Managed Care PERM Plus Record generated from the SAS claims file SS-F-MINV15:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (FAMIS or Medicaid Expansion) based on B_PGM (DE 3551). Value 01 = 1, Values 07 or 09 = 2.
FIX_PYMT_IND =	0
RECORD_TYPE =	H
MED_XOVR_IND =	N
MANAGED_IND =	Y
STATUS =	Claim Status 01 or 03 only (DE 2039)
INV_TYPE =	15
BILL_PROV_ID =	BILL_PROV_SUBMT (DE 4700)
SERV_PROV_ID =	SRVC_PROV_SUBMT (DE 4700)
REF_PROV_ID =	Spaces

MEMBER_ID	Member Permanent Enrollee ID (DE 3093)
ICN =	ICN Claim Number (DE 2001)
CT_MOD =	Claim Type Modifier 01 original payments only (DE 2003)
REMIT_DT =	Payment Date (DE 9578)
TENT_PAY =	Amount Paid (DE 2023)
TPL_AMT =	Third Party Liability Amount (DE 2018)
UNITS_PD =	Units/Visits/Services (DE 2009)
PLACE =	Place of Service (DE 2173)
TYPE_SERV =	Type of Service (DE 2073)
PROC_CODE =	Space
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV=	Category of Service (DE 2038)
FROM_DOS=	Begin or From Date of Service (DE 2010)
THRU_DOS=	End or Thru Date of Service (DE 2011)
SA_NUMBER=	Space
ICD9_PROC1 =	Space
ICD9_PROC2 =	Space
ICD9_PROC3 =	Space
ICD9_PROC4 =	Space
ICD9_PROC5 =	Space
ICD9_PROC6 =	Space
ICD9_DIAG1 =	Space
ICD9_DIAG2 =	Space
ICD9_DIAG3 =	Space
ICD9_DIAG4 =	Space
ICD9_DIAG5 =	Space
ICD9_DIAG6 =	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space
ICD9_DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	VAMMIS
AID_CATEGORY=	Spaces
USR_FLD1 =	Accounting Object Code (DE 9843) for paid claims only
USR_FLD2 =	Error/Edit/EOB Reason 1 (DE 5506)
USR_FLD3 =	SITE_NO (Servicing Provider Site Number - DE 4143)
USR_FLD4 =	Space
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	SUBMT_BILL_TXNMY (DE 4391)
USR_FLD7 =	SUBMT_SRVC_TXNMY (DE 4391)

USR\_FLD8 = PROV\_CLS (DE 4006)

5. The following is the mapping for the PERM Plus Record for the Magellan Behavior Health (BHSA) claims data from the associated source files generated by Rob Chapman that are monthly SAS files named Work.Bhsa\_Inv01\_YYYY\_MM (Inpatient claims), Work\_Bhsa\_Inv03\_YYYY\_MM (Outpatient claims), or Work.Bhsa\_Inv05\_YYYY\_MM (Practitioner claims). The YYYY\_MM portion related to the paid year and month date, example 2014\_10 for claims paid in for the month. These files are the source files for the payments made to Magellan.

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) based on source file B_PGM = 01 or 2 (FAMIS or Medicaid Expansion) source file B_PGM = 07 or B_PGM = 01 with PROGRAM = 094
FIX_PYMT_IND =	0
RECORD_TYPE =	H (Source file INV_TYPE CT 01 or 03) or L (Source file INV_TYPE 05)
MED_XOVR_IND =	N
MANAGED_IND =	N
STATUS =	STATUS field from source file (Only 1 OR 3)
INV_TYPE =	INV_TYPE field from source file
BILL_PROV_ID =	BILL_PROV_NPI field from source file
SERV_PROV_ID =	SRVC_PROV_NPI field from source file
REF_PROV_ID =	REFR_PROV_NPI field from source file
MEMBER_ID =	RECIP field from source file (12 digits with leading zeros)
ICN =	BHSA + CLAIM_ICN from Spreadsheet (16 positions)
CT_MOD =	DISP field from source file value 1 only (No voids or adjustments will be extracted)
REMIT_DT =	REMIT_DT field from source file
TENT_PAY =	TENT_PAY field from source file (No Negative Amounts)
TPL_AMT =	PRI_PAY field from source file
UNITS_PD =	UNITS field from source file
PLACE =	PLACE field from source file
TYPE_SERV =	Space
PROC_CODE =	PROC_CDE field from source file
PROC_MOD1 =	PROCMOD1 field from source file
PROC_MOD2 =	PROCMOD2 field from source file
PROC_MOD3 =	PROCMOD3 field from source file
PROC_MOD4 =	PROCMOD4 field from source file
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV =	Space
FROM_DOS =	FROM_DTE field from source file
THRU_DOS =	THRU_DTE field from source file
SA_NUMBER =	BHSA_SA_NUM field from source file
ICD9_PROC1 =	PRN_PROC field from source file

ICD9_PROC2 =	OTHPROC1 field from source file
ICD9_PROC3 =	OTHPROC2 field from source file
ICD9_PROC4 =	OTHPROC3 field from source file
ICD9_PROC5 =	OTHPROC4 field from source file
ICD9_PROC6 =	Spaces
ICD9_DIAG1 =	PRIM_DIAG field from source file
ICD9_DIAG2 =	OTH_DIAG2 field from source file
ICD9_DIAG3 =	OTH_DIAG3 field from source file
ICD9_DIAG4 =	OTH_DIAG4 field from source file
ICD9_DIAG5 =	Space
ICD9_DIAG6 =	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space
ICD9_DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	MAGELL
AID_CATEGORY=	PROGRAM field from source file
USR_FLD1 =	BA_OBJ field from source file
USR_FLD2 =	E_DENIAL_CD1 or E_INELIG_CD1 field from source file
USR_FLD3 =	01 (Servicing Provider Site Number)
USR_FLD4 =	Space
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	BILL_TXNMY field from source file
USR_FLD7 =	SRVC_TXNMY field from source file
USR_FLD8 =	PROV_CLS field from source file

D. In addition to extracting the MMIS claims from the claims SAS files for FFS claims in Section C above, all Ancillaries (Revenue Line Items) will also be extracted for the corresponding claims for CT 01, CT 02, CT 03, CT 09A and CT 10, including the BHSA claim in Section 6 above.

#### 1. MMIS Ancillary Files Extract

The input SAS files to this extract process are the SS-F-MANC01 thru SS-F-MANC10 Ancillary files. Two (2) output extracted revenue line files will be generated from this extract process, one for Medicaid and one for SCHIP (FAMIS). **No Negative revenue lines on the source files are to be extracted for the target files. This is determined if the source fields REVUNIT or REVBAMT are negative values.**

The following is the mapping for the PERM Revenue Line Records for related claims:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (SCHIP) based on which file used to match the ICNs to the ancillary file's ICNs from Section C above. If the Medicaid claims file, value will be 1, else value will be 2.
RECORD_TYPE =	L

INV_TYPE =	Invoice Claim Type (DE 2002)
ICN =	ICN Claim Number (DE 2001)
REV_COUNT	REVSEQ (DE 0002)
BILL_TYPE	BILLTYPE (DE 2102)
REV_CODE	REVCODE (DE 2122)
PROC_CODE	PROC_CD (DE 5002)
LINE_DOS =	FROM_DTE (DE 2010)
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
EAPG_CODE =	LI_EAPG (DE 5065)
REV_UNITS	REVUNIT (DE2123)
REV_AMOUNT	REVBAMT (DE 2124)
REV_NON_CV_AMT	REVNCAMT (DE 2139)

2. In addition to extracting the BHSA claims from the claims SAS files from Rob Chapman in Section C.6 above, all Ancillaries (Revenue Line Items) records associated with the BHSA Inpatient and Outpatient claims that are for CT 01 and CT 03 will also need to be extracted. The input SAS files to this extract process are the Work.Bhsa\_anc\_YYYY\_MM BHSA\_ANC ancillary SAS files. The YYYY\_MM portion related to the paid year and month date, example 2014\_10 for claims paid in the month. Two (2) output extracted revenue line files will be generated from this extract process, one for Medicaid and one for SCHIP (FAMIS) and would be merged with the ancillary records generated in Section D.1 above.

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (SCHIP) based on the inpatient or outpatient claim used to match the Claim_ICN9 field of the ancillary file to the first 9 digits of the Claim_ICN field of the corresponding Work_Bhsa_inv01 or Work_Bhsa_inv03 claim file Section C.6 above. If the Medicaid claims file, value will be 1, else value will be 2.
RECORD_TYPE =	L
INV_TYPE =	INV_TYPE on Work_Bhsa_inv01 or 03 file
ICN =	ICN on Work_Bhsa_inv01 or 03 file
REV_COUNT	CLAIM_LINE from Work_Bhsa_anc file
BILL_TYPE	BILL_TYPE from Work_Bhsa_anc file
REV_CODE	REV_CODE from Work_Bhsa_anc file
PROC_CODE	HCPCS_CODE from Work_Bhsa_anc file
LINE_DOS =	SERVICE_DATE from Work_Bhsa_anc file
PROC_MOD1 =	HCPCS_MOD1 from Work_Bhsa_anc file
PROC_MOD2 =	HCPCS_MOD2 from Work_Bhsa_anc file
PROC_MOD3 =	HCPCS_MOD3 from Work_Bhsa_anc file
PROC_MOD4 =	HCPCS_MOD4 from Work_Bhsa_anc file
EAPG_CODE =	EAPG_CODE from Work_Bhsa_anc file

REV_UNITS	REV_UNIT from Work_Bhsa_anc file
REV_AMOUNT	REV_BILLED from Work_Bhsa_anc file
REV_NON_CV_AMT	REV_NONCOV from Work_Bhsa_anc file

E. The payments for the Fixed FFS PERM Plus data will be as a result of multiple processes to obtain the 'claim' data payment information. The CMM Management fees will be as a result of claims extracted for CT 17. The payments for HIPP, PRCI, and the Transportation vendor will be as a result of special processing that will use different input sources to generate the payment universe data. This will include:

1. HIPP – the Financial transactions associated with Adjustment Reason 9200, 9205, 9208, 9211, and 9214 (Medicaid HIPP) or Adjustment Reason 9202, 9207, 9210, 9213, and 9216 (FAMIS Select HIPP) will be extracted from the SAS Financial Transaction file for these payment generations. The ICN (16 positions) for these transactions will use the Financial Control Number (FCN is a 9-digit number) + the remaining 7 positions will be 0000001 for each transaction).

The following is the mapping from for the Fixed Payment PERM Plus Record for the HIPP data using the SAS file SS-F-TRANS as the source:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (FAMIS or Medicaid Expansion) based on ADJ_RSN. Values 9200, 9205, 9208, 9211, or 9214 = 1, Values 9202, 9207, 9210, 9213, and 9216 = 2.
FIX_PYMT_IND =	1
RECORD_TYPE =	H
MED_XOVR_IND =	N
MANAGED_IND =	N
STATUS =	1
INV_TYPE =	HP (Health Insurance Premium Payment)
BILL_PROV_ID	PAYEE (DE 9588)
SERV_PROV_ID	Space
REF_PROV_ID =	Spaces
MEMBER_ID	Space
ICN =	FCN (9 positions) + 0000001 (7 positions)
CT_MOD	1
REMIT_DT =	RAPAYDTE (DE 9578)
TENT_PAY =	FINAMT (DE 9817)
TPL_AMT =	Space
UNITS_PD =	Space
PLACE =	Space
TYPE_SERV =	Space
PROC_CODE =	Space
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space

PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV=	180 (HIPP)
FROM_DOS=	Space
THRU_DOS=	Space
SA_NUMBER=	Space
ICD9_PROC1 =	Space
ICD9_PROC2 =	Space
ICD9_PROC3 =	Space
ICD9_PROC4 =	Space
ICD9_PROC5 =	Space
ICD9_PROC6 =	Space
ICD9_DIAG1 =	Space
ICD9_DIAG2 =	Space
ICD9_DIAG3 =	Space
ICD9_DIAG4 =	Space
ICD9_DIAG5 =	Space
ICD9_DIAG6 =	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space
ICD9_DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	VAMMIS
AID_CATEGORY=	Spaces
USR_FLD1 =	OBJECT_CODE (DE 9843)
USR_FLD2 =	Space
USR_FLD3 =	Space
USR_FLD4 =	Space
USR_FLD5 =	Space
USR_FLD6 =	Space
USR_FLD7 =	Space
USR_FLD8 =	Space

2. CMM Admin Fees (CT 17) will be the source for generating this type of Fixed Premium payments.

The following is the mapping from for the Fixed Payment PERM Plus Record generated from the SAS claims file SS-F-MINV17:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) or 2 (FAMIS or Medicaid Expansion) based on B_PGM (DE 3551). Value 01 = 1, Values 07 or 09 = 2.
FIX_PYMT_IND =	1
RECORD_TYPE =	L
MED_XOVR_IND =	N

MANAGED_IND =	N
STATUS =	Claim Status 01 or 03 only (DE 2039)
INV_TYPE =	Invoice Claim Type (DE 2002)
BILL_PROV_ID	BILL_PROV_SUBMT (DE 4700)
SERV_PROV_ID	SRVC_PROV_SUBMT (DE 4700)
REF_PROV_ID =	I_REF_PROV_SUBMT (DE 4700)
MEMBER_ID	Member Permanent Enrollee ID (DE 3093)
ICN =	ICN Claim Number (DE 2001)
CT_MOD	Claim Type Modifier 01 original payments only (DE 2003)
REMIT_DT =	Payment Date (DE 9578)
TENT_PAY =	Amount Paid (DE 2023)
TPL_AMT =	Third Party Liability Amount (DE 2018)
UNITS_PD =	Units/Visits/Services (DE 2009)
PLACE =	Place of Service (DE 2173)
TYPE_SERV =	Type of Service (DE 2073)
PROC_CODE =	HCPCS or CPT Procedure Code (DE 5002)
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV=	Category of Service (DE 2038)
FROM_DOS=	Begin or From Date of Service (DE 2010)
THRU_DOS=	End or Thru Date of Service (DE 2011)
SA_NUMBER=	Space
ICD9_PROC1 =	Space
ICD9_PROC2 =	Space
ICD9_PROC3 =	Space
ICD9_PROC4 =	Space
ICD9_PROC5 =	Space
ICD9_PROC6 =	Space
ICD9_DIAG1 =	Space
ICD9_DIAG2 =	Space
ICD9_DIAG3 =	Space
ICD9_ DIAG4 =	Space
ICD9_ DIAG5 =	Space
ICD9_ DIAG6 =	Space
ICD9_ DIAG7 =	Space
ICD9_ DIAG8 =	Space
ICD9_ DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	VAMMIS
AID_CATEGORY=	PROGRAM - Eligibility Aid Category (DE 3009)
USR_FLD1 =	Accounting Object Code (DE 9843) for paid claims only

USR_FLD2 =	Error/Edit/EOB Reason 1 (DE 5506)
USR_FLD3 =	SITE_NO (Servicing Provider Site Number - DE 4143)
USR_FLD4 =	EAPG Code (DE 5065) for CT 05 only
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	SUBMT_BILL_TXNMY (DE 4391)
USR_FLD7 =	SUBMT_SRVC_TXNMY (DE 4391)
USR_FLD8 =	PROV_CLS (DE 4006)

3. The following is the mapping for the Fixed Payment PERM Plus Records for the PCRI (Provider Rate Increase) claims data from the associated source files generated by Rob Chapman that are quarterly (4 files for the PERM FY 2015 project) SAS files named PCRI\_MMDDYYYY\_copy. The MMDDYYYY portion for the file name is related to the MMIS remit date, example 10242014:

Target Field	Source Data
FUNDNG_CODE =	1 (Medicaid) based on source file B_PGM field = 01 or 2 (SCHIP) B_PGM field = 01 with PROGRAM field = 094
FIX_PYMT_IND =	1
RECORD_TYPE =	L
MED_XOVR_IND =	N if INV_TYPE = 05, else value Y
MANAGED_IND =	N
STATUS =	1
INV_TYPE =	A5 if INV_TYPE field from file is 05, else value will be A9
BILL_PROV_ID =	BILL_PROV_NPI field from source file
SERV_PROV_ID =	SRVC_PROV_NPI field from source file
REF_PROV_ID =	Spaces
MEMBER_ID =	RECIP field from source file (12 digits with leading zeros)
ICN =	Remit Date (MMDDYYYY) from File ID + generated 8 digit sequence number starting at 1 (total 16 positions)
CT_MOD =	1 (No voids or adjustments are to be extracted)
REMIT_DT =	Remit date (MM/DD/YYYY) from File ID
TENT_PAY =	ADD_PAY field from source file (No negative amounts)
TPL_AMT =	Spaces
UNITS_PD =	VUS field from source file
PLACE =	PLACE field from source file
TYPE_SERV =	Space
PROC_CODE =	PROC_CDE field from source file
PROC_MOD1 =	Spaces
PROC_MOD2 =	Spaces
PROC_MOD3 =	Spaces
PROC_MOD4 =	Spaces
NDC_CODE =	Spaces
RX_NUM =	Spaces
PRESCRIB_DT =	Spaces
CAT_SERV =	050
FROM_DOS =	FROM_DTE field from source file

THRU_DOS =	THRU_DTE field from source file
SA_NUMBER =	Spaces
ICD9_PROC1 =	Spaces
ICD9_PROC2 =	Spaces
ICD9_PROC3 =	Spaces
ICD9_PROC4 =	Spaces
ICD9_PROC5 =	Spaces
ICD9_PROC6 =	Spaces
ICD9_DIAG1 =	Spaces
ICD9_DIAG2 =	Spaces
ICD9_DIAG3 =	Spaces
ICD9_DIAG4 =	Spaces
ICD9_DIAG5 =	Spaces
ICD9_DIAG6 =	Spaces
ICD9_DIAG7 =	Spaces
ICD9_DIAG8 =	Spaces
ICD9_DIAG9 =	Spaces
DRG_CODE =	Spaces
SOURCE_LOC =	PCRI
AID_CATEGORY=	PROGRAM field from source file
USR_FLD1 =	123833 if FUNDING_CODE field above = 1, else value 123835
USR_FLD2 =	Spaces
USR_FLD3 =	01 (Servicing Provider Site Number)
USR_FLD4 =	Spaces
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	Spaces
USR_FLD7 =	Spaces
USR_FLD8 =	Spaces

4. Transportation Vendor Monthly PMPM Payments – The source files will be generated by Rob Chapman and will be SAS files named Work.Netcap\_YYYY\_MM (Paid year and month date, example 2014\_11 for November, 2014 paid month). These files are the source files for the PMPM payments made to LogistiCare monthly. These are large files that contain the data necessary to generate the PERM Fixed Premium payments for Claim Type TR. The ICN (16 positions) for these generated payments will be the source field TRANS\_NUM and will be formatted as M-NNNNN-SSSSSSSS where SSSSSSSS = a sequence number. The entire field will be used for the ICN including the dashes. Since the entire member demographic data is already included in the source SAS file, when the member data file is generated, this data will be used to also generate that file data. See Member PERM Plus File Criteria document for those instructions.

The following is the mapping from the source to target for the Fixed Payment PERM Plus Record for the Transportation PMPM data:

Target Field	Source Data
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FUNDNG_CODE =	1 if BA_OBJ_PROG field from Work.Netcap_YYYY_MM source file = Medicaid, else a value 2
FIX_PYMT_IND =	1
RECORD_TYPE =	L
MED_XOVR_IND =	N
MANAGED_IND =	N
STATUS =	1
INV_TYPE =	TR (Transportation PMPM)
BILL_PROV_ID	0159330460
SERV_PROV_ID	0159330460
MEMBER_ID	RECIP field from Work.Netcap_YYYY_MM source file
ICN =	TRANS_NUM field from Work.Netcap_YYYY_MM source file
CT_MOD	<b>1</b>
REMIT_DT =	REMIT_DT field from Work.Netcap_YYYY_MM source file
TENT_PAY =	PAID_AMT (Rounded) field from Work.Netcap_YYYY_MM source file
TPL_AMT =	zeros
UNITS_PD =	1
PLACE =	Space
TYPE_SERV =	Space
PROC_CODE =	Space
PROC_MOD1 =	Space
PROC_MOD2 =	Space
PROC_MOD3 =	Space
PROC_MOD4 =	Space
NDC_CODE =	Space
RX_NUM =	Space
PRESCRIB_DT =	Space
CAT_SERV=	292 (Transportation)
FROM_DOS=	FROM_DATE field from Work.Netcap_YYYY_MM source file
THRU_DOS=	THRU_DATE field from Work.Netcap_YYYY_MM source file
SA_NUMBER=	Space
ICD9_PROC1 =	Space
ICD9_PROC2 =	Space
ICD9_PROC3 =	Space
ICD9_PROC4 =	Space
ICD9_PROC5 =	Space
ICD9_PROC6 =	Space
ICD9_DIAG1 =	Space
ICD9_DIAG2 =	Space
ICD9_DIAG3 =	Space
ICD9_DIAG4 =	Space
ICD9_DIAG5 =	Space
ICD9_DIAG6 =	Space
ICD9_DIAG7 =	Space
ICD9_DIAG8 =	Space

ICD9_DIAG9 =	Space
DRG_CODE =	Space
SOURCE_LOC =	LOGIS
AID_CATEGORY=	AID_CAT field from Work.Netcap_YYYY_MM source file
USR_FLD1 =	BA_OBJ field from Work.Netcap_YYYY_MM source file
USR_FLD2 =	Space
USR_FLD3 =	01 (Servicing Provider Site Number)
USR_FLD4 =	Space
USR_FLD5 =	01 (Billing Provider Site Number)
USR_FLD6 =	Space
USR_FLD7 =	Space
USR_FLD8 =	Space

The 2 Transportation PMPM Fixed Payment files (Medicaid and SCHIP (FAMIS)) created from this process need to be merged with the other 2 (Medicaid and SCHIP (FAMIS)) Fixed Payment files generated by the IRP team for the PERM Extract IRP ISR. Both files should be in same format as SAS files to ensure the merge process works correctly.

The output Fixed Premium format PERM Plus data will contain as many fields from the source data as possible in order to meet the format design requirements from CMS, as not all fields on the source data may be present.

- F. A total of 8 separate files will be produced for each Quarter PERM Plus extracts, 4 for the FFS format (Claims and UB-04 Revenue Codes for Medicaid and SCHIP (FAMIS)), 2 for the Fixed Payment (Medicaid and SCHIP (FAMIS)), and 2 for the Managed Care format (Medicaid and SCHIP (FAMIS)). The 8 files will be generated as SAS files. The files submitted to the PERM contractor needs to be zipped, encrypted and password-protected (Bob Wiesner will perform this task) based on CMS requirements and using the SFTP transmission process based on CMS's submission process.
- G. Extract Files Control Reporting.
  - 1. All of the files extracted based on the SAS claims files need to be accumulated in 2 manners,
    - a. Control processing 1: based on the CMS-64 (Medicaid amounts) or the CMS-21 (FAMIS/SCHIP amounts) for approved claims only. The CMS reporting needs to use the Object Code to determine which bucket to apply the amounts paid, based on the current object code scheme used by the IRP team to produce the CMS reports for Fiscal (Brenda Cooper). Attached is the matrix to be used for the CMS reporting totals. The process envisioned is that all approved and denied payments and are extracted first and a second process is used to accumulate the claims based on the above.
    - b. Control processing 2: based on Claim Type (01 – 96, A5, A9, CD, MP, HP, and TR), for both approved and denied payments within Program (Medicaid or FAMIS (SCHIP)). The final approved amounts by Claim Type should balance to the CMS reports processing in Step 1.a. above. Attached is the matrix to be used for the Claim Type reporting totals. Again, the process envisioned is that all approved and denied payments are extracted first and a second process is used to accumulate the claims based on Claim Type within Funding

Code (1 for Medicaid or 2 for SCHIP (FAMIS)) included in the PERM Plus Extract Claims files.