4.3 Client Subsystem Reporting Functionality

The reports produced by this subsystem are as follows:

1. NMMB1060 – RB010 – Possible Duplicate Client Report – Name/Birth/Sex
2. NMMB1060 – RB020 – Possible Duplicate Client Report – SSN
3. NMMB7510 – RB040 – Client Swipe Card Issuance Report
4. NMBRSCNT – RB041 - Clients With > 5 Swipe Cards Issued in Prior 3 Months
5. NMMB1040 – RB060 – Interface Reformat Error Report
6. NMMB1040 – RB065 – Interface Reformat State Error Report
7. NMMB1050 – RB070 – Update Error Report
8. NMMB1050 – RB075 – Update State Error Report
9. NMMB1051 – RB076 – Correction to Existing Client ID Report
10. NMMB1070 – RB080 – Eligibility Interface Audit Trail
11. NMMB1081 – RB081 – DOD (Date of Death) Activity Report
12. NMMB1081 – RB082 – DOD Activity Report - DOB UNMATCHED IN OMNICAID
13. NMMB1081 – RB081 – DOD (Date of Death) Activity Report HMS
14. NMMB1081 – RB082 – HMS DOD Activity Report - DOB UNMATCHED IN OMNICAID
15. NMMB7511 – RB090 – Swipe Card Request Error Report
16. NMMB2360 – RB201 – Buy-In Date of Death Notification Report for Part B
17. NMMB2360 – RB202 – Buy-In Transactions Not Applied for Part B
18. NMMB2360 – RB203 – Buy-In Transactions Applied for Part B
19. NMMB2360 – RB206 – Buy-In Date of Death Notification Report for Part A
20. NMMB2360 – RB207 – Buy-In Transactions Not Applied for Part A
21. NMMB2360 – RB208 – Buy-In Transactions Applied for Part A
22. NMMB2011 – RB210 – Client Long Term Care Transaction Audit Report
23. NMMB2360 – RB234 – Input Phase Control Report - Buy-In File Update Part A
24. NMMB2360 – RB236 – Part B Buy-In Transactions Not Applied
25. NMMB2360 – RB237 – Part B Buy-In Financial Summary Report
26. NMMB2360 – RB238 – Part B Buy-In Financial Detail/Trans Code
27. NMMB3100 – RB312 - ASPEN CLIENT RECONCILIATION REPORT
28. NMMB3100 – RB313 - ASPEN RECONCILIATION - CLIENTS NOT IN OMNICAID
29. NMMB2360 – RB241 – Buy-In Transactions Not Applied for Part A
30. NMMB2360 – RB242 – Buy-In Financial Billing Report for Part A
31. NMMB2360 – RB243 – Buy-In Financial Detail Report for Part A
32. NMMB2360 – RB247 – Buy-In History Match Summary For Part A
33. NMMB2360 – RB248 - Buy-In History Match Summary for Part B
34. NMMB2360 – RB249 – QI1 (COE 042) Eligibles Detail
35. NMMB7600 – RB250 – Client TPL Extract Control Report
36. NMMB2360 – RB251 – Personal Characteristics Changes Report for Part A
37. NMMB2360 – RB252 – Personal Characteristics Changes Report for Part B
38. NMMB2111 – RB265 – Long Term Care Mass Transfer Transaction Audit Report
39. NMMB3180 - RB400 - ASPEN Reconciliation Error Records (OBSOLETE)
40. NMMB1111 – RB400 - Unmatched Recon Records - CMS
41. NMMB1111 – RB410 – CMS File Audit Report of Mismatches
42. NMMB2310 – RB420 – Buy-In Transactions Not Applied
43. NMMB2311 – RB430 – Buy-In Financial Report
44. NMMB2312 – RB440 – Buy-In Financial Report – Detail
45. NMMB2210 – RB450 – BENDEX Transactions Not Applied
46. NMMB3000 – RB300 - MI VIA COE LTC span overlaps
47. NMMB3130 - RB310 - ASPEN Eligibility Suspect Duplicate Errors Report

* NMMB3130 - RB311 – ASPEN Eligibility Errors
* NMMB3160 – RB316 – ASPEN Merge Activity Report
* NMMB3220 - RB320 - OMNICAID to ASPEN/MCOs/HMS Interface Report

1. NMMB4100 – RB470 – Presumptive Eligible Provider Report
2. NMMB4020 – RB570 - Managed Care Lockin But No Medicaid Eligibility
3. NMMB6400 – RB620 – SCHIPS Client Statistics Quarterly Report
4. NMMB6400 – RB700 – SCHIPS Client Statistics Annual Report
5. NMMB4200 – RB800 – Client Eligibility Master Report
6. NMMB4300 – RB810 – Client Mailing Labels (3 Up) - **DEACTIVATED 1/5/15**
7. NMMB8010 – RB820 – Client – Unmerge Formatted Print
8. NMMB8000 – RB830 – Client – Unmerge Error Report
9. NMMB8050 – RB840 – Client Claims Transfer Audit Report
10. NMMB8050 – RB850 – Client Claims Transfer Error Report
11. NMMB8600 \_ RB860 \_ Merged client lock-in overlap Report
12. NMMB8700 \_ RB870 \_ Merged clients Report
13. NMMB7900 – RB920 – IHS Data Match To Update Race Codes Status Report
14. NMMB7012 – RB940 – CMS MMA PART D RESPONSE FILE ERROR REPORT/ No Partd Information Report
15. NMMB7012 -RB941 - CMS MMA Part D Response File Error Report/Plan Not Found Report
16. NMMB7012 –RB942 - CMS MMA Part D Response File Error Report/ Cms Reject Report
17. NMMB7012 – RB943 – CMS MMA Part D Response File Error Report/Client Altid Not Found Report
18. NMMB7012 – RB944 – CMS MMA Part D Response File Error Report/ All Other Errors Report
19. NMMB7011 - RB945 – CMS MMA Part D Response File Statistics Report
20. NMMB7014 - RB946 - CMS MMA Part D Response File Client Out-Of-State Assignment Report
21. NMMB7020 – RB947 - Part D Span Closure Error Report
22. NMMB7021 – RB948 – CMS MMA Part C Response File Error Report
23. NMMB7008 – RB971 - CMS error response file error Report.
24. NMMB1500 – RB990 – Medicaid AVRS Renewal report - **DEACTIVATED 7/1/15**
25. NMMB7400 – RB100 - LIS REFERRALS TO MSP – Audit Report
26. NMMB9600 – RB101 - CLOSE OPEN LOC FOR DECEASED CLIENTS
27. MER A – All Children by COE
28. MER C - Native American Children by COE
29. MER E - All Clients by COE
30. MER G – Native Americans by COE
31. MER H - Managed Care Clients by COE
32. MER I – All Children by County
33. MER J – Native American Children by County
34. MER K – All Clients by County
35. MER L – Native Americans by County
36. MER M – Managed Care Lockins With No Current Eligibility
37. MER N – All SCHIPS Children by County
38. MER O – Native American SCHIPS Children by County
39. MER P – All Medicare Clients by COE
40. MER Q – Native American Medicare Clients by COE
41. MER R – Not Eligible in Previous Month
42. MER S – All Clients Not Eligible in Previous Month
43. MER T – All Clients Newly Eligible This Month
44. MER U – All SCI Clients by COE
45. MER W – Native American SCI Clients by COE
46. MER Y – All PAK Clients by County
47. MER 4 – Alternate Benefit Plan by COE
48. MER 5 - Native American Alternate Benefit Plan by COE

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**POSSIBLE DUPLICATE CLIENT REPORT – NAME/BIRTH/SEX**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1060-RB010 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints possible duplicate clients on the eligibility master file. If a match is detected on the first 3 characters of the last name, the first 3 characters of the first name, date of birth, and sex, the client appears on this report. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  County  Client name  Date of birth  Sex | | | **Total**  N  N  N  N | **Page Break**  Y  N  N  N | |  |
| **Notes:**  The interface type will replace “xxxxxx” on the heading. | | | | | | |

NMMB1060-RB010 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

POSSIBLE DUPLICATE CLIENT REPORT - NAME/BIRTH/SEX

XXXXXXX INTERFACE

CLIENT --------------CLIENT NAME-------------- DATE OF -------------------- ELIGIBILITY-----------

ID LAST FIRST M BIRTH SEX RACE SSN BEGIN END COE/FM GEO/ADM CASE ID

-------------- ---------------------, --------------- - -------- --- ---- ----------- -------- -------- ----- -----

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X X 999-99-9999 99/99/99 99/99/99 XXX/X XX/XX 999999999

99/99/99 99/99/99 XXX/X XX/XX 999999999

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X X 999-99-9999 99/99/99 99/99/99 XXX/X XX/XX 999999999

99/99/99 99/99/99 XXX/X XX/XX 999999999

TOTAL SUSPECTED DUPLICATES: 9999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **POSSIBLE DUPLICATE CLIENT REPORT - NAME/BIRTH/SEX** |
| **NMMB1060-RB010** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| ADM CTY | Client Administrative County Code  This code identifies the county office that serves the area in which the client resides. | B\_ADR\_TB  B\_ADMIN\_CNTY\_CD | 1394 |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various state assigned IDs. | B\_DETAIL\_TB  B\_CURR\_ID |  |
| Client Name Last | Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_LAST\_NAM |  |
| Client Name First | Client Name First This attribute is the client’s given name. | B\_DETAIL\_TB  B\_FST\_NAM |  |
| Client Name M | Client Name Middle Initial This is the first letter of the client’s middle name. | B\_DETAIL\_TB  B\_MI\_NAM |  |
| Date of Birth | Client Date of Birth This is the date on which the client was born. | B\_DETAIL\_TB  B\_DOB\_DT |  |
| Sex | Sex Code This is the code tells the client’s gender. | B\_DETAIL\_TB  B\_DOD\_DT |  |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration. | B\_DETAIL\_TB  B\_SSN\_NUM |  |
| Case Num | Client Case Number This is the case number that the client is a member of for this span of eligibility. | B\_COE\_SPN\_TB  B\_CASE\_HH\_NUM |  |
| Race | Race Code This code tells the client’s racial and ethnic background. | B\_DETAIL\_TB  B\_RACE\_CD | 230 |
| GEO CTY | Client Geographic County Code This code indicates the geographic county in which the client resides. | B\_ADR\_TB  B\_GEO\_CNTY\_CD | 1394 |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client is receiving Medicaid benefits. | B\_COE\_SPN\_TB  B\_COE\_CD | 2678 |
| Eligibility Begin | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB  B\_COE\_SPN\_BEG\_DT |  |
| Eligibility End | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB  B\_COE\_SPN\_END\_DT |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

###### POSSIBLE DUPLICATE CLIENT REPORT - SSN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1060-RB020 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints possible duplicate clients on the eligibility master file. If a match is detected on the Social Security number, the client appears on this report. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  County  SSN | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  The interface type will replace “xxxxxx” on the heading. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1060-RB020 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

POSSIBLE DUPLICATE CLIENT REPORT - SSN

XXXXXXX INTERFACE

CLIENT --------------CLIENT NAME-------------- DATE OF -------------------- ELIGIBILITY----------

ID LAST FIRST M BIRTH SEX RACE SSN BEGIN END COE/FM GEO/ADM CASE ID

-------------- ---------------------, --------------- - -------- --- ---- ----------- -------- -------- ----- -----

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X X 999-99-9999 99/99/99 99/99/99 XXX/X XX/XX 999999999

99/99/99 99/99/99 XXX/X XX/XX 999999999

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X X 999-99-9999 99/99/99 99/99/99 XXX/X XX/XX 999999999

99/99/99 99/99/99 XXX/X XX/XX 999999999

TOTAL SUSPECTED DUPLICATES: 9999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **POSSIBLE DUPLICATE CLIENT REPORT - SSN** |
| **NMMB1060-RB020** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| ADM County | Client Administrative County Code  This code identifies the county office that serves the area in which the client resides. | B\_ADR\_TB  B\_ADMIN\_CNTY\_CD | 1394 |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various state assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| Client Name Last | Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB:  B\_LAST\_NAM |  |
| Client Name First | Client Name First This attribute is the client’s given name. | B\_DETAIL\_TB:  B\_FST\_NAM |  |
| Client Name M | Client Name Middle Initial This is the first letter of the client’s middle name. | B\_DETAIL\_TB:  B\_MI\_NAM |  |
| Date of Birth | Client Date of Birth This is the date on which the client was born. | B\_DETAIL\_TB:  B\_DOB\_DT |  |
| Sex | Sex Code This is the code tells the client’s gender. | B\_DETAIL\_TB:  B\_GENDER\_CD | 229 |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration. | B\_DETAIL\_TB:  B\_SSN\_NUM |  |
| Case Num | Client Case Number This is the case number that the client is a member of for this span of eligibility. | B\_COE\_SPN\_TB:  B\_CASE\_HH\_NUM |  |
| Race | Race Code This code tells the client’s racial and ethnic background. | B\_DETAIL\_TB:  B\_RACE\_CD | 230 |
| GEO Cty | Client Geographic County Code This code indicates the geographic county in which the client resides. | B\_ADR\_TB:  B\_GEO\_CNTY\_CD | 1394 |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client is receiving Medicaid benefits. | B\_COE\_SPN\_TB:  B\_COE\_CD | 2678 |
| Eligibility Begin | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT |  |
| Eligibility End | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**CLIENT SWIPE CARD ISSUANCE REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7510-RB040 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report prints a list of clients for whom a swipe card was issued/replaced. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB7510-RB040 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT SWIPE CARD ISSUANCE REPORT

---SWIPE CARD ISSUANCE----

CONTROL

CLIENT ID CLIENT NAME/MAILING ADDRESS DATE REASON NUMBER

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X 999999

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2

XX 99999-9999

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 99/99/99 X 999999

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2

XX 99999-9999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT SWIPE CARD ISSUANCE REPORT** |
| **NMMB7510-RB040** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | Current Client ID  The Current ID is the ID assigned based on the various State-assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| Client Name | This is the client full name, consisting of:  Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client’s middle name. | B\_DETAIL\_TB:  B\_LAST\_NAM  B\_FST\_NAM  B\_MI\_NAM |  |
| Mailing Address | Mailing Address Line 1  This is the first line of the client’s address. This line is more specific than the second line of the address.  Mailing Address Line 2  This is the second line of the client’s address. When present, this line is less specific than the first line of the address.  Mailing City  This is the city or town in which the client’s address is located.  Mailing State  This is the standard 2-character abbreviation for the state in which the client’s address is located.  Mailing 5 Digit Zip Code  This is the 5-digit portion of the postal code of the post office in which the client’s address is located.  Mailing 4 Digit Zip Code  This is the 4-digit portion of the postal code of the post office in which the client’s address is located. | B\_ADR\_TB:  B\_LINE1\_AD  B\_LINE2\_AD  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD |  |
| Swipe Card Issuance Date | Client Swipe Card Issuance Date  This is the date that the swipe card was requested. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_DT |  |
| Swipe Card Issuance Reason | Client Swipe Card Issuance Reason  This code specifies the basis for which a swipe card was created for a particular client. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_RSN\_CD | 5982 |
| Swipe Card Issuance Control Number | Client Swipe Card Issuance Control Number  This is a unique number that identifies a specific swipe card issuance. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_CNTL\_NUM |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**CLIENTS WITH > 5 SWIPE CARDS ISSUED IN PRIOR 3 MONTHS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMBRSCNT-RB041 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Demand |  | **COLD** | | |  | |
| **Description:**  This report prints a list of clients who have been issued more than 5 swipe cards in the previous three months. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  This is an on-demand report, and will be stored in COLD. | | | | | | |

CYCLE: 04/27/2011 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 04/27/2011

REPT: NMBRSCNT-RB041 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 9:10:45

PAGE: 000001

CLIENTS WITH >= 5 SWIPE CARDS ISSUED IN PRIOR 3 MONTHS

SYS ID FIRST NAME MI LAST NAME ISSUE DATE RSN REASON CARD WAS ISSUED

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

999999999 xxxxxxxxxx x xxxxxxxxxxxxxxxxxx 2011-01-03 N NAME, DOB OR ID CHANGE

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENTS WITH >= 5 SWIPE CARDS ISSUED IN PRIOR 3 MONTHS** |
| **NMBRSCNT-RB041** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| SYS ID | Client System ID | B\_DETAIL\_TB:  B\_SYS\_ID |  |
| Client Name | This is the client full name, consisting of:  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client’s middle name.  Client Name Last | B\_DETAIL\_TB:  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| ISSUE DATE | Date the swipe card was issued  .  \ | B\_SWIPE\_CARD.TB. B\_SWIPE\_ISS\_DT |  |
| rsn | The reason code for why the swipe card was issued | B\_SWIPE\_CARD\_TB.B\_SWIPE\_ISS\_RSN\_CD |  |
| reason card was issued | Interpreted reason code | B\_SWIPE\_CARD\_TB.B\_SWIPE\_ISS\_RSN\_CD |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**XXXXXXXXX REFORMAT ERROR REPORT**

**YYYYY INTERFACE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1040-RB060  NMMB1040-RB065 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  These reports display errors encountered during the input data validation and reformat process for the eligibility interface transactions. The input validation and reformat process applies high-level data checking on the input eligibility transactions. An explanation of the errors posted on these reports and their meanings can be found in section 4.5.18 Eligibility Interface Error Exhibit of the client system documentation. The RB060 report is routed to the XEROX Fiscal Agent eligibility staff to be worked. The RB065 report is routed to the State to be worked. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  State Flag  Interface Source  Interface Date  Geo County (only for RB065)  Admin County (only for RB065)  Recipient ID  Error Status Code (critical or non-critical) | | | **Total**  N  Y  Y  N  N | **Page Break**  N  Y  Y  N  N | | Interface sources are:  ISD2, RISD2  SDX, RSDX  CPS, RCPS  CMS, RCMS |
| **Notes:**  “XXXXXXXXX” on the report heading is “STATE” for the State report, Report ID RB065. It is left blank for the XEROX Report RB060. The RB065 is produced for all input records that post a ‘State’ error. A ‘State’ error is considered to be an error that only a state worker can resolve. A ‘Non-State’ error is considered to be an error that the XEROX eligibility staff can correct, perhaps with input from caseworkers. Errors are specified as State or Non-State on an internal MMIS copybook, RSERRTXT, which contains all the error codes, error types, and error description for these reports. The exhibit in section 4.5.18 Eligibility Interface Error Exhibit, reflects the entries on this copybook.  These two reports are produced separately for each of the eligibility interface source files processed by the MMIS. The “YYYYY” on the report heading will be filled with the name of the interface source.  .  A list of all the errors and the counts for each error after a break in the interface date or interface source will be produced. Refering to exhibit 4.5.18, only reformat errors will be displayed on these reports. Bypass errors will still be identified by the interface program and stored on an interface bypass error file, but they will not be printed on the report. The Reformat Errors for RB060 and RB065 are as follows:   * 100 - INVALID INTERFACE TYPE * 105 - INVALID HIC NUMBER * 110 - INVALID RECIPIENT LAST NAME * 111 - INVALID RECIPIENT FIRST NAME * 112 - INVALID RECIPIENT MIDDLE INITIAL * 115 - INVALID HOH LAST NAME * 116 - INVALID HOH FIRST NAME * 117 - INVALID HOH MIDDLE INIT * 120 - INVALID RESIDENT ADDRESS * 121 - INVALID MAILING ADDRESS * 122 - INVALID RECIP PHONE NUM * 125 - INVALID CMS START DATE * 130 - INVALID CMS END DATE * 135 - INVALID RELATION TO HEAD OF HOUSEHOLD CODE * 140 - INVALID CMS DIAGNOSIS CODE * 145 - INVALID SEX CODE * 150 - INVALID RACE CODE * 155 - INVALID RECIPIENT DATE OF BIRTH * 160 - INVALID RECIPIENT DATE OF DEATH * 161 - RECIPIENT DATE OF BIRTH LESS THAN ELIGIBILITY DATE * 165 - INVALID ELIGIBILITY BEGIN DATE * 166 - INVALID ELIGIBILITY END DATE * 167 - INVALID BENEFIT MONTH * 168 - INVALID GEO COUNTY * 169 - INVALID ADMIN COUNTY * 170 - INVALID CATEGORY OF ELIGIBILITY FOR INCOMING SOURCE * 174 - INVALID CATEGORY 074 ERROR - RECIPIENT MUST BE 18 YRS OLD * 175 - INVALID CATEGORY 036 ERROR * 176 - INVALID CATEGORY 027 ERROR * 177 - INVALID CATEGORY 071 ERROR * 178 - INVALID CATEGORY 029 ERROR * 179 - INVALID CATEGORY 073 ERROR * 180 - INVALID FEDERAL MATCH * 181 - INVALID COE/FED MATCH COMBINATION * 182 - INVALID CATEGORY 062 ERROR - PCNT POVERTY > 199 * 183 - INVALID VALUE IN MCO CODE FIELD * 184 - INVALID VALUE IN PARENT NON PARENT IND FIELD * 185 - INVALID ISD2 GRANT AMOUNT * 186 - INVALID COE/052 ERROR- CLIENT MUST BE >18 AND <66 YRS OLD * 187 - INVALID VALUE IN AFFFILIATION CODE FIELD * 188 - INVALID AGE FOR SCI - CLIENT MUST BE > 18 AND < 65 * 189 - MISSING / INVALID FPL FIELD * 190 - INVALID MCC AMOUNT * 191 - MISSING / INVALID COPAY AMOUNT * 192 - MISSING / INVALID RECERTIFICATION DATE * 193 MISSING / INVALID MEMBER STATUS * 195 - INVALID CLOSURE TRANS FOR PRIOR BENEFIT MONTH * 200 - INVALID RECIPIENT ID * 209 - INVALID PREVIOUS ID * 215 - INVALID CASE NUMBER * 220 - INVALID SSN NUMBER | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1040-RB060 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CYCLE: MM/DD/CC99 XXXXXXXXX R E F O R M A T E R R O R R E P O R T PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX

TRANS TYPE MEMB STAT BENEFIT MTH BEG DATE COE/FM GEO/ADM REL HH SSN BIRTH DATE SEX CITY ST ZIP MCC AMOUNT

CASE STAT GRANT AMT END DATE CASE ID HICN DEATH DATE RACE FPL % MCO PARENT AFFL COPAY MAX

X X 999999 MM/DD/YY XXX/X XX/XX X 99999999999 MM/DD/YY X XXXXXXXXXXXXXXX NM XXXXX ZZZZZZ9.99

X ZZZZ9.99 MM/DD/YY XXXXXXXXX XXXXXXXXXXXXXX MM/DD/YY XX XXX XX X X $ZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX

TRANS TYPE MEMB STAT BENEFIT MTH BEG DATE COE/FM GEO/ADM REL HH SSN BIRTH DATE SEX CITY ST ZIP MCC AMOUNT

CASE STAT GRANT AMT END DATE CASE ID HICN DEATH DATE RACE FPL % MCO PARENT AFFL COPAY MAX

X X 999999 MM/DD/YY XXX/X XX/XX X 99999999999 MM/DD/YY X XXXXXXXXXXXXXXX NM XXXXX ZZZZZZ9.99

X ZZZZ9.99 MM/DD/YY XXXXXXXXX XXXXXXXXXXXXXX MM/DD/YY XX XXX XX X X $ZZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1040-RB060 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

XXXXXXXXX R E F O R M A T E R R O R R E P O R T PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

TOTAL ERRORS: 4

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **XXXXXXX REFORMAT ERROR REPORT**  **YYYYY INTERFACE** |
| **NMMB1040-RB060**  **NMMB1040-RB065** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| CYCLE: | The interface date field on the interface record. | RS-INTERFACE-DATE formatted in CCYYMMDD |  |
| Client ID | The unique ID assigned to the client that is found on the interface file. | RS-ELIG-INTFC-IDENTIFIER |  |
| (Last Name) | A constant “,” will be used after the client’s last name to separate it from the client’s first name. | RS-CLIENT-LAST-NAME |  |
| (First Name) | Client First Name | RS-CLIENT-FIRST-NAME |  |
| (Middle Initial) | Client Middle Initial | RS-CLIENT-MIDL-INIT |  |
| Previous ID | Previous Recipient ID | RS-PREVIOUS-ID |  |
| Trans Type | Transaction Interface type -  RS-INTFC-TYPE-ADD = “A”  RS-INTFC-TYPE-CLOSE = “C”  RS-INTFC-TYPE-UPDATE = “U”  RS-INTFC-TYPE-RECON = “R” | RS-INTERFACE-TYPE |  |
| Memb Stat | Member Status –  RS-ISD2-MEM-REGULAR = “M”  RS-ISD2-MEM-LEGISLATED-CAT036 = “L”  RS-ISD2-MEM-EXPANSION-POVERTY = “C”  RS-ISD2-MEM-FAMILY-PLANNING = “Z”  RS-ISD2-MEM-TWELVE-MO-EXTSN = “E” | RS-ISD2-MEMBER-STATUS |  |
| Case Stat | Case Status | RS-ISD2-CASE-STATUS |  |
| Benefit MTH | Benefit Month | RS-BENEFIT-MONTH in CCYYMM format |  |
| Grant AMT | Grant Amount | RS-ISD2-GRANT-AMOUNT |  |
| BEG Date | Eligibility Begin Date. MM/DD/CCYY is the format shown on the report. | RS-MEDICAID-ELIG-BEG-DATE in CCYYMMDD format |  |
| End Date | Eligibility End Date. MM/DD/YY is the format shown on the report | RS-MEDICAID-ELIG-END-DATE in CCYYMMDD format |  |
| COE/FM | Category of Eligibility Code/Federal Match Code | RS-CAT-OF-ELIG-CODE / RS-FED-MATCH-CODE |  |
| GEO/ADM | GEO County Code/ ADMIN Office Code | RS-GEO-COUNTY-CODE /  RS-ADM-OFFICE-CD |  |
| Case ID | This is the number that identifies the household of people receiving assistance together. This number is issued by the agency determining eligibility. Often clients receive assistance as a family. This number ties the members of the family together under a group ID. Case Number is most frequently used by the ISD2 eligibility system. | RS-CASE-NUMBER |  |
| HH | Client Relationship to Head of Household | RS-REL-HEAD-HH-CD |  |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | RS-CLIENT-SSN |  |
| HICN | An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | RS-HIC-NUMB |  |
| Birth Date | MM/DD/YY is the format shown on the report. | RS-DATE-OF-BIRTH in CCYYMMDD format |  |
| Death Date | MM/DD/YY is the format shown on the report. | RS-DATE-OF-DEATH in CCYYMMDD format |  |
| SEX | This code identifies the client’s gender. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in claims processing to determine whether a provider is entitled to payment for a particular service when gender is a factor in that decision, e.g., payment to a provider for performing a hysterectomy is limited to female clients. | RS-GENDER-CODE |  |
| Race | This code identifies the client’s racial or ethnic origin. This information is used in reporting. | RS-RACE-CODE |  |
| City | This is the city or town in which the client’s address is located. | RS-RES-CITY |  |
| FPL % | Federal poverty level (percentage). This is used to convert incoming COE 062 codes to 062-064 for SCI plans. | RS-ISD2-PCNT-POVERTY |  |
| MCO | Managed care organization choice code (SCI). Indicates which of the SCI providers that the client has selected. | RS-MCO-CHOICE-CD |  |
| ST | This is the standard 2-character abbreviation for the state in which the client’s address is located. | RS-RES-STATE |  |
| PARENT | Parent/non-parent indicator (SCI). Denotes if the client is a parent or non-parent. | RS-PARENT-IND |  |
| Zip | This is the 5-digit portion of the postal code of the post office in which the client’s address is located. | RS-RES-ZIP-FIRST5 |  |
| affl | Indicates if the client is associated with a group or is an individual (SCI). | RS-AFFL-CD |  |
| MCC Amount | Medical Credit Amount | RS-MEDICAL-CR-AMOUNT |  |
| COPAY MAX AMOUNT | Maximum amount of copay a client must pay (SCI). | RS-COPAY-MAX-AMT |  |
| Error Message – | Group Label |  |  |
| (Error Code) | See section 4.5.18 Eligibility Interface Error Exhibit | Program generated |  |
| (Error Description) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| List of All Errors and Error Counts: | Section Label |  |  |
| (Error Code) | The error code of error type “B” and “R”. | W0-RSTXT-CODE of copybook, RSERRTXT |  |
| (Error Message) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| (Error Count) | The total count of the errors with the same error code. | Program generated |  |
| Total Errors: | The total count of all errors. | Program generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**XXXXXXXXX UPDATE ERROR REPORT**

**YYYYY INTERFACE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1050-RB070  NMMB1050-RB075 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description**  These reports display errors encountered during the Client database update process for the Eligibility interface transactions. The update process uses the data in the input transaction to update the MMIS client tables, and performs detailed data validity and cross-checking on the data before applying the updates. An explanation of the errors posted on these reports and their meanings can be found in section 4.5.18 Eligibility Interface Error Exhibit of the client system documentation. The RB070 report is routed to the XEROX Fiscal Agent eligibility staff to be worked. The RB075 report is routed to the State to be worked. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  State Flag  Interface Source  Interface Date  Geo County (only for RB075)  Admin County (only for RB075) Recipient ID  Error Status Code (critical or non-critical) | | | **Total**  N  Y  Y  N  N | **Page Break**  N  Y  Y  N  N | | Interface sources are:  ISD2, RISD2  SDX, RSDX  CPS, RCPS  CMS, RCMS |
| **Notes:**  “XXXXXXXXX” on the report heading is “STATE” for the State report, Report ID RB075. It is left blank for the XEROX report, RB070. RB075 is produced for all input records that post a ‘State’ error. A ‘State’ error is considered to be an error that only a state worker can resolve. A ‘Non-State’ error is considered to be an error that the XEROX eligibility staff can correct, perhaps with input from caseworkers. Errors are specified as State or Non-State on an internal MMIS copybook, RSERRTXT, which contains all the error codes, error types, and error description for these reports. The exhibit in section 4.5.18 Eligibility Interface Error Exhibit, reflects the entries on this copybook.  These two reports are produced separately for each of the eligibility interface source files processed by the MMIS. The “YYYYY” on the report heading will be filled with the name of the interface source.  .  A list of all the errors and the counts for each error after a break in the interface date or interface source will be produced. Refering to exhibit 4.5.18, only update errors will be displayed on these reports. Bypass errors will still be identified by the interface program and stored on an interface bypass error file, but they will not be printed on the report.  Added a sort step to job to sort the 402 errors into an independent file. This file in turn is then appended to original report file so that the final version of report has all of the 402 errors at end of report per operations request.  The Update Errors for RB070 and RB075 are as follows:   * 300 - INVALID LIABILITY TRANSACTION - RECIPIENT NOT ON FILE * 301 - INVALID CPS RECIPIENT ID * 302 - PREVIOUS ID POINTS TO ANOTHER SSN * 303 - CPS CLIENT MISSING ELIGIBILITY UNDER PREVIOUS ID NUMBER * 304 - INVALID CLOSURE TRANSACTION - RECIPIENT NOT ON FILE * 305 - INVALID CLOSURE TRANSACTION - CLOSURE DATE < BEGIN DATE * 306 - INVALID CLOSURE TRANSACTION - UNABLE TO FIND OPEN ELIG * 307 - INVALID CLOSURE TRANSACTION - NO MATCH FOUND ON COE * 308 - INVALID CLOSURE TRANS - ISD2 CANNOT CLOSE SDX * 309 - INVALID CLOSURE TRANS - SDX CANNOT CLOSE ISD2 * 310 - INVALID ELIG TRANS - END DATE NOT IN CUTOFF TABLE * 312 - INVALID SSN - SUSPECT DUPLICATE * 313 - TRANSACTION DOES NOT MATCH ON MORE THAN TWO KEY FIELDS * 314 - TRANSACTION HAS SUSPECT DUPLICATE TEMP ID: * 315 - TRANSACTION HAS SUSPECT DUPLICATE SS# ID : * 316 - RECIPIENT DATE OF DEATH ALREADY ON FILE : * 400 - ELIGIBILITY SEGMENT BYPASSED - COMPARABLE ELIG ON FILE * 401 - SEGMENT BYPASSED-INCOMING BEN CODE < OVERLAPPING BEN CODE * 402 - CALCULATED END DATE IS LESS THAN BEGIN DATE * 403 - CALCULATED BEGIN DATE IS NOT FIRST DAY OF THE MONTH * 404 - CALCULATED END DATE IS NOT LAST DAY OF THE MONTH * 405 - END DATE IS NOT LAST DAY OF THE MONTH * 406 - BEG DATE IS NOT FIRST DAY OF THE MONTH * 407 - BEG DATE IS GREATER THAN END DATE * 408 INVALID CLOSURE - SPAN ALREADY VOIDED * 409 TRANSACTION REJECTED - REASON UNKNOWN * 500 - INVALID LIABILITY CLOSURE - NO LIABILITY ON FILE * 501 - LIABILITY SEGMENT BYPASSED - SEGMENT ALREADY COVERED * 502 - INVALID LIABILITY CLOSURE - NO OPEN LIABILITY TO CLOSE * 503 - INVALID LIABILITY CLOSURE - CLOSE DATE < EFFECTIVE DATE * 504 - LIABILITY SEGMENT OVERLAPS WITH THE PREVIOUS SEGMENT(S) * 506 - SCI DISENROLLED - OTHER * 507 - SCI DISENROLLED - FAILURE TO APPLY WITHIN 30 DAYS * 508 - SCI DISENROLLED - EMPLOYEE PREMIUM NOT PAID * 509 - SCI DISENROLLED - EMPLOYER PREMIUM NOT PAID * 510 - SCI DISENROLLED - CLIENT NO LONGER WITH EMPLOYER * 511 - SCI DISENROLLED - REASON UNKNOWN * 512 ELIGIBILITY SEGMENT BYPASSED - SCI ELIG ON FILE * 513 SCI ELIGIBILITY SEGMENT BYPASSED - MEDICAID ELIG ON FILE * 514 SCI DISENROLLED - DUE TO DEATH * 515 SCI DISENROLLED - MAXIMUM BENEFIT MET * 997 MISSING RESIDENT ADDRESS DATA ON INPUT TRANSACTION * 998 CLIENT HAS NO ACTIVE RESIDENT ADDRESS SPAN ON FILE * 999 CLIENT HAS BEEN MOVED INTO ASPEN-TRANSACTION WAS REJECTED | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1050-RB070 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CYCLE: MM/DD/CC99 XXXXXXXXX U P D A T E E R R O R R E P O R T PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX SEX: X RACE: X

TYPE BEG DATE COE/FM BC GEO/ADM SSN BIRTH DATE MCC BEG MCC AMT ----------------ELIGIBILITY----------- -----------LIABILITY------

END DATE HH CASE ID HICN DEATH DATE MCC END BEGIN END COE FM GEO/ADM BC HH EFFECT END AMOUNT

X MM/DD/YY XXX/X XX XX/XX XXX-XX-XXXX MM/DD/YY MM/DD/YY ZZZ9.99 MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY X XXXXXXXXX XXXXXXXXXXXXXX MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX SEX: X RACE: X

TYPE BEG DATE COE/FM BC GEO/ADM SSN BIRTH DATE MCC BEG MCC AMT ----------------ELIGIBILITY----------- -----------LIABILITY------

END DATE HH CASE ID HICN DEATH DATE MCC END BEGIN END COE FM GEO/ADM BC HH EFFECT END AMOUNT

X MM/DD/YY XXX/X XX XX/XX XXX-XX-XXXX MM/DD/YY MM/DD/YY ZZZ9.99 MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY X XXXXXXXXX XXXXXXXXXXXXXX MM/DD/YY MM/DD/YY MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1050-RB070 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CYCLE: MM/DD/CC99 XXXXXXXXX U P D A T E E R R O R R E P O R T PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

TOTAL ERRORS: 4

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **XXXXXXXXX UPDATE ERROR REPORT**  **YYYYY INTERFACE** |
| **NMMB1050-RB070**  **NMMB1050-RB075** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| CYCLE: | The interface date field on the interface record. MM/DD/YY is the format shown on the report. | RS-INTERFACE-DATE formatted in CCYYMMDD |  |
| Client ID: | The unique ID assigned to the client that is found on the interface file. | RS-ELIG-INTFC-IDENTIFIER |  |
| (Last Name) | A constant “,” will be used after the client’s last name to separate it from the client’s first name. | RS-CLIENT-LASTNAME |  |
| (First Name) | Client First Name | RS-CLIENT-FIRST-NAME |  |
| (Middle Initial) | Client Middle Initial | RS-CLIENT-MIDL-INIT |  |
| Previous ID: | Previous Recipient ID | RS-PREVIOUS -ID |  |
| Type | Transaction Interface Type  RS-INTFC-TYPE-ADD = “A”  RS-INTFC-TYPE-CLOSE = “C”  RS-INTFC-TYPE-UPDATE = “U”  RS-INTFC-TYPE-RECON = “R” | RS-INTERFACE-TYPE |  |
| BEG Date | Eligibility Begin Date. MM/DD/YY is the format shown on the report. | RS-MEDICAID-ELIG-BEGIN-DATE in CCYYMMDD format |  |
| End Date | Eligibility End Date. MM/DD/YY is the format shown on the report. | RS-MEDICAID-ELIG-END-DATE in CCYYMMDD format |  |
| COE/FM | Category of Eligibility Code/ Federal Match Code. Refer to program, RSD130, for details on the COE and FM conversion logic. | RS-CAT-OF-ELIG-CODE/ RS-FED-MATCH-CODE |  |
| BC | Benefit Code. See RSD130 for logic. | Program generated |  |
| HH | Client Relationship to Head of Household. | RS-REL-HEAD-HH-CD |  |
| GEO/ADM | GEO County Code/ ADMIN Office Code | RS-GEO-COUNTY-CODE/  RS-ADMIN-OFFICE-CD |  |
| Case ID | This is the number that identifies the household of people receiving assistance together. This number is issued by the agency determining eligibility. Often clients receive assistance as a family. This number ties the members of the family together under a group ID. Case Number is most frequently used by the ISD2 eligibility system. | RS-CASE-NUMBER |  |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | RS-CLIENT-SSN |  |
| HICN | An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | RS-HIC-NUMB |  |
| Birth Date | MM/DD/YY is the format shown on the report. | RS-DATE-OF-BIRTH in CCYYMMDD format |  |
| SEX/RACE | This code identifies the client’s gender. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in claims processing to determine whether a provider is entitled to payment for a particular service when gender is a factor in that decision, e.g., payment to a provider for performing a hysterectomy is limited to female clients.  This code identifies the client’s racial or ethnic origin. This information is used in reporting. | RS-GENDER-CODE/  RS-RACE-CODE |  |
| MCC Beg | Medical Care Credit Begin Date | Program generated |  |
| MCC End | Medical Care Credit End Date | Program generated |  |
| MCC Amount | This is the amount that a nursing home client is supposed to pay out of his own pocket for the cost of his care in the facility. | RS-MEDICAL-CR-AMOUNT |  |
| Eligibility | Group Label |  |  |
| Begin | Eligibility Begin Date | RS-MEDICAID-ELIG-BEGIN-DATE |  |
| End | Eligibility End Date | RS-MEDICAID-ELIG-END-DATE |  |
| COE | Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% state funded. In New Mexico a client may be eligible in as many as four COEs at one time. As there is a difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services. The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client. | RS-CAT-OF-ELIG-CODE |  |
| FM | The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. | RS-FED-MATCH-CODE |  |
| BC | Benefit code. See RSD130 program for generation logic. | Program generated |  |
| HH | Client Relationship to Head of Household. | RS-REL-HEAD-HH-CD |  |
| GEO/ADM | GEO County Code/ ADMIN Office Code | RS-GEO-COUNTY-CODE/  RS-ADMIN-OFFICE-CD |  |
| Liability | Group Label |  |  |
| Effect | This field is derived from RS-MCC-BEGIN-DATE. See RSD130 program for logic. | Program generated |  |
| End | This field is derived from RS-MCC-END- DATE. See RSD130 program for logic. | Program generated |  |
| Amount | This amount field is derived from RS-MEDICAL-CR-AMOUNT. See RSD130 for logic. | Program generated |  |
| Error Message – | Group Label |  |  |
| (Error Code) | See RSD100 and RSD130 programs for details on error generation logic. | Program generated |  |
| (Error Description) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| List of All Errors and Error Counts: | Section Label |  |  |
| (Error Code) | See section 4.5.18 Eligibility Interface Error Exhibit | W0-RSTXT-CODE of copybook, RSERRTXT |  |
| (Error Message) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| (Error Count) | The total count of the errors with the same error code. | Program generated |  |
| Total Errors: | The total count of all errors. | Program generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**CORRECTION TO EXISTING ID REPORT**

**YYYYY INTERFACE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1051-RB076 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | Refer to the FAO Report Distribution Master | |
| **Description**  This report displays possible duplicate clients encountered during the Client database update process for the Eligibility interface transactions. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  State Flag  Interface Source  Interface Date  Geo County (only for RB075)  Admin County (only for RB075) Recipient ID  Error Status Code (critical or non-critical) | | | **Total**  N  Y  Y  N  N | **Page Break**  N  Y  Y  N  N | | Interface sources are:  ISD2, RISD2  SDX, RSDX  CPS, RCPS  CMS, RCMS |
| **Notes:**   1. This report was patterned after report RB075 but only reports certain errors coded as “314” and “315”. Error 314 is “TRANSACTION HAS SUSPECT DUPLICATE TEMP ID: XXXXXXXXXXXXXX”. Error 315 is “TRANSACTION HAS SUSPECT DUPLICATE SS# ID: XXXXXXXXXXXXXX”. These error messages are flagged for the State distribution initially, but will probably only be sent to XEROX. 2. Only errors with an error type of “U”, for update errors, will be validated in the program. Only update errors will be displayed on the report. RSERRTXT copybook has all the error codes, error types, and error description for these reports. W0-RSTXT-ERROR-TYPE is the data field for error type. 3. The “YYYYY” on the report heading will be filled with the name of the interface source. 4. A list of all the errors and the counts for each error after a break in the interface date or interface source will also be produced patterned after the update error report (RB075). | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1051-RB076 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CYCLE: MM/DD/CC99 C O R R E C T I O N T O E X I S T I N G I D PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX

TYPE BEG DATE COE/FM BC GEO/ADM SSN BIRTH DATE MCC BEG MCC AMT ----------------ELIGIBILITY----------- -----------LIABILITY------

END DATE HH CASE ID HICN SEX / RACE MCC END BEGIN END COE FM GEO/ADM BC HH EFFECT END AMOUNT

X MM/DD/YY XXX/X XX XX/XX XXX-XX-XXXX MM/DD/YY MM/DD/YY ZZZ9.99 MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY X XXXXXXXXX XXXXXXXXXXXXXX X X MM/DD/YY MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX: XXXXXXXXXXXXXXX

CLIENT ID: XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X PREVIOUS ID: XXXXXXXXXXXXXX

TYPE BEG DATE COE/FM BC GEO/ADM SSN BIRTH DATE MCC BEG MCC AMT ----------------ELIGIBILITY----------- -----------LIABILITY------

END DATE HH CASE ID HICN SEX / RACE MCC END BEGIN END COE FM GEO/ADM BC HH EFFECT END AMOUNT

X MM/DD/YY XXX/X XX XX/XX XXX-XX-XXXX MM/DD/YY MM/DD/YY ZZZ9.99 MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY X XXXXXXXXX XXXXXXXXXXXXXX X X MM/DD/YY MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

MM/DD/YY MM/DD/YY XXX X XX/XX X X MM/DD/YY MM/DD/YY ZZZZ9.99

ERROR MESSAGE: XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX: XXXXXXXXXXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1051-RB076 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CYCLE: MM/DD/CC99 C O R R E C T I O N T O E X I S T I N G I D PAGE ZZZ,ZZ9

YYYYY I N T E R F A C E

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

XXX – XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX ZZZ,ZZ9

TOTAL ERRORS: 2

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CORRECTION TO EXISTING ID REPORT**  **YYYYY INTERFACE** |
| **NMMB1051-RB076** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| CYCLE: | The interface date field on the interface record. MM/DD/YY is the format shown on the report. | RS-INTERFACE-DATE formatted in CCYYMMDD |  |
| Client ID: | The unique ID assigned to the client that is found on the interface file. | RS-ELIG-INTFC-IDENTIFIER |  |
| (Last Name) | A constant “,” will be used after the client’s last name to separate it from the client’s first name. | RS-CLIENT-LASTNAME |  |
| (First Name) | Client First Name | RS-CLIENT-FIRST-NAME |  |
| (Middle Initial) | Client Middle Initial | RS-CLIENT-MIDL-INIT |  |
| Previous ID: | Previous Recipient ID | RS-PREVIOUS -ID |  |
| Type | Transaction Interface Type  RS-INTFC-TYPE-ADD = “A”  RS-INTFC-TYPE-UPDATE = “U”  RS-INTFC-TYPE-RECON = “R” | RS-INTERFACE-TYPE |  |
| BEG Date | Eligibility Begin Date. MM/DD/YY is the format shown on the report. | RS-MEDICAID-ELIG-BEGIN-DATE in CCYYMMDD format |  |
| End Date | Eligibility End Date. MM/DD/YY is the format shown on the report. | RS-MEDICAID-ELIG-END-DATE in CCYYMMDD format |  |
| COE/FM | Category of Eligibility Code/ Federal Match Code. Refer to program, RSD130, for details on the COE and FM conversion logic. | RS-CAT-OF-ELIG-CODE/ RS-FED-MATCH-CODE |  |
| BC | Benefit Code. See RSD130 for logic. | Program generated |  |
| HH | Client Relationship to Head of Household. | RS-REL-HEAD-HH-CD |  |
| GEO/ADM | GEO County Code/ ADMIN Office Code | RS-GEO-COUNTY-CODE/  RS-ADMIN-OFFICE-CD |  |
| Case ID | This is the number that identifies the household of people receiving assistance together. This number is issued by the agency determining eligibility. Often clients receive assistance as a family. This number ties the members of the family together under a group ID. Case Number is most frequently used by the ISD2 eligibility system. | RS-CASE-NUMBER |  |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | RS-CLIENT-SSN |  |
| HICN | An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | RS-HIC-NUMB |  |
| Birth Date | MM/DD/YY is the format shown on the report. | RS-DATE-OF-BIRTH in CCYYMMDD format |  |
| SEX/RACE | This code identifies the client’s gender. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in claims processing to determine whether a provider is entitled to payment for a particular service when gender is a factor in that decision, e.g., payment to a provider for performing a hysterectomy is limited to female clients.  This code identifies the client’s racial or ethnic origin. This information is used in reporting. | RS-GENDER-CODE/  RS-RACE-CODE |  |
| MCC Beg | Medical Care Credit Begin Date | Program generated |  |
| MCC End | Medical Care Credit End Date | Program generated |  |
| MCC Amount | This is the amount that a nursing home client is supposed to pay out of his own pocket for the cost of his care in the facility. | RS-MEDICAL-CR-AMOUNT |  |
| Eligibility | Group Label |  |  |
| Begin | Eligibility Begin Date | RS-MEDICAID-ELIG-BEGIN-DATE |  |
| End | Eligibility End Date | RS-MEDICAID-ELIG-END-DATE |  |
| COE | Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% state funded. In New Mexico a client may be eligible in as many as four COEs at one time. As there is a difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services. The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client. | RS-CAT-OF-ELIG-CODE |  |
| FM | The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. | RS-FED-MATCH-CODE |  |
| BC | Benefit code. See RSD130 program for generation logic. | Program generated |  |
| HH | Client Relationship to Head of Household. | RS-REL-HEAD-HH-CD |  |
| GEO/ADM | GEO County Code/ ADMIN Office Code | RS-GEO-COUNTY-CODE/  RS-ADMIN-OFFICE-CD |  |
| Liability | Group Label |  |  |
| Effect | This field is derived from RS-MCC-BEGIN-DATE. See RSD130 program for logic. | Program generated |  |
| End | This field is derived from RS-MCC-END- DATE. See RSD130 program for logic. | Program generated |  |
| Amount | This amount field is derived from RS-MEDICAL-CR-AMOUNT. See RSD130 for logic. | Program generated |  |
| Error Message – | Group Label |  |  |
| (Error Code) | See RSD100 and RSD130 programs for details on error generation logic. | Program generated |  |
| (Error Description) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| (Error CLIENT ID) | The client id found on file that may be a duplicate. This was found on the client alternate id table. | B\_ALT\_ID of B\_ALT\_ID\_TB |  |
| List of All Errors and Error Counts: | Section Label |  |  |
| (Error Code) | The error code of error type “U” (codes “314” and “315” only). | W0-RSTXT-CODE of copybook, RSERRTXT |  |
| (Error Message) | The error description associated with the error code. | W0-RSTXT-DESCRIPTION of copybook, RSERRTXT |  |
| (Error Count) | The total count of the errors with the same error code. | Program generated |  |
| Total Errors: | The total count of all “314” and “315” errors. | Program generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

## ELIGIBILITY INTERFACE AUDIT TRAIL

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1070-RB080 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report prints a before and after image of clients that were updated during the batch eligibility interface process. Clients added during this process will only have an after image printed. A maximum of eight of the most recent eligibility spans are printed on this report. A maximum of four of the most recent LTC liability spans are printed on this report. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

CYCLE: 99/99/9999 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1070-RB080 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT AUDIT TRAIL REPORT ISD2 INTERFACE

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* B E F O R E \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

TRANS ID: 99999999919999 ORIG. ID: 99999999919999 CURR ID: 99999999919999 ASPEN MCI ID: XXXXXXXXX MERGE TARGET MCI ID: XXXXXXXXX

NAME: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX PREVIOUS NAME: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

SSN: 999-99-9999 MEDICARE ID: XXXXXXXXX1XXX HIC NUM CD: X SEX: X RACE: X TRIBAL AFFL: XX ON RESVN: X ETHNICITY: XX

BIRTH DT: 99/99/9999 DEATH DT: 99/99/9999 APPL. DT: 99/99/9999 CERT. DT: 99/99/9999 RVW FROM: 99/99/9999 RVW THRU: 99/99/9999

DOD UPD ID: XXXXXXX PREGNANCY DUE DT: 99/99/9999 VETERAN IND: X SSI DISABILITY IND: X DISABILITY TYPE: XXX PRIMARY LANG: XX

DUP RECIP ID: 99999999919999 PE PROV: 99999999 MC NOTIF: 99/99/9999 PAYEE NAME: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

REP PAYEE: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX CASE MGR: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

HEAD OF HOUSEHOLD: XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX REL TO HH: X

DETAIL ADDED DT: 99/99/9999 SRC: XXXXXXX DETAIL LST UPDT DT: 99/99/9999 SRC: XXXXXXX

MAIL1: XXXXXXXXX1XXXXXXXXX2XXXXX ADD DT: 99/99/9999 SRC: XXXXXXX

MAIL2: XXXXXXXXX1XXXXXXXXX2XXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

MAIL3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

AUTH REP1: XXXXXXXXX1XXXXXXXXX2XXXXX ADD DT: 99/99/9999 SRC: XXXXXXX

AUTH REP2: XXXXXXXXX1XXXXXXXXX2XXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

AUTH REP3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 PHONE: 999-999-9999

PAYEE1: XXXXXXXXX1XXXXXXXXX2XXXXX ADD DT: 99/99/9999 SRC: XXXXXXX

PAYEE2: XXXXXXXXX1XXXXXXXXX2XXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

PAYEE3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 PHONE: 999-999-9999

CASE MGR1: XXXXXXXXX1XXXXXXXXX2XXXXX ADD DT: 99/99/9999 SRC: XXXXXXX

CASE MGR2: XXXXXXXXX1XXXXXXXXX2XXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

CASE MGR3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 PHONE: 999-999-9999

RESIDENT ADDRESSES:

99/99/9999 TO 99/99/9999 GEO COUNTY: XX ADMIN COUNTY: XX ADMIN OFFICE: XXXXX PHONE: 999-999-9999

RESD1: XXXXXXXXX1XXXXXXXXX2XXXXX RESD2: XXXXXXXXX1XXXXXXXXX2XXXXX RESD3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

ADD DT: 99/99/9999 SRC: XXXXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

99/99/9999 TO 99/99/9999 GEO COUNTY: XX ADMIN COUNTY: XX ADMIN OFFICE: XXXXX PHONE: 999-999-9999

RESD1: XXXXXXXXX1XXXXXXXXX2XXXXX RESD2: XXXXXXXXX1XXXXXXXXX2XXXXX RESD3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

ADD DT: 99/99/9999 SRC: XXXXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

99/99/9999 TO 99/99/9999 GEO COUNTY: XX ADMIN COUNTY: XX ADMIN OFFICE: XXXXX PHONE: 999-999-9999

RESD1: XXXXXXXXX1XXXXXXXXX2XXXXX RESD2: XXXXXXXXX1XXXXXXXXX2XXXXX RESD3: XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

ADD DT: 99/99/9999 SRC: XXXXXXX UPD DT: 99/99/9999 SRC: XXXXXXX

**-------------------------------------------------- M C O H I S T O R Y D A T A--------------------------------------------------**

BEG END MCO PARENT AFFILIATION ADD UPD UPD

DATE DATE CHOICE IND CD DATE DATE SRC

99/99/9999 99/99/9999 XX X X 99/99/9999 99/99/9999 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99/99/9999 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99/99/9999 XXXXXXX

-------------------------------------------------C O P A Y H I S T O R Y D A T A------------------------------------------------

BEG END COPAY FPL MBR STAT COPAY ADD UPD UPD

DATE DATE MAX PCT CD MET DATE DATE DATE SRC

99/99/9999 99/99/9999 $ZZ999.99 XXX X 99/99/9999 99/99/9999 99/99/9999 XXXXXXX

99/99/9999 99/99/9999 $ZZ999.99 XXX X 99/99/9999 99/99/9999 99/99/9999 XXXXXXX

99/99/9999 99/99/9999 $ZZ999.99 XXX X 99/99/9999 99/99/9999 99/99/9999 XXXXXXX

------------------------------------------E L I G I B I L I T Y H I S T O R Y D A T A-------------------------------------------

BEG END VOID MAJ ELIG F CASE FD $ ADD UPD UPD TERM

DATE DATE IND PROG CAT M ID CT DATE DATE SRC RSN

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

99/99/9999 99/99/9999 X X XXX X 999999999 X X 99/99/9999 99/99/9999 XXXX XXX

-------------------------------------------P A T I E N T L I A B I L I T Y D A T A ---------------------------------------------

EFF END LIAB ADD UPDATE UPDATE EFF END LIAB ADD UPDATE UPDATE

DATE DATE AMOUNT DATE DATE SRC DATE DATE AMOUNT DATE DATE SRC

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99/99/9999 XXXXX 99/99/9999 99/99/9999 $99,999.99 99/99/9999 99/99/9999 XXXXX

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99/99/9999 XXXXX 99/99/9999 99/99/9999 $99,999.99 99/99/9999 99/99/9999 XXXXX

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **ELIGIBILITY INTERFACE AUDIT TRAIL REPORT** |
| **NMMB1070-RB080** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
|  | \*\*\*\*\* BEFORE \*\*\*\*\* |  |  |
| TRANS ID | Transaction ID  This is the State-assigned ID on the interface transaction. | Input transaction record  RS-ELIG-INTFC-IDENTIFIER-O |  |
| ORIG ID | Original Client ID  This is the State-assigned ID number for the client with the earliest add date. | B\_DETAIL\_TB:  B\_ALT\_ID |  |
| CURR ID | Current Client ID  This is the State-assigned ID number for the client with the latest add date. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| ASPEN MCI ID | Aspen Client ID  This is the Aspen internal ID number. | B\_DETAIL\_TB:  B\_ASPEN\_MCI\_ID |  |
| MERGE TARGET MCI ID | Aspen Merge Target internal ID  This is the Aspen internal ID number that the client was merged into by ASPEN | B\_DETAIL\_TB:  B\_TARGET\_MCI\_ID |  |
| NAME  (Client Name Last)  (Client Name First)  (Client Name M)  (Client Name SUFFIX) | Client Name Last This is the client’s surname or family name.  Client Name First This is the client’s given name or first name.  Client Name Middle Initial This is the first letter of the client’s middle name.  Client Name Suffix This is the suffix of the client’s name. | B\_DETAIL\_TB:  B\_LAST\_NAM  B\_FST\_NAM  B\_MI\_NAM  B\_SFX\_NAM |  |
| PREVIOUS NAME  (Previous Client Names Last)  Previous Client Names First)  (Previous Client Names M)  Previous Client Names SUFFIX) | Client Previous Last Name This is the client’s previous family name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  Client Previous First Name This is the client’s previous given name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  Client Previous Middle Initial  This is the first letter of the client’s previous middle name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  Client Previous Suffix This is the suffix of the client’s previous name. | B\_PREV\_NAM\_TB:  B\_PREV\_LAST\_NAME  B\_PREV\_FST\_NAME  B\_PREV\_MI\_NAME  B\_PREV\_SFX\_NAM |  |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. | B\_DETAIL\_TB:  B\_SSN\_NUM |  |
| Medicare ID (HIC) | Client Medicare ID This is the identification number that the client uses for Social Security and/or Medicare benefits. | B\_DETAIL\_TB:  B\_MCARE\_ ID |  |
| HIC NUM CD | Client HIC number code  An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | B\_DETAIL\_TB:  B\_SYS\_ID |  |
| Sex | Sex Code  This code identifies the client’s gender. | B\_DETAIL\_TB:  B\_GENDER\_CD | 229 |
| Race | Race Code This code identifies the client’s racial or ethnic origin. | B\_DETAIL\_TB:  B\_RACE\_CD | 230 |
| Tribal Affil | Tribal Affiliation Code  This code designates the tribe to which a Native American client belongs. | B\_DETAIL\_TB:  B\_TRIBAL\_AFFL\_CD | 9218 |
| ON RESVN | On reservation  This is the On reservation indicator | B\_DETAIL\_TB:  B\_ON\_RESVN\_IND |  |
| ETHNICITY | Ethnicity  This is the Client’s Ethnicity code | B\_DETAIL\_TB:  B\_ETH\_CD | 4442 |
| Date of Birth | Client Date of Birth This is the date (month, day, century, and year) that the client was born. | B\_DETAIL\_TB:  B\_DOB\_DT |  |
| Date of Death | Client Date of Death This is the date that the client died. | B\_DETAIL\_TB:  B\_DOD\_DT |  |
| Appl Date | Client Application Date  The date that the client applied for medical benefits. | B\_DETAIL\_TB:  B\_APPL\_DT |  |
| Certif Date | Client Certification Date  The date on which action was taken to approve the client for medical benefits. | B\_DETAIL\_TB:  B\_CERT\_DT |  |
| Rvw FROM | Client On Review Begin Date  The first date that a client is in “on review” status. | B\_DETAIL\_TB:  B\_ON\_REVW\_BEG\_DT |  |
| Rvw THRU | Client On Review End Date  The last date that a client is in “on review” status. | B\_DETAIL\_TB:  B\_ON\_REVW\_END\_DT |  |
| DOD UPD ID | Date of Death Update Id  This is the User Id or Interface Source Id that update the Client’s Date of Death | B\_DETAIL\_TB:  B\_DOD\_UPD\_BY\_ID |  |
| PREGNANCY DUE DT | Pregnancy due date  This is the member’s pregnancy due date | B\_DETAIL\_TB:  B\_PREG\_DUE\_DT |  |
| VETERAN IND | Veteran Indicator  This field indicates if the member is a veteran | B\_DETAIL\_TB:  B\_VET\_IND | 2670 |
| SSI DISABILITY IND | SSI disability indicator  This field indicates if the member has the SSI disability | B\_DETAIL\_TB:  B\_SSI\_DISA\_IND | 2670 |
| DISABILITY TYPE | Disability code  This is the member’s disability code | B\_DETAIL\_TB:  B\_DISA\_TY\_CD | 2698 |
| PRIMARY LANG | Primary language  This is the member’s Primary language code | B\_DETAIL\_TB:  B\_PRIM\_LANG\_CD | 2697 |
| Suspect Duplicate ID | Suspect Duplicate ID  This is the Client ID of an individual whose identifying information is similar enough to the client’s identifying information that the second person is a suspect duplicate of the client listed on the report. | B\_DETAIL\_TB:  B\_SUSP\_DUPL\_ID |  |
| PE Provider | Client Presumptive Eligibility Provider ID  This is the provider ID of the presumptive eligibility determiner who added the presumptively eligible client/child to the MMIS. | B\_DETAIL\_TB:  B\_PE\_PROV\_ID |  |
| Managed Care Notification | Client Managed Care Notification Date  This is the date that the client was notified of his managed care options. | B\_DETAIL\_TB:  B\_MC\_NOTFY\_DT |  |
| PAYEE NAME  (PAYEE NAME LAST)  (PAYEE NAME FIRST)  (PAYEE NAME M)  (PAYEE NAME SUFFIX) | Payee Name  Payee Name Last  This is the payee’s surname or family name  Payee Name First  This is the payee’s given name or first name  Payee Name Middle Initial This is the first letter of the payee’s middle name.  Payee Name Suffix This is the suffix of the payee’s name. | B\_DETAIL\_TB:  B\_PAYEE\_LAST\_NAM  B\_PAYEE\_FST\_NAM  B\_PAYEE\_MI\_NAM  B\_PAYEE\_SFX\_NAM |  |
| REP PAYEE  (Representative Payee Name – Last)  (Representative Payee Name First)  (Representative Payee Name M)  (Representative Payee Name SUFFIX) | Client Representative Payee Last Name  This is the family name or the surname of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution.    Client Representative Payee First Name  This is the given name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution.  Client Representative Payee Middle Initial  This is the first letter of the middle name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution.  Client Representative Payee Suffix  This is the suffix of the name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. | B\_DETAIL\_TB:  B\_REP\_LAST\_NAM  B\_REP\_FST\_NAM  B\_REP\_MI\_NAM  B\_REP\_SFX\_NAM |  |
| CASE MGR | Case Manager Name  This is the name of the member’s case manager (inidvidual or organization) | B\_DETAIL\_TB:  B\_CASE\_MGMT\_NAM |  |
| HEAD OF HOUSEHOLD  (HEAD OF HOUSEHOLDNAME LAST)  (HEAD OF HOUSEHOLDNAME FIRST)  (HEAD OF HOUSEHOLDNAME M)  (HEAD OF HOUSEHOLD NAME SUFFIX) | Head of Household Name  Head of Household Name Last  This is the head of household ’s surname or family name  Head of Household Name First  This is the head of household’s given name or first name  Head of household’s name middle initial This is the first letter of the head of houshold’s middle name.  Head of Household Name Suffix This is the suffix of the head of household’s name. | B\_DETAIL\_TB:  B\_HH\_LAST\_NAM  B\_HH\_FST\_NAM  B\_HH\_MI\_NAM  B\_HH\_SFX\_NAM |  |
| REL TO Hh | Client Category of Eligibility Span Relationship to Head of Case Code  This code shows the familial relationship between the client and the head of the case. | B\_DETAIL\_TB:  B\_REL\_HEAD\_HH\_CD | 2676 |
| detail Added Dt | Client Detail Audit Add Date  This is the date that the client detail row was added to the client database. | B\_DETAIL\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Client Detail Audit Add Source  This is the person or the batch program that added the client detail row to the MMIS. | B\_DETAIL\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| detail Lst Updt Dt | Client Detail Audit Update Date  This is the date that the client detail row was last updated. | B\_DETAIL\_TB:  B\_ AUD\_ DT |  |
| Src | Client Detail Audit Update Source  This is the person or the batch program that last updated the client detail row B\_ on the client database. | B\_DETAIL\_TB  B\_ AUD\_ USER\_ID |  |
| MAIL1 | Client Mailing Address Line 1  This is the first line of the client’s mailing address. This line is more specific than the second line of the address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| Add Dt | Client Mailing Address Audit Add Date  This is the date that the client mailing address row was added to the client database. | B\_ADR\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Client Mailing Address Audit Add Source  This is the person or the batch program that added the client mailing address row to the MMIS. | B\_ADR\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| MAIL2 | Client Mailing Address Line 2  This is the second line of the client’s mailing address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| UPD Dt | Client Mailing Address Audit Update Date  This is the date that the client mailing address row was last updated. | B\_ADR\_TB:  B\_AUD\_DT |  |
| Src | Client Mailing Address Audit Update Source  This is the person or the batch program that last updated the client mailing address row. | B\_ADR\_TB:  B\_AUD\_USER\_ID |  |
| MAIL3  (Address City)  (Address State)  (Address ZIP) | Client Mailing Address City  This is the city or town in which the client’s mailing address is located.  Client Mailing Address State Code  This is the standard 2-character abbreviation for the state in which the client’s mailing address is located.  Client Mailing Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the client’s mailing address is located. | B\_ADR\_TB:  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD | 5301 |
| AUTH REP1 | Authorized Representative Address Line 1  This is the first line of the address of the person who has legal power of attorney for the client. This line is more specific than the second line of the address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| Add Dt | Authorized Representative Address Audit Add Date  This is the date that the authorized representative address row was added to the client database. | B\_ADR\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Authorized Representative Address Audit Add Source  This is the person or the batch program that added the client authorized representative address row to the MMIS. | B\_ADR\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| AUTH REP2 | Authorized Representative Address Line 2  This is the second line of the client authorized representative’s address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| UPD Dt | Authorized Representative Address Audit Update Date  This is the date that the client authorized representative address row was last updated. | B\_ADR\_TB:  B\_AUD\_DT |  |
| Src | Authorized Representative Address Audit Update Source  This is the person or the batch program that last updated the client authorized representative address row. | B\_ADR\_TB:  B\_AUD\_USER\_ID |  |
| AUTH REP3  (Address City)  (Address State)  (Address ZIP) | Authorized Representative Address City  This is the city or town in which the client’s authorized representative address is located.  Authorized Representative Address State Code  This is the standard 2-character abbreviation for the state in which the client’s authorized representative address is located.  Authorized Representative Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the client’s authorized representative address is located. | B\_ADR\_TB:  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD |  |
| phone | Authorized Representative Telephone Number  This is the area code and the telephone number by which the Authorized Representative can be reached. | B\_ADR\_TB:  B\_PHON\_NUM |  |
| PAYEE1 | Payee Address Line 1  This is the first line of the payee’s address. This line is more specific than the second line of the address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| Add Dt | Payee Address Audit Add Date  This is the date that the payee’s address row was added to the client database. | B\_ADR\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Payee Address Audit Add Source  This is the person or the batch program that added the payee’s address row to the MMIS. | B\_ADR\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| PAYEE2 | Payee Address Line 2  This is the second line of the payee’s address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| UPD Dt | Payee Address Audit Update Date  This is the date that the payee address row was last updated. | B\_ADR\_TB:  B\_AUD\_DT |  |
| Src | Payee Address Audit Update Source  This is the person or the batch program that last updated the payee’s address row. | B\_ADR\_TB:  B\_AUD\_USER\_ID |  |
| PAYEE3  (Address City)  (Address State)  (Address ZIP) | Payee Address City  This is the city or town in which the payee’s address is located.  Authorized Representative Address State Code  This is the standard 2-character abbreviation for the state in which the payee’s address is located.  Authorized Representative Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the payee’s address is located. | B\_ADR\_TB:  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD |  |
| phone | Payee Telephone Number  This is the area code and the telephone number by which the Payee can be reached. | B\_ADR\_TB:  B\_PHON\_NUM |  |
| CASE MGR1 | Case Manager Address Line 1  This is the first line of the case manager’s address. This line is more specific than the second line of the address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| Add Dt | Case Manager Address Audit Add Date  This is the date that the case manager’s address row was added to the client database. | B\_ADR\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Case Manager Address Audit Add Source  This is the person or the batch program that added the case manager’s address row to the MMIS. | B\_ADR\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| CASE MGR2 | Case Manager Address Line 2  This is the second line of the case manager’s address. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| UPD Dt | Case Manager Address Audit Update Date  This is the date that the case manager’s address row was last updated. | B\_ADR\_TB:  B\_AUD\_DT |  |
| Src | Case Manager Address Audit Update Source  This is the person or the batch program that last updated the case manager’s address row. | B\_ADR\_TB:  B\_AUD\_USER\_ID |  |
| CASE MGR3  (Address City)  (Address State)  (Address ZIP) | Case Manager Address City  This is the city or town in which the case manager’s address is located.  Case Manager Address State Code  This is the standard 2-character abbreviation for the state in which the case manager’s address is located.  Case Manager Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the case manager’s address is located. | B\_ADR\_TB:  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD |  |
| phone | Case Manager Telephone Number  This is the area code and the telephone number by which the case manager can be reached. | B\_ADR\_TB:  B\_PHON\_NUM |  |
| RESIDENT ADDRESSES:  GEO COUNTY  ADM COUNTY  ADMIN OFFICE  PHONE | Client Residential Addresses  Client Resident Address Span Begin Date  This defines the day-specific beginning date of the client’s resident address span effective period.  Client Resident Address Span Ending Date  This defines the day-specific ending date of the client’s resident address span effective period.  Client Geographic County Code  This code identifies the county in which the client resides.  Client Administrative County Code  This code identifies the county office that serves the area in which the client resides.  Client Administrative Office Code  This is the ISD office that administers the client eligibility and benefits under the ASPEN system.  Client Telephone Number  This is the area code and the telephone number by which the client can be reached.  This attribute may be received from eligibility interfaces or via the online system. | B\_ADR\_TB:  B\_ADR\_SPN\_BEG\_DT  B\_ADR\_SPN\_END\_DT  B\_GEO\_CNTY\_CD  B\_ADMIN\_CNTY\_CD  B\_ADMIN\_OFC\_CD  B\_PHON\_NUM | 1394  2674  395 |
| resd1  RESD2  resd3  (Address City)  (Address State)  (Address ZIP) | Client Residential Address Line 1  This is the first line of the client’s residential address.  Client Residential Address Line 2  This is the second line of the client’s residential address.  Client Residential Address City  This is the city or town in which the client’s residential address is located.  Client Mailing Address State Code  This is the standard 2-character abbreviation for the state in which the client’s residential address is located.  Client Mailing Address Zip Code | B\_ADR\_TB:  B\_LINE1\_AD  B\_LINE2\_CD  B\_CITY\_NAM  B\_ST\_CD  B\_ZIP5\_CD  B\_ZIP4\_CD | 1301 |
| Add Dt | Client Resident Address Audit Add Date  This is the date that the client resident’s address row was added to the client database. | B\_ADR\_TB:  B\_AUD\_ADD\_DT |  |
| Src | Client Resident Address Audit Add Source  This is the person or the batch program that added the client’s resident address row to the MMIS. | B\_ADR\_TB:  B\_AUD\_ADD\_USER\_ID |  |
| UPD Dt | Client Resident Address Audit Update Date  This is the date that the client’s resident address row was last updated. | B\_ADR\_TB:  B\_AUD\_DT |  |
| Src | Client Resident Address Audit Update Source  This is the person or the batch program that last updated the client resident’s address row. | B\_ADR\_TB:  B\_AUD\_USER\_ID |  |
|  | -------------- MCO HISTORY DATA ------------- |  |  |
| Beg DATE | Client MCO Span Begin Date This defines the day-specific beginning date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_BEG\_DT |  |
| End DATE | Client MCO Span End Date This defines the day-specific ending date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_END\_DT |  |
| MCO CHOICE | MCO choice code (SCI) | B\_MC\_PREF\_TB:  B\_MCO\_CHOICE\_CD | 2175 |
| PARENT IND | Parent Indicator (SCI) | B\_MC\_PREF\_TB:  B\_PARENT\_IND | 2670 |
| AFFILIATION CD | Affiliation code  This is the Client’s affiliation code – SCI clients are either affiliated with a group or just an individual | B\_MC\_PREF\_TB:  B\_AFFL\_CD | 2177 |
| Add DATE | MCO Span Audit Add Date  This is the date that the MCO span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  |
| UPD DATE | MCO Span Audit Update Date  This is the date that the MCO span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  |
| UPD Src | MCO Span Audit Update Source  This is the person or the batch program that last updated the MCO span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  |
|  | -------------- COPAY HISTORY DATA ------------- |  |  |
| Beg DATE | Client Copay Span Begin Date This defines the day-specific beginning date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_BEG\_DT |  |
| End DATE | Client Copay Span End Date This defines the day-specific ending date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_END\_DT |  |
| COPAY MAX | Copay maximum amount (SCI) | B\_COPAY\_TB:  B\_COPAY\_MAX\_AMT |  |
| FPL % | Federal Poverty Level (percentage) – used in SCI to set category of eligibility | B\_COPAY\_TB:  B\_FPL\_PCT |  |
| mBR STAT CD | Member Status code.  This code (called “household budget code” in ISD2) is utilized to convert COE 032’s in Omnicaid. It is also used to track children with income disregards. | B\_COPAY\_TB:  B\_MBR\_STAT\_CD |  |
| COPAY MET DATE | Copay Met Date  This is the date that the client met their copay maximum amount. | B\_COPAY\_TB:  B\_COPAY\_MET\_DT |  |
| Add DATE | Copay Span Audit Add Date  This is the date that the copay span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  |
| UPD DATE | Copay Span Audit Update Date  This is the date that the copay span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  |
| UPD Src | Copay Span Audit Update Source  This is the person or the batch program that last updated the copay span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  |
|  | \*\*\*\*\* ELIGIBILITY HISTORY DATA \*\*\*\*\* |  |  |
| Beg DATE | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine whether a client is entitled to medical services, i.e., whether to pay the provider for services rendered to the client on a specific date. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT |  |
| End DATE | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT |  |
| VOID IND | Client Category of Eligibility Span Void Ind  This indicator shows that a span of eligibility was in error. | B\_COE\_SPN\_TB:  B\_ELIG\_VOID\_IND | 2670 |
| Maj PGM | Major Program  The major program code defines and describes the programs administered through the MMIS. | B\_COE\_SPN\_TB:  B\_MAJ\_PROG\_CD | 4429 |
| ELIG CAT | Client Category of Eligibility Code  This code shows the basis for the client’s eligibility for Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. | B\_COE\_SPN\_TB:  B\_COE\_CD | 2678 |
| F M | Client Category of Eligibility Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers of Medicare and Medicaid Services (CMS) of the federal government. | B\_COE\_SPN\_TB:  B\_FED\_MTCH\_CD |  |
| Case ID | Client Category of Eligibility Span Case Number  This is the number that identifies the household of people receiving assistance together. | B\_COE\_SPN\_TB:  B\_CASE\_HH\_NUM |  |
| Fd Ct | Client Category of Eligibility Federal Category Code  The federal category code classifies clients into predefined groups established by CMS. | B\_COE\_SPN\_TB:  B\_FED\_CAT\_CD | 2672 |
| $ | Client Category of Eligibility Federal Money Code  The federal money code groups clients by cash-assistance status as determined by CMS. | B\_COE\_SPN\_TB:  B\_MONEY\_CD | 2673 |
| Add Date | Client Category of Eligibility Span Audit Add Date  This is the date that the span was added to the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_DT |  |
| Upd Date | Client Category of Eligibility Span Audit Update Date  This is the date that the span was last updated. | B\_COE\_SPN\_TB:  G\_AUD\_DT |  |
| Upd SrC | Client Category of Eligibility Span Audit Update Source  This is the person or the batch program that last updated that span. | B\_COE\_SPN\_TB:  G\_AUD\_USER\_ID |  |
| TERM RSN | Termination Reason  This is the termination reason code of the Client Category of Eligibility span | B\_COE\_SPN\_TB:  B\_COE\_TERM\_RSN\_CD |  |
|  | \*\*\*\*\* PATIENT LIABILITY DATA \*\*\*\*\* |  |  |
| EFF DATE | Client Patient Liability Span Begin Date  This is the first day that the client patient liability amount is effective. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_BEG\_DT |  |
| End DATE | Client Patient Liability Span End Date  This is the last day that the client patient liability amount is effective. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_END\_DT |  |
| Liab Amount | Client Patient Liability Amount  This is the amount that a nursing home client is supposed to pay out of his own pocket for the cost of his care in the facility. | B\_LTC\_PAT\_LIAB\_TB:  B\_LTC\_LIAB\_AMT |  |
| Add Date | Client Patient Liability Span Audit Add Date  This is the date that the span was added to the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_DT |  |
| Update Date | Client Patient Liability Span Audit Update Date  This is the date that the span was last updated. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_DT |  |
| Update Src | Client Patient Liability Span Audit Update Source  This is the person or the batch program that last updated that span. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_USER\_ID |  |
|  | \*\*\*\*\* AFTER \*\*\*\*\*  The data in the AFTER image portion of the report is populated from the same fields as in the BEFORE image, but after the update has taken effect. |  |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**DOD ACTIVITY REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMBM1081-RB081 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | COLD report | | | COLD | |
| **Description:**  This report is an activity report that details any updates if any made to client Date of Death in Omnicaid as a result of the Date of Death update file received from the New Mexico Office of Vital Statistics. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SSN | | | **Total**  Y | **Page Break**  Y | |  |
| **Notes:**  This report essentially lists all client records by SSN that were received on the Date of Death update file and reports rather or not the client’s date of death was updated in Omnicaid and if not, reports a message why the update did not take place (i.e. Client not found in Omnicaid etc.). As part of project 120080 RAT0177 a duplicate report was created. A new additional input file is now received from HMS. This file is identical to the Vital Statistics file NEWM.PROD.DMZ.DOD except that it has an ‘H’ indicator in the first byte of the 9 byte filler field at the end of the layout. It is the same length and format as the vital statistics folder. This new file is differentiated by the name NEWM.PROD.HMS.DOD. The two files are concatenated and processed together. The state wanted two identical activity reports with one showing only Vital Statistics Clients and the other one only showing HMS clients. The two reports can be differentiated by their titles. The Vital Statistics report continues to be titled DOD ACTIVITY REPORT. The HMS report has the title DOD ACTIVITY REPORT HMS. With the implementation of RAT1134 – Terminate long term care with the date of death when a date of death is entered for a client – two new lines were added to the reports. These new line will appear when a LTC span is closed or voided from the update program. This task created code to close open LTC spans. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB081 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 99

DOD ACTIVITY REPORT

FOR THE PERIOD 99/99/9999

RECORD DOB REC SSN RECORD DOD DB2 DOB DB2 SSN DB2 DOD MESSAGES

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LTC SPAN END DATE 9999-12-31 UPDATED WITH XXXX-XX-XX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LTC SPAN WITH BEGIN DATE 9999-99-99 HAS BEEN VOIDED

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB081 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 99

DOD ACTIVITY REPORT

FOR THE PERIOD 99/99/9999

RECORD DOB REC SSN RECORD DOD DB2 DOB DB2 SSN DB2 DOD MESSAGES

INVALID INPUT RECORD/INVALID DOD TOTAL 000000

DATE OF DEATH IS IN THE FUTURE TOTAL 000000

INVALID INPUT RECORD/INVALID DOB TOTAL 000000

INVALID INPUT RECORD/INVALID SSN TOTAL 000000

NO DETAIL RECORD FOUND FOR CLIENT TOTAL 000000

INVALID RECORD - DOD PRIOR TO DOB TOTAL 000000

INPUT DOB DOES NOT MATCH OMNICAID DOB. 000000

DOD ON FILE - CLIENT BYPASSED TOTAL 000000

DATE OF DEATH UPDATED FOR CLIENT TOTAL 000000

LTC SPAN END DATE UPDATED TOTAL 000000

LTC SPAN VOIDED TOTAL 000000

REPT: NMMB1081-RB081 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 99

DOD ACTIVITY REPORT HMS

FOR THE PERIOD 99/99/9999

RECORD DOB REC SSN RECORD DOD DB2 DOB DB2 SSN DB2 DOD MESSAGES

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LTC SPAN END DATE 9999-12-31 UPDATED WITH XXXX-XX-XX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

LTC SPAN WITH BEGIN DATE 9999-99-99 HAS BEEN VOIDED

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX 999999999 XXXXXXXXXX XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REPT: NMMB1081-RB081 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 99

DOD ACTIVITY REPORT HMS

FOR THE PERIOD 99/99/9999

RECORD DOB REC SSN RECORD DOD DB2 DOB DB2 SSN DB2 DOD MESSAGES

INVALID INPUT RECORD/INVALID DOD TOTAL 000000

DATE OF DEATH IS IN THE FUTURE TOTAL 000000

INVALID INPUT RECORD/INVALID DOB TOTAL 000000

INVALID INPUT RECORD/INVALID SSN TOTAL 000000

NO DETAIL RECORD FOUND FOR CLIENT TOTAL 000000

INVALID RECORD - DOD PRIOR TO DOB TOTAL 000000

INPUT DOB DOES NOT MATCH OMNICAID DOB. 000000

DOD ON FILE - CLIENT BYPASSED TOTAL 000000

DATE OF DEATH UPDATED FOR CLIENT TOTAL 000000

LTC SPAN END DATE UPDATED TOTAL 000000

LTC SPAN VOIDED TOTAL 000000

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | | |
| --- | --- | --- | --- | --- |
| **DOD ACTIVITY REPORT** | | | | |
| **NMBM1081-RB081** | | | | |
| **Column Name** | **Description** | **Source** | **DED Number** |
| record dob | The client date of birth listed on input record | Interface input record |  |
| rec ssn | The client social security number listed on input record | Interface input record |  |
| record dod | The client date of death listed on input record | Interface input record |  |
| db2 dob | Client Date of Birth | B\_DETAIL\_TB  B\_DOB\_DT |  |
| db2 ssn | Client Social Security Number | B\_DETAIL\_TB  B\_SSN\_NUM |  |
| db2 dod | Client Date of Death | B\_DETAIL\_TB  B\_DOD\_DT |  |
| messages | Message describing the action taken by program | System generated |  |
| ltc span end date 9999-12-31 UPDATED WITH XXXX-XX-XX | This message will appear when a LTC span is closed. Only LTC spans which are currently open (LTC SPAN END DATE of 9999-12-31) will be closed. The “UPDATED WITH” date is computed as follows:  If the B-LTC-SPN-BEG-DT OF DCLB-LTC-SPN-TB is greater than the DOD from the input file, then the end date will be set to the last day of the month of the begin date. EX: LTC span begin date is 2013-07-10 and the DOD is 2013-06-14. The LTC span end date will be set to 2013-07-31.    If the B-LTC-SPN-BEG-DT OF DCLB-LTC-SPN-TB not greater than the DOD from the input file, then set the LTC span end date to the last day of the DOD month. EX: DOD = 2013-08-10 and the LTC begin date is 2013-03-01, the LTC span end date will be set to 2013-08-31. | System generated |  |
| Processing TOTALS | These totals show the number of records processed as well as processing errors encountered. Separate totals are kept for non-HMS and HMS records. | System Gernerated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMBM1081-RB082 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | COLD report | | | COLD | |
| **Description:**  This report is an activity report that copies the error “INPUT DOB DOES NOT MATCH OMNICAID DOB” from the RB081 Activity Report into a separate report for review by staffers at MAD. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SSN | | | **Total**  Y | **Page Break**  Y | |  |
| **Notes:**  This report only contains one error type. In project 101465 (September 2010), the State relaxed the update rules for matching the DOH dates of birth and the date of birth stored in Omnicaid. Now if the incoming date of birth year matches and either the day or month matches, we will update the client’s record in Omnicaid. If the year doesn’t match or the year matches but both the month and day don’t match, the system will still reject the transaction with the error “INPUT DOB DOES NOT MATCH OMNICAID DOB”. .). As part of project 120080 RAT0177 a duplicate report was created. A new additional input file is now received from HMS. This file is identical to the Vital Statistics file NEWM.PROD.DMZ.DOD except that it has an ‘H’ indicator in the first byte of the 9 byte filler field at the end of the layout. It is the same length and format as the vital statistics folder. This new file is differentiated by the name NEWM.PROD.HMS.DOD. The two files are concatenated and processed together. The state wanted two identical activity reports with one showing only Vital Statistics Clients and the other one only showing HMS clients. The two reports can be differentiated by their titles. The Vital Statistics report continues to be titled DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID. The HMS report has the title HMS DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB082 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 1

DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID

FOR THE PERIOD 09/21/2010

DOH DOB DOH SSN DOH DOD DOH LAST NAME DOH FIRST NAME I DB2 DOB DB2 LAST NAME DB2 FIRST NAME I SFX

XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX X XXX

XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX X XXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB082 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 2

DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID

FOR THE PERIOD 09/21/2010

DOH DOB DOH SSN DOH DOD DOH LAST NAME DOH FIRST NAME I DB2 DOB DB2 LAST NAME DB2 FIRST NAME I SFX

INPUT DOB DOES NOT MATCH OMNICAID DOB. 999999

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB082 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 1

HMS DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID

FOR THE PERIOD 09/21/2010

DOH DOB DOH SSN DOH DOD DOH LAST NAME DOH FIRST NAME I DB2 DOB DB2 LAST NAME DB2 FIRST NAME I SFX

XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX X XXX

XXXX-XX-XX 999999999 XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXX-XX-XX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXX X XXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB1081-RB082 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 2

DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID

FOR THE PERIOD 09/21/2010

DOH DOB DOH SSN DOH DOD DOH LAST NAME DOH FIRST NAME I DB2 DOB DB2 LAST NAME DB2 FIRST NAME I SFX

INPUT DOB DOES NOT MATCH OMNICAID DOB. 999999

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | | |
| --- | --- | --- | --- | --- |
| **DOD ACTIVITY REPORT - DOB UNMATCHED IN OMNICAID** | | | | |
| **NMBM1081-RB082** | | | | |
| **Column Name** | **Description** | **Source** | **DED Number** |
| DOH dob | The client date of birth listed on input record | Interface input record |  |
| DOH ssn | The client social security number listed on input record | Interface input record |  |
| DOHdod | The client date of death listed on input record | Interface input record |  |
| dOH LAST NAME | The client’s last name on input record | Interface input record |  |
| dOH FIRST NAME | The client’s first name on input record | Interface input record |  |
| i | The client’s middle initial (first character only) on input record | Interface input record |  |
| DB2 DOB | The client date of birth on Omnicaid (DB2 Client Detail table) | B\_DETAIL\_TB  B\_DOD\_DT |  |
| DB2 LAST NAME | The client last name on Omnicaid | B\_DETAIL\_TB  B\_LAST\_NAM |  |
| DB2 FIRST NAME | The client first name on Omnicaid | B\_DETAIL\_TB  B\_FST\_NAM |  |
| I | The client middle initial on Omnicaid | B\_DETAIL\_TB  B\_MI\_NAM |  |
| SFX | The client name suffix on Omnicaid | B\_DETAIL\_TB  B\_SFX\_NAM |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CLIENT SWIPE CARD REQUEST ERROR REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7511-RB090 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report prints a list of errors encountered when creating swipe card interface records for the swipe card vendor. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB7511-RB090 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

S W I P E C A R D R E Q U E S T E R R O R R E P O R T

ORIG CLIENT ID REASON ERROR MESSAGE

XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | | |
| --- | --- | --- | --- | --- |
| **CLIENT SWIPE CARD REQUEST ERROR REPORT** | | | | |
| **NMMB7511-RB090** | | | | |
|  | | | | |
| **Column Name** | | **Description** | **Source** | **DED Number** |
| ORIG CLIENT ID | | Original Client ID  The client’s original, State-assigned ID number. | B\_DETAIL\_TB:  B\_ORIG\_ID |  |
| REASON | | The reason that the swipe card was requested | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_RSN\_CD | 5982 |
| ERROR MESSAGE | | An error message describing why the interface could not generate a swipe card record to the vendor for this request. | Program generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB201 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the beneficiaries from the monthly incoming Part B Buy-In files who were either deleted from Buy-In or whose accretion request was denied because CMS has a death date on record for the beneficiary. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB201 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART B

CLIENT BIRTHDATE / TRANS TRANS PREMIUM DEATH

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HICN SEX DATE CODE AMOUNT DATE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- -------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/CCYY XXXX ZZZ9.99 MM/CCYY

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART B**  **NMMB2360-RB201** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| Column Name | Description | Source | DED Number |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | W1ZB2400:  BUYIN-LAST-NAME  BUYIN-FIRST-NAME  BUYIN-MIDDLE-NAME | NA |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client's eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client's Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-DETAIL-TB:  B-MCARE-ID | 623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B\_DETAIL\_TB:  B\_CURR\_ID | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-DETAIL-TB  B-SSN-NUM | 686 |
| Date of Birth | Beneficiary’s Date of Birth | W1ZB2400:  BUYIN-BIRTH-DATE | NA |
| Sex | M – Male  F – Female  U – Unknown. Clients gender code. | W1ZB2400:  BUYIN-SEX | NA |
| Transaction Date | Buy-In Transaction Date | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE | NA |
| Transaction Code | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Date of Death | Beneficiary’s Date of Death | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN** **TRANSACTIONS NOT APPLIED FOR PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB202 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the matching errors of the Part B buy-in transactions. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total** | **Page Break** | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB202 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN TRANSACTIONS NOT APPLIED FOR PART B

CLIENT BIRTHDATE / TRAN TRAN PREMIUM

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HIC NUM SEX DATE CODE AMOUNT MESSAGE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- ------------------------------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN TRANSACTIONS NOT APPLIED FOR PART B**  **NMMB2360-RB202** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** | **DED Number** |
|  |  | **COPYBOOK:FIELD NAME** |  |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | B-LAST-NAM  B-FST-NAM  B-MI-NAM  B-DETAIL-TB | 0639  0637  0640 |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client's eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client's Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-MCARE-ID  B-DETAIL-TB | 0623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B-CURR-ID  B-DETAIL-TB | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-SSN-NUM  B-DETAIL-TB | 0686 |
| Date of Birth | Beneficiary’s Date of Birth | B-DETAIL-TB :  B-DOB-DT | 601 |
| Sex | M – Male  F – Female  U – Unknown | B-DETAIL-TB :  B-GENDER-CD | 229 |
| Transaction Date | Not initialized for this report | NA | NA |
| Transaction Code | Not initialized for this report | NA | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Message | Description of input file data matched criteria with MMIS tables, with key fields System-id or SSN or Medicare-id or Client-id. | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN** **TRANSACTIONS APPLIED FOR PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB203 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the incoming transactions that were applied for the Part B buy-in transaction processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID  Transaction Id | | | **Total** | **Page Break** | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB203 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN TRANSACTIONS APPLIED FOR PART B

CLIENT BIRTHDATE / TRAN TRAN PREMIUM

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HIC NUM SEX DATE CODE AMOUNT MESSAGE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- ------------------------------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN TRANSACTIONS APPLIED FOR PART B**  **NMMB2360-RB203** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| Column Name | Description | Source | DED Number |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | B-LAST-NAM  B-FST-NAM  B-MI-NAM  B-DETAIL-TB | 0639  0637  0640 |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client’s eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client’s Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-MCARE-ID  B-DETAIL-TB | 0623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B-CURR-ID  B-DETAIL-TB | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-SSN-NUM  B-DETAIL-TB | 0686 |
| Date of Birth | Beneficiary’s Date of Birth | B-DETAIL-TB :  B-DOB-DT | 601 |
| Sex | M – Male  F – Female  U – Unknown | B-DETAIL-TB :  B-GENDER-CD | 229 |
| Transaction Date | Not initialized for this report | NA | NA |
| Transaction Code | Not initialized for this report | NA | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Message | Description of input file data matched criteria with MMIS tables, with key fields System-id or SSN or Medicare-id or Client-id. | System Generated | NA |
| NUMBER OF RECOREDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB206 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the beneficiaries from the monthly incoming Part A Buy-In files who were either deleted from Buy-In or whose accretion request was denied because CMS has a death date on record for the beneficiary. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB206 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART A

CLIENT BIRTHDATE / TRANS TRANS PREMIUM DEATH

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HIC NUM SEX DATE CODE AMOUNT DATE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- -------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 MM/CCYY

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 MM/CCYY

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN DATE OF DEATH NOTIFICATION REPORT FOR PART A**  **NMMB2360-RB206** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| Column Name | Description | Source | DED Number |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | W1ZB2400:  BUYIN-LAST-NAME  BUYIN-FIRST-NAME  BUYIN-MIDDLE-NAME | NA |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client's eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client's Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-DETAIL-TB:  B-MCARE-ID | 623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B\_DETAIL\_TB:  B\_CURR\_ID | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-DETAIL-TB  B-SSN-NUM | 686 |
| Date of Birth | Beneficiary’s Date of Birth | W1ZB2400:  BUYIN-BIRTH-DATE | NA |
| Sex | M – Male  F – Female  U – Unknown. Clients gender code. | W1ZB2400:  BUYIN-SEX | NA |
| Transaction Date | Buy-In Transaction Date | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE | NA |
| Transaction Code | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Date of Death | Beneficiary’s Date of Death | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN** **TRANSACTIONS NOT APPLIED FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB207 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. It lists the matching errors of the Part A buy-in transactions. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB207 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN TRANSACTIONS NOT APPLIED FOR PART A

CLIENT BIRTHDATE / TRAN TRAN PREMIUM

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HIC NUM SEX DATE CODE AMOUNT MESSAGE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- ------------------------------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN TRANSACTIONS NOT APPLIED FOR PART A**  **NMMB2360-RB207** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** | **DED Number** |
|  |  | **COPYBOOK:FIELD NAME** |  |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | B-LAST-NAM  B-FST-NAM  B-MI-NAM  B-DETAIL-TB | 0639  0637  0640 |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client’s eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client’s Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-MCARE-ID  B-DETAIL-TB | 0623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B-CURR-ID  B-DETAIL-TB | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-SSN-NUM  B-DETAIL-TB | 0686 |
| Date of Birth | Beneficiary’s Date of Birth | B-DETAIL-TB :  B-DOB-DT | 601 |
| Sex | M – Male  F – Female  U – Unknown | B-DETAIL-TB :  B-GENDER-CD | 229 |
| Transaction Date | Not initialized for this report | NA | NA |
| Transaction Code | Not initialized for this report | NA | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Message | Description of input file data matched criteria with MMIS tables, with key fields System-id or SSN or Medicare-id or Client-id. | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN** **TRANSACTIONS APPLIED FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB208 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the incoming transactions that were applied for the Part A buy-in transaction processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID  Transaction Id | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB208 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN TRANSACTIONS APPLIED FOR PART A

CLIENT BIRTHDATE / TRANS TRANS PREMIUM

CLIENT NAME HIC NUMBER ID NUMBER SSN NEW HIC NUM SEX DATE CODE AMOUNT MESSAGE

---------------------- ------------ ------------ --------- ------------ --- ----- ----- ------- ------------------------------

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXX MM/DD/CCYY X MM/YY XXXX ZZZ9.99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN TRANSACTIONS APPLIED FOR PART A**  **NMMB2360-RB208** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| Column Name | Description | Source | DED Number |
| Client Name | Beneficiary Name, This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. | B-LAST-NAM  B-FST-NAM  B-MI-NAM  B-DETAIL-TB | 0639  0637  0640 |
| HIC Number | This is the identification number the client uses for Social Security and/or Medicare benefits The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client's eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client's Medicare ID is also known as his HIC number and is also his Social Security Claim Number | B-MCARE-ID  B-DETAIL-TB | 0623 |
| Client ID | This is the Client ID by which the beneficiary is known by external organizations. Because each state and federal agency that determines client eligibility has its own identification number, a client may be known by any number of IDs. | B-CURR-ID  B-DETAIL-TB | 8688 |
| SSN | This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | B-SSN-NUM  B-DETAIL-TB | 0686 |
| Date of Birth | Beneficiary’s Date of Birth | B-DETAIL-TB :  B-DOB-DT | 601 |
| Sex | M – Male  F – Female  U – Unknown | B-DETAIL-TB :  B-GENDER-CD | 229 |
| Transaction Date | Not initialized for this report | NA | NA |
| Transaction Code | Not initialized for this report | NA | NA |
| Premium Amount | Premium Amount for Buy-In Part B | W1ZB2400:  BUYIN-B-PREM-AMT | NA |
| Message | Description of input file data matched criteria with MMIS tables, with key fields System-id or SSN or Medicare-id or Client-id. | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**CLIENT LONG TERM CARE TRANSACTION AUDIT REPORT (LTC)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2011-RB210 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | TPA (Third Party Assessor) | |
| **Description:**  This report lists the changes made to clients’ information as a result of the receipt and processing of the TPA Long Term Care interface. | | | | | | |
| Sort Sequence(s) and Control Breaks | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2011-RB210 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT LONG TERM CARE TRANSACTION AUDIT REPORT (LTC)

------------------------- OLD SEGMENT -------------------------- ------------------------- NEW SEGMENT --------------------------

EFF TO CONTROL PROVIDER LEVEL TYPE EFF TO CONTROL PROVIDER LEVEL TYPE

CLIENT ID DATE DATE NUMBER ID/**NPI** CARE REVW CLIENT ID DATE DATE NUMBER ID CARE REVW

99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X 99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X

XXXXXXXXXX

99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X 99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X

XXXXXXXXXX

TOTAL TRANSACTIONS PROCESSED: 999

TOTAL CLIENTS PROCESSED: 999

TOTAL SEGMENTS ADDED: 999

TOTAL SEGMENTS UPDATED: 999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT LONG TERM CARE TRANSACTION AUDIT REPORT (LTC)** |
| **NMMB2011-RB210** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Old Segment Client ID | Current Client card ID  The Current card ID is the client’s swipe card ID for most clients | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| Old Segment Eff Date | Client LTC Span Begin Date This is the date that the client became eligible for LTC services. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT |  |
| Old Segment To Date | Client LTC Span End Date  This is the date that the Client became ineligible for LTC service. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT |  |
| Old Segment Control Number | Client LTC Control Number  This number contains the record identification number assigned by the Utilization Review contractor (e.g., the TPA). | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM |  |
| Old Segment Provider ID / NPI | *Detail Line 1:*  Provider ID  This is the identification number (in the Provider subsystem of the MMIS) that uniquely identifies the provider.  *Detail Line 2:*  National Provider Identifier | B\_LTC\_SPN\_TB:  P\_ID  P\_NPI\_XMTCH\_TB:  P\_NPI\_ID |  |
| Old Segment Level Care | Level of Care Code  This code identifies the level of care that the client is receiving | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_CD |  |
| Old Segment Type REvw | Review Type Code  The review type code identifies the results of a review conducted and authorized by the utilization review contractors to approve a client’s stay in a long-term care facility. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | 9513 |
| New Segment Client ID | Current Client card ID | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| New Segment Eff Date | Client LTC Span Begin Date This is the date that the client became eligible for LTC services. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT |  |
| New Segment To Date | Client LTC Span End Date  This is the date that the Client became ineligible for LTC service. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT |  |
| New Segment Control Number | Client LTC Control Number  This number contains the record identification number assigned by the Utilization Review contractor (e.g., the TPA). | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM |  |
| NEW Segment Provider ID / NPI | *Detail Line 1:*  Provider ID  This is the identification number (in the Provider subsystem of the MMIS) that uniquely identifies the provider.  *Detail Line 2:*  National Provider Identifier | B\_LTC\_SPN\_TB:  P\_ID  P\_NPI\_XMTCH\_TB:  P\_NPI\_ID |  |
| New Segment Level Care | Level of Care Code  This code identifies the level of care that the client is receiving | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_CD |  |
| New Segment Type Revw | Review Type Code  The review type code identifies the results of a review conducted and authorized by the utilization review contractors to approve a client’s stay in a long-term care facility. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | 9513 |
| Total Transactions Processed | Total number of transactions processed. | Program Generated |  |
| Total Clients Processed | Total number of clients processed. | Program Generated |  |
| Total Segments Added | Total of new segments added. | Program Generated |  |
| Total Segments Updated | Total of new segments updated. | Program Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**INPUT PHASE CONTROL REPORT – BUY-IN FILE UPDATE FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB234 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report summarizes the transactions on the Part A Buy-in incoming file and the number of transactions applied. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB234 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

INPUT PHASE CONTROL REPORT - BUY-IN FILE UPDATE FOR PART A

TOTAL BUY-IN TRANSACTIONS RECEIVED ZZZ,ZZ9

ACCRETE-ONGOING ZZZ,ZZ9

DELETE ZZZ,ZZ9

ACCRETE-MODIFY ZZZ,ZZ9

DELETE-MODIFY ZZZ,ZZ9

HICN CHANGES ZZZ,ZZ9

TOTAL RESTART BYPASS TRANSACTIONS ZZZ,ZZ9

ON RB206: DATE OF DEATH NOTIFICATION REPORT ZZZ,ZZ9

ON RB207: TRANSACTIONS NOT APPLIED REPORT ZZZ,ZZ9

UNMATCHED BY HICN ZZZ,ZZ9

MATCHED ZZZ,ZZ9

ON RB208: TRANSACTIONS APPLIED REPORT ZZZ,ZZ9

BUYIN RECORDS UPDATED ZZZ,ZZ9

HIC NUMBERS MODIFIED ZZZ,ZZ9

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **INPUT PHASE CONTROL REPORT - BUY-IN FILE UPDATE FOR PART A**  **NMMB2360-RB234** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| TOTAL BUY-IN TRANSACTIONS RECEIVED | Total Buy-In Transactions received | System Generated | NA |
| ACCRETE-ONGOING | Accrete ongoing | System Generated | NA |
| DELETE | Delete | System Generated | NA |
| ACCRETE-MODIFY | Accrete modify | System Generated | NA |
| DELETE-MODIFY | Delete modify | System Generated | NA |
| HICN CHANGES | HIC number changes | System Generated | NA |
| TOTAL RESTART BYPASS TRANSACTIONS | Total restart bypass transactions | System Generated | NA |
| DATE OF DEATH NOTIFICATION REPORT | Date of Death Notification Report | System Generated | NA |
| TRANSACTIONS NOT APPLIED REPORT | Transactions Not Applied Report | System Generated | NA |
| UNMATCHED BY HICN | Unmatched by HIC number | System Generated | NA |
| MATCHED | Matched | System Generated | NA |
| TRANSACTIONS APPLIED REPORT | Transaction Applied Report | System Generated | NA |
| BUYIN RECORDS UPDATED | Buy-In records updated | System Generated | NA |
| HIC NUMBERS MODIFIED | HIC numbers modified | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PART B BUY-IN TRANSACTIONS NOT APPLIED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB236 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the preliminary edit errors of the Buy-In Transactions, such as invalid state code, missing name, incorrect premium date, or invalid transaction code. There is another report, RB202 – Buy-In Transactions Not Applied For Part B, that lists the matching errors for Buy-In Transactions. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB236 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PART B BUY-IN TRANSACTIONS NOT APPLIED

BIRTHDATE / TRANS TRANS

HIC NUMBER CLIENT NAME ID/SSN SEX NEW HICN DATE CODE MESSAGE

------------ ---------------------- ------------ --- ----------- ----- ----- ------------------------------

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **PART B BUY-IN TRANSACTIONS NOT APPLIED**  **NMMB2360-RB236** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| HIC NUMBER | The HIC number (Health Insurance Claim Number) is provided by the Centers for Medicaid and Medicare Services. | W1ZB2400:  BUYIN-CLAIM-NO |  |
| CLIENT NAME | Beneficiary Name | W1ZB2400:  BUYIN-NAME-LAST  BUYIN-NAME-FIRST  BUYIN-NAME-MI |  |
| ID/SSN | The State Control ID can contain either the Client ID or Social Security Number. | W1ZB2400:  BUYIN-STATE-CTRL |  |
| SEX | M – Male  F – Female  U – Unknown | W1ZB2400:  BUYIN-SEX-CODE |  |
| BIRTHDATE | Beneficiary’s Date of Birth | W1ZB2400:  BUYIN-BIRTH-DATE |  |
| TRANS DATE | Transaction Date | W1ZB2400:  BUYIN-TRANS-DATE |  |
| TRANS CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| MESSAGE | The message indicates the reason why the Buy-In Part B Transaction was not applied. | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PART B BUY-IN FINANCIAL SUMMARY REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB237 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the number of transactions by transaction code for the transaction period and the corresponding billing amounts associated with those codes. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB237 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PART B BUY-IN FINANCIAL SUMMARY REPORT

------ DEBIT ------ ------ CREDIT ----- -- MISC --

ITEMS AMOUNT ITEMS AMOUNT ITEMS

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

--------------------------------- CODE-99 ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

TOTAL ZZZ,ZZ9 Z,ZZZ,ZZZ.99 ----------------------------------- CODE-99 ZZZ,ZZ9

TOTAL ZZZ,ZZ9 Z,ZZZ,ZZZ.99 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

TOTAL ITEMS: ZZZ,ZZ9 CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

CODE-99 ZZZ,ZZ9

--------------------

TOTAL ZZZ,ZZ9

REPT: NMMB2360-RB237 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PART B BUY-IN FINANCIAL SUMMARY REPORT

------------- TOTALS BY TRANSACTION --------------

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

XXXX Z,ZZZ,ZZ9 $$$,$$$,$$$.99

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **PART B BUY-IN FINANCIAL SUMMARY REPORT**  **NMMB2360-RB237** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| DEBIT COLUMN – The items listed in this column represent Buy-In transactions for which the HUMAN SERVICES DEPARTMENT will have to pay money. | | | |
| CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | System Generated |  |
| AMOUNT | Total Premium Amount for the Transaction Code | System Generated |  |
| CREDIT COLUMN - The items listed in this column represent Buy-In transactions for which the HUMAN SERVICES DEPARTMENT will be owed money. | | | |
| CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | System Generated | NA |
| AMOUNT | Total Premium Amount for the Transaction Code | System Generated | NA |
| TOTAL ITEMS PROCESSED | Sum of the Debit Items, Credit Items and the Misc. Items | System Generated | NA |
| MEDICAID ONLY | Total Number of Transactions for which the beneficiary has a Buy-In Eligibility Code of ‘M’ or ‘P’ and receive no money payment. | System Generated | NA |
| AMOUNT MEDICAID ONLY | Total Premium Amount for which the beneficiary has a Buy-In Eligibility Code of ‘M’ or ‘P’ and receive no money payment. | System Generated | NA |
| MISC ITEMS - The items listed in this column represent Buy-In transactions that do not have a financial component. | | | |
| CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | System Generated | NA |
| TOTALS BY TRANSACTION | | | |
| CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| COUNT | Total Number of Transactions for the Transaction Code | System Generated | NA |
| AMOUNT | Total Premium Amount for the Transaction Code | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PART B BUY-IN FINANCIAL DETAIL/TRANS CODE REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB238 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the Part B Financial Details and Transaction Codes. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB238 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PART B BUY-IN FINANCIAL DETAIL / TRANS CODE

BIRTHDATE / TRAN TRAN BILLING

HIC NUMBER CLIENT NAME ID/SSN SEX NEW HICN DATE CODE AMOUNT MESSAGE

----------- ---------------------- ------------ --- ----------- ----- ---- -------- -----------------------------------

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXXXXXXXXXXX X MM/DD/CCYY MM/YY XXXX $,$$$.99 XXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **PART B BUY-IN FINANCIAL DETAIL/TRANS CODE REPORT**  **NMMB2360-RB238** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| HICN NUMBER | The HIC number (Health Insurance Claim Number) is provided by the Centers for Medicaid and Medicare Services. The HIC number is also known as the Medicare Number. | W1ZB2400:  BUYIN-CLAIM-NO |  |
| CLIENT NAME | Beneficiary Name | W1ZB2400:  BUYIN-LAST-NAME  BUYIN-FIRST-NAME  BUYIN-MIDDLE-NAME |  |
| ID/SSN | This is the number assigned to the Client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | W1ZB2400:  BUYIN-RECIP-SSN |  |
| SEX | M – Male  F – Female  U – Unknown | W1ZB2400:  BUYIN-SEX |  |
| BIRTH DATE | Beneficiary’s Date of Birth | W1ZB2400:  BUYIN-BIRTH-DATE |  |
| TRAN DATE | Buy-In Transaction Date | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE |  |
| TRAN CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| BILLING AMOUNT | Buy-In Billing Amount | W1ZB2400:  BUYIN-PREM-AMT |  |
| MESSAGE |  | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

ASPEN CLIENT RECONCILIATION REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3100-RB312 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility | |
| **Description:**  For the Recon reporting month, this report prints a list of clients that meet the following criteria:  1 – Client has eligibility in Omnicaid for the reporting month but nothing was sent in the ASPEN Recon file  2 – Client was sent on the ASPEN Recon file but has no eligibility in Omnicaid for the reporting month  3 - Client has eligibility spans in Omnicaid for the reporting month and had eligibility on the ASPEN Recon file, but there was one or more COE mismatches. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client MCI ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  There are only three error messages produced:  1 – CLIENT IN ASPEN BUT NOT OMNICAID – the client has eligibility on the ASPEN Recon file for the reporting month but there is no eligibility in Omnicaid.  2 – CLIENT IN OMNICAID BUT NOT ASPEN – the client has eligibility on the Omnicaid BCOESPTB table for the reporting month but has no eligibility reported in the ASPEN Recon file.  3 – CLIENT COE MISMATCH – there is eligibility in both Omnicaid and on the ASPEN Recon file but the COE/FM codes do not match | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB3100-RB412 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

ASPEN CLIENT RECONCILIATION REPORT

MCI LAST NAME FIRST NAME MI ERROR MESSAGE

XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OMNICAID COE/FMS: XXX/X XXX/X XXX/X ASPEN COE/FMS: XXX/X XXX/X XXX/X

XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OMNICAID COE/FMS: XXX/X XXX/X XXX/X ASPEN COE/FMS: XXX/X XXX/X XXX/X

XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OMNICAID COE/FMS: XXX/X XXX/X XXX/X ASPEN COE/FMS: XXX/X XXX/X XXX/X

XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

OMNICAID COE/FMS: XXX/X XXX/X XXX/X ASPEN COE/FMS: XXX/X XXX/X XXX/X

XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ETC…

SUMMARY COUNTS:

CLIENT IN OMNICAID BUT NOT ASPEN FOR REPORTING MONTH: 9999999

CLIENT IN ASPEN BUT NOT OMNICAID FOR REPORTING MONTH: 9999999

CLIENT COE MISMATCHES: 9999999

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT EXHIBIT**

**ASPEN CLIENT RECONCILIATION REPORT**

**NMMB3100-RB312**

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| MCI | ASPEN assigned id. This is the unique ASPEN MCI ID assigned to the client. | ASPEN Recon Interface file or Omnicaid BDTAILTB table |  |
| Last Name | Client Name Last This is the client’s family name or surname. | ASPEN Recon Interface file or Omnicaid BDTAILTB table |  |
| First Name | Client Name First This attribute is the client’s given name. | ASPEN Recon Interface file or Omnicaid BDTAILTB table |  |
| MI | Client Name Middle Initial This is the first letter of the client’s middle name. | ASPEN Recon Interface file or Omnicaid BDTAILTB table |  |
| ERROR MESSAGE | This message explains the discrepancy between Omnicaid and ASPEN | Program Generated |  |
| Omnicaid COE (s) | The Omnicaid category of eligibility code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits as posted on Omnicaid for the Recon reporting month . There will be up to three reported. | Omnicaid BCOESPTB table |  |
| Omnicaid FM(s) | The Omnicaid Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS)of the federal government. These are paired with the COE code. | Omnicaid BCOESPTB table |  |
| aspen coe(s) | The ASPEN category of eligibility code for the reporting month. There will be up to three reported. | ASPEN Recon Interface file |  |
| aspen fm (s) | The ASPEN Federal Match Code for the reporting month. These are paired with the COE code. | ASPEN Recon Interface file |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

ASPEN RECONCILIATION – CLIENTS NOT IN OMNICAID REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3100-RB313 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility | |
| **Description:**  For the Recon reporting month, this report prints a list of clients that were on the ASPEN Recon file but had no eligibility in Omnicaid. The latest critical error reported in the ASPEN Eligilibity interface is listed.: | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client MCI ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  In some cases the client has been merged. In these cases only the MCI ID and message “CLIENT HAS BEEN MERGED” is printed. In other cases, the SSN, COE, FM and critical error number is printed along with the error description. Possible critical errors are documented in the ASPEN Eligibility interface in chapter 4 (exhibit D). If there are no critical errors found for the client, then the message “NO CRITICAL ERRORS FOUND” will be reported. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB3100-RB413 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

ASPEN RECONCILIATION – CLIENTS NOT IN OMNICAID

MOST RECENT REJECTION REASON

MCI SSN COE FM ERR ERROR DESCRIPTION TALLY

XXXXXXXXX XXXXXXXXX XXXX X XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

9999

XXXXXXXXX XXXXXXXXX XXXX X XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXX XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

9999

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* ERROR COUNT SUMMARY \*\*\*\*\*\*\*\*\*

CLIENTS MERGED WITH NO ERROR MESSAGES: 999999999

CLIENTS NOT FOUND ON CRIT ERROR FILE : 999999999

011 ERROR COUNT: 999999999

012 ERROR COUNT: 999999999

014 ERROR COUNT: 999999999

ETC…

ETC..

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

ASPEN CLIENT RECONCILIATION REPORT

NMMB3100-RB313

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| MCI | ASPEN assigned id. This is the unique ASPEN MCI ID assigned to the client. | ASPEN Recon Interface file |  |
| ssn | Client Social Security Number | ASPEN Recon Interface file |  |
| ASPEN COE | The ASPEN category of eligibility code | ASPEN Recon Interface file |  |
| ASPEN FM | The ASPEN federal match code | ASPEN Recon Interface file |  |
| INTERFACE ERROR NUMBER | The last critical error number reported on the ASPEN ELIGIBILITY ERRORS report (NMMB3131-RB311) produced during the daily ASPEN Eligibility interface update. | Report RB311 |  |
| INTERFACE ERROR MESSAGE | The last critical error message reported on the ASPEN ELIGIBILITY ERRORS report (NMMB3131-RB311) produced during the daily ASPEN Eligibility interface update. | Report RB311 |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN TRANSACTIONS NOT APPLIED FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB241 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the Part A transactions not applied. This report lists the preliminary edit errors of the Buy-In transactions. There is another report, RB207, which lists the matching errors for Part A Buy-In transactions. . | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB241 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN TRANSACTIONS NOT APPLIED FOR PART A

BIRTHDATE / TRANS TRANS

HIC NUMBER CLIENT NAME SSN SEX NEW HICN DATE CODE MESSAGE

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX X XXX-XX-XXXX X MM/DD/CCYY MM/YY XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN TRANSACTIONS NOT APPLIED FOR PART A**  **NMMB2360-RB241** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| HICN NUMBER | The HIC number (Health Insurance Claim Number) is provided by the Centers for Medicaid and Medicare Services. The HIC number is also known as the Medicare Number. | W1ZB2400:  BUYIN-CLAIM-NO |  |
| CLIENT NAME | Beneficiary Name | W1ZB2400:  BUYIN-LAST-NAME  BUYIN-FIRST-NAME  BUYIN-MIDDLE-NAME |  |
| ID/SSN | This is the number assigned to the Client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | W1ZB2400:  BUYIN-RECIP-SSN |  |
| SEX | M – Male  F – Female  U – Unknown | W1ZB2400:  BUYIN-SEX |  |
| BIRTH DATE | Beneficiary’s Date of Birth | W1ZB2400:  BUYIN-BIRTH-DATE |  |
| TRAN DATE | Buy-In Transaction Date | W1ZB2400:  BUYIN-B-TRANS-BEG-DATE |  |
| TRAN CODE | Buy-In Transaction Code | W1ZB2400:  BUYIN-TRANS-CODE |  |
| MESSAGE |  | System Generated | NA |
| NUMBER OF RECORS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**BUY-IN FINANCIAL BILLING REPORT FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB242 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the Part A Buy-In financial summary for Part A. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB242 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN FINANCIAL BILLING REPORT FOR PART A

-------DEBIT------- -------CREDIT------ ---MISC---

ITEMS AMOUNT ITEMS AMOUNT ITEMS

CODE-11 XX XX,XXX.XX CODE-13 XX XX,XXX.XX CODE-18 XXX

CODE-12 X .XX CODE-14 XX XX,XXX.XX CODE-19 XXX

CODE-41 X,XXX X,XXX,XXX.XX CODE-15 XX XX,XXX.XX CODE-20 XXX

CODE-91 X .XX CODE-16 XX XX,XXX.XX CODE-21 XXX

CODE-43 X .XX CODE-17 XX XX,XXX.XX CODE-22 XXX

CODE-45 X .XX CODE-42 XX XX,XXX.XX CODE-23 X,XXX

CODE-64 X .XX CODE-44 XX XX,XXX.XX CODE-24 XXX

--------------------------------- CODE-71 XX XX,XXX.XX CODE-25 XXX

TOTAL X,XXX X,XXX,XXX.XX --------------------------------- CODE-27 XXX

TOTAL XX XX,XXX.XX CODE-28 XXX

CODE-29 XXX

CODE-30 XXX

TOTAL ITEMS PROCESSED : X,XXX CODE-31 XXX

CODE-32 XXX

CODE-33 XXX

CODE-34 XXX

CODE-36 XXX

CODE-49 XXX

CODE-76 XXX

CODE-77 XXX

----------------------

TOTAL X,XXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN FINANCIAL BILLING REPORT FOR PART A**  **NMMB2360-RB242** |
| --- |

|  | | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- | --- |
| DEBIT COLUMN – The items listed in this column represent Buy-In transactions for which the HUMAN SERVICES DEPARTMENT will have to pay money. | | | | |
| CODE | Buy-In Transaction Code | | W1ZB2300:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | | System Generated |  |
| AMOUNT | Total Premium Amount for the Transaction Code | | System Generated |  |
| CREDIT COLUMN - The items listed in this column represent Buy-In transactions for which the HUMAN SERVICES DEPARTMENT will be owed money. | | | | |
| CODE | Buy-In Transaction Code | | W1ZB2300:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | | System Generated |  |
| AMOUNT | Total Premium Amount for the Transaction Code | | System Generated |  |
| MISC ITEMS - The items listed in this column represent Buy-In transactions that do not have a financial component. | | | | |
| CODE | Buy-In Transaction Code | | W1ZB2300:  BUYIN-TRANS-CODE |  |
| ITEMS | Total Number of Transactions for the Transaction Code | | System Generated | NA |
| TOTAL ITEMS PROCESSED | Sum of the Debit Items, Credit Items and the Misc. Items | | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN FINANCIAL BILLING REPORT FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB243 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists the Part A Buy-In financial details for Part A. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB243 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN FINANCIAL DETAIL REPORT FOR PART A

BIRTHDATE/ TRAN TRAN BILLING

HIC NUMBER CLIENT NAME SSN SEX NEW HICN DATE CODE AMOUNT MESSAGE

---------- -------------------------- --------- --- --------- ----- ---- ------- ----------------------------------

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXX X MM/DD/YY MM/YY XXXX XXXX.XX XXXXXXXXXXXXXXXXXXXXXXX

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN FINANCIAL BILLING REPORT FOR PART A**  **NMMB2360-RB243** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| HICN NUMBER | The HIC number (Health Insurance Claim Number) is provided by the Centers for Medicaid and Medicare Services. The HIC number is also known as the Medicare Number. | W1ZB2300:  BUYIN-CLAIM-NO |  |
| CLIENT NAME | Beneficiary Name | W1ZB2300:  BUYIN-LAST-NAME  BUYIN-FIRST-NAME  BUYIN-MIDDLE-NAME |  |
| SSN | This is the number assigned to the Client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system. | W1ZB2300:  BUYIN-RECIP-SSN |  |
| SEX | M – Male  F – Female  U – Unknown | W1ZB2300:  BUYIN-SEX |  |
| BIRTH DATE | Beneficiary’s Date of Birth | W1ZB2300:  BUYIN-BIRTH-DATE |  |
| TRAN DATE | Buy-In Transaction Date | W1ZB2300:  BUYIN-B-TRANS-BEG-DATE |  |
| TRAN CODE | Buy-In Transaction Code | W1ZB2300:  BUYIN-TRANS-CODE |  |
| BILLING AMOUNT | Buy-In Billing Amount | W1ZB2300:  BUYIN-PREM-AMT |  |
| MESSAGE |  | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN** **HISTORY MATCH SUMMARY FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB247 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin process. It lists the Buy-in History Match Summary for Part A processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB247 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN HISTORY MATCH SUMMARY FOR PART A

PROCESS MONTH MM/CCYY : BILLED MONTH MM/CCYY

DESCRIPTION COUNT AMOUNT

QI1 READ ZZZ,ZZZ,ZZZ

BUY-IN READ TOTAL ZZZ,ZZZ,ZZZ

BUY-IN READ ZZZ,ZZZ,ZZZ

BUY-IN HEAD/TRAIL ZZZ,ZZZ,ZZZ

BUY-IN PEOPLE ZZZ,ZZZ,ZZZ

BUY-IN MATCHED ALL ZZZ,ZZZ,ZZZ

BUY-IN MATCH ID 1-9 ZZZ,ZZZ,ZZZ

BUY-IN MATCH ID 4-12 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN 1-9 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN4-12 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN SLF ZZZ,ZZZ,ZZZ

BUY-IN MATCH HIC ZZZ,ZZZ,ZZZ

BUY-IN MATCH NEW HIC ZZZ,ZZZ,ZZZ

BUY-IN MATCH NEW SLF ZZZ,ZZZ,ZZZ

BUY-IN NOT MATCHED ZZZ,ZZZ,ZZZ

QI1 HITS ZZZ,ZZZ,ZZZ

BUY-IN HISTORY WRITE ZZZ,ZZZ,ZZZ

BUY-IN HIST NO IDENT ZZZ,ZZZ,ZZZ

QI1 SUMMARY WRITES ZZZ,ZZZ,ZZZ

MATCH SUMMARY WRITES ZZZ,ZZZ,ZZZ

QI1 DEBIT AMOUNT $ZZZ,ZZZ,ZZZ.ZZ

QI1 CREDIT AMOUNT $ZZZ,ZZZ,ZZZ.ZZ-

QI1 NET AMOUNT $ZZZ,ZZZ,ZZZ.ZZ-

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN HISTORY MATCH SUMMARY FOR PART A**  **NMMB2360-RB247** |
| --- |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** | | **DED Number** | |
| PROCESS MONTH | Month the Buy-In data was received and processed | Current month and year | | NA | |
| BILLED MONTH | Month for which the Buy-In received is billed | Part A input file. Always the month after the Process Month | | NA | |
| Buy-In Read Total | Total number of incoming Buy-In Billing Records including the Header Record and the Trailer Record. | System Generated | | NA | |
| Buy-In Read | Total number of incoming Buy-In Billing Records excluding the Header Record and the Trailer Record. | System Generated | | NA | |
| Buy-In Head/Trail | Total number of Header Records and Trailer Records in the incoming Buy-In Billing file. | System Generated | | NA | |
| Buy-In People | Total number of distinct recipients on the incoming Buy-In Billing File. This total does not count more than one record per person. | System Generated | | NA | |
| Buy-In Matched All | Total number of distinct recipients on the incoming Buy-In Billing File that matched the MMIS Recipient Files. | System Generated | | NA | |
| Buy-In Match ID 1-9 | Total number of matches on the Medicaid ID when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match ID 4-12 | Total number of matches on the Medicaid ID when it is in Position 4-12 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN 1-9 | Total number of matches on the SSN when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN 4-12 | Total number of matches on SSN when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN SLF | Total number of matches on SSN when it is in the SSN field on the incoming Buy-In Billing file. | System Generated | | NA | |
| Buy-In Match HIC | Total number of matches on HIC. | System Generated | | NA | |
| Buy-In Match New HIC | Total number of matches on new HICs. | System Generated | | NA | |
| Buy-In Match New SLF | Total number of matches on new Buy-In recipients. | System Generated | | NA | |
| Buy-In Not Matched | Total number of Buy-In recipients that did not match the MMIS Recipient Files. | System Generated | | NA | |
| QI1 Hits | Total number of open COE 042 recipients for the month that matches a recipient on the incoming Buy-In Billing file. This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | | NA | |
| Buy-In History Write | Total number of Incoming Buy-In Billing records that were written to a sequential history file. | System Generated | NA | |
| Buy-In Hist No Ident | Total number of Incoming Buy-In Billing records that had no identifying information. | System Generated | NA | |
| QI1 Summary Writes | Total number of QI1 Summary records written.  This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| Match Summary Writes | Total Number of Summary records written. There is 1 Summary record written for each count on this report. This count is always 24. | System Generated | NA | |
| QI1 Detail Writes | Total number of open COE 042 recipients for the month. This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Debit Amount | Total Debit Amount of QI1 transactions for the month. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Credit Amount | Total Credit Amount of QI1 transactions for the month. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Net Amount | Sum of QI1 Debits + Credits. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA | |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**BUY-IN HISTORY MATCH SUMMARY FOR PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB248 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin process. This report lists the Buy-in History match summary for Part B processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB248 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

BUY-IN HISTORY MATCH SUMMARY FOR PART B

PROCESS MONTH MM/CCYY : BILLED MONTH MM/CCYY

DESCRIPTION COUNT AMOUNT

QI1 READ ZZZ,ZZZ,ZZZ

BUY-IN READ TOTAL ZZZ,ZZZ,ZZZ

BUY-IN READ ZZZ,ZZZ,ZZZ

BUY-IN HEAD/TRAIL ZZZ,ZZZ,ZZZ

BUY-IN PEOPLE ZZZ,ZZZ,ZZZ

BUY-IN MATCHED ALL ZZZ,ZZZ,ZZZ

BUY-IN MATCH ID 1-9 ZZZ,ZZZ,ZZZ

BUY-IN MATCH ID 4-12 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN 1-9 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN4-12 ZZZ,ZZZ,ZZZ

BUY-IN MATCH SSN SLF ZZZ,ZZZ,ZZZ

BUY-IN MATCH HIC ZZZ,ZZZ,ZZZ

BUY-IN MATCH NEW HIC ZZZ,ZZZ,ZZZ

BUY-IN MATCH NEW SLF ZZZ,ZZZ,ZZZ

BUY-IN NOT MATCHED ZZZ,ZZZ,ZZZ

QI1 HITS ZZZ,ZZZ,ZZZ

BUY-IN HISTORY WRITE ZZZ,ZZZ,ZZZ

BUY-IN HIST NO IDENT ZZZ,ZZZ,ZZZ

QI1 SUMMARY WRITES ZZZ,ZZZ,ZZZ

MATCH SUMMARY WRITES ZZZ,ZZZ,ZZZ

QI1 DEBIT AMOUNT $ZZZ,ZZZ,ZZZ.ZZ

QI1 CREDIT AMOUNT $ZZZ,ZZZ,ZZZ.ZZ-

QI1 NET AMOUNT $ZZZ,ZZZ,ZZZ.ZZ-

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **BUY-IN HISTORY MATCH SUMMARY FOR PART B**  **NMMB2360-RB248** |
| --- |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** | | **DED Number** | |
| PROCESS MONTH | Month the Buy-In data was received and processed | Current month and year | | NA | |
| BILLED MONTH | Month for which the Buy-In received is billed | Part B input file. Always the month after the Process Month | | NA | |
| QI1 Read | Total number of COE 042 recipients for the month that matches a recipient on the incoming Buy-In Billing file. This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. This includes all recipients on the input file with a COE 042 span. | System Generated | | NA | |
| Buy-In Read Total | Total number of incoming Buy-In Billing Records including the Header Record and the Trailer Record. | System Generated | | NA | |
| Buy-In Read | Total number of incoming Buy-In Billing Records excluding the Header Record and the Trailer Record. | System Generated | | NA | |
| Buy-In Head/Trail | Total number of Header Records and Trailer Records in the incoming Buy-In Billing file. | System Generated | | NA | |
| Buy-In People | Total number of distinct recipients on the incoming Buy-In Billing File. This total does not count more than one record per person. | System Generated | | NA | |
| Buy-In Matched All | Total number of distinct recipients on the incoming Buy-In Billing File that matched the MMIS Recipient Files. | System Generated | | NA | |
| Buy-In Match ID 1-9 | Total number of matches on the Medicaid ID when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match ID 4-12 | Total number of matches on the Medicaid ID when it is in Position 4-12 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN 1-9 | Total number of matches on the SSN when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN 4-12 | Total number of matches on SSN when it is in Position 1-9 of the State Control Data Field. | System Generated | | NA | |
| Buy-In Match SSN SLF | Total number of matches on SSN when it is in the SSN field on the incoming Buy-In Billing file. | System Generated | | NA | |
| Buy-In Match HIC | Total number of matches on HIC. | System Generated | | NA | |
| Buy-In Match New HIC | Total number of matches on new HICs. | System Generated | | NA | |
| Buy-In Match New SLF | Total number of matches on new Buy-In recipients. | System Generated | | NA | |
| Buy-In Not Matched | Total number of Buy-In recipients that did not match the MMIS Recipient Files. | System Generated | | NA | |
| QI1 Hits | Total number of **open** COE 042 recipients for the month that matches a recipient on the incoming Buy-In Billing file. This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | | NA | |
| Buy-In History Write | Total number of Incoming Buy-In Billing records that were written to a sequential history file. | System Generated | NA | |
| Buy-In Hist No Ident | Total number of Incoming Buy-In Billing records that had no identifying information. | System Generated | NA | |
| QI1 Summary Writes | Total number of QI1 Summary records written.  This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| Match Summary Writes | Total Number of Summary records written. There is 1 Summary record written for each count on this report. This count is always 24. | System Generated | NA | |
| QI1 Detail Writes | Total number of open COE 042 recipients for the month. This count is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Debit Amount | Total Debit Amount of QI1 transactions for the month. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Credit Amount | Total Credit Amount of QI1 transactions for the month. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| QI1 Net Amount | Sum of QI1 Debits + Credits. This amount is only applicable to the Part B Match Summary Report and is always left blank for the Part A Match Summary Report. | System Generated | NA | |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA | |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**QI-1 (COE 042) ELIGIBLES DETAIL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB249 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. It lists detail information for the QI-1 Eligible (COE 042) clients. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  CURRENT ID | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB249 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

QI1 (COE 042) ELIGIBLES DETAIL

PROCESS MONTH MM/CCYY : BILLED MONTH MM/CCYY

RECIPIENT ID SOC SEC NUM LAST NAME FIRST NAME I MEDICARE ID HIT DEBIT AMOUNT CREDIT AMOUNT NET COST

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

00000999999999 999-99-9999 XXXXXXXXXXXX XXXXXXXXXX X XXXXXXXXXXX X $ZZZ,ZZZ.99 $ZZZ,ZZZ.99- $ZZZ,ZZZ.99-

COUNT: Z,ZZZ,ZZ9 TOTAL: $ZZZ,ZZZ,ZZ9.99 $ZZZ,ZZZ,ZZ9.99- $ZZ,ZZZ,ZZZ.99-

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **QI1 (COE042) ELIGIBLES DETAIL**  **NMMB2360-RB249** |
| --- |

|  |  |  |  |
| --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** | **DED Number** |
| PROCESS MONTH | Month the Buy-In data was received and processed | Current month and year | NA |
| BILLED MONTH | Month for which the Buy-In received is billed | Part B input file. Always the month after the Process Month | NA |
| RECIPIENT ID | The current id of the client. | BDTAILTB: B\_CURR\_ID |  |
| SOC-SEC-NUM | The client’s social security number. | BDTAILTB: B\_SSN\_NUM |  |
| LAST NAME | The last name of the client. | BDTAILTB: B\_LAST\_NAM |  |
| FIRST NAME | The client’s first name. | BDTAILTB: B\_FST\_NAM |  |
| I | The middle initial of the client. | BDTAILTB: B\_MI\_NAM |  |
| MEDICARE ID | The Medicare Id associated with the client. | BDTAILTB: B\_MCARE\_ID |  |
| HIT | A “Y” designates that a transaction was processed for the client. | System Generated | NA |
| DEBIT AMOUNT | The transaction amount from the Buy-In transaction file. Set if the transaction is a debit transaction. | System Generated | NA |
| CREDIT AMOUNT | The transaction amount from the Buy-In transaction file. Set if the transaction is a credit transaction. | System Generated | NA |
| NET COST | DEBIT AMOUNT + CREDIT AMOUNT. | System Generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**CLIENT TPL EXTRACT CONTROL REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7600-RB250 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Weekly |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report provides file control totals generated during the creation of the client/TPL extract file. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N/A | **Page Break**  N/A | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB7600-RB250 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

CLIENT TPL EXTRACT CONTROL REPORT PAGE ZZZ,ZZ9

TOTAL CLIENT ELIG RECORDS PROCESSED: Z,ZZZ,ZZ9

TOTAL TPL RECORDS MATCHED: Z,ZZZ,ZZ9

TOTAL EXTRACT RECORDS WRITTEN: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | |
| --- | --- | --- | --- |
| **CLIENT TPL EXTRACT CONTROL REPORT** | | | |
| **NMMB7600-RB250** | | | |
|  | | | |
| **Column Name** | **Description** | **Source** | **DED Number** |
| Total Client Elig Records Processed | This field contains the count of recipient eligibility records selected during the extract process. Only records that have one or more eligibility data are processed. | Program generated |  |
| Total TPL Records Matched | This field contains the count of input TPL records that matched a recipient record during the extract process. | Program generated |  |
| Total Extract Records Written | This field contains the count of records written to the output Client/TPL extract file. | Program generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PERSONAL CHARACTERISTICS CHANGES REPORT FOR PART A**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB251 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists any differences between select beneficiary data in MMIS and the Part A Buy-In incoming file from CMS. The report uses record code E records received in the Buy-In incoming file. These records list any difference between the Buy-In Outgoing file generated from MMIS and the data that CMS has on record for the beneficiary. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB251 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PERSONAL CHARACTERISTINCS CHANGES REPORT FOR PART A

HIC NUMBER LAST NAME FIRST NAME MI SEX BIRTH DATE SOC-SEC-NUM MESSAGE

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **PERSONAL CHARACTERISTICS CHANGES REPORT FOR PART A**  **NMMB2360-RB251** |
| --- |

| **Column Name** | **Description** | **Source** | | **DED Number** |
| --- | --- | --- | --- | --- |
| HIC Number | The Heath Insurance Carrier number assigned by SSA. | MCAID: B\_DETAIL\_TB:  B\_MCARE\_ID  BUYIN: Part A Incoming Buy-In File | | 0623 |
| Last Name | The beneficiary’s last name. | MCAID: B\_DETAIL\_TB :  B\_LAST\_NAM  BUYIN: Part A Incoming Buy-In File | | 0639 |
| First Name | The beneficiary’s first name. | MCAID: B\_DETAIL\_TB :  B\_FST\_NAM  BUYIN: Part A Incoming Buy-In File | | 0637 |
| MI | The beneficiary’s middle initial. | MCAID: B\_DETAIL\_TB :  B\_MI\_NAM  BUYIN: Part A Incoming Buy-In File | | 0640 |
| Sex | The beneficiary’s gender. | MCAID: B\_DETAIL\_TB:  B\_GENDER\_CD  BUYIN: Part A Incoming Buy-In File | | 0229 |
| Birth Date | The beneficiary’s date of birth. | MCAID: B\_DETAIL\_TB:  B\_DOB\_DT  BUYIN: Part A Incoming Buy-In File | | 0601 |
| Soc-Sec-Num | The beneficiary’s Social Security Number assigned by SSA. | MCAID: B\_DETAIL\_TB:  B\_SSN\_NUM  BUYIN: Part A Incoming Buy-In File | | 0686 |
| Message | Message assigned by the system. | System generated | | N/A |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | | System Generated | NA | |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PERSONAL CHARACTERISTICS CHANGES REPORT FOR PART B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** RB252 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Monthly | 25 Months | COLD | | |  | |
| **Description:**  This report is generated by the TPS Buyin Process. This report lists any differences between select beneficiary data in MMIS and the Part A Buy-In incoming file from CMS. The report uses record code E records received in the Buy-In incoming file. These records list any difference between the Buy-In Outgoing file generated from MMIS and the data that CMS has on record for the beneficiary. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

REPT: NMMB2360-RB252 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PERSONAL CHARACTERISTINCS CHANGES REPORT FOR PART B

HIC NUMBER LAST NAME FIRST NAME MI SEX BIRTH DATE SOC-SEC-NUM MESSAGE

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

XXXXXXXXXX MCAID XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

BUYIN XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX X X MM/DD/CCYY 999-99-9999

NUMBER OF RECORDS WRITTEN ON REPORT: Z,ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **PERSONAL CHARACTERISTICS CHANGES REPORT FOR PART B**  **NMMB2360-RB252** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| HIC Number | The Heath Insurance Carrier number assigned by SSA. | MCAID: B\_DETAIL\_TB:  B\_MCARE\_ID  BUYIN: Part A Incoming Buy-In File | 0623 |
| Last Name | The beneficiary’s last name. | MCAID: B\_DETAIL\_TB :  B\_LAST\_NAM  BUYIN: Part A Incoming Buy-In File | 0639 |
| First Name | The beneficiary’s first name. | MCAID: B\_DETAIL\_TB :  B\_FST\_NAM  BUYIN: Part A Incoming Buy-In File | 0637 |
| MI | The beneficiary’s middle initial. | MCAID: B\_DETAIL\_TB :  B\_MI\_NAM  BUYIN: Part A Incoming Buy-In File | 0640 |
| Sex | The beneficiary’s gender. | MCAID: B\_DETAIL\_TB:  B\_GENDER\_CD  BUYIN: Part A Incoming Buy-In File | 0229 |
| Birth Date | The beneficiary’s date of birth. | MCAID: B\_DETAIL\_TB:  B\_DOB\_DT  BUYIN: Part A Incoming Buy-In File | 0601 |
| Soc-Sec-Num | The beneficiary’s Social Security Number assigned by SSA. | MCAID: B\_DETAIL\_TB:  B\_SSN\_NUM  BUYIN: Part A Incoming Buy-In File | 0686 |
| Message | Message assigned by the system. | System generated | NA |
| NUMBER OF RECORDS WRITTEN ON REPORT | The number of detail lines written on the report. This will also include any count or total lines. | System Generated | NA | |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CLIENT LTC MASS TRANSFER TRANSACTION AUDIT REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2111-RB265 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | LTC clerk | |
| **Description:**  This report lists the changes made to clients’ LTC span information as a result of processing a mass transfer – change of ownership request (CHOW). | | | | | | |
| Sort Sequence(s) and Control Breaks | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2111-RB265 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT LTC MASS TRANSFER TRANSACTION AUDIT REPORT (LTC)

------------------------- OLD SEGMENT -------------------------- ------------------------- NEW SEGMENT --------------------------

EFF TO CONTROL PROVIDER LEVEL TYPE EFF TO CONTROL PROVIDER LEVEL TYPE

CLIENT ID DATE DATE NUMBER ID CARE REVW CLIENT ID DATE DATE NUMBER ID CARE REVW

99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X 99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X

99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X 99999999919999 99/99/9999 99/99/9999 999999 99999999 XXX X

TOTAL TRANSACTIONS PROCESSED: 999

TOTAL CLIENTS PROCESSED: 999

TOTAL SEGMENTS ADDED: 999

TOTAL SEGMENTS UPDATED: 999

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

| NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM **REPORT EXHIBIT** |
| --- |
| **CLIENT LTC MASS TRANSFER TRANSACTION AUDIT REPORT (LTC)** |
| **NMMB2111-RB265** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Old Segment Client ID | Current Client ID  The Current ID is the ID assigned based on the various state assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| Old Segment Eff Date | Client LTC Span Begin Date This is the date that the client became eligible for LTC services. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT |  |
| Old Segment To Date | Client LTC Span End Date  This is the date that the Client became ineligible for LTC service. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT |  |
| Old Segment Control Number | Client LTC Control Number  This number contains the record identification number assigned by the Utilization Review contractor (e.g., Blue Cross Blue Shield and CYFD). | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM |  |
| Old Segment Provider ID | Provider (Nursing Home) ID  This is the identification number (in the Provider subsystem of the MMIS) that uniquely identifies the nursing home that the client is in. | B\_LTC\_SPN\_TB:  P\_ID |  |
| Old Segment Level Care | Level of Care Code  This code identifies the level of care that the client is receiving in the nursing home. | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_CD |  |
| Old Segment Type REvw | Review Type Code  The review type code identifies the results of a review conducted and authorized by the utilization review contractors to approve a client’s stay in a long-term care facility. This information is used in LTC interface processing to determine whether add a new LTC span or to update the old one. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | 9513 |
| New Segment Client ID | Current Client ID  This field will not be changed. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| New Segment Eff Date | Client LTC Span Begin Date For new spans, this will be the effective date of the mass transfer request. For updated spans this date will not be changed. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT or  B\_LTC\_CHOW\_REQ\_TB:B\_LTC\_SPAN\_BEG\_DT |  |
| New Segment To Date | Client LTC Span End Date  This will either be the end date of the original span or the begin date of the mass transfer request – 1 day for spans closed out. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT |  |
| New Segment Control Number | Client LTC Control Number  This field will not change. | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM |  |
| New Segment Provider ID | Provider (Nursing Home) ID  The new provider as requested in the Mass Transfer request. | B\_LTC\_CHOW\_REQ\_TB:  H\_TRNSF\_PROV\_ID |  |
| New Segment Level Care | Level of Care Code  This field will not change. | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_CD |  |
| New Segment Type Revw | Review Type Code  For newly inserted spans, this field will be copied over from the old span. It will be set to “X” for the old span to indicate a mass transfer request action. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | 9513 |
| Total Transactions Processed | Total number of transactions processed. | Program Generated |  |
| Total Clients Processed | Total number of clients processed. | Program Generated |  |
| Total Segments Added | Total of new segments added. | Program Generated |  |
| Total Segments Updated | Total of new segments updated. | Program Generated |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

ASPEN RECON ERROR RECORDS (OBSOLETE)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3180-RB400 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility | |
| **Description:**  This report is no longer being printed.  This report printed a list of ASPEN clients who appear on an ASPEN input reconciliation interface file but either cannot be found on the database by the MCI ID or do not have an existing eligibility span in Omnicaid. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB3180-RB400 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

ASPEN RECON ERROR RECORDS (OBSOLETE)

CLIENT ID ASPEN ID LAST NAME FIRST NAME MI BEG DATE END DATE COE FM UPD DTE SRC ACTION

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

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

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various State-assigned IDs. | ASPEN Recon Interface file |  |
| aspen id | ASPEN assigned id. This is the unique ASPEN MCI ID assigned to the client. | ASPEN Recon Interface file |  |
| Last Name | Client Name Last This is the client’s family name or surname. | ASPEN Recon Interface file |  |
| First Name | Client Name First This attribute is the client’s given name. | ASPEN Recon Interface file |  |
| MI | Client Name Middle Initial This is the first letter of the client’s middle name. | ASPEN Recon Interface file |  |
| Beg Date | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | ASPEN Recon Interface file |  |
| End Date | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | ASPEN Recon Interface file |  |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client is receiving Medicaid benefits. | ASPEN Recon Interface file |  |
| FM | Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS)of the federal government. | ASPEN Recon Interface file |  |
| Upd Dte | Update Date This is the update date on the input transaction record. | ASPEN Recon Interface file |  |
| Upd Src | Update Source  This is the update source on the input transaction record. | ASPEN Recon Interface file |  |
| Action | The description for the action will be, “Client not found” or “No COE For Client” | Program Generated |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**UNMATCHED RECON RECORDS - CMS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1100-RB400 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility | |
| **Description:**  This report prints a list of CMS clients who appear on a CMS input reconciliation interface file but either cannot be found on the Omnicaid database or do not have an existing eligibility span in Omnicaid. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1111-RB400 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

UNMATCHED RECON RECORDS - CMS

CLIENT ID LAST NAME FIRST NAME MI BEG DATE END DATE COE FM UPD DTE SRC ACTION

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

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

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various State-assigned IDs. | CMS Recon Interface file |  |
| Last Name | Client Name Last This is the client’s family name or surname. | CMS Recon Interface file |  |
| First Name | Client Name First This attribute is the client’s given name. | CMS Recon Interface file |  |
| MI | Client Name Middle Initial This is the first letter of the client’s middle name. | CMS Recon Interface file |  |
| Beg Date | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | CMS Recon Interface file |  |
| End Date | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | CMS Recon Interface file |  |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client is receiving Medicaid benefits. | CMS Recon Interface file |  |
| FM | Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS)of the federal government. | CMS Recon Interface file |  |
| Upd Dte | Update Date This is the update date on the input transaction record. | CMS Recon Interface file |  |
| Upd Src | Update Source  This is the update source on the input transaction record. | CMS Recon Interface file |  |
| Action | The description for the action will be, “Client not found” or “No COE For Client” | Program Generated |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CMS FILE AUDIT REPORT OF MISMATCHES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB1111-RB410 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility  Department of Health | |
| **Description:**  This report prints a list of clients who have a discrepancy between the data on the reconciliation file and the data on the client database. Separate versions of this report used to be produced for the various state eligibility interface sources, but we now only produce this report for the CMS interface | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Last Update Source  Client ID | | | **Total**  N  N | **Page Break**  Y  N | |  |
| **Notes:** | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB1111-RB410 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CMS FILE AUDIT REPORT OF MISMATCHES

CLIENT ID ASPEN ID LAST NAME FIRST NAME MI BEG DATE END DATE COE FM UPD DTE SRC ACTION

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXX XXXXXXXXX XXXXXXXXX1XXXXXXXXX2 XXXXXXXXX1X X 99/99/9999 99/99/9999 XXX X 99/99/9999 XXXXX XXXXXXXXX1XXXXXXXXX2

TOTAL XXXX CLOSURES: 99999999

TOTAL XXXX VOIDS: 99999999

\*\*\* END OF INTERFACE \*\*\*

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS FILE AUDIT REPORT OF MISMATCHES** |
| **NMMB1111-RB410** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various State-assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| aspen id | ASPEN Assigned Id  This is the unique ASPEN ID assigned to the client. Will be spaces for non-Aspen clients unless the client has a reported eligibility in ASPEN | B\_DETAIL\_TB:  B\_ASPEN\_MCI\_ID |  |
| Last Name | Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB:  B\_LAST\_NAM |  |
| First Name | Client Name First This attribute is the client’s given name. | B\_DETAIL\_TB:  B\_LAST\_NAM |  |
| MI | Client Name Middle Initial This is the first letter of the client’s middle name. | B\_DETAIL\_TB:  B\_MI\_NAM |  |
| Beg Date | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT |  |
| End Date | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT |  |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client is receiving Medicaid benefits. | B\_COE\_SPN\_TB:  B\_COE\_CD | 2678 |
| FM | Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. | B\_COE\_SPN\_TB:  B\_FED\_MTCH\_CD | 2671 |
| Upd Dte | Update Date This is the date and the time of day that the span was last updated. | B\_COE\_SPN\_TB:  G\_AUD\_DT |  |
| Upd Src | Update Source  This is the person or the batch program that last updated that span. | B\_COE\_SPN\_TB:  G\_AUD\_USER\_ID |  |
| Action | The description for the action will be “COE span closed” or “COE span voided”. | Program Generated |  |
| TOTAL XXXXXXXX CLOSURES: | Total Line  This is the total number of closures of client spans for the XXXXXXXXX source | Program Generated |  |
| TOTAL XXXXXXXX  VOIDS: | Total Line  This is the total number of voided client spans for the XXXXXXXXX source | Program Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**BUY-IN TRANSACTIONS NOT APPLIED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2310-RB420 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX  Eligibility | |
| **Description:**  This report prints a list of clients for whom a Buy-In transaction was received but which did not update the client database because the transaction failed an edit error. The edit error text is listed to assist in resolving the problem. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Medicare ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2310-RB420 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

BUY-IN TRANSACTIONS NOT APPLIED

FOR 99/9999

TRAN TRAN DATE OF

MEDICARE ID DATE CODE CLIENT NAME SEX BIRTH MESSAGE

XXXXXXXXX1XX 99/99 XX XX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X X 99/99/9999 XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXX

XXXXXXXXX1XX 99/99 XX XX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X X 99/99/9999 XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXX

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **BUY-IN TRANSACTIONS NOT APPLIED** |
| **NMMB2310-RB420** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| (Report Month) | The month the report was created. | Program Generated |  |
| Medicare ID | Client Medicare ID This is the identification number that the client uses for Medicare benefits. | Input Transaction File |  |
| TRAN DATE | Date of Transaction | Input Transaction File |  |
| Tran Code | Transaction Code | Input Transaction File |  |
| Client Name | Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client’s middle name. | Input Transaction File |  |
| Sex | Sex Code This is the code tells the client’s gender. | Input Transaction File |  |
| Date of Birth | Client Date of Birth This is the date on which the client was born. | Input Transaction File |  |
| Message | An Error Message  Text describing the reason that the Buy-In interface update was not applied to the client database. | Input Transaction File |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

BUY-IN FINANCIAL REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2311-RB430 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | Eligibility | |
| **Description:**  This report is a summary of the Buy-In transactions for the edit/reformat extract file. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Debit Code | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2311-RB430 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

BUY-IN FINANCIAL REPORT

FOR 99/9999

----------------DEBIT---------------

CODE ITEMS AMOUNT

9999 999,999 $99,999,999.99

9999 999,999 $99,999,999.99

9999 999,999 $99,999,999.99

9999 999,999 $99,999,999.99

TOTAL ALL 999,999 $99,999,999.99

-----------MISCELLANOUS------------

CODE ITEMS AMOUNT

9999 999,999 $99,999,999.99

TOTAL ALL 999,999 $99,999,999.99

--------------------------------------------- CURRENT MONTH ITEMS AND AMOUNTS ----------------------------------------------------

ACCRETIONS DELETIONS DB ADJUSTMENTS CR ADJUSTMENTS TOTAL MAO

999,999 $99,999,999.99 999,999 $99,999,999.99 999,999 $99,999,999.99 999,999 $99,999,999.99 999,999 $99,999,999.99

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **BUY-IN FINANCIAL REPORT** |
| **NMMB2311-RB430** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| (Report Month) | The Month the Report was Created | Program Generated |  |
| DEBIT | Grouping |  |  |
| Debit Code | Debit code for the transaction | Input File |  |
| Debit Items | Total number of items for the transaction code listed | Input File |  |
| Debit Amount | Total amount of for the debit code listed | Input File |  |
| TOTAL ALL | Total of the number of items and amounts | Program Generated |  |
| Miscellaneous | Grouping |  |  |
| Miscellaneous Code | Any Miscellaneous Codes | Input File |  |
| Miscellaneous Items | Total number of miscellaneous items for the miscellaneous code listed | Program Generated |  |
| Miscellaneous Amount | Total amount of for the miscellaneous code listed | Program Generated |  |
| TOTAL ALL | Total of the number of items and amounts | Program Generated |  |
| current month items and amounts | Grouping |  |  |
| Accretions (Items) | Total number of added items for the current month | Program Generated |  |
| Accretions (Amount) | Total amount added for the current month | Program Generated |  |
| Deletions (Items) | Total number of deleted items for the current month | Program Generated |  |
| Deletions (Amount) | Total amount deleted for the current month | Program Generated |  |
| DB Adjustments (Items) | Number of debit items | Program Generated |  |
| DB Adjustments (Amount) | Total amount of debits | Program Generated |  |
| CR Adjustments (Items) | Number of credit items | Program Generated |  |
| CR Adjustments (Amount) | Total amount of credits | Program Generated |  |
| Total MAO | Total of Buy-In Premium Amount | Program Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**BUY-IN FINANCIAL REPORT - DETAIL**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2312-RB440 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | Eligibility | |
| **Description:**  This report is a detail listing of the Buy-In transactions for the edit/reformat extract file. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Medicare ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2312-RB440 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

BUY-IN FINANCIAL REPORT - DETAIL

FOR 99/9999

MEDICARE ID CLIENT NAME SSN CLIENT ID TRAN CODE TRAN DATE PREM-PERIOD PREM-AMT

XXXXXXXXX1XX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 999-99-9999 99999999919999 XX XX 99/99 99/99 999.99

XXXXXXXXX1XX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X 999-99-9999 99999999919999 XX XX 99/99 99/99 999.99

NUMBER OF RECORDS WRITTEN ON REPORT 999,999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **BUY-IN FINANCIAL REPORT - DETAIL** |
| **NMMB2312-RB440** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| (Report Month) | Report Month  The month the report was created. | Program Generated |  |
| Medicare ID | Client Medicare ID This is the identification number that the client uses for Medicare benefits. | Input Transaction File |  |
| Client Name | Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client’s middle name. | Input Transaction File |  |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration. | Input Transaction File |  |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various state assigned IDs. | Input Transaction File |  |
| Tran Code | Transaction Code | Input Transaction File |  |
| Tran Date | Transaction Date | Input Transaction File |  |
| Prem-Period | Premium Period  The date that the premium amount became effective. | Input Transaction File |  |
| Prem-Amount | Premium Amount  This is the amount that the client’s Medicare insurance coverage costs. | Input Transaction File |  |
| Number of Records Written on Report | Total number of records processed | Program Generated |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

BENDEX TRANSACTIONS NOT APPLIED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB2210-RB450 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX | |
| **Description:**  This report prints a list of clients for whom a BENDEX transaction was received but which did not update the client database because the transaction failed an edit error. The edit error text is listed to assist in resolving the problem. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Medicare ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB2210-RB450 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

BENDEX TRANSACTIONS NOT APPLIED

FOR 99/9999

MEDICARE ID SSN CLIENT NAME SEX DATE OF BIRTH MESSAGE

XXXXXXXXX1XX 999-99-9999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X X 99/99/9999 XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXX

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **BENDEX TRANSACTIONS NOT APPLIED** |
| **NMMB2210-RB450** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| (Report Month) | Report Month  The month the report was created. | Program Generated |  |
| Medicare ID | Client Medicare ID This is the identification number that the client uses for Medicare benefits. | BENDEX Transaction File |  |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration. | BENDEX Transaction File |  |
| Client Name | Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client's middle name. | BENDEX Transaction File |  |
| Sex | Sex Code This is the code tells the client’s gender. | BENDEX Transaction File |  |
| Date of Birth | Client Date of Birth This is the date on which the client was born. | BENDEX Transaction File |  |
| Message | Error Message  Text describing the reason that the Buy-In interface update was not applied to the client database. . Most of these errors are mutually exclusive, but the system will continue editing even if the “HICN Equal To Zeros Or Spaces” error is posted.  **Possible Errors are:**  **SSI Recipient - Not Updated (SMI OPT CODE = SPACE)**  The Hospital Insurance Option Code (BDX-HOS-INS-OPTION-CODE) is spaces, but the entitlement or termination dates are valid dates.    OR  The Supplemental Medical Insurance Option Code (BDX-SMI-OPTION-CODE) is spaces, but the entitlement or termination dates are valid dates.  **Duplicate Claim Number**  This error is posted if there is more than one record on the input file for the same HICN    **No Authorization For This Transaction**  The BDX-COMM-CODE on the input transaction is ‘NO AUTH’    **HICN Change By Bendex Not Allowed For This Record**  The input transaction is attempting to update the HICN for this client, but the HICN was last updated by online or by the Buyin process.    **HICN Equal To Zeros Or Spaces**  The HICN is either zero or spaces, or the first nine characters of the HICN are numeric, but the tenth position is spaces. Note that the system will keep editing the input transaction after posting this error.  **Multiple Clients Matched On SSN**  The system attempts to find the client on the MMIS using the HICN on the input transaction. If that is not found, it uses the Social Security XREF number on the input transaction. If more than one client exists for this SSN, this error is posted.    **Input Transaction Dates Result In No Change**  The dates on the input transaction are already covered by existing Medicare span(s), and the input transaction isn’t terminating coverage.    **Invalid Data On Bendex Transaction**  This error is posted for two reasons:  The following fields are all zero / spaces   * BDX-SMI-ENTITLE-DATE * BDX-SMI-TERM-DATE * BDX-HOS-INS-ENTITLE-DATE * BDX-HOS-INS-TERM-DATE * BDX-SMI-PREM-PAYER   OR  The termination date is less than the entitlement date  **Last Update Buy-In**  The medicare span with the most recent end date, whether it is for part a or part b, was last updated via the Buyin Interface.    **Name/DOB Mismatch**  The client was found on the MMIS using the HICN on the Bendex transaction, but the name and DOB don’t match the input transaction. The first five characters of the last name and the first character of the first name and the full date of birth must match.    **No Match On HICN**  The system attempts to find the client on the MMIS using the HICN on the input transaction. If that is not found, it uses the Social Security XREF number on the input transaction. If the client still cannot be found, this error is posted.    **SMI & Hos Ins Entitle Dates Are All Zeros**  The following fields are all zero / spaces   * BDX-SMI-ENTITLE-DATE * BDX-SMI-TERM-DATE * BDX-HOS-INS-ENTITLE-DATE * BDX-HOS-INS-TERM-DATE | Program Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**PRESUMPTIVE ELIGIBILITY PROVIDER REPORT**

**CLIENTS WITH PE ELIGIBILITY ENDING 4 MONTHS AGO & WITH NO OTHER ELIGIBILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB4100-RB470 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | Eligibility  Archive | |
| **Description:**  This report prints a list of clients for whom a presumptive eligibility has ended and who are not eligible in any other medical coverage group (COE) for a period of 3 months after the presumptive eligibility end date. For each provider there is at least one page listing the clients. The provider’s mailing address is positioned in order to appear in the window of an envelope. If there is room, this address is underneath the list of clients, otherwise it is printed on a separate page. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Provider ID  Client ID | | | **Total**  N  N | **Page Break**  Y  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4100-RB470 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

PRESUMPTIVE ELIGIBILITY PROVIDER REPORT

CLIENTS WITH PE ELIGIBILITY ENDING 4 MONTHS AGO & WITH NO OTHER ELIGIBILITY

PROVIDER ID PROVIDER NAME/ADDRESS

99999999 XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

--COUNTY-- ELIG ELIG ELIG

CLIENT ID CLIENT NAME COE FM GEO ADM ADDED DATE BEGIN DATE END DATE

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX XXX X XX XX 99/99/CC99 99/99/CC99 99/99/CC99

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX XXX X XX XX 99/99/CC99 99/99/CC99 99/99/CC99

99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX XXX X XX XX 99/99/CC99 99/99/CC99 99/99/CC99

999999999

XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXXXXXXX2

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **PRESUMPTIVE ELIGIBILITY PROVIDER REPORT**  **CLIENTS WITH PE ELIGIBILITY ENDING 4 MONTHS AGO & WITH NO OTHER ELIGIBILITY** |
| **NMMB4100-RB470** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Provider ID | Provider ID  This is the provider ID of the presumptive eligibility determiner who added the presumptively eligible client to the MMIS. | B\_DETAIL\_TB:  B\_PE\_PROV\_ID |  |
| Provider Name (DBA) | Doing Business As Name  The name that a provider is commonly referred to, as opposed to their legal name. | P\_PROV\_TB: P\_DBA\_NAM |  |
| Provider Name | Provider Name  The legal name of the provider. | P\_PROV\_TB:  P\_NAM |  |
| Provider Address (Line 1) | Provider Street Address Line 1  The first line of the provider’s default address. The default address is the first address available in the following order: billing address, then mail-to address, then location address. | P\_ADDR\_TB:  P\_LINE1\_AD |  |
| Provider Address (Line 2) | Provider Street Address Line 2  The second line of the provider’s default address. | P\_ADDR\_TB:  P\_LINE2\_AD |  |
| Provider Address (City) | Provider City  The city of the provider’s default address. | P\_ADDR\_TB:  P\_CITY\_NAM |  |
| Provider Address (State) | Provider State  The abbreviation of the state of the provider’s default address. | P\_ADDR\_TB:  P\_ST\_CD |  |
| Provider Address (Zip) | Provider Zip Code The zip code of the provider’s default address. | P\_ADDR\_TB:  P\_ZIP4\_CD  P\_ZIP5\_CD |  |
| Client ID | Current Client ID  The Current ID is the ID assigned based on the various state assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| Client Name | Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name. | B\_DETAIL\_TB:  B\_LAST\_NAM  B\_FST\_NAM |  |
| COE | Client Category of Eligibility Code  This indicates the medical coverage group under which the client (CLNT) is receiving Medicaid benefits. | B\_COE\_SPN\_TB:  B\_COE\_CD | 2678 |
| FM | Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. | B\_COE\_SPN\_TB:  B\_FED\_MTCH\_CD | 322 |
| County Geo | Client Geographic County Code This code indicates the geographic county in which the client resides. | B\_ADR\_TB  B\_GEO\_CNTY\_CD | 1394 |
| County Adm | Client Administrative County Code  This code identifies the county office that serves the area in which the client resides. | B\_ADR\_TB  B\_ADMIN\_CNTY\_CD | 2674 |
| Elig Added Date | Client Category of Eligibility Add Date  This is the date and the time of day that the span was added to the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_DT |  |
| Elig Begin Date | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT |  |
| Elig End Date | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT |  |
| (Provider ID) | Provider ID  This is the provider ID of the presumptive eligibility determiner who added the presumptively eligible client to the MMIS. | B\_DETAIL\_TB:  B\_PE\_PROV\_ID |  |
| (Provider Name DBA) | Doing Business As Name  The name that a provider is commonly referred to, as opposed to their legal name. | P\_PROV\_TB:  P\_DBA\_NAM |  |
| (Provider Name) | Provider Name  The legal name of the provider. | P\_PROV\_TB:  P\_NAM |  |
| (Provider Address) (Line 1) | Provider Mailing Address Line 1  The first line of the provider’s default address. The default address is the first address available in the following order: billing address, then mail-to address, then location address. | P\_ADDR\_TB:  P\_LINE1\_AD |  |
| (Provider Address) (Line 2) | Provider mailing Address Line 2  The second line of the provider’s default address. | P\_ADDR\_TB:  P\_LINE2\_AD |  |
| (Provider Address) (City) | Provider City  The city of the provider’s default address. | P\_ADDR\_TB:  P\_CITY\_NAM |  |
| (Provider Address) (State) | Provider State  The abbreviation of the state of the provider’s default address. | P\_ADDR\_TB:  P\_ST\_CD |  |
| (Provider Address) (Zip) | Provider Zip Code The zip code of the provider’s default address. | P\_ADDR\_TB:  P\_ZIP4\_CD  P\_ZIP5\_CD |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MANAGED CARE LOCKIN BUT NO MEDICAID ELIGIBILITY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB4020-RB570 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This is a listing of Client ID’s and SSN’s of those clients that have a Managed Care lockin span but don’t have Medicaid eligibility for the same time period. These clients are summarized as part of the Monthly Managed Care Lock-In Report. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  “XXXXXXXXX XXXX” is replaced by Month and Year. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB4020-RB570 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

MANAGED CARE LOCKIN BUT NO MEDICAID ELIGIBILITY FOR XXXXXXXX XXXX

CLIENT ID SSN

99999999999999 999999999

99999999999999 999999999

99999999999999 999999999

99999999999999 999999999

99999999999999 999999999

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MANAGED CARE LOCKIN BUT NO MEDICAID ELIGIBILITY FOR MARCH 2014** |
| **NMMB4020-RB570** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | Client Current ID  The Current ID is the ID assigned based on the various State assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration. | B\_DETAIL\_TB:  B\_SSN\_NUM |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**SCHIPS COUNTS FOR QUARTER MM/CCYY THROUGH MM/CCYY**

**FOR AGE XXXXXXXX**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB6400-RB620 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Quarterly |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  Create the statistical data needed by the State to complete the required SCHIPS Federal Fiscal Quarterly report to be submitted to CMS. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:** Only clients with COE/FM 071/1 Eligibility data will be included in this report. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB6400-RB620 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

SCHIPS COUNTS FOR QUARTER MM/CCYY THROUGH MM/CCYY PAGE ZZZ,ZZ9

FOR AGE XXXXXXXX

UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER

FFS 99999

MC 99999

UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER

FFS 99999

MC 99999

UNDUPLICATED NUMBER OF NEW DISENROLLEES IN THE QUARTER

FFS 99999

MC 99999

NUMBER OF NEW MEMBER MONTHS OF ENROLLMENT IN THE QUARTER

FFS 99999

MC 99999

AVERAGE NUMBER OF MONTHS OF ENROLLMENT

FFS 999.99

MC 999.99

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **SCHIPS COUNTS FOR QUARTER MM/CCYY THROUGH MM/CCYY**  **FOR AGE XXXXXXXX** |
| **NMMB6400-RB620** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| For Quarter MM/CCYY Through MM/CCYY | Federal Fiscal Year Quarters:   1. Oct – Dec (10-12) 2. Jan – Mar (1-3) 3. Apr – Jun (4-6) 4. Jul – Sept (7-9) – Note: 4th Quarter reports contain an additional count for the year. | Derived from either System Date or Batch Cycle Date |  |
| For Age XXXXXXXX | 1. Under 1 2. 1 to 5 3. 6 to 12 4. 13 to 18 | B\_DETAIL\_TB:  B\_DOB\_DT |  |
| UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE QUARTER  FFS  MC | FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or “CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space  Line 1 - Number of children enrolled to the FFS and MC types of services during the quarter. Each child is counted once no matter how many times the child may have been enrolled during the quarter and the count should represent the last plan the child was enrolled in during the quarter. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 |
| UNDUPLICATED NUMBER OF NEW ENROLLEES IN THE QUARTER  FFS  MC | FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.  Line 2 - Number of children enrolled to the FFS and MC types of services during the reporting quarter and not enrolled previously as of the last day of the preceding quarter. Each child is counted once no matter how many times the child may have been enrolled during the quarter and the count should represent the first plan the child was enrolled in during the quarter. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 |
| UNDUPLICATED NUMBER OF NEW DISENROLLEES IN THE QUARTER  FFS  MC | FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.  Line 3 - Number of children disenrolled from the FFS and MC types of services at any time during the quarter and not re-enrolled as of the last day of the reporting quarter. Each child is counted once no matter how many times the child may have been disenrolled during the quarter and the count should represent the last plan the child disenrolled from during the quarter. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 |
| NUMBER OF NEW MEMBER MONTH OF ENROLLMENT IN THE QUARTER  FFS  MC | FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space  Line 4 - Number of months of enrollment for each child enrolled at any time during the reporting quarter. Count one month for each month that the child is enrolled at least one day during the month. If the child is enrolled sometime during the first month of the quarter, disenrolled and then re-enrolled sometime during the last month of the quarter, count this as two (2) member months. All of the member months for the quarter reported should be counted under the service that the child was enrolled in as of the last day of enrollment. If the first month of enrollment was in FFS and the last month of enrollment was in a MC, then Two (2) member months will be included under MC. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 |
| AVERAGE NUMBER OF MONTHS OF ENROLLMENT  FFS  MC | FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space  Line 5 – Line 4 divided by line 1 | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

REPORT SPECIFICATION

###### SCHIPS COUNTS FOR FEDERAL FISCAL YEAR 10/CCYYYY THROUGH 09/CCYY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB6400-RB700 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Annually |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  Create the statistical data needed by the State to complete the required Ships Federal Fiscal Quarterly report, for the last quarter of the Federal Fiscal year, to be submitted to CMS. This report will be generated once a year at the end of the 4th (Jul – Sept) quarter. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:** Only clients with COE/FM 071/1 Eligibility data will be included in this report. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB6400-RB700 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

SCHIPS COUNTS FOR FEDERAL FISCAL YEAR 10/CCYY THROUGH 09/CCYY PAGE ZZZ,ZZ9

UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR FOR AGE UNDER 1

FFS 99999

MC 99999

UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR FOR AGES 1 - 5

FFS 99999

MC 99999

UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR FOR AGES 6 - 12

FFS 99999

MC 99999

UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR FOR AGES 13 - 18

FFS 99999

MC 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | |
| --- | --- | --- | --- |
| **SCHIPS COUNTS FOR FEDERAL FISCAL YEAR 10/CCYY THROUGH 09/CCYY** | | | |
| **NMMB6400-RB700** | | | |
|  | | | |
| **Column Name** | **Description** | **Source** | **DED Number** | |
| For Federal Fiscal Year 10/CCYY Through 09/CCYY | Federal Fiscal Year: From October 1 through September 30 the following year. | Derived from either System Date or Batch Cycle Date |  | |
| UNDUPLICATED NUMBER OF CHILDREN EVER ENROLLED IN THE YEAR FOR AGE XXXXXXX  FFS  MC | For Age XXXXXXXX:   1. Under 1 2. 1 to 5 3. 6 to 12 4. 13 to 18   FFS – Fee-for-Service. B\_LCKN\_TY\_CD NOT = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space.    MC – Managed Care. B\_LCKN\_TY\_CD = “MCO” or”CCO” and B\_LCKN\_VOID\_IND = space  Line 1 - Number of children enrolled to the FFS and MC types of services during the federal fiscal year. Each child is counted once no matter how many times the child may have been enrolled during the quarter and the count should represent the last plan the child was enrolled in during the federal fiscal year. | Client Main Table:  B\_DOB\_DT  Client MC Lock-In Table:  B\_LCKN\_TY\_CD  B\_LCKN\_VOID\_IND  B\_LCKN\_BEG\_DT  B\_LCKN\_END\_DT | 36  5672 | |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**CLIENT ELIGIBILITY MASTER REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB4200-RB800 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Request |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists all information about the requested client. Where appropriate, all spans of information are reported, including closed spans and voided eligibility spans. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4200-RB800 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT ELIGIBILITY MASTER REPORT

CURRENT CLIENT SYSTEM ORIG -----------------CLIENT NAME-------------------- DATE OF DATE OF TRIBAL

ID ID ID LAST FIRST M SUFFIX BIRTH DEATH SEX RACE AFFIL

-------------- --------- -------------- ---------------------, --------------- - ------ ---------- ---------- --- ---- ------

99999999919999 999999999 99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99/99/9999 X XX XX

APPL CERTIF -------ON REVIEW----- MANAGED CARE --------REPRESENTATIVE PAYEE NAME--------------

SSN DATE DATE BEGIN END PE PROV NOTIFICATION LAST FIRST M SUFFIX

----------- ---------- ---------- ---------- ---------- -------- ------------ -----------------------------------------------

999-99-9999 99/99/9999 99/99/9999 99/99/9999 99/99/9999 99999999 99/99/9999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

SUSPECT BYPASS MEDICARE ID HIC ---------CLIENT ADDED---------- ---------LAST UPDATE--------

REL TO HH DUPLICATE ID MSQ IND (HIC) NUM CD DATE TIME SOURCE DATE TIME SOURCE

-------------- -------------- ------- ------------- ------ ---------- -------- ------- ---------- -------- ------

X 99999999919999 X XXXXXXXX1XX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

ASPEN ON RESVN ---------------- PAYEE NAME------------------- -------------CASE MANAGER NAME-----------------

MCI ID IND LAST FIRST M SUFFIX LAST FIRST M SUFFIX

--------- -------- ----------------------------------------------- -----------------------------------------------

XXXXXXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

------------ HEAD OF HOUSEHOLD NAME------------ DOD MERGE PREGNANCY VETERAN SSI DISABILITY DISABILITY

LAST FIRST M SUFFIX UPDT BY TARGET MCI DUE DT IND IND TYPE

----------------------------------------------- --------- --------- ---------- ------- -------------- ----------

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX XXXXXXXXX XXXXXXXXX 99/99/9999 X X XXX

PRIMARY

LANGUAGE ETHNICITY

-------- ---------

XX XX

----- C L I E N T I D C R O S S – R E F E R E N C E -----

ALTERNATE -----------ADDED---------------- ---------LAST UPDATE---------

CLIENT ID DATE TIME SOURCE DATE TIME SOURCE

-------------- ---------- -------- ------- ---------- -------- -------

XXXXXXXXX1XXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

--------------------------------------------- E L I G I B I L I T Y D A T A ---------------------------------------------------

SPAN SPAN V MAJ FED FED MONEY CASE TERM --------SPAN ADDED--------- -------SPAN UPDATED---------

BEGIN END D PGM COE MTCH CAT CD HH RSN DATE/TIME SOURCE DATE/TIME SOURCE

---------- ---------- - --- --- ---- --- ----- ---------- ---- --------------------------- ----------------------------

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4200-RB800 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT ELIGIBILITY MASTER REPORT

---------------------------------------------- A D D R E S S D A T A ------------------------------------------

ADDRESS ADDRESS BEG END PHONE GEO ADM ADM

TYPE DATE DATE NUMBER CNTY CNTY OFFICE

----------- ---------------------------------- ---------- ---------- --------- ---- ---- ------

XXXXXXXXXX LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX 99/99/9999 99/99/9999 9999999999 XX XX XXXXXX

LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX

CITY XXXXXXXXX1XXXXXXXXX2 ADD DATE / TIME / SOURCE UPDATED DATE / TIME / SOURCE

STATE XX --------------------------- ----------------------------

ZIP 99999 9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

ADDRESS ADDRESS BEG END PHONE GEO ADM ADM

TYPE DATE DATE NUMBER CNTY CNTY OFFICE

----------- ---------------------------------- ---------- ---------- --------- ---- ---- ------

XXXXXXXXXX LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX 99/99/9999 99/99/9999 9999999999 XX XX XXXXXX

LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX

CITY XXXXXXXXX1XXXXXXXXX2 ADD DATE / TIME / SOURCE UPDATED DATE / TIME / SOURCE

STATE XX --------------------------- ----------------------------

ZIP 99999 9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4200-RB800 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT ELIGIBILITY MASTER REPORT

------------------------------------------------ L O C K – I N D A T A ----------------------------------------------------------

SPAN ADDED LAST UPDATE

DATE/ DATE/

LOCK-IN LOCK-IN VOID LOCK-IN LOCK-IN PLAN ASSIGN CHANGE LAST TIME/ TIME/

SPAN BEGIN SPAN END IND TYPE PROVIDER NUM REASON REASON CAPITATION SOURCE SOURCE

---------- ---------- ---- ------- --------- ---- ------ ------ ---------- ---------- ----------

99/99/9999 99/99/9999 X XXX 999999999 XXXX XX XX 99/99/9999 99/99/9999 99/99/9999

99:99:99 99:99:99

XXXXXXX XXXXXXX

------------------------------------------------------------N O T E S ---------------------------------------------------------------------

---------LAST UPDATE---------

DATE TIME SOURCE

---------- -------- -------

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

----------------------------------------- L O N G T E R M C A R E D A T A -------------------------------------------------

LTC SPAN LTC SPAN LTC CONTROL LEVEL OF REVW --------SPAN ADDED----------- ---------LAST UPDATE---------

BEGIN END PROVIDER NUMBER CARE TYPE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- -------- --------- ------- ----- ---------- -------- ------- ---------- ------- ------

99/99/9999 99/99/9999 99999999 999999 XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 99999999 999999 XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

------------------------- P A T I E N T L I A B I L I T Y D A T A ----------------------------

PAT LIAB PAT LIAB PAT LIAB ----------SPAN ADDED---------- --------LAST UPDATE------------

SPAN BEGIN SPAN END AMOUNT DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ---------- ---------- -------- ------ ---------- -------- ------

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4200-RB800 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT ELIGIBILITY MASTER REPORT

-------------------------------------- M E D I C A R E D A T A -------------------------------------------------

BUY-IN BUY-IN MCARE SMI -------BUY-IN PREMIUM----- SSA -------- SPAN ADDED ------- -------- LAST UPDATE ------

SPAN BEGIN SPAN END PART TRANS PAYOR AMOUNT DATE STATUS DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ----- ----- ----- -------- ---------- ---------- ---------- -------- ------- --------- --------- -------

99/99/9999 99/99/9999 X XX XX X $999.99 99/99/9999 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XX XX X $999.99 99/99/9999 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

**-------------------------------------------------- M E D I C A R E P A R T C D A T A ------------------------------------------**

**PART C PART C ELIG CONTRACT ENROL PKG CVG -------- SPAN ADDED -------- -------- LAST UPDATE ------**

**SPAN BEGIN SPAN END VOID ID TRANS EFF DATE NUM TYPE DATE TIME SOURCE DATE TIME SOURCE**

**---------- ---------- ---- -------- ---------- --- ---- ---------- -------- ------- ---------- -------- -------**

**99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX**

**ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3**

**99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX**

**ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3**

**99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX**

**ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3**

-------------------------------------------------- M E D I C A R E P A R T D D A T A ------------------------------

PART D PART D ELIG CONTRACT PLAN ENROL ------- SPAN ADDED ------- ------ LAST UPDATE ------

SPAN BEGIN SPAN END VOID ID TRANS ID TYPE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ---- -------- ----- ----- ---------- -------- ------- ---------- -------- -------

99/99/9999 99/99/9999 X XXXXX XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XXXXX XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

---------------------------------- S W I P E C A R D D A T A ------------------------------------------

ISSUANCE DEACTIVATION CONTROL ISSN ---------SPAN ADDED--------- --------LAST UPDATE---------

DATE DATE NUMBER REASON DATE TIME SOURCE DATE TIME SOURCE

---------- ------------ ---------- ------ ---------- -------- ------- ---------- -------- -------

99/99/9999 99/99/9999 999999999 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 999999999 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

----------------------- M E D I C A L S T A T U S D A T A ---------------------------------

MED STATUS MED STATUS STATUS ---------SPAN ADDED-------- ---------LAST UPDATE-------

SPAN BEGIN SPAN END CODE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ------ ---------- -------- ------- ---------- ----- -------

99/99/9999 99/99/9999 XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

-------------------- ------------------------------- C O P A Y D A T A ------------------------------------------------------

COPAY BEG COPAY END COPAY MET FPL % COPAY MAX AMT MEMBER STAT ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---------- ---- ------------- ---------- --------------------------- ---------------------------

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

--------------------------------------- M A N A G E D C A R E P R E F E R E N C E S --------------------------------------------

BEGIN DATE END DATE MCO CHOICE PARENT INDICATOR AFFILIATION CODE ADDED DATE/TIME/SOURCE UPDT TE/TIME/SOURCE

---------- ---------- ---------- ---------------- ---------------- --------------------------- ---------------------------

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

0--------------------------------------------C A R E C O O R D I N A T I O N-------------------------------------------------------

BEGIN DATE END DATE VOID ASSESS-TYPE LEVEL-CODE ASSESS-DATE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- ----------- ---------- ------------ --------------------------- --------------------------

99/99/9999 99/99/9999 X X X 99/99/9999 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXX

99/99/9999 99/99/9999 X X X 99/99/9999 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXX

0--------------------------------------------H E A L T H H O M E--------------------------------------------------------------------

BEGIN DATE END DATE VOID NPI LEVEL-CODE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- ---------- ---------- --------------------------- ---------------------------

99/99/9999 99/99/9999 X 9999999999 X 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

99/99/9999 99/99/9999 X 9999999999 X 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

0-------------------------------------------- D I S A B I L I T Y -------------------------------------------------------------------

BEGIN DATE END DATE VOID DIS TYPE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- -------- --------------------------- ---------------------------

99/99/9999 99/99/9999 X XXX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

99/99/9999 99/99/9999 X XXX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

0--------------------------------------------A U X I L L A R Y D A T A--------------------------------------------------------------

PRIVACY COLTS PART D CO PAY AMT CO PAY

NOTICE DATE NOTIFY DATE OPT OUT PCP NPI TO DATE THRU DATE UPDT DATE/TIME/SOURCE

----------- ----------- ------- ---------- ----------- --------- ---------------------------

99/99/9999 99/99/9999 X 9999999999 99,999.99 99/99/99999 99/99/9999 99.99.99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB4200-RB800 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT ELIGIBILITY MASTER REPORT

--------------------------- P R E V I O U S C L I E N T N A M E S -------------------------------

------------ADDED----------

LAST FIRST M SUFFIX DATE TIME SOURCE

---------------------, --------------- - ------ ---------- -------- -------

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99:99:99 XXXXXXX

-------------P R E V I O U S M E D I C A R E I D ‘ S ----------------

PREVIOUS ------------ADDED----------

MEDICARE ID DATE TIME SOURCE

------------ ---------- -------- -------

XXXXXXXXX1XX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XX 99/99/9999 99:99:99 XXXXXXX

---------- E L I G I B I L I T Y C O N F I R M A T I O N D A T A -------------

------------ADDED----------

PROVIDER CONFIRMATION ALT ID BEGIN END COE FM SSN DATE TIME SOURCE

----------- ------------ -------------- ---------- ---------- --- -- ----------- ---------- -------- -------

99999999 999999999999 XXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXX X 999-99-9999 99/99/9999 99:99:99 XXXXXXX

99999999 999999999999 XXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXX X 999-99-9999 99/99/9999 99:99:99 XXXXXXX

\*\*\*\*\*\*\*\*\*\*\*\*\*\* END OF CLIENT \*\*\*\*\*\*\*\*\*\*\*\*\*

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT ELIGIBILITY MASTER REPORT** |
| **NMMB4200-RB800** |

| **Column Name** | **Description** | **Source** | **DED Number** | | |
| --- | --- | --- | --- | --- | --- |
| cURRENT Client ID | Client Current ID  The Current ID is based on the various State-assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID |  | | |
| system ID | Client System ID  This is the system-assigned internal ID for the client. | B\_DETAIL\_TB:  B\_SYS\_ID |  | | |
| ORIG ID | Client Original ID  This is the original State-assigned internal ID for the client. | B\_DETAIL\_TB:  B\_ORIG\_ID |  | | |
| Client Name Last | Client Name Last This is the client’s surname or family name. This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_LAST\_NAM |  | | |
| Client Name First | Client Name First This is the client’s given name or first name. This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_FST\_NAM |  | | |
| Client Name M | Client Name Middle Initial This is the first letter of the client’s middle name.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_MI\_NAM |  | | |
| Client Name SUFFIX | Client Name Suffix This is the suffix of the client’s name.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_SFX\_NAM |  | | |
| Date of Birth | Client Date of Birth This is the date (month, day, century, and year) that the client was born. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in reporting and in claims processing to determine whether a client is entitled to a particular service when age is a factor in that decision, e.g., only persons under age 21 are entitled to certain immunizations.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_DOB\_DT |  | | |
| Date of Death | Client Date of Death This is the date that the client died.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_DOD\_DT |  | | |
| Sex | Sex Code  This code identifies the client’s gender. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in claims processing to determine whether a provider is entitled to payment for a particular service when gender is a factor in that decision, e.g., payment to a provider for performing a hysterectomy is limited to female clients. This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_GENDER\_CD | 229 | | |
| Race | Race Code This code identifies the client’s racial or ethnic origin. This information is used in reporting.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_RACE\_CD | 230 | | |
| Tribal Affil | Tribal Affiliation Code  This code designates the tribe to which a Native American client belongs.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_TRIBAL\_AFFL\_CD | 9218 | | |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_SSN\_NUM |  | | |
| Appl Date | Client Application Date  The date that the client applied for medical benefits. This information is maintained to verify that the client was certified in a timely manner as required by federal regulation.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_APPL\_DT |  | | |
| Certif Date | Client Certification Date  The date on which action was taken to approve the client for medical benefits. This information is maintained to verify that the client was certified in a timely manner as required by federal regulation.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_CERT\_DT |  | | |
| On Review Begin | Client On Review Begin Date  The first date that a client is in “on review” status. All claims that have a date of service during the “on review” period are suspended. A client is put in “on review” status when the claims for the client need special review. This can occur when the client has abused the system, e.g., going from doctor to doctor to get drug prescriptions, etc.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_ON\_REVW\_BEG\_DT |  | | |
| On Review End | Client On Review End Date  The last date that a client is in “on review” status. All claims that have a date of service during the “on review” period (between the on review begin date and the on review end date, inclusive) are suspended. A client is put in “on review” status when the claims for the client need special review. This can occur when the client has abused the system, e.g., going from doctor to doctor to get drug prescriptions, etc.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_ON\_REVW\_END\_DT |  | | |
| PE Provider | Client Presumptive Eligibility Provider ID  This is the provider ID of the presumptive eligibility determiner who added the presumptively eligible client/child to the MMIS via Octel or who requested that the child be added.  This attribute is received from the Octel system when the child is added to the MMIS. | B\_DETAIL\_TB:  B\_PE\_PROV\_ID |  | | |
| Managed Care Notification | Client Managed Care Notification Date  This is the date that the client was notified of his managed care options. This date is updated by the Managed Care subsystem.  This date is set in managed care processing. | B\_DETAIL\_TB:  B\_MC\_NOTFY\_DT |  | | |
| Representative Payee Name - Last | Client Representative Payee Last Name  This is the family name or the surname of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_LAST\_NAM |  | | |
| Representative Payee Name First | Client Representative Payee First Name  This is the given name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_FST\_NAM |  | | |
| Representative Payee Name M | Client Representative Payee Middle Initial  This is the first letter of the middle name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_MI\_NAM |  | | |
| Representative Payee Name SUFFIX | Client Representative Payee Suffix  This is the suffix of the name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_MI\_NAM |  | | |
| REL TO HH | Client Category of Eligibility Span Relationship to Head of Case Code  This code shows the familial relationship between the client and the head of the case. | B\_DETAIL\_TB:  B\_REL\_HEAD\_HH\_CD | 2676 | | |
| Suspect Duplicate ID | Suspect Duplicate ID  This is the Client ID of an individual whose identifying information is similar enough to the client’s identifying information that the second person is a suspect duplicate of the client listed on the report. | B\_DETAIL\_TB:  B\_SUSP\_DUPL\_ID |  | | |
| Bypass MSQ Ind | Bypass MSQ Indicator  If this indicator is “Y”, no MSQs are automatically produced by the system for this client. | B\_DETAIL\_TB:  B\_BYPS\_MSQ\_IND |  | | |
| Medicare ID (HIC) | Client Medicare ID This is the identification number that the client uses for Social Security and/or Medicare benefits. It is a nine-digit number followed by a letter and one or more additional numbers. The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client’s eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client’s Medicare ID, also known as his HIC Number, is also his Social Security Claim Number. This is also the Railroad Board Claim Number.  The Medicare ID is used as the client’s identifying number for the BENDEX and Buy-In interfaces.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_MCARE\_ID |  | | |
| HIC NUM CD | Client HIC number code  An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | B\_DETAIL\_TB:  B\_SYS\_ID |  | | |
| Client Added Date | Client Detail Audit Add Date  This is the date that the client was added to the client database.  This attribute may be received from eligibility interfaces, the OCTEL interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_DT |  | | |
| Client Added Time | Client Detail Audit Add Time  This is the time of day that the client was added to the client database. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_TM |  | | |
| Client Added Source | Client Detail Audit Add Source  This is the person or the batch program that added the client to the MMIS. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Detail Audit Update Date  This is the date that the B\_DETAIL\_TB was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ DT |  | | |
| Last Update Time | Client Detail Audit Update Time  This is the time of day that the B\_DETAIL\_TB was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ TM |  | | |
| Last Update Source | Client Detail Audit Update Source  This is the person or the batch program that last updated that B\_DETAIL\_TB on the client database.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ USER\_ID |  | | |
| ASPEN MCI ID | Aspen Client ID  This is the Aspen internal ID number. | B\_DETAIL\_TB:  B\_ASPEN\_MCI\_ID |  | | |
| ON RESVN | On reservation  This is the On reservation indicator | B\_DETAIL\_TB:  B\_ON\_RESVN\_IND | 2670 | | |
| PAYEE NAME  (PAYEE NAME LAST)  (PAYEE NAME FIRST)  (PAYEE NAME M)  (PAYEE NAME SUFFIX) | Payee Name  Payee Name Last  This is the payee’s surname or family name  Payee Name First  This is the payee’s given name or first name  Payee Name Middle Initial This is the first letter of the payee’s middle name.  Payee Name Suffix This is the suffix of the payee’s name. | B\_DETAIL\_TB:  B\_PAYEE\_LAST\_NAM  B\_PAYEE\_FST\_NAM  B\_PAYEE\_MI\_NAM  B\_PAYEE\_SFX\_NAM |  | | |
| CASE MGR | Case Manager Name  This is the name of the member’s case manager (inidvidual or organization) | B\_DETAIL\_TB:  B\_CASE\_MGMT\_NAM |  | | |
| HEAD OF HOUSEHOLD  (HEAD OF HOUSEHOLDNAME LAST)  (HEAD OF HOUSEHOLDNAME FIRST)  (HEAD OF HOUSEHOLDNAME M)  (HEAD OF HOUSEHOLD NAME SUFFIX) | Head of Household Name  Head of Household Name Last  This is the head of household ’s surname or family name  Head of Household Name First  This is the head of household’s given name or first name  Head of household’s name middle initial This is the first letter of the head of houshold’s middle name.  Head of Household Name Suffix This is the suffix of the head of household’s name. | B\_DETAIL\_TB:  B\_HH\_LAST\_NAM  B\_HH\_FST\_NAM  B\_HH\_MI\_NAM  B\_HH\_SFX\_NAM |  | | |
| DOD UPD ID | Date of Death Update Id  This is the User Id or Interface Source Id that update the Client’s Date of Death | B\_DETAIL\_TB:  B\_DOD\_UPD\_BY\_ID |  | | |
| MERGE TARGET MCI ID | Aspen Merge Target internal ID  This is the Aspen internal ID number that the client was merged into by ASPEN | B\_DETAIL\_TB:  B\_TARGET\_MCI\_ID |  | |
| PREGNANCY DUE DT | Pregnancy due date  This is the member’s pregnancy due date | B\_DETAIL\_TB:  B\_PREG\_DUE\_DT |  | | |
| VETERAN IND | Veteran Indicator  This field indicates if the member is a veteran | B\_DETAIL\_TB:  B\_VET\_IND | 2670 | | |
| SSI DISABILITY IND | SSI disability indicator  This field indicates if the member has the SSI disability | B\_DETAIL\_TB:  B\_SSI\_DISA\_IND | 2670 | | |
| DISABILITY TYPE | Disability code  This is the member’s disability code | B\_DETAIL\_TB:  B\_DISA\_TY\_CD | 2698 | | |
| PRIMARY LANG | Primary language  This is the member’s Primary language code | B\_DETAIL\_TB:  B\_PRIM\_LANG\_CD | 2697 | | |
| ETHNICITY | Ethnicity  This is the Client’s Ethnicity code | B\_DETAIL\_TB:  B\_ETH\_CD | 4442 | | |
|  | \*\*\*\*\* CLIENT ID CROSS-REFERENCE \*\*\*\*\* |  |  | | |
| Alternate Client ID | Client Alternate ID  This is a secondary client ID by which the client is known. Each state/federal agency that determines client eligibility for medical services has its own identification number for a client. From time to time one agency may change the identification number for a client. Therefore, a client may be known by any number of identification numbers since four different agencies determine client eligibility and interface with the MMIS. Each of these identification numbers is a Client Alternate ID and may be used to access the client’s information on the client subsystem. However, none of these is the client’s primary ID, i.e., the client’s system identification number. They are only a means of accessing the client’s system identification number.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ALT\_ID\_TB:  B\_ALT\_ID |  | | |
| Added Date | Client Alt ID Audit Add Date  This is the date that the alternate client ID was added to the client database.  This attribute may be received from eligibility interfaces, the OCTEL interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_TS |  | | |
| Added Time | Client Alt ID Audit Add Time  This is the time of day that the alternate client ID was added to the client database.  This attribute may be received from eligibility interfaces, the OCTEL interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_TS |  | | |
| Added Source | Client Alt ID Audit Add Source  This is the person or the batch program that added the alternate client ID to the MMIS.  This attribute may be received from eligibility interfaces, the OCTEL interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Alt ID Audit Update Date  This is the date that the client Alt ID table was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_DT |  | | |
| Last Update Time | Client Alt ID Audit Update Time  This is the time of day that the client Alt ID table was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_TM |  | | |
| Last Update Source | Client Alt ID Audit Update Source  This is the person or the batch program that last updated that alternate client ID on the client database.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* ELIGIBILITY DATA \*\*\*\*\* |  |  | | |
| Elig Span Begin | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine whether a client is entitled to medical services, i.e., whether to pay the provider for services rendered to the client on a specific date. The client had to have been eligible for benefits on the date of service. This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT |  | | |
| Elig Span End | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT |  | | |
| Void | Client Category of Eligibility Span Void Ind  This indicator shows that a span of eligibility was in error. As claims may have been paid based on the eligibility span, it cannot be deleted. The voided span merely provides audit tracking of eligibility. Once the system voids an eligibility span, it is no longer used to pay for services.  This attribute is updated online. | B\_COE\_SPN\_TB:  B\_ELIG\_VOID\_IND | 2670 | | |
| Major Prog | Major Program  The major program code defines and describes the programs administered through the MMIS.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_MAJ\_PROG\_CD | 4429 | | |
| COE | Client Category of Eligibility Code  This code shows the basis for the client’s eligibility for Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% State funded.  In New Mexico a client may be eligible in as many as four COEs at one time. As there is difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services.  The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_CD | 2678 | | |
| Fed Mtch | Client Category of Eligibility Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_FED\_MTCH\_CD | 2671 | | |
| Fed Cat | Client Category of Eligibility Federal Category Code  The federal category code classifies clients into predefined groups established by CMS. This information is used in reporting to CMS.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_FED\_CAT\_CD | 2672 | | |
| MONEY CD | Client Category of Eligibility Federal Money Code  The federal money code groups clients by cash-assistance status as determined by CMS. This information is used in reporting to CMS.  This attribute is derived by the system based on the aid category and federal match codes. | B\_COE\_SPN\_TB:  B\_MONEY\_CD | 2673 | | |
| Case Number | Client Category of Eligibility Span Case Number  This is the number that identifies the household of people receiving assistance together. This number is issued by the agency determining eligibility. Often clients receive assistance as a family. This number ties the members of the family together under a group ID.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_CASE\_HH\_NUM |  | | |
| TERM RSN | Termination Reason  This is the termination reason code of the Client Category of Eligibility span | B\_COE\_SPN\_TB:  B\_COE\_TERM\_RSN\_CD |  | | |
| Span Added Date | Client Category of Eligibility Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Category of Eligibility Span Audit Add Source  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Span Added Source | Client Category of Eligibility Span Audit Add Time  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_TM |  | | |
| Last Update Date | Client Category of Eligibility Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Category of Eligibility Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Category of Eligibility Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* ADDRESS DATA \*\*\*\*\* |  |  | | |
| Address Type | Client Address Type Code  This code identifies the kind of address that is being displayed, e.g., mailing, residential.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ADDRESS\_TYPE\_CD | 2680 | | |
| ADDRESS BEG DATE | Client Resident Address Span Begin Date  This defines the day-specific beginning date of the client’s resident address span effective period. | B\_ADR\_TB:  B\_ADR\_SPN\_BEG\_DT |  | | |
| ADDRESS END DATE | Client Resident Address Span Ending Date  This defines the day-specific ending date of the client’s resident address span effective period. | B\_ADR\_TB:  B\_ADR\_SPN\_END\_DT |  | | |
| PHONE | Client Telephone Number  This is the area code and the telephone number by which the client can be reached.  This attribute may be received from eligibility interfaces or via the online system. | B\_ADR\_TB:  B\_PHON\_NUM |  | | |
| GEO CNTY | Client Geographic County Code  This code identifies the county in which the client resides. | B\_ADR\_TB:  B\_GEO\_CNTY\_CD |  | | |
| ADM CNTY | Client Administrative County Code  This code identifies the county office that serves the area in which the client resides. | B\_ADR\_TB:  B\_ADMIN\_CNTY\_CD |  | | |
| ADM OFFICE | Client Administrative Office Code  This is the ISD office that administers the client eligibility and benefits under the ASPEN system. | B\_ADR\_TB:  B\_ADMIN\_OFC\_CD |  | | |
| Address Line 1 | Client Address Line 1  This is the first line of the client’s address. This line is more specific than the second line of the address.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_LINE1\_AD |  | | |
| Address Line 2 | Client Address Line 2  This is the second line of the client’s address. When present, this line is less specific than the first line of the address.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_LINE2\_CD |  | | |
| Address City | Client Address City  This is the city or town in which the client’s address is located.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_CITY\_NAM |  | | |
| Address State | Client Address State Code  This is the standard 2-character abbreviation for the state in which the client’s address is located.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ST\_CD | 5301 | | |
| Address ZIP | Client Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the client’s address is located.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ZIP5\_CD  B\_ZIP4\_CD |  | | |
| Added Date | Client Address Audit Add Date  This is the date that the address was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_DT |  | | |
| Added Time | Client Address Audit Add Time  This is the time of day that the address was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_TM |  | | |
| Added Source | Client Address Audit Add Source  This is the person or the batch program that added the address to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Address Audit Update Date  This is the date that the address was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Address Audit Update Time  This is the time of day that the address was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Address Audit Update Source  This is the person or the batch program that last updated that address.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* LOCK-IN DATA \*\*\*\*\* |  |  | | |
| Lock-In Span Begin | Client Lock-In Span Begin Date  This defines the day-specific begin date of the lock-in period. | B\_LOCKIN\_TB:  B\_LCKN\_BEG\_DT |  | | |
| Lock-In Span End | Client Lock-In Span End Date  This is the last date that the client’s lock-in span is effective. | B\_LOCKIN\_TB:  B\_LCKN\_END\_DT |  | | |
| VOID IND | Client Lock-In Void Ind  This indicator shows that a lock-in span was in error or never took effect. As claims may have been paid based on a lock-in span that was in error, the span cannot be deleted. The voided span merely provides an audit trail of lock-in span updates. Once a lock-in span is voided, it is bypassed during system processing. | B\_LOCKIN\_TB:  B\_LCKN\_VOID\_IND |  | | |
| Lock-In Type | Client Lock-In Type Code  This code defines a client assignment to a provider. This assignment requires that a client obtain a certain set of eligible services, or a referral, from his or her assigned provider. Lock-in is typically used when a client is assigned to an HMO or, when not assigned to an HMO, when a client has abused medical services. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD | 36 | | |
| Lock-In Provider | Client Lock-In Provider ID  This identifies the specific provider that the client is required to use to be eligible for payment of services.  This attribute is updated by the Managed Care subsystem of through the online window. | B\_LOCKIN\_TB:  P\_ID |  | | |
| PROV TYPE | Client Lock-In Provider Type  This field identifies the provider types that are covered under this plan. | P\_PROV\_TB:  P\_TY\_CD | 204 | | |
| Assign Reason | Client Lock-In Assignment Reason Code  The reason the client was locked-in to the health care model. | B\_LOCKIN\_TB:  B\_LCKN\_ASGN\_RSN\_CD | 1440 | | |
| Change Reason | Client Lock-In Change Reason Code  The reason the client was disenrolled from the health care model. | B\_LOCKIN\_TB:  B\_LCKN\_CHNG\_RSN\_CD | 207 | | |
| Last Capitation | Client Lock-In Last Capitation Date  The last capitation date is the most recent date that a capitation payment was made to an HMO for a client’s managed care. | B\_LOCKIN\_TB:  H\_LAST\_CAP\_DT |  | | |
| Span Added Date | Client Lock-In Span Add Date  This is the date that the client’s lock-in span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Lock-In Span Audit Add Time  This is the time of day that the client’s lock-in span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Lock-In Span Audit Add Source  This is the person or the batch program that added the client’s lock-in span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Lock-In Span Audit Update Date  This is the date that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Lock-In Span Audit Update Time  This is the time of day that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Lock-In Span Audit Update Source  This is the person or the batch program that last updated the client’s lock-in span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* NOTES \*\*\*\*\* |  |  | | |
| (managed care notes) | Managed Care Notes  These are free form text notes that appear on the bottom of the Client Lockin Window. | B\_MC\_NOTE\_TB: B\_MC\_NOTE\_TX |  | | |
| Last Update Date | Client Lock-In Span Audit Update Date  This is the date that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Lock-In Span Audit Update Time  This is the time of day that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Lock-In Span Audit Update Source  This is the person or the batch program that last updated the client’s lock-in span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* LONG TERM CARE DATA \*\*\*\*\* |  |  | | |
| LTC Span Begin | Client Long Term Care Span Begin Date This is the date that the client became eligible for LTC services.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT |  | | |
| LTC Span End | Client Long Term Care Span End Date This is the date that the Client became ineligible for LTC services.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT |  | | |
| LTC Provider | Client Long Term Care Provider ID  This is the identification number (in the Provider subsystem of the MMIS) that uniquely identifies the nursing home that the client is in.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  P\_ID |  | | |
| Control Number | Client Long Term Care Control Number  This number contains the record identification number assigned by the Utilization Review contractor (e.g., Blue Cross Blue Shield and CYFD).  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM |  | | |
| Level of Care | Client Level of Care Code  This code identifies the level of care that the client is receiving in the nursing home. | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_ CD |  | | |
| Revw Type | Client Long Term Care Review Type Code  The review type code identifies the results of a review conducted and authorized by the utilization review contractors to approve a client’s stay in a long-term care facility. This information is used in LTC interface processing to determine whether add a new LTC span or to update the old one.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | 9513 | | |
| Span Added Date | Client Long Term Care Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Long Term Care Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Long Term Care Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Long Term Care Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Long Term Care Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Long Term Care Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* PATIENT LIABILITY DATA \*\*\*\*\* |  |  | | |
| Pat Liab Span Begin | Client Patient Liability Span Begin Date  This is the first day that the client patient liability amount is effective.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_BEG\_DT |  | | |
| Pat Liab Span End | Client Patient Liability Span End Date  This is the last day that the client patient liability amount is effective.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_END\_DT |  | | |
| Pat Liab Amount | Client Patient Liability Amount  This is the amount that a nursing home client is supposed to pay out of his own pocket for the cost of his care in the facility.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LTC\_LIAB\_AMT |  | | |
| Span Added Date | Client Patient Liability Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Patient Liability Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Patient Liability Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Patient Liability Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Patient Liability Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Patient Liability Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* MEDICARE DATA \*\*\*\*\* |  |  | | |
| Buy-In Span Begin | Client Buy-In Span Begin Date  This is the first date that the data in the client’s Medicare buy-in span is effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SPN\_BEG\_DT |  | | |
| Buy-In Span End | Client Buy-In Span End Date  This is the last date that the data in the client’s Medicare buy-in span is effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SPN\_END\_DT |  | | |
| Mcare Part | Client Buy-In Medicare Part Code  This code identifies the Medicare insurance coverage that is being purchased for the client.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_MCARE\_CD | 567 | | |
| SMI Trans (1) | Client Buy-In SMI Transaction Code  This code advises the system of the action being taken by the Social Security Administration on the client’s SMI Medicare (Part B) benefits. This information is used in Buy-In interface processing.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SMITXN1\_CD | 2631 | | |
| SMI Trans (2) | Client Buy-In SMI Transaction Code  This code advises the system of the action being taken by the Social Security Administration on the client’s SMI Medicare (Part B) benefits. This information is used in Buy-In interface processing.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SMITXN2\_CD | 2632 | | |
| Buy-In Premium Payor | Client Buy-In Premium Payor Code  This code identifies the person or entity paying the premiums for the client’s Medicare insurance coverage.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PYR\_CD | 2635 | | |
| Buy-In Premium Amount | Client Buy-In Premium Amount  This is the amount that the client’s Medicare insurance coverage costs.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PREM\_AMT |  | | |
| Buy-In Premium Date | Client Buy-In Premium Date  The date that the premium amount became effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PREM\_DT |  | | |
| SSA Status | Client Buy-In Status Date  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_MCARE\_DT |  | | |
| Span Added Date | Client Buy-In Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Buy-In Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Buy-In Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Buy-In Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Buy-In Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Buy-In Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_USER\_ID |  | | |
| PART C Span Begin | Client Medicare Part C Span Begin Date  This is the first date that the data in the client’s Medicare Plan C span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_SPN\_BEG\_DT | |  | |
| PART C Span End | Client Medicare Part C Span End Date  This is the last date that the data in the client’s Medicare Plan C span is effective. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_SPN\_END\_DT | |  | |
| ELIG Void | Client Medicare Part Span Void Ind  This indicator shows that a span of medicare part C was in error. As claims may have been paid based on the Medicare Part C span, it cannot be deleted. The voided span merely provides audit tracking of eligibility. Once the system voids a Medicare Part C span, it is no longer used to pay for services. | B\_MCARE\_C\_SPN\_TB:  B\_ELIG\_VOID\_IND | | 2670 | |
| PART C CONTRACT ID TRANS | Client Medicare Part C Contract ID  Unique identification for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part C prescription drug coverage. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_CNTRCT\_ID | |  | |
| PART C ENROL EFF DT | Client Medicare Part C Enrollment Effective Date  This is the client’s Medicare Plan C enrollment effective date. | B\_MCARE\_C\_SPN\_TB:  B\_GHP\_ENROL\_EFF\_DT | |  | |
| PART C PKG NUM | Client Medicare Part C Package Number  This is the client Medicare Part C Package Number | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_PKG\_NUM | |  | |
| PART C CVG TYPE | Client Part C Coverage Type Code  This code indicates the coverage type of Part C enrollment. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_CVG\_TY\_CD | |  | |
| PART C ORG NAME | Client Medicare Part C Organization Name  This is the client Medicare Part C Organization Name | B\_MCARE\_C\_SPN\_TB:  P\_PBP\_ORG\_NAM | |  | |
| PART C PLAN NAME | Client Part C Plan Name  This is Client Medicare Part C Plan name | B\_MCARE\_C\_SPN\_TB:  P\_PBP\_PLN\_NAM | |  | |
| Span Added Date | Client Part C Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Part C Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Part C Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Part C Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Part C Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Part C Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
| PART D Span Begin | Client Medicare Part D Span Begin Date  This is the first date that the data in the client’s Medicare Plan D span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_SPN\_BEG\_DT |  | | |
| PART D Span End | Client Medicare Part D Span End Date  This is the last date that the data in the client’s Medicare Plan D span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_SPN\_END\_DT |  | | |
| CONTRACT ID TRANS | Client Medicare Part D Contract ID  Unique identification for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_CNTRCT\_ID |  | | |
| PLAN ID | Client Medicare Part D Plan ID  A unique identifier for the Medicare managed care benefit Package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_PLN\_ID |  | | |
| ENROL TYPE | Client Part D Enrollment Type Code  This code indicates the type of Part D enrollment, eg auto enrollment or beneficiary choice, etc.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_ENROL\_TY\_CD | 735 | | |
| Span Added Date | Client Part D Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Part D Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Part D Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Part D Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Part D Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Part D Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* SWIPE CARD DATA \*\*\*\*\* |  |  | | |
| Issuance Date | Client Swipe Card Issuance Date  This is the date that the swipe card was created and mailed by the issuing vendor. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_DT |  | | |
| Deactivation Date | Client Swipe Card Deactivation Date  This is the last date that the swipe card was valid.  This attribute is assigned by the system in response to the request for a replacement of a currently active swipe card. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_DEACTV\_DT |  | | |
| Control Number | Client Swipe Card Control Number  This is a unique number that identifies a specific swipe card issuance. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_CNTL\_NUM |  | | |
| Issn Reason | Client Swipe Card Issuance Reason Code  This code specifies the basis for which a swipe card was created for a particular client. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_RSN\_CD | 5982 | | |
| SPAN Added Date | Client Swipe Card Audit Add Date  This is the date that the client’s swipe card was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_DT |  | | |
| SPAN Added Time | Client Swipe Card Audit Add Time  This is the time of day that the client’s swipe card was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_TM |  | | |
| SPAN Added Source | Client Swipe Card Audit Add Source  This is the person or the batch program that added the client’s swipe card to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Swipe Card Audit Update Date  This is the date that the client’s swipe card was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Swipe Card Audit Update Time  This is the time of day that the client’s swipe card was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Swipe Card Audit Update Source  This is the person or the batch program that last updated the client’s swipe card information.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* MEDICAL STATUS DATA \*\*\*\*\* |  |  | | |
| Med Stat Span Begin | Client Medical Status Span Begin Date  The date that the client’s medical status became effective. This information is used in Managed Care capitation rates.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_BEG\_DT |  | | |
| Med Stat Span End | Client Medical Status Span End Date  The last date that the client’s medical status is effective. This information is used in Managed Care capitation rates.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_END\_DT |  | | |
| Status Code | Client Medical Status Code  This code identifies the severity of a client’s condition. Multiple iterations show the history of a client’s medical status. A client can have more than one medical status in effect for a given period. For a single medical status, the periods cannot overlap. This information is used by Managed Care and by Claims.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_CD | 6615 | | |
| Span Added Date | Client Medical Status Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_DT |  | | |
| Span Added Time | Client Medical Status Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_TM |  | | |
| Span Added Source | Client Medical Status Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Medical Status Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Medical Status Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Medical Status Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* COPAY DATA \*\*\*\*\* |  |  | | |
| COPAY Beg | Client Copay Span Begin Date This defines the day-specific beginning date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_BEG\_DT |  | |
| COPAY End | Client Copay Span End Date This defines the day-specific ending date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_END\_DT |  | |
| COPAY MET | Copay Met Date  This is the date that the client met their copay maximum amount. | B\_COPAY\_TB:  B\_COPAY\_MET\_DT |  | |
| FPL % | Federal Poverty Level (percentage) – used in SCI to set category of eligibility | B\_COPAY\_TB:  B\_FPL\_PCT |  | |
| COPAY MAX | Copay maximum amount (SCI) | B\_COPAY\_TB:  B\_COPAY\_MAX\_AMT |  | |
| mBR STAT CD | Member Status code.  This code (called “household budget code” in ISD2) is utilized to convert COE 032’s in Omnicaid. It is also used to track children with income disregards. | B\_COPAY\_TB:  B\_MBR\_STAT\_CD |  | |
| Add DATE | Copay Span Audit Add Date  This is the date that the copay span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  | |
| UPD DATE | Copay Span Audit Update Date  This is the date that the copay span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  | |
| UPD Src | Copay Span Audit Update Source  This is the person or the batch program that last updated the copay span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  | |
| Added Date | Client Co-Pay Audit Add Date  This is the date that the co-pay date was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_DT |  | | |
| Added Time | Client Co-Pay Audit Add Time  This is the time of day that the co-pay date was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_TM |  | | |
| Added Source | Client Co-Pay Audit Add Source  This is the person or the batch program that added the co-pay date to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Co-Pay Audit Update Date  This is the date that the co-pay date was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Co-Pay Audit Update Time  This is the time of day that the co-pay date was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Co-Pay Audit Update Source  This is the person or the batch program that last updated that co-pay date.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_USER\_ID |  | | |
|  | -------------- **MANAGED CARE PREFERENCES**------------- |  |  | |
| Beg DATE | Client MCO Span Begin Date This defines the day-specific beginning date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_BEG\_DT |  | |
| End DATE | Client MCO Span End Date This defines the day-specific ending date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_END\_DT |  | |
| MCO CHOICE | MCO choice code (SCI) | B\_MC\_PREF\_TB:  B\_MCO\_CHOICE\_CD | 2175 | |
| PARENT IND | Parent Indicator (SCI) | B\_MC\_PREF\_TB:  B\_PARENT\_IND | 2670 | |
| AFFILIATION CD | Affiliation code  This is the Client’s affiliation code – SCI clients are either affiliated with a group or just an individual | B\_MC\_PREF\_TB:  B\_AFFL\_CD | 2177 | |
| Add DATE | MCO Span Audit Add Date  This is the date that the MCO span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  | |
| UPD DATE | MCO Span Audit Update Date  This is the date that the MCO span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  | |
| UPD Src | MCO Span Audit Update Source  This is the person or the batch program that last updated the MCO span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  | |
|  | \*\*\*\*\* PREVIOUS CLIENT NAMES \*\*\*\*\* |  |  | | |
| Previous Client Names Last | Client Previous Last Name This is the client’s previous family name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_LAST\_NAME |  | | |
| Previous Client Names First | Client Previous First Name This is the client’s previous given name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_FST\_NAME |  | | |
| Previous Client Names M | Client Previous Middle Initial Name This is the first letter of the client’s previous middle name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_MI\_NAME |  | | |
| SUFFIX | Client Previous Suffix This is the suffix of the client’s previous middle name. This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_SFX\_NAM |  | | |
| Added Date | Client Previous Name Audit Add Date  This is the date that the client’s previous name was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_DT |  | | |
| Added Time | Client Previous Name Audit Add Time  This is the time of day that the client’s previous name was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_TM |  | | |
| Added Source | Client Previous Name Audit Add Source  This is the person or the batch program that added the client’s previous name to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Previous Name Audit Update Date  This is the date that the client’s previous name was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Previous Name Audit Update Time  This is the time of day that the client’s previous name was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Previous Name Audit Update Source  This is the person or the batch program that last updated the client’s previous name.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* CARE COORDINATION \*\*\*\* |  |  | | |
| BEGIN DATE | Begin date of Care Coordination date span | B\_CARE\_COORD\_TB: B\_CC\_BEG\_DT |  | | |
| END DATE | End date of Care Coordination date span | B\_CARE\_COORD\_TB: B\_CC\_END\_DT |  | | |
| VOID INDICATOR | Indicates if span is voided or not | B\_CARE\_COORD\_TB: B\_CC\_VOID\_IND |  | | |
| ASSESSMENT TYPE | Care Coordination assessment type. | B\_CARE\_COORD\_TB: B\_CC\_ASSESS\_TY\_CD |  | | |
| LEVEL CODE | Level of Care Coordination | B\_CARE\_COORD\_TB: B\_CC\_LVL\_CD |  | | |
| ASSESS-DATE | Date of last assessment | B\_CARE\_COORD\_TB: B\_CC\_ASSESS\_DT |  | | |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_CARE\_COORD\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID |  | | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_CARE\_COORD\_TB:G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* HEALTH HOME \*\*\*\* |  |  | | |
| BEGIN DATE | Begin date of Health Home span | B\_HEALTH\_HOME\_TB:B\_HHM\_BEG\_DT |
| END DATE | End date of Health Home span | B\_HEALTH\_HOME\_TB:B\_HHM\_END\_DT |
| VOID INDICATOR | Indicates if span is voided or not | B\_HEALTH\_HOME\_TB:B\_HHM\_VOID\_IND |
| NPI | NPI number of Health Home provider | B\_HEALTH\_HOME\_TB: B\_HHM\_NPI\_ID |
| LEVEL CODE | Health Home level code | HEALTH\_HOME\_TB: B\_HHM\_LVL\_CD |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_HEALTH\_HOME\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_HEALTH\_HOME\_TB:G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID |
|  | \*\*\*\*\* DISABILITY \*\*\*\* |  |  | | |
| BEGIN DATE | Begin (effective) date of the disability type span | B\_DISA\_TY\_TB: B\_DISA\_BEG\_DT |  | | |
| END DATE | End date of the disability type span | B\_DISA\_TY\_TB: B\_DISA\_END\_DT |  | | |
| VOID INDICATOR | Indicates if span is voided or not | B\_DISA\_TY\_TB: B\_DISA\_VOID\_IND |  | | |
| DISABILITY TYPE CODE | The type of disability | B\_DISA\_TY\_TB: B\_DISA\_TY\_CD |  | | |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_DISA\_TY\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID |  | | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_DISA\_TY\_TB: G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* AUXILLARY DATA \*\*\*\* |  |  | | |
| PRIVACY NOTICE DATE | Date when the last Privacy Notice was generated for the client | B\_AUX\_DAT\_TB: B\_PRIV\_NTC\_DT |  | | |
| Colts notify date | Date when the last CoLTS notification letter was sent. (CoLTS was discontinued effected 1/1/2014). | B\_AUX\_DAT\_TB: B\_LTC\_NOTFY\_DT |  | | |
| part d opt out | Date client opted out of Part D Medicare coverage | B\_AUX\_DAT\_TB: B\_PRTD\_OPT\_OUT\_IND |  | | |
| pcp npi | The NPI number for the primary care physician | B\_AUX\_DAT\_TB: B\_PCP\_NPI\_ID |  | | |
| copay amount to date | Amount to date of the Copay the client has paid | B\_AUX\_DAT\_TB: B\_COPAY\_TO\_DT\_AMT |  | | |
| copay tO DATE | Date the copay has been paid up to | B\_AUX\_DAT\_TB: B\_COPAY\_TO\_DT |  | | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_AUX\_DAT\_TB: G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID |  | | |
|  | \*\*\*\*\* PREVIOUS CLIENT NAMES \*\*\*\*\* |  |  | | |
| LAST NAME | Previous last name of client | B\_PREV\_NAM\_TB: B\_PREV\_LAST\_NAM |  | | |
| FIRST NAME | Previous first name of client | B\_PREV\_NAM\_TB: B\_PREV\_FST\_NAM |  | | |
| MIDDLE INITIAL | Previous middle initial of client | B\_PREV\_NAM\_TB: B\_PREV\_MI\_NAM |  | | |
| SUFFIX | Previous name suffix of client | B\_PREV\_NAM\_TB: B\_PREV\_SFX\_NAM |  | | |
| ADD TIMESTAMP/SOURCE | The date/time and user when the span was added | B\_PREV\_NAM\_TB: G\_AUD\_ADD\_TS ; G\_AUD\_ADD\_USER\_ID |  | | |
|  | \*\*\*\*\* PREVIOUS MEDICARE ID’S \*\*\*\*\* |  |  | | |
|  |  |  |  | | |
| Previous Medicare ID | Client Previous Medicare ID  This is the Social Security Claim Number and Suffix that the client formerly received Medicare benefits on.  This attribute may be received from eligibility interfaces, BENDEX interface, and Buy-In interface or may be updated online. | B\_PREV\_MCARE\_ID\_TB:  B\_PREV\_MCARE\_ID |  | | |
| Added Date | Client Previous Medicare ID Audit Add Date  This is the date that the client’s previous Medicare ID was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_DT |  | | |
| Added Time | Client Previous Medicare ID Audit Add Time  This is the time of day that the client’s previous Medicare ID was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_TM |  | | |
| Added Source | Client Previous Medicare ID Audit Add Time  This is the person or the batch program that added the client’s previous Medicare ID to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Previous Medicare ID Audit Update Date  This is the date that the client’s previous Medicare ID was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_DT |  | | |
| Last Update Time | Client Previous Medicare ID Audit Update Time  This is the time of day that the client’s previous Medicare ID was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_TM |  | | |
| Last Update Source | Client Previous Medicare ID Audit Update Source  This is the person or the batch program that last updated the client’s previous Medicare ID.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
|  | \*\*\*\*\* ELIGIBILITY CONFIRMATION DATA \*\*\*\*\* |  |  | | |
| Provider | Client Presumptive Eligibility Confirmation Provider ID  This is the provider ID of the presumptive eligibility determiner who is adding a presumptively eligible client to the client database.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. | B\_ELG\_GRNTEE\_TB:  B\_PE\_PROV\_ID |  | | |
| Confirmation | Client Presumptive Eligibility Confirmation Number  This is the confirmation number provided to the presumptive eligibility determiner that guarantees medical benefits for a child who meets the criteria to be considered presumptively eligible. This confirmation number ensures that the provider will be paid for medical services for the guarantee period.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. | B\_ELG\_GRNTEE\_TB:  B\_GUARANTEE\_NUM |  | | |
| ALT ID | Client ID number  This is the state assigned ID number that the eligibility was guaranteed under. | B\_ELG\_GRNTEE\_TB:  B\_ALT\_ID |  | | |
| Elig Begin | Client Presumptive Eligibility Confirmation Span Begin Date  This is the first date that the client’s presumptive eligibility for medical services becomes effective.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client via Octel. This date is the date that the presumptively eligible child was added to the database. | B\_ELG\_GRNTEE\_TB:  B\_GRNTEE\_FR\_DT |  | | |
| Elig End | Client Presumptive Eligibility Confirmation Span End Date  This is the last date that the client is eligible as a presumptively eligible person.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. This date is the last day of the month following the presumptive eligibility begin month. | B\_ELG\_GRNTEE\_TB:  B\_GRNTEE\_TO\_DT |  | | |
| COE | Client Presumptive Eligibility Category of Eligibility  This code shows the basis for the client’s eligibility for Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% state funded. In New Mexico a client may be eligible in as many as four COEs at one time. As there is a difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services. The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client. | B\_ELG\_GRNTEE\_TB:  B\_COE\_CD |  | | |
| FM | Client Presumptive Eligibility Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services of the federal government. | B\_ELG\_GRNTEE\_TB:  B\_FED\_MATCH\_CD | 322 | | |
| SSN | Client Presumptive Eligibility Confirmation Social Security Number  This is the client’s Social Security account number as was sent as part of the presumptive eligibility confirmation.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. | B\_ELG\_GRNTEE\_TB:  B\_SSN\_NUM |  | | |
| Added Date | Client Presumptive Eligibility Confirmation Audit Add Date  This is the date that the client’s presumptive eligibility confirmation span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_DT |  | | |
| Added Time | Client Presumptive Eligibility Confirmation Audit Add Time  This is the time of day that the client’s presumptive eligibility confirmation span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_TM |  | | |
| Added Source | Client Presumptive Eligibility Confirmation Audit Add Source  This is the person or the batch program that added the client’s presumptive eligibility confirmation span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_USER\_ID |  | | |
| Last Update Date | Client Presumptive Eligibility Confirmation Audit Update Date  This is the date that the client’s presumptive eligibility confirmation span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_DT |  | | |
| Last Update Time | Client Presumptive Eligibility Confirmation Audit Update Time  This is the time of day that the client’s presumptive eligibility confirmation span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_TM |  | | |
| Last Update Source | Client Presumptive Eligibility Confirmation Audit Update Source  This is the person or the batch program that last updated the presumptive eligibility confirmation span. This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_USER\_ID |  | | |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CLIENT MAILING LABELS (3 UP)**

**DEACTIVATED 1/5/15**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB4300-RB810 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Request |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This output consists of an address label for each selected client. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  (Variable on request). Can be one of the following:   * Sort by client last name * Sort by zip code * Sort by city name. * Sort order will be by client last name if no sort order is requested. | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  Mailing labels will be produced for a selected set of clients in a client ID label request file. If this label request file is empty, labels will be produced for every client that has active Medicaid eligibility.  Three labels across and eight labels down are printed on each page. | | | | | | |

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X

XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X

XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX XXXXXXXXX1XXXXXXXXX2XXXXX

XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 XXXXXXXXX1XXXXXXXXX2 XX 99999-9999 XXXXXXXXX1XXXXXXXXX2 XX 99999-9999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT MAILING LABELS (3 UP)** |
| **NMMB4300-RB810**  **DEACTIVATED 1/5/15** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| (Client Name Last) | Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB:  B\_LAST\_NAM |  |
| (Client Name First) | Client Name First This attribute is the client’s given name. | B\_DETAIL\_TB:  B\_FST\_NAM |  |
| (Client Name Middle Initial) | Client Name Middle Initial This is the first letter of the client’s middle name. | B\_DETAIL\_TB:  B\_MI\_NAM |  |
| (Client Address Line 1) | Client Address Line 1 This is the first line of the client’s address with the address type of “mailing.” If an address type of “mailing” does not exist, an address type of “residential” will be used. | B\_ADR\_TB:  B\_LINE1\_AD |  |
| (Client Address Line 2) | Client Address Line 2 This is the second line of the client’s address with the address type of “mailing.” If an address type of “mailing” does not exist, an address type of “residential” will be used. | B\_ADR\_TB:  B\_LINE2\_CD |  |
| (Client Address City) | Client Address City This is the city of the client’s address with the address type of “mailing.” If an address type of “mailing” does not exist, an address type of “residential” will be used. | B\_ADR\_TB:  B\_CITY\_NAM |  |
| (Client Address State) | Client Address State This is the state of the client’s address with the address type of “mailing.” If an address type of “mailing” does not exist, an address type of “residential” will be used. | B\_ADR\_TB:  B\_ST\_CD |  |
| (Client Address Zip Code) | Client Address Zip Code (full 9 digits) This is the nine-digit zip code of the client’s address with the address type of “mailing.” If an address type of “mailing” does not exist, an address type of “residential” will be used. | B\_ADR\_TB:  B\_ZIP5\_CD  B\_ZIP4\_CD |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CLIENT – UNMERGE FORMATTED PRINT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8010-RB820 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Request |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists all information about the requested client on all databases. This report is often the first step in the “unmerge” process. It may be requested on the Client Unmerge Request window in the online system. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  The first page that prints out is a banner page. This was added due to a request by the state. It has requestor information on it so that the reports can more easily be disseminated. The following fields are on it.  G\_SECUR\_CLRK\_ID  G\_USER\_LAST\_NAM  G\_USER\_FST\_NAM  G\_USER\_MI\_NAM  G\_USER\_TY\_CD  G\_USER\_DEPT\_NAM | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT - UNMERGE FORMATTED PRINT

CURRENT CLIENT SYSTEM ORIG -----------------CLIENT NAME-------------------- DATE OF DATE OF TRIBAL

ID ID ID LAST FIRST M SUFFIX BIRTH DEATH SEX RACE AFFIL

-------------- --------- -------------- ---------------------, --------------- - ------ ---------- ---------- --- ---- ------

99999999919999 999999999 99999999919999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99/99/9999 X XX XX

APPL CERTIF -------ON REVIEW----- MANAGED CARE --------REPRESENTATIVE NAME--------------

SSN DATE DATE BEGIN END PE PROV NOTIFICATION LAST FIRST M SUFFIX

----------- ---------- ---------- ---------- ---------- -------- ------------ -----------------------------------------------

999-99-9999 99/99/9999 99/99/9999 99/99/9999 99/99/9999 99999999 99/99/9999 XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

SUSPECT BYPASS MEDICARE ID HIC ---------CLIENT ADDED---------- ---------LAST UPDATE--------

REL TO HH DUPLICATE ID MSQ IND (HIC) NUM CD DATE TIME SOURCE DATE TIME SOURCE

-------------- -------------- ------- ------------- ------ ---------- -------- ------- ---------- -------- ------

X 99999999919999 X XXXXXXXX1XX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

ASPEN ON RESVN ---------------- PAYEE NAME------------------- -------------CASE MANAGER NAME-----------------

MCI ID IND LAST FIRST M SUFFIX LAST FIRST M SUFFIX

--------- -------- ----------------------------------------------- -----------------------------------------------

XXXXXXXXX X XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX

------------ HEAD OF HOUSEHOLD NAME------------ DOD MERGE PREGNANCY VETERAN SSI DISABILITY LAST FIRST M SUFFIX UPDT BY TARGET MCI DUE DT IND IND

----------------------------------------------- --------- --------- ---------- ------- --------------

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX XXXXXXXXX XXXXXXXXX 99/99/9999 X X

PRIMARY

LANGUAGE ETHNICITY

-------- ---------

XX XX

----- C L I E N T I D C R O S S – R E F E R E N C E -----

ALTERNATE -----------ADDED---------------- ---------LAST UPDATE---------

CLIENT ID DATE TIME SOURCE DATE TIME SOURCE

-------------- ---------- -------- ------- ---------- -------- -------

XXXXXXXXX1XXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

--------------------------------------------- E L I G I B I L I T Y D A T A ---------------------------------------------------

SPAN SPAN V MAJ FED FED MONEY CASE TERM --------SPAN ADDED--------- -------SPAN UPDATED---------

BEGIN END D PGM COE MTCH CAT CD HH RSN DATE/TIME SOURCE DATE/TIME SOURCE

---------- ---------- - --- --- ---- --- ----- ---------- ---- --------------------------- ----------------------------

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X X X X XXXXXXXXX XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT UNMERGE FORMATTED PRINT

---------------------------------------------- A D D R E S S D A T A ------------------------------------------

ADDRESS ADDRESS BEG END PHONE GEO ADM ADM

TYPE DATE DATE NUMBER CNTY CNTY OFFICE

----------- ---------------------------------- ---------- ---------- --------- ---- ---- ------

XXXXXXXXXX LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX 99/99/9999 99/99/9999 9999999999 XX XX XXXXXX

LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX

CITY XXXXXXXXX1XXXXXXXXX2 ADD DATE / TIME / SOURCE UPDATED DATE / TIME / SOURCE

STATE XX --------------------------- ----------------------------

ZIP 99999 9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

ADDRESS ADDRESS BEG END PHONE GEO ADM ADM

TYPE DATE DATE NUMBER CNTY CNTY OFFICE

----------- ---------------------------------- ---------- ---------- --------- ---- ---- ------

XXXXXXXXXX LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX 99/99/9999 99/99/9999 9999999999 XX XX XXXXXX

LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX

CITY XXXXXXXXX1XXXXXXXXX2 ADD DATE / TIME / SOURCE UPDATED DATE / TIME / SOURCE

STATE XX --------------------------- ----------------------------

ZIP 99999 9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT UNMERGE FORMATTED PRINT

------------------------------------------------ L O C K – I N D A T A ----------------------------------------------------------

SPAN ADDED LAST UPDATE

DATE/ DATE/

LOCK-IN LOCK-IN VOID LOCK-IN LOCK-IN PLAN ASSIGN CHANGE LAST TIME/ TIME/

SPAN BEGIN SPAN END IND TYPE PROVIDER NUM REASON REASON CAPITATION SOURCE SOURCE

---------- ---------- ---- ------- --------- ---- ------ ------ ---------- ---------- ----------

99/99/9999 99/99/9999 X XXX 999999999 XXXX XX XX 99/99/9999 99/99/9999 99/99/9999

99:99:99 99:99:99

XXXXXXX XXXXXXX

------------------------------------------------------------N O T E S ---------------------------------------------------------------------

--------LAST UPDATE---------

DATE TIME SOURCE

-------- -------- -------

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

----------------------------------------- L O N G T E R M C A R E D A T A -------------------------------------------------

LTC SPAN LTC SPAN LTC CONTROL LEVEL REVW --------SPAN ADDED--------- ---------LAST UPDATE------- LAST ASSESS V SET

BEGIN END PROVIDER NUMBER OFCARE TYPE DATE TIME SOURCE DATE TIME SOURCE DATE D CAR

---------- ---------- -------- --------- ------- ----- ---------- -------- ------- ---------- ------- ------ ---------- - ---

99/99/9999 99/99/9999 99999999 999999 XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 X XXX

99/99/9999 99/99/9999 99999999 999999 XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 X XXX

------------------------- P A T I E N T L I A B I L I T Y D A T A ----------------------------

PAT LIAB PAT LIAB PAT LIAB ----------SPAN ADDED---------- --------LAST UPDATE------------

SPAN BEGIN SPAN END AMOUNT DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ---------- ---------- -------- ------ ---------- -------- ------

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 $99,999.99 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT UNMERGE FORMATTED PRINT

-------------------------------------- M E D I C A R E D A T A -------------------------------------------------

BUY-IN BUY-IN MCARE SMI -------BUY-IN PREMIUM----- SSA -------- SPAN ADDED ------- -------- LAST UPDATE ------

SPAN BEGIN SPAN END PART TRANS PAYOR AMOUNT DATE STATUS DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ----- ----- ----- -------- ---------- ---------- ---------- -------- ------- --------- --------- -------

99/99/9999 99/99/9999 X XX XX X $999.99 99/99/9999 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XX XX X $999.99 99/99/9999 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

-------------------------------------------------- M E D I C A R E P A R T C D A T A ------------------------------------------

PART C PART C ELIG CONTRACT ENROL PKG CVG -------- SPAN ADDED -------- -------- LAST UPDATE ------

SPAN BEGIN SPAN END VOID ID TRANS EFF DATE NUM TYPE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ---- -------- ---------- --- ---- ---------- -------- ------- ---------- -------- -------

99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3

99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3

99/99/9999 99/99/9999 X XXXXX 99/99/9999 XXX XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

ORG NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3 PLAN NAME: XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3

-------------------------------------------------- M E D I C A R E P A R T D D A T A ------------------------------

PART D PART D ELIG CONTRACT PLAN ENROL --------- SPAN ADDED ------- ------- LAST UPDATE -------

SPAN BEGIN SPAN END VOID ID TRANS ID TYPE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ---- -------- ----- ----- ---------- -------- ------- -------- -------- -------

99/99/9999 99/99/9999 X XXXXX XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XXXXX XXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

---------------------------------- S W I P E C A R D D A T A ------------------------------------------

ISSUANCE DEACTIVATION CONTROL ISSN ---------SPAN ADDED--------- --------LAST UPDATE---------

DATE DATE NUMBER REASON DATE TIME SOURCE DATE TIME SOURCE

---------- ------------ ---------- ------ ---------- -------- ------- ---------- -------- -------

99/99/9999 99/99/9999 999999999 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 999999999 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

----------------------- M E D I C A L S T A T U S D A T A ---------------------------------

MED STATUS MED STATUS STATUS ---------SPAN ADDED-------- ---------LAST UPDATE-------

SPAN BEGIN SPAN END CODE DATE TIME SOURCE DATE TIME SOURCE

---------- ---------- ------ ---------- -------- ------- ---------- ----- -------

99/99/9999 99/99/9999 XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XXX 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

-------------------- ------------------------------- C O P A Y D A T A ------------------------------------------------------

COPAY BEG COPAY END COPAY MET FPL % COPAY MAX AMT MEMBER STAT ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---------- ---- ------------- ---------- --------------------------- ---------------------------

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 99/99/9999 9999 99999.99 X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

--------------------------------------- M A N A G E D C A R E P R E F E R E N C E S --------------------------------------------

BEGIN DATE END DATE MCO CHOICE PARENT INDICATOR AFFILIATION CODE ADDED DATE/TIME/SOURCE UPDT TE/TIME/SOURCE

---------- ---------- ---------- ---------------- ---------------- --------------------------- ---------------------------

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 XX X X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

--------------------------------------------C A R E C O O R D I N A T I O N-------------------------------------------------------

BEGIN DATE END DATE VOID ASSESS-TYPE LEVEL-CODE ASSESS-DATE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- ----------- ---------- ------------ --------------------------- --------------------------

99/99/9999 99/99/9999 X X X 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X X X 99/99/9999 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

0--------------------------------------------H E A L T H H O M E--------------------------------------------------------------------

BEGIN DATE END DATE VOID NPI LEVEL-CODE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- ---------- ---------- --------------------------- ---------------------------

99/99/9999 99/99/9999 X XXXXXXXXXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XXXXXXXXXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XXXXXXXXXX X 99/99/9999 99:99:99 XXXXXXX 99/99/9999 99:99:99 XXXXXXX

0--------------------------------------------A U X I L L A R Y D A T A--------------------------------------------------------------

PRIVACY COLTS PART D CO PAY AMT CO PAY

NOTICE DATE NOTIFY DATE OPT OUT PCP NPI TO DATE THRU DATE UPDT DATE/TIME/SOURCE

----------- ----------- ------- ---------- ----------- --------- ---------------------------

99/99/9999 99/99/9999 X XXXXXXXXXX 99,999.99 99/99/9999 99/99/9999 99:99:99 XXXXXXX

99/99/9999 99/99/9999 X XXXXXXXXXX 99,999.99 99/99/9999 99/99/9999 99:99:99 XXXXXXX

--------------------------------------------D I S A B I L I T Y --------------------------------------------------------------------

BEGIN DATE END DATE VOID DIS TYPE ADDED DATE/TIME/SOURCE UPDT DATE/TIME/SOURCE

---------- ---------- ---- -------- --------------------------- ---------------------------

99/99/9999 99/99/9999 X XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

99/99/9999 99/99/9999 X XX 99/99/9999 99.99.99 XXXXXXX 99/99/9999 99.99.99 XXXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT UNMERGE FORMATTED PRINT

--------------------------- P R E V I O U S C L I E N T N A M E S -------------------------------

------------ADDED----------

LAST FIRST M SUFFIX DATE TIME SOURCE

---------------------, --------------- - ------ ---------- -------- -------

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XXXXXXXXX2X, XXXXXXXXX1XXXXX X XXX 99/99/9999 99:99:99 XXXXXXX

-------------P R E V I O U S M E D I C A R E I D ‘ S ----------------

PREVIOUS ------------ADDED----------

MEDICARE ID DATE TIME SOURCE

XXXXXXXXX1XX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXX1XX 99/99/9999 99:99:99 XXXXXXX

---------- E L I G I B I L I T Y C O N F I R M A T I O N D A T A -------------

------------ADDED----------

PROVIDER CONFIRMATION ALT ID BEGIN END COE FM SSN DATE TIME SOURCE

----------- ------------ -------------- ---------- ---------- --- -- ----------- ---------- -------- -------

99999999 999999999999 XXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXX X 999-99-9999 99/99/9999 99:99:99 XXXXXXX

99999999 999999999999 XXXXXXXXXXXXXX 99/99/9999 99/99/9999 XXX X 999-99-9999 99/99/9999 99:99:99 XXXXXXX

\*\*\*\*\*\*\*\*\*\*\*\*\*\* END OF CLIENT \*\*\*\*\*\*\*\*\*\*\*\*\*

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT - UNMERGE FORMATTED PRINT

------------------------------------------------- T P L C L I E N T --------------------------------------------------------

----------------- COVERAGE ---------------- ----------- UPDATE ----------

CARRIER SEQ CLIENT VOID SUSP BEGIN END

ID POLICY NUMBER NUM REL IND CD DATE DATE SOURCE DATE TIME SOURCE

------- -------------------- --- ------ ---- ---- ---------- ---------- -------------------- ---------- -------- -------

XXXXXX XXXXXXXXXXXXXXXXXXXX 999 X X 9 99/99/9999 99/99/9999 XXXXXXXXXXXXXXXXXXXX 99/99/9999 99:99:99 XXXXXXX

------------------------------------------------- T P L P O L I C Y --------------------------------------------------------

POLICYHOLDER ID POLICYHOLDER NAME POLICYHOLDER ADDRESS POLICY GROUP ID

--------------- ------------------------------------------- ---------------------------------------- --------------------

XXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX XXXXX-XXXX

----------- UPDATE ----------

EMPLOYER NAME EMPLOYER ADDRESS DATE TIME SOURCE

-------------------- ---------------------------------------- ---------- -------- -------

XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 99:99:99 XXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX XXXXX-XXXX

----------- UPDATE ----------

POLICY ANNUAL LIFE

CODE BENEFITS BENEFITS DATE TIME SOURCE

------ -------- -------- ---------- -------- -------

XX X X 99/99/9999 99:99:99 XXXXXXX

---------------------------------------------- T P L R E C O V E R Y C A S E S --------------------------------------------------------

RECOVERY CASE IDS

-----------------

XXXXXX

XXXXXX

XXXXXX

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT - UNMERGE FORMATTED PRINT

---------------------------------------- P R I O R A U T H O R I Z A T I O N D A T A ------------------------------------------

RETRO NH

PRIOR TYPE PATIENT BILLING EFFECTIVE EXPIRATION SUBMIT CMS WAIVER AUTH RES AUTHORIZED AUTHORIZATION

AUTH ID CODE ACCOUNT PROVIDER DATE DATE DATE IND TYPE CODE IND BY DATE

----------- ---- ------------ -------- ---------- ---------- ---------- --- ------ ---- --- ---------- -------------

XXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXX 99/99/9999 99/99/9999 99/99/9999 X XXX X X XXXXXXX 99/99/9999

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8010-RB820 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT - UNMERGE FORMATTED PRINT

----------------------------------------------- C L A I M S H I S T O R Y D A T A ---------------------------------------------

TRANSACTION PROVIDER CLAIM DATES OF SERVICE CLAIM REIMBURSEMENT PAYMENT ADJ

CONTROL NUMBER NUMBER TYPE FROM TO STATUS AMOUNT DATE TCN TO CREDIT RSN

---------------------- ------- ------ ---------- ---------- ------ --------------- ---------- -------------------- ---

9 99999 99 999 9999 99 XXXXXXX X 99/99/9999 99/99/9999 X ZZZ,ZZZ,ZZ9.99- 99/99/9999 9 99999 99 999 9999 99 XXX

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT – UNMERGE FORMATTED PRINT** |
| **NMMB8010-RB820** |

| **Column Name** | **Description** | **Source** | | **DED Number** | |
| --- | --- | --- | --- | --- | --- |
| CURRENT Client ID | Client Current ID  The Current ID is based on the various State-assigned IDs. | B\_DETAIL\_TB:  B\_CURR\_ID | |  | |
| system ID | Client System ID  This is the system-assigned internal ID for the client. | B\_DETAIL\_TB:  B\_SYS\_ID | |  | |
| ORIG ID | Client Original ID  This is the original State-assigned internal ID for the client. | B\_DETAIL\_TB:  B\_ORIG\_ID | |  | |
| Client Name Last | Client Name Last This is the client’s surname or family name. This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system. This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_LAST\_NAM | |  | |
| Client Name First | Client Name First This is the client’s given name or first name. This information is used to send letters and as one of the match criteria in determining whether a client is already known to the system.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_FST\_NAM | |  | |
| Client Name M | Client Name Middle Initial This is the first letter of the client’s middle name.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_MI\_NAM | |  | |
| Client Name SUFFIX | Client Name Suffix This is the suffix of the client’s name.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_SFX\_NAM | |  | |
| Date of Birth | Client Date of Birth This is the date (month, day, century, and year) that the client was born. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in reporting and in claims processing to determine whether a client is entitled to a particular service when age is a factor in that decision, e.g., only persons under age 21 are entitled to certain immunizations.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_DOB\_DT | |  | |
| Date of Death | Client Date of Death This is the date that the client died.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_DOD\_DT | |  | |
| Sex | Sex Code This code identifies the client’s gender. This information is used as one of the match criteria to determine whether a person is already known to the system. It is also used in claims processing to determine whether a provider is entitled to payment for a particular service when gender is a factor in that decision, e.g., payment to a provider for performing a hysterectomy is limited to female clients. This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_GENDER\_CD | | 229 | |
| Race | Race Code This code identifies the client’s racial or ethnic origin. This information is used in reporting.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_RACE\_CD | | 230 | |
| Tribal Affil | Tribal Affiliation Code  This code designates the tribe to which a Native American client belongs.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_TRIBAL\_AFFL\_CD | | 9218 | |
| SSN | Client Social Security Number This is the number assigned to the client by the Social Security Administration that uniquely identifies that person with that agency of the federal government. The SSN is used as one of the match criteria to determine whether a person is already known to the system.  This attribute may be received from any of the eligibility interfaces or may be updated online. | B\_DETAIL\_TB:  B\_SSN\_NUM | |  | |
| Appl Date | Client Application Date  The date that the client applied for medical benefits. This information is maintained to verify that the client was certified in a timely manner as required by federal regulation.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_APPL\_DT | |  | |
| Certif Date | Client Certification Date  The date on which action was taken to approve the client for medical benefits. This information is maintained to verify that the client was certified in a timely manner as required by federal regulation.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_CERT\_DT | |  | |
| On Review Begin | Client On Review Begin Date  The first date that a client is in “on review” status. All claims that have a date of service during the “on review” period are suspended. A client is put in “on review” status when the claims for the client need special review. This can occur when the client has abused the system, e.g., going from doctor to doctor to get drug prescriptions, etc.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_ON\_REVW\_BEG\_DT | |  | |
| On Review End | Client On Review End Date  The last date that a client is in “on review” status. All claims that have a date of service during the “on review” period (between the on review begin date and the on review end date, inclusive) are suspended. A client is put in “on review” status when the claims for the client need special review. This can occur when the client has abused the system, e.g., going from doctor to doctor to get drug prescriptions, etc.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_ON\_REVW\_END\_DT | |  | |
| PE Provider | Client Presumptive Eligibility Provider ID  This is the provider ID of the presumptive eligibility determiner who added the presumptively eligible client/child to the MMIS or who requested that the child be added. | B\_DETAIL\_TB:  B\_PE\_PROV\_ID | |  | |
| Managed Care Notification | Client Managed Care Notification Date  This is the date that the client was notified of his managed care options. This date is updated by the Managed Care subsystem.  This date is set in managed care processing. | B\_DETAIL\_TB:  B\_MC\_NOTFY\_DT | |  | |
| Representative Payee Name - Last | Client Representative Payee Last Name  This is the family name or the surname of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_LAST\_NAM | |  | |
| Representative Payee Name First | Client Representative Payee First Name  This is the given name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_FST\_NAM | |  | |
| Representative Payee Name M | Client Representative Payee Middle Initial  This is the first letter of the middle name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_MI\_NAM | |  | |
| Representative Payee Name SUFFIX | Client Representative Payee Suffix  This is the suffix of the name of the person or organization responsible for receiving the client’s correspondence when the client is a minor, the court appoints a guardian, or the client resides in an institution. All correspondence with the client is sent to the representative payee.  This attribute may be received from eligibility interfaces or via the online system. | B\_DETAIL\_TB:  B\_REP\_MI\_NAM | |  | |
| REL TO HH | Client Category of Eligibility Span Relationship to Head of Case Code  This code shows the familial relationship between the client and the head of the case. | B\_DETAIL\_TB:  B\_REL\_HEAD\_HH\_CD | | 2676 | |
| Suspect Duplicate ID | Suspect Duplicate ID  This is the Client ID of an individual whose identifying information is similar enough to the client’s identifying information that the second person is a suspect duplicate of the client listed on the report. | B\_DETAIL\_TB:  B\_SUSP\_DUPL\_ID | |  | |
| Bypass MSQ Ind | Bypass MSQ Indicator  If this indicator is “Y”, no MSQs are automatically produced by the system for this client. | B\_DETAIL\_TB:  B\_BYPS\_MSQ\_IND | |  | |
| Medicare ID (HIC) | Client Medicare ID This is the identification number that the client uses for Social Security and/or Medicare benefits. It is a nine-digit number followed by a letter and one or more additional numbers. The nine-digit number is the Social Security Number of the wage earner on whose record the client is receiving the Social Security payments and/or Medicare benefits. The suffix and any following digits identify the basis for the client’s eligibility for the benefit, e.g., the surviving disabled widow of the wage earner. The client’s Medicare ID, also known as his HIC Number, is also his Social Security Claim Number. This is also the Railroad Board Claim Number.  The Medicare ID is used as the client’s identifying number for the BENDEX and Buy-In interfaces.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_MCARE\_ ID | |  | |
| HIC NUM CD | Client HIC number code  An internal system indicator used to track which source is responsible for changing the client’s Medicare ID. | B\_DETAIL\_TB:  B\_SYS\_ID | |  | |
| Client Added Date | Client Detail Audit Add Date  This is the date that the client was added to the client database. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_DT | |  | |
| Client Added Time | Client Detail Audit Add Time  This is the time of day that the client was added to the client database. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_TM | |  | |
| Client Added Source | Client Detail Audit Add Source  This is the person or the batch program that added the client to the MMIS. | B\_DETAIL\_TB:  B\_ AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Detail Audit Update Date  This is the date that the B\_DETAIL\_TB was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ DT | |  | |
| Last Update Time | Client Detail Audit Update Time  This is the time of day that the B\_DETAIL\_TB was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ TM | |  | |
| Last Update Source | Client Detail Audit Update Source  This is the person or the batch program that last updated that B\_DETAIL\_TB on the client database.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_DETAIL\_TB:  B\_ AUD\_ USER\_ID | |  | |
| ASPEN MCI ID | Aspen Client ID  This is the Aspen internal ID number. | B\_DETAIL\_TB:  B\_ASPEN\_MCI\_ID | |  | |
| ON RESVN | On reservation  This is the On reservation indicator | B\_DETAIL\_TB:  B\_ON\_RESVN\_IND | | 2670 | |
| PAYEE NAME  (PAYEE NAME LAST)  (PAYEE NAME FIRST)  (PAYEE NAME M)  (PAYEE NAME SUFFIX) | Payee Name  Payee Name Last  This is the payee’s surname or family name  Payee Name First  This is the payee’s given name or first name  Payee Name Middle Initial This is the first letter of the payee’s middle name.  Payee Name Suffix This is the suffix of the payee’s name. | B\_DETAIL\_TB:  B\_PAYEE\_LAST\_NAM  B\_PAYEE\_FST\_NAM  B\_PAYEE\_MI\_NAM  B\_PAYEE\_SFX\_NAM | |  | |
| CASE MGR | Case Manager Name  This is the name of the member’s case manager (inidvidual or organization) | B\_DETAIL\_TB:  B\_CASE\_MGMT\_NAM | |  | |
| HEAD OF HOUSEHOLD  (HEAD OF HOUSEHOLDNAME LAST)  (HEAD OF HOUSEHOLDNAME FIRST)  (HEAD OF HOUSEHOLDNAME M)  (HEAD OF HOUSEHOLD NAME SUFFIX) | Head of Household Name  Head of Household Name Last  This is the head of household ’s surname or family name  Head of Household Name First  This is the head of household’s given name or first name  Head of household’s name middle initial This is the first letter of the head of houshold’s middle name.  Head of Household Name Suffix This is the suffix of the head of household’s name. | B\_DETAIL\_TB:  B\_HH\_LAST\_NAM  B\_HH\_FST\_NAM  B\_HH\_MI\_NAM  B\_HH\_SFX\_NAM | |  | |
| DOD UPD ID | Date of Death Update Id  This is the User Id or Interface Source Id that update the Client’s Date of Death | B\_DETAIL\_TB:  B\_DOD\_UPD\_BY\_ID | |  | |
| MERGE TARGET MCI ID | Aspen Merge Target internal ID  This is the Aspen internal ID number that the client was merged into by ASPEN | B\_DETAIL\_TB:  B\_TARGET\_MCI\_ID |  | |
| PREGNANCY DUE DT | Pregnancy due date  This is the member’s pregnancy due date | B\_DETAIL\_TB:  B\_PREG\_DUE\_DT | |  | |
| VETERAN IND | Veteran Indicator  This field indicates if the member is a veteran | B\_DETAIL\_TB:  B\_VET\_IND | | 2670 | |
| SSI DISABILITY IND | SSI disability indicator  This field indicates if the member has the SSI disability | B\_DETAIL\_TB:  B\_SSI\_DISA\_IND | | 2670 | |
| DISABILITY TYPE | Disability code  This is the member’s disability code | B\_DETAIL\_TB:  B\_DISA\_TY\_CD | | 2698 | |
| PRIMARY LANG | Primary language  This is the member’s Primary language code | B\_DETAIL\_TB:  B\_PRIM\_LANG\_CD | | 2697 | |
| ETHNICITY | Ethnicity  This is the Client’s Ethnicity code | B\_DETAIL\_TB:  B\_ETH\_CD | | 4442 | |
|  | \*\*\*\*\* CLIENT ID CROSS-REFERENCE \*\*\*\*\* |  | |  | |
| Alternate Client ID | Client Alternate ID  This is a secondary client ID by which the client is known. Each state/federal agency that determines client eligibility for medical services has its own identification number for a client. From time to time one agency may change the identification number for a client. Therefore, a client may be known by any number of identification numbers since four different agencies determine client eligibility and interface with the MMIS. Each of these identification numbers is a Client Alternate ID and may be used to access the client’s information on the client subsystem. However, none of these is the client’s primary ID, i.e., the client’s system identification number. They are only a means of accessing the client’s system identification number.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ALT\_ID\_TB:  B\_ALT\_ID | |  | |
| Added Date | Client Alt ID Audit Add Date  This is the date that the alternate client ID was added to the client database. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_TS | |  | |
| Added Time | Client Alt ID Audit Add Time  This is the time of day that the alternate client ID was added to the client database. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_TS | |  | |
| Added Source | Client Alt ID Audit Add Source  This is the person or the batch program that added the alternate client ID to the MMIS. | B\_ALT\_ID\_TB:  B\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Alt ID Audit Update Date  This is the date that the client Alt ID table was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_DT | |  | |
| Last Update Time | Client Alt ID Audit Update Time  This is the time of day that the client Alt ID table was last updated.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_TM | |  | |
| Last Update Source | Client Alt ID Audit Update Source  This is the person or the batch program that last updated that alternate client ID on the client database.  This attribute may be received from eligibility interfaces, the BENDEX interface, the Buy-In interface, or may be updated online. | B\_ALT\_ID\_TB:  B\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* ELIGIBILITY DATA \*\*\*\*\* |  | |  | |
| Elig Span Begin | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine whether a client is entitled to medical services, i.e., whether to pay the provider for services rendered to the client on a specific date. The client had to have been eligible for benefits on the date of service. This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_BEG\_DT | |  | |
| Elig Span End | Client Category of Eligibility Span End Date This defines the day-specific ending date of the eligibility span effective period. MMIS uses this date to determine eligibility. This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_SPN\_END\_DT | |  | |
| Void | Client Category of Eligibility Span Void Ind  This indicator shows that a span of eligibility was in error. As claims may have been paid based on the eligibility span, it cannot be deleted. The voided span merely provides audit tracking of eligibility. Once the system voids an eligibility span, it is no longer used to pay for services.  This attribute is updated online. | B\_COE\_SPN\_TB:  B\_ELIG\_VOID\_IND | | 2670 | |
| Major Prog | Major Program  The major program code defines and describes the programs administered through the MMIS.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_MAJ\_PROG\_CD | | 4429 | |
| COE | Client Category of Eligibility Code  This code shows the basis for the client’s eligibility for Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% state funded.  In New Mexico a client may be eligible in as many as four COEs at one time. As there is difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services.  The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_COE\_CD | | 2678 | |
| Fed Mtch | Client Category of Eligibility Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers of Medicare and Medicaid Services (CMS) of the federal government.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_FED\_MTCH\_CD | | 322 | |
| Fed Cat | Client Category of Eligibility Federal Category Code  The federal category code classifies clients into predefined groups established by CMS. This information is used in reporting to CMS.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_FED\_CAT\_CD | | 2672 | |
| MONEY CD | Client Category of Eligibility Federal Money Code  The federal money code groups clients by cash-assistance status as determined by CMS. This information is used in reporting to CMS.  This attribute is derived by the system based on the aid category and federal match codes. | B\_COE\_SPN\_TB:  B\_MONEY\_CD | | 2673 | |
| Case Number | Client Category of Eligibility Span Case Number  This is the number that identifies the household of people receiving assistance together. This number is issued by the agency determining eligibility. Often clients receive assistance as a family. This number ties the members of the family together under a group ID.  This attribute may be received from eligibility interfaces or may be updated online. | B\_COE\_SPN\_TB:  B\_CASE\_HH\_NUM | |  | |
| TERM RSN | Termination Reason  This is the termination reason code of the Client Category of Eligibility span | B\_COE\_SPN\_TB:  B\_COE\_TERM\_RSN\_CD | |  | |
| Span Added Date | Client Category of Eligibility Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Category of Eligibility Span Audit Add Source  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Span Added Source | Client Category of Eligibility Span Audit Add Time  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Last Update Date | Client Category of Eligibility Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Category of Eligibility Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Category of Eligibility Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COE\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* ADDRESS DATA \*\*\*\*\* |  | |  | |
| Address Type | Client Address Type Code  This code identifies the kind of address that is being displayed, e.g., mailing, residential.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ADDRESS\_TYPE\_CD | | 2680 | |
| ADDRESS BEG DATE | Client Resident Address Span Begin Date  This defines the day-specific beginning date of the client’s resident address span effective period. | B\_ADR\_TB:  B\_ADR\_SPN\_BEG\_DT | |  | |
| ADDRESS END DATE | Client Resident Address Span Ending Date  This defines the day-specific ending date of the client’s resident address span effective period. | B\_ADR\_TB:  B\_ADR\_SPN\_END\_DT | |  | |
| PHONE | Client Telephone Number  This is the area code and the telephone number by which the client can be reached.  This attribute may be received from eligibility interfaces or via the online system. | B\_ADR\_TB:  B\_PHON\_NUM | |  | |
| GEO CNTY | Client Geographic County Code  This code identifies the county in which the client resides. | B\_ADR\_TB:  B\_GEO\_CNTY\_CD | |  | |
| ADM CNTY | Client Administrative County Code  This code identifies the county office that serves the area in which the client resides. | B\_ADR\_TB:  B\_ADMIN\_CNTY\_CD | |  | |
| ADM OFFICE | Client Administrative Office Code  This is the ISD office that administers the client eligibility and benefits under the ASPEN system. | B\_ADR\_TB:  B\_ADMIN\_OFC\_CD | | 0395 | |
| Address Line 1 | Client Address Line 1  This is the first line of the client’s address. This line is more specific than the second line of the address.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_LINE1\_AD | |  | |
| Address Line 2 | Client Address Line 1  This is the second line of the client’s address. When present, this line is less specific than the first line of the address.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_LINE2\_CD | |  | |
| Address City | Client Address City  This is the city or town in which the client’s address is located.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_CITY\_NAM | |  | |
| Address State | Client Address State Code  This is the standard 2-character abbreviation for the state in which the client’s address is located  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ST\_CD | | 5301 | |
| Address ZIP | Client Address Zip Code  This is the 9-digit (5 digits plus 4 digits) postal code of the post office in which the client’s address is located.  This attribute may be received from eligibility interfaces or may be updated online. | B\_ADR\_TB:  B\_ZIP5\_CD  B\_ZIP4\_CD | |  | |
| Added Date | Client Address Audit Add Date  This is the date that the address was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Address Audit Add Time  This is the time of day that the address was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Address Audit Add Source  This is the person or the batch program that added the address to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Address Audit Update Date  This is the date that the address was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Address Audit Update Time  This is the time of day that the address was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Address Audit Update Source  This is the person or the batch program that last updated that address.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ADR\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* LOCK-IN DATA \*\*\*\*\* |  | |  | |
| Lock-In Span Begin | Client Lock-In Span Begin Date  This defines the day-specific begin date of the lock-in period. | B\_LOCKIN\_TB:  B\_LCKN\_BEG\_DT | |  | |
| Lock-In Span End | Client Lock-In Span End Date  This is the last date that the client’s lock-in span is effective. | B\_LOCKIN\_TB:  B\_LCKN\_END\_DT | |  | |
| Lock-In Type | Client Lock-In Type Code  This code defines a client assignment to a provider. This assignment requires that a client obtain a certain set of eligible services, or a referral, from his or her assigned provider. Lock-in is typically used when a client is assigned to an HMO or, when not assigned to an HMO, when a client has abused medical services. | B\_LOCKIN\_TB:  B\_LCKN\_TY\_CD | | 36 | |
| Lock-In Provider | Client Lock-In Provider ID  This identifies the specific provider that the client is required to use to be eligible for payment of services.  This attribute is updated by the Managed Care subsystem of through the online window. | B\_LOCKIN\_TB:  P\_ID | |  | |
| Plan Num | Client Lock-In Plan Number  This is the plan number of the HMO that provides medical services to the client. It is system generated. | B\_LOCKIN\_TB:  H\_PLN\_NUM | |  | |
| Assign Reason | Client Lock-In Assignment Reason Code  The reason the client was locked-in to the health care model. | B\_LOCKIN\_TB:  B\_LCKN\_ASGN\_RSN\_CD | | 1440 | |
| Change Reason | Client Lock-In Change Reason Code  The reason the client was disenrolled from the health care model. | B\_LOCKIN\_TB:  B\_LCKN\_CHNG\_RSN\_CD | | 207 | |
| Last Capitation | Client Lock-In Last Capitation Date  The last capitation date is the most recent date that a capitation payment was made to an HMO for a client’s managed care. | B\_LOCKIN\_TB:  H\_LAST\_CAP\_DT | |  | |
| Span Added Date | Client Lock-In Span Add Date  This is the date that the client’s lock-in span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Lock-In Span Audit Add Time  This is the time of day that the client’s lock-in span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Lock-In Span Audit Add Source  This is the person or the batch program that added the client’s lock-in span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Lock-In Span Audit Update Date  This is the date that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Lock-In Span Audit Update Time  This is the time of day that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Lock-In Span Audit Update Source  This is the person or the batch program that last updated the client’s lock-in span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LOCKIN\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* NOTES \*\*\*\*\* |  | |  | |
| (managed care notes) | Managed Care Notes  These are free form text notes that appear on the bottom of the Client Lockin Window. | B\_MC\_NOTE\_TB:  B\_MC\_NOTE\_TX | |  | |
| Last Update Date | Client Lock-In Span Audit Update Date  This is the date that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Lock-In Span Audit Update Time  This is the time of day that the client’s lock-in span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Lock-In Span Audit Update Source  This is the person or the batch program that last updated the client’s lock-in span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MC\_NOTE\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* LONG TERM CARE DATA \*\*\*\*\* |  | |  | |
| LTC Span Begin | Client Long Term Care Span Begin Date This is the date that the client became eligible for LTC services.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_BEG\_DT | |  | |
| LTC Span End | Client Long Term Care Span End Date This is the date that the Client became ineligible for LTC services.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_SPN\_END\_DT | |  | |
| LTC Provider | Client Long Term Care Provider ID  This is the identification number (in the Provider subsystem of the MMIS) that uniquely identifies the nursing home that the client is in.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  P\_ID | |  | |
| Control Number | Client Long Term Care Control Number  This number contains the record identification number assigned by the Utilization Review contractor (e.g., Blue Cross Blue Shield and CYFD).  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_CNTL\_NUM | |  | |
| Level of Care | Client Level of Care Code  This code identifies the level of care that the client is receiving in the nursing home. | B\_LTC\_SPN\_TB:  B\_LEVEL\_OF\_CARE\_CD | |  | |
| Revw Type | Client Long Term Care Review Type Code  The review type code identifies the results of a review conducted and authorized by the utilization review contractors to approve a client’s stay in a long-term care facility. This information is used in LTC interface processing to determine whether add a new LTC span or to update the old one.  This attribute may be received from long term care interfaces or may be updated online. | B\_LTC\_SPN\_TB:  B\_LTC\_REVW\_TY\_CD | | 9513 | |
| Span Added Date | Client Long Term Care Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Long Term Care Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Long Term Care Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Long Term Care Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Long Term Care Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Long Term Care Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
| Last aSSESSMENT DATE | This field is reserved for future use | B\_LTC\_SPN\_TB:  B\_LAST\_ASSESS\_DT | |  | |
| VD | Client Long Term Care Span Void Indicator  This code indicates whether the span was voided or not | B\_LTC\_SPN\_TB:  B\_LTC\_VOID\_IND | |  | |
| SET CAR | Client Long Term Care Span Setting of Care Code  This code identifies the nursing facility setting of care determined by the CLTS provider | B\_LTC\_SPN\_TB:  B\_SETNG\_OF\_CARE\_CD | |  | |
|  | \*\*\*\*\* PATIENT LIABILITY DATA \*\*\*\* |  | |  | |
| Pat Liab Span Begin | Client Patient Liability Span Begin Date  This is the first day that the client patient liability amount is effective.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_BEG\_DT | |  | |
| Pat Liab Span End | Client Patient Liability Span End Date  This is the last day that the client patient liability amount is effective.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LIAB\_SPAN\_END\_DT | |  | |
| Pat Liab Amount | Client Patient Liability Amount  This is the amount that a nursing home client is supposed to pay out of his own pocket for the cost of his care in the facility.  This attribute may be received from eligibility interfaces or may be updated online. | B\_LTC\_PAT\_LIAB\_TB:  B\_LTC\_LIAB\_AMT | |  | |
| Span Added Date | Client Patient Liability Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Patient Liability Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Patient Liability Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Patient Liability Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Patient Liability Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Patient Liability Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_LTC\_PAT\_LIAB\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* MEDICARE DATA \*\*\*\*\* |  | |  | |
| Buy-In Span Begin | Client Buy-In Span Begin Date  This is the first date that the data in the client’s Medicare buy-in span is effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SPN\_BEG\_DT | |  | |
| Buy-In Span End | Client Buy-In Span End Date  This is the last date that the data in the client’s Medicare buy-in span is effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SPN\_END\_DT | |  | |
| Mcare Part | Client Buy-In Medicare Part Code  This code identifies the Medicare insurance coverage that is being purchased for the client.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_MCARE\_CD | | 567 | |
| SMI Trans (1) | Client Buy-In SMI Transaction Code  This code advises the system of the action being taken by the Social Security Administration on the client’s SMI Medicare (Part B) benefits. This information is used in Buy-In interface processing.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SMITXN1\_CD | | 2631 | |
| SMI Trans (2) | Client Buy-In SMI Transaction Code  This code advises the system of the action being taken by the Social Security Administration on the client’s SMI Medicare (Part B) benefits. This information is used in Buy-In interface processing.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_SMITXN2\_CD | | 2632 | |
| Buy-In Premium Payor | Client Buy-In Premium Payor Code  This code identifies the person or entity paying the premiums for the client’s Medicare insurance coverage.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PYR\_CD | | 2635 | |
| Buy-In Premium Amount | Client Buy-In Premium Amount  This is the amount that the client’s Medicare insurance coverage costs.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PREM\_AMT | |  | |
| Buy-In Premium Date | Client Buy-In Premium Date  The date that the premium amount became effective.  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_PREM\_DT | |  | |
| SSA Status | Client Buy-In Status Date  This attribute may be received from the Buy-In interface or may be updated online. | B\_MCARE\_SPN\_TB:  B\_BUYIN\_MCARE\_DT | |  | |
| Span Added Date | Client Buy-In Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Buy-In Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Buy-In Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Buy-In Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Buy-In Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Buy-In Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
| PART D Span Begin | Client Medicare Part D Span Begin Date  This is the first date that the data in the client’s Medicare Plan D span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_SPN\_BEG\_DT | |  | |
| PART D Span End | Client Medicare Part D Span End Date  This is the last date that the data in the client’s Medicare Plan D span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_SPN\_END\_DT | |  | |
| CONTRACT ID TRANS | Client Medicare Part D Contract ID  Unique identification for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_CNTRCT\_ID | |  | |
| PLAN ID | Client Medicare Part D Plan ID  A unique identifier for the Medicare managed care benefit Package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_PLN\_ID | |  | |
| ENROL TYPE | Client Part D Enrollment Type Code  This code indicates the type of Part D enrollment, eg auto enrollment or beneficiary choice, etc.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_D\_SPN\_TB:  B\_PBP\_ENROL\_TY\_CD | | 735 | |
| Span Added Date | Client Part D Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Part D Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Part D Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Part D Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Part D Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Part D Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_D\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
| PART C Span Begin | Client Medicare Part C Span Begin Date  This is the first date that the data in the client’s Medicare Plan C span is effective.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_SPN\_BEG\_DT | |  | |
| PART C Span End | Client Medicare Part C Span End Date  This is the last date that the data in the client’s Medicare Plan C span is effective. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_SPN\_END\_DT | |  | |
| ELIG Void | Client Medicare Part Span Void Ind  This indicator shows that a span of medicare part C was in error. As claims may have been paid based on the Medicare Part C span, it cannot be deleted. The voided span merely provides audit tracking of eligibility. Once the system voids a Medicare Part C span, it is no longer used to pay for services. | B\_MCARE\_C\_SPN\_TB:  B\_ELIG\_VOID\_IND | | 2670 | |
| PART C CONTRACT ID TRANS | Client Medicare Part C Contract ID  Unique identification for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part C prescription drug coverage. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_CNTRCT\_ID | |  | |
| PART C ENROL EFF DT | Client Medicare Part C Enrollment Effective Date  This is the client’s Medicare Plan C enrollment effective date. | B\_MCARE\_C\_SPN\_TB:  B\_GHP\_ENROL\_EFF\_DT | |  | |
| PART C PKG NUM | Client Medicare Part C Package Number  This is the client Medicare Part C Package Number | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_PKG\_NUM | |  | |
| PART C CVG TYPE | Client Part C Coverage Type Code  This code indicates the coverage type of Part C enrollment. | B\_MCARE\_C\_SPN\_TB:  B\_PBP\_CVG\_TY\_CD | |  | |
| PART C ORG NAME | Client Medicare Part C Organization Name  This is the client Medicare Part C Organization Name | B\_MCARE\_C\_SPN\_TB:  P\_PBP\_ORG\_NAM | |  | |
| PART C PLAN NAME | Client Part C Plan Name  This is Client Medicare Part C Plan name | B\_MCARE\_C\_SPN\_TB:  P\_PBP\_PLN\_NAM | |  | |
| Span Added Date | Client Part C Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Part C Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Part C Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Part C Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Part C Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Part C Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MCARE\_C\_SPN\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* SWIPE CARD DATA \*\*\*\*\* |  | |  | |
| Issuance Date | Client Swipe Card Issuance Date  This is the date that the swipe card was created and mailed by the issuing vendor. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_DT | |  | |
| Deactivation Date | Client Swipe Card Deactivation Date  This is the last date that the swipe card was valid.  This attribute is assigned by the system in response to the request for a replacement of a currently active swipe card. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_DEACTV\_DT | |  | |
| Control Number | Client Swipe Card Control Number  This is a unique number that identifies a specific swipe card issuance. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_CNTL\_NUM | |  | |
| Issn Reason | Client Swipe Card Issuance Reason Code  This code specifies the basis for which a swipe card was created for a particular client. | B\_SWIPE\_CARD\_TB:  B\_SWIPE\_ISS\_RSN\_CD | | 5982 | |
| Added Date | Client Swipe Card Audit Add Date  This is the date that the client’s swipe card was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Swipe Card Audit Add Time  This is the time of day that the client’s swipe card was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Swipe Card Audit Add Source  This is the person or the batch program that added the client’s swipe card to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Swipe Card Audit Update Date  This is the date that the client’s swipe card was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Swipe Card Audit Update Time  This is the time of day that the client’s swipe card was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Swipe Card Audit Update Source  This is the person or the batch program that last updated the client’s swipe card information.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_SWIPE\_CARD\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* MEDICAL STATUS DATA \*\*\*\*\* |  | |  | |
| Med Stat Span Begin | Client Medical Status Span Begin Date  The date that the client’s medical status became effective. This information is used in Managed Care capitation rates.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_BEG\_DT | |  | |
| Med Stat Span End | Client Medical Status Span End Date  The last date that the client’s medical status is effective. This information is used in Managed Care capitation rates.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_END\_DT | |  | |
| Status Code | Client Medical Status Code  This code identifies the severity of a client’s condition. Multiple iterations show the history of a client’s medical status. A client can have more than one medical status in effect for a given period. For a single medical status, the periods cannot overlap. This information is used by Managed Care and by Claims.  This attribute is updated by the online system. | B\_MED\_STAT\_TB:  B\_MED\_STAT\_CD | | 6615 | |
| Span Added Date | Client Medical Status Span Audit Add Date  This is the date that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_DT | |  | |
| Span Added Time | Client Medical Status Span Audit Add Time  This is the time of day that the span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_TM | |  | |
| Span Added Source | Client Medical Status Span Audit Add Source  This is the person or the batch program that added the span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Medical Status Span Audit Update Date  This is the date that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Medical Status Span Audit Update Time  This is the time of day that the span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Medical Status Span Audit Update Source  This is the person or the batch program that last updated that span.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_MED\_STAT\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* COPAY DATA \*\*\*\*\* |  | |  | |
|  |  |  | |  | |
| COPAY Beg | Client Copay Span Begin Date This defines the day-specific beginning date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_BEG\_DT |  | |
| COPAY End | Client Copay Span End Date This defines the day-specific ending date of the copay span effective period. | B\_COPAY\_TB:  B\_COPAY\_END\_DT |  | |
| COPAY MET | Copay Met Date  This is the date that the client met their copay maximum amount. | B\_COPAY\_TB:  B\_COPAY\_MET\_DT |  | |
| FPL % | Federal Poverty Level (percentage) – used in SCI to set category of eligibility | B\_COPAY\_TB:  B\_FPL\_PCT |  | |
| COPAY MAX | Copay maximum amount (SCI) | B\_COPAY\_TB:  B\_COPAY\_MAX\_AMT |  | |
| mBR STAT CD | Member Status code.  This code (called “household budget code” in ISD2) is utilized to convert COE 032’s in Omnicaid. It is also used to track children with income disregards. | B\_COPAY\_TB:  B\_MBR\_STAT\_CD |  | |
| Add DATE | Copay Span Audit Add Date  This is the date that the copay span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  | |
| UPD DATE | Copay Span Audit Update Date  This is the date that the copay span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  | |
| UPD Src | Copay Span Audit Update Source  This is the person or the batch program that last updated the copay span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  | |
|  |  |  | |  | |
| Added Date | Client Co-Pay Audit Add Date  This is the date that the co-pay date was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Co-Pay Audit Add Time  This is the time of day that the co-pay date was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Co-Pay Audit Add Source  This is the person or the batch program that added the co-pay date to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Co-Pay Audit Update Date  This is the date that the co-pay date was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Co-Pay Audit Update Time  This is the time of day that the co-pay date was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Co-Pay Audit Update Source  This is the person or the batch program that last updated that co-pay date.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_COPAY\_TB:  G\_AUD\_USER\_ID | |  | |
|  | -------------- **MANAGED CARE PREFERENCES**------------- |  |  | |
| Beg DATE | Client MCO Span Begin Date This defines the day-specific beginning date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_BEG\_DT |  | |
| End DATE | Client MCO Span End Date This defines the day-specific ending date of the MCO span effective period. | B\_MC\_PREF\_TB:  B\_MC\_PREF\_END\_DT |  | |
| MCO CHOICE | MCO choice code (SCI) | B\_MC\_PREF\_TB:  B\_MCO\_CHOICE\_CD | 2175 | |
| PARENT IND | Parent Indicator (SCI) | B\_MC\_PREF\_TB:  B\_PARENT\_IND | 2670 | |
| AFFILIATION CD | Affiliation code  This is the Client’s affiliation code – SCI clients are either affiliated with a group or just an individual | B\_MC\_PREF\_TB:  B\_AFFL\_CD | 2177 | |
| Add DATE | MCO Span Audit Add Date  This is the date that the MCO span was added to the client database. | B\_COPAY\_TB:  B\_AUD\_ADD\_DT |  | |
| UPD DATE | MCO Span Audit Update Date  This is the date that the MCO span was last updated. | B\_COPAY\_TB:  B\_AUD\_DT |  | |
| UPD Src | MCO Span Audit Update Source  This is the person or the batch program that last updated the MCO span. | B\_COPAY\_TB:  B\_AUD\_USER\_ID |  | |
|  | \*\*\*\*\* PREVIOUS CLIENT NAMES \*\*\*\*\* |  | |  | |
| Previous Client Names Last | Client Previous Last Name This is the client’s previous family name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_LAST\_NAME | |  | |
| Previous Client Names First | Client Previous First Name This is the client’s previous given name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_FST\_NAME | |  | |
| Previous Client Names M | Client Previous Middle Initial Name This is the first letter of the client’s previous middle name. This information is used to research the situation in which a client may be a suspect duplicate in the system.  This attribute may be received from eligibility interfaces or may be updated online. | B\_PREV\_NAM\_TB:  B\_PREV\_MI\_NAME | |  | |
| Added Date | Client Previous Name Audit Add Date  This is the date that the client’s previous name was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Previous Name Audit Add Time  This is the time of day that the client’s previous name was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Previous Name Audit Add Source  This is the person or the batch program that added the client’s previous name to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Previous Name Audit Update Date  This is the date that the client’s previous name was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Previous Name Audit Update Time  This is the time of day that the client’s previous name was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Previous Name Audit Update Source  This is the person or the batch program that last updated the client’s previous name.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_NAM\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* CARE COORDINATION \*\*\*\* |  | |  | |
| BEGIN DATE | Begin date of Care Coordination date span | B\_CARE\_COORD\_TB: B\_CC\_BEG\_DT | |  | |
| END DATE | End date of Care Coordination date span | B\_CARE\_COORD\_TB: B\_CC\_END\_DT | |  | |
| VOID INDICATOR | Indicates if span is voided or not | B\_CARE\_COORD\_TB: B\_CC\_VOID\_IND | |  | |
| ASSESSMENT TYPE | Care Coordination assessment type. | B\_CARE\_COORD\_TB: B\_CC\_ASSESS\_TY\_CD | |  | |
| LEVEL CODE | Level of Care Coordination | B\_CARE\_COORD\_TB: B\_CC\_LVL\_CD | |  | |
| ASSESS-DATE | Date of last assessment | B\_CARE\_COORD\_TB: B\_CC\_ASSESS\_DT | |  | |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_CARE\_COORD\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID | |  | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_CARE\_COORD\_TB:G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* HEALTH HOME \*\*\*\* |  | |  | |
| BEGIN DATE | Begin date of Health Home span | B\_HEALTH\_HOME\_TB:B\_HHM\_BEG\_DT | |  | |
| END DATE | End date of Health Home span | B\_HEALTH\_HOME\_TB:B\_HHM\_END\_DT | |  | |
| VOID INDICATOR | Indicates if span is voided or not | B\_HEALTH\_HOME\_TB:B\_HHM\_VOID\_IND | |  | |
| NPI | NPI number of Health Home provider | B\_HEALTH\_HOME\_TB: B\_HHM\_NPI\_ID | |  | |
| LEVEL CODE | Health Home level code | HEALTH\_HOME\_TB: B\_HHM\_LVL\_CD | |  | |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_HEALTH\_HOME\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID | |  | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_HEALTH\_HOME\_TB:G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* DISABILITY \*\*\*\* |  | |  | |
| BEGIN DATE | Begin (effective) date of the disability type span | B\_DISA\_TY\_TB: B\_DISA\_BEG\_DT | |  | |
| END DATE | End date of the disability type span | B\_DISA\_TY\_TB: B\_DISA\_END\_DT | |  | |
| VOID INDICATOR | Indicates if span is voided or not | B\_DISA\_TY\_TB: B\_DISA\_VOID\_IND | |  | |
| DISABILITY TYPE CODE | The type of disability | B\_DISA\_TY\_TB: B\_DISA\_TY\_CD | |  | |
| ADD DATE/TIME/SOURCE | The date/time and user when the span was added | B\_DISA\_TY\_TB: G\_AUD\_ADD\_DT; G\_AUD\_ADD\_TM: G\_AUD\_ADD\_USER\_ID | |  | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_DISA\_TY\_TB: G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* AUXILLARY DATA \*\*\*\* |  | |  | |
| PRIVACY NOTICE DATE | Date when the last Privacy Notice was generated for the client | B\_AUX\_DAT\_TB: B\_PRIV\_NTC\_DT | |  | |
| Colts notify date | Date when the last CoLTS notification letter was sent. (CoLTS was discontinued effected 1/1/2014). | B\_AUX\_DAT\_TB: B\_LTC\_NOTFY\_DT | |  | |
| part d opt out | Date client opted out of Part D Medicare coverage | B\_AUX\_DAT\_TB: B\_PRTD\_OPT\_OUT\_IND | |  | |
| pcp npi | The NPI number for the primary care physician | B\_AUX\_DAT\_TB: B\_PCP\_NPI\_ID | |  | |
| copay amount to date | Amount to date of the Copay the client has paid | B\_AUX\_DAT\_TB: B\_COPAY\_TO\_DT\_AMT | |  | |
| copay tO DATE | Date the copay has been paid up to | B\_AUX\_DAT\_TB: B\_COPAY\_TO\_DT | |  | |
| UPDATE DATE/TIME/SOURCE | The date/time and user when the span was last updated | B\_AUX\_DAT\_TB: G\_AUD\_DT; G\_AUD\_TM; G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* PREVIOUS MEDICARE ID’S \*\*\*\*\* |  | |  | |
| Previous Medicare ID | Client Previous Medicare ID  This is the Social Security Claim Number and Suffix that the client formerly received Medicare benefits on.  This attribute may be received from eligibility interfaces, BENDEX interface, and Buy-In interface or may be updated online. | B\_PREV\_MCARE\_ID\_TB:  B\_PREV\_MCARE\_ID | |  | |
| Added Date | Client Previous Medicare ID Audit Add Date  This is the date that the client’s previous Medicare ID was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Previous Medicare ID Audit Add Time  This is the time of day that the client’s previous Medicare ID was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Previous Medicare ID Audit Add Time  This is the person or the batch program that added the client’s previous Medicare ID to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Previous Medicare ID Audit Update Date  This is the date that the client’s previous Medicare ID was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_DT | |  | |
| Last Update Time | Client Previous Medicare ID Audit Update Time  This is the time of day that the client’s previous Medicare ID was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_TM | |  | |
| Last Update Source | Client Previous Medicare ID Audit Update Source  This is the person or the batch program that last updated the client’s previous Medicare ID.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_PREV\_MCARE\_ID\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
|  | \*\*\*\*\* PRESUMPTIVE ELIGIBILITY CONFIRMATION DATA \*\*\*\*\* |  | |  | |
| Provider | Client Presumptive Eligibility Confirmation Provider ID  This is the provider ID of the presumptive eligibility determiner who is adding a presumptively eligible client to the client database.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. | B\_ELG\_GRNTEE\_TB:  B\_PE\_PROV\_ID | |  | |
| Confirmation | Client Presumptive Eligibility Confirmation Number  This is the confirmation number provided to the presumptive eligibility determiner that guarantees medical benefits for a child who meets the criteria to be considered presumptively eligible. This confirmation number ensures that the provider will be paid for medical services for the guarantee period.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. | B\_ELG\_GRNTEE\_TB:  B\_GUARANTEE\_NUM | |  | |
| ALT ID | Client ID number  This is the state assigned ID number that the eligibility was guaranteed under. | B\_ELG\_GRNTEE\_TB:  B\_ALT\_ID | |  | |
| Elig Begin | Client Presumptive Eligibility Confirmation Span Begin Date  This is the first date that the client’s presumptive eligibility for medical services becomes effective.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. This date is the date that the presumptively eligible child was added to the database. | B\_ELG\_GRNTEE\_TB:  B\_GRNTEE\_FR\_DT | |  | |
| Elig End | Client Presumptive Eligibility Confirmation Span End Date  This is the last date that the client is eligible as a presumptively eligible person.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client. This date is the last day of the month following the presumptive eligibility begin month. | B\_ELG\_GRNTEE\_TB:  B\_GRNTEE\_TO\_DT | |  | |
| COE | Client Presumptive Eligibility Category of Eligibility  This code shows the basis for the client’s eligibility for Medicaid. To be eligible for Medicaid benefits a client must meet the eligibility requirements for one or more specifically defined coverage groups. This code identifies the coverage group that the client is eligible for. Eligibility requirements for individual coverage groups are defined by federal and state law. Each COE or coverage group is limited to a specific set of the population, e.g., persons over the age of 65, the blind, pregnant women. Benefits may vary based on the COE that the person is in. Likewise, federal funding varies by COE. Some COEs are 100% state funded. In New Mexico a client may be eligible in as many as four COEs at one time. As there is a difference in federal funding based on COE, special processing exists in the system to identify the COE with the most federal funding and which provides the most services. The COE is one of the most critical data elements in the system. Claims processing relies on this code to determine whether a provider is eligible for payment for services rendered to the client. | B\_ELG\_GRNTEE\_TB:  B\_COE\_CD | |  | |
| FM | Client Presumptive Eligibility Federal Match Code  The federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. | B\_ELG\_GRNTEE\_TB:  B\_FED\_MATCH\_CD | |  | |
| SSN | Client Presumptive Eligibility Confirmation Social Security Number  This is the client’s Social Security account number as was sent as part of the presumptive eligibility confirmation.  This attribute is assigned by the client subsystem in response to the addition of a presumptively eligible client via Octel. | B\_ELG\_GRNTEE\_TB:  B\_SSN\_NUM | |  | |
| Added Date | Client Presumptive Eligibility Confirmation Audit Add Date  This is the date that the client’s presumptive eligibility confirmation span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_DT | |  | |
| Added Time | Client Presumptive Eligibility Confirmation Audit Add Time  This is the time of day that the client’s presumptive eligibility confirmation span was added to the client database.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_TM | |  | |
| Added Source | Client Presumptive Eligibility Confirmation Audit Add Source  This is the person or the batch program that added the client’s presumptive eligibility confirmation span to the MMIS.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_ADD\_USER\_ID | |  | |
| Last Update Date | Client Presumptive Eligibility Confirmation Audit Update Date  This is the date that the client’s presumptive eligibility confirmation span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_DT | |  | |
| Last Update Time | Client Presumptive Eligibility Confirmation Audit Update Time  This is the time of day that the client’s presumptive eligibility confirmation span was last updated.  This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_TM | |  | |
| Last Update Source | Client Presumptive Eligibility Confirmation Audit Update Source  This is the person or the batch program that last updated the presumptive eligibility confirmation span. This attribute is assigned by the system to maintain an audit of information added and updated on the client database. | B\_ELG\_GRNTEE\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* TPL CLIENT DATA \*\*\*\*\* |  | |  | |
| Carrier ID | Carrier ID  The OMNICAID identification number of the Carrier. | T\_CVRG\_CLNT\_TB:  T\_CARR\_ID | |  | |
| Policy Number | Policy number  For private insurance, this attribute usually contains the policy number. It is usually the policyholder’s Social Security Number, sometimes with a suffix for each dependent. For HMO coverage, this attribute usually contains the plan code. For Medicare coverage, this attribute contains the social security administration (SSA) claim number for the client. The SSA claim number is usually the health insurance claim (HIC) number. | T\_CVRG\_CLNT\_TB:  T\_PLCY\_NUM | |  | |
| Seq Num | Policy sequence number  The system-assigned number that uniquely identifies a policy | T\_CVRG\_CLNT\_TB:  T\_PLCY\_SEQ\_NUM | |  | |
| Client Rel | Client relationship code  This is the relationship of the client covered under the policy to the policyholder | T\_CVRG\_CLNT\_TB:  T\_CVRG\_CLNT\_REL\_CD | |  | |
| Coverage Begin Date | Client begin date  This is the effective begin date for the TPL resource | T\_CVRG\_CLNT\_TB:  T\_CVRG\_CLNT\_BEG\_DT | |  | |
| Coverage End Date | Client end date  This is the effective end date for the TPL resource | T\_CVRG\_CLNT\_TB:  T\_CVRG\_CLNT\_END\_DT | |  | |
| Coverage Source | Source data  Source of the client TPL information | T\_CVRG\_CLNT\_TB:  T\_CVRG\_SOURCE\_DAT | |  | |
| Update Date | Last Update Date  Date that the TPL Client information was last updated | T\_CVRG\_CLNT\_TB:  G\_AUD\_DT | |  | |
| Update Time | Last Update Time  Time that the TPL Client information was last updated | T\_CVRG\_CLNT\_TB:  G\_AUD\_TM | |  | |
| Update Source | Last User ID to Update  User ID that the last updated the TPL Client information | T\_CVRG\_CLNT\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* TPL POLICY \*\*\*\*\* |  | |  | |
| Policyholder ID | Policyholder ID  State assigned client ID number. | T\_CVRG\_PLCY\_TB:  T\_PLCYHLD\_B\_ALT\_ID | |  | |
| Policyholder Name | Policyholder Last Name  Policyholder First Name  Policyholder Middle Initial  Full name of the policyholder | T\_CVRG\_PLCY\_TB:  T\_PLCYHLD\_LST\_NAM  T\_PLCYHLD\_FST\_NAM  T\_PLCYHLD\_MI\_NAM | |  | |
| Policyholder Address | Policyholder Address Line 1  Policyholder Address Line 2  Policyholder City  Policyholder State  Policyholder Zip Code  Address of the policyholder. | T\_CVRG\_PLCY\_TB:  T\_PLCYHLD\_LINE1\_AD  T\_PLCYHLD\_LINE2\_AD  T\_PLCYHLD\_CITY\_NAM  T\_PLCYHLD\_ST\_CD  T\_PLCYHLD\_ZIP5\_CD  T\_PLCYHLD\_ZIP4\_CD | |  | |
| Policyholder Group ID | Policyholder Group Identification Number | T\_CVRG\_PLCY\_TB | |  | |
| EMPLOYER NAME | Employer Name  Name of the employer through which the client has the policy | T\_CVRG\_PLCY\_TB:  T\_CVRG\_EMPLR\_NAM | |  | |
| EMPLOYER ADDRESS | Employer Address  Employer Address Line 1  Employer Address Line 2  Employer City  Employer State  Employer Zip Code  Address of the employer through which the client has the policy | T\_CVRG\_PLCY\_TB:  T\_EMPLR\_LINE1\_AD  T\_EMPLR\_LINE2\_AD  T\_EMPLR\_CITY\_NAM  T\_EMPLR\_ST\_CD  T\_EMPLR\_ZIP5\_CD  T\_EMPLR\_ZIP4\_CD | |  | |
| Update Date | Last Update Date  Date that the TPL Policy information was last updated | T\_CVRG\_PLCY\_TB:  G\_AUD\_DT | |  | |
| Update Time | Last Update Time  Time that the TPL Policy information was last updated | T\_CVRG\_PLCY\_TB:  G\_AUD\_TM | |  | |
| Update Source | Last User ID to Update  User ID that the last updated the TPL Policy information | T\_CVRG\_PLCY\_TB:  G\_AUD\_USER\_ID | |  | |
| POLICY CODE | Policy Coverage Code  Indicates the type of coverage that the policy contains | T\_CVRG\_CODE\_TB:  T\_CVRG\_PLCY\_CD | |  | |
| annual benefits | Coverage Annual Benefits Code | T\_CVRG\_CODE\_TB:  T\_CVRG\_CD\_ANN\_IND | |  | |
| Life benefits | Coverage Life Benefits Code | T\_CVRG\_CODE\_TB:  T\_CVRG\_CD\_LIFE\_IND | |  | |
| Update Date | Last Update Date  Date that the TPL Policy Coverage information was last updated | T\_CVRG\_CODE\_TB:  G\_AUD\_DT | |  | |
| Update Time | Last Update Time  Time that the TPL Policy Coverage information was last updated | T\_CVRG\_CODE\_TB:  G\_AUD\_TM | |  | |
| Update Source | Last User ID to Update  User ID that the last updated the TPL Policy Coverage information | T\_CVRG\_CODE\_TB:  G\_AUD\_USER\_ID | |  | |
|  | \*\*\*\*\* TPL RECOVERY CASE DATA \*\*\*\*\* |  | |  | |
| RECOVERY CASE IDS | ID number used to identify the specific recovery case | T\_RCVRY\_CS\_TB:  T\_CS\_ID | |  | |
|  | \*\*\*\*\* PRIOR AUTHORIZATION DATA \*\*\*\*\* |  | |  | |
| Prior Auth ID | Prior Authorization ID Number This field is assigned by the PA Subsystem. It is used to uniquely identify each prior authorization. | A\_PA\_HEADER\_TB:  A\_ID | |  | |
| Type Code | PA Type Code  Prior Authorization type | A\_PA\_HEADER\_TB:  A\_TY\_CD | | 150 | |
| Patient Account | Patient Account  Patient Account Number | A\_PA\_HEADER\_TB:  A\_PAT\_ACCT\_CD | |  | |
| Billing Provider | Billing Provider Number  This field displays the header-level billing provider. | A\_PA\_HEADER\_TB:  C\_BLNG\_PROV\_ID | |  | |
| Effective Date | PA Effective Date  The beginning date that the PA is effective | A\_PA\_HEADER\_TB:  A\_EFF\_DT | |  | |
| Expiration Date | PA Expiration Date  The ending date that the PA is effective | A\_PA\_HEADER\_TB:  A\_EXPIR\_DT | |  | |
| Submit Date | Date Submitted  The date the PA was submitted | A\_PA\_HEADER\_TB:  A\_SUBM\_DT | |  | |
| CMS IND | CMS case indicator  This is the Children’s Medical Services (CMS) case limit indicator. If set to “Y”, then case limit processing is in effect for claims PA processing. | A\_PA\_HEADER\_TB:  A\_CMS\_CS\_LMT\_IND | | 3597 | |
| Waiver Type | Waiver Type  This field contains the abbreviation for the category of eligibility, also called the Waiver Type. This field is associated with claims for patients whose care is associated with an illness such as AIDS or who are deemed to be Medically Fragile. | A\_PA\_HEADER\_TB:  A\_COE\_CD | | 8174 | |
| Retro Auth Code | Retro Authorization CD  The Retro Authorization Code is used to show whether or not a Prior  Authorization is for services already performed and a description for the retro authorization. | A\_PA\_HEADER\_TB:  A\_RETRO\_AUTH\_CD | | 9295 | |
| NH RES IND | Nursing home resident indicator  Indicates whether the recipient resides in a nursing home | A\_PA\_HEADER\_TB:  A\_NF\_RES\_IND | |  | |
| Authorized By | Original Header Authorization By  Shows who originally authorized the PA | A\_PA\_HEADER\_TB:  A\_HDR\_ORIG\_AUTH\_ID | |  | |
| Authorization Date | Original Header Authorization Date  The date that the PA was originally authorized | A\_PA\_HEADER\_TB:  A\_HDR\_ORIG\_AUTH\_ID | |  | |
|  | \*\*\*\*\* CLAIMS HISTORY DATA \*\*\*\*\* |  | |  | |
| TRANSACTION CONTROL NUMBER | Transaction Control Number This number uniquely identifies the claim. | X\_HDR\_TB C\_TCN\_NUM | |  | |
| PROVIDER NUMBER | Servicing Provider Number  A unique number the system assigns to the provider for MMIS claims processing. The provider that actually performed the service. | X\_HDR\_TB:  C\_BLNG\_PROV\_ID | |  | |
| CLAIM TYPE | Claim Type  The MMIS internal claim type. | X\_HDR\_TB: C\_HDR\_TY\_CD | | 1031 | |
| DATES OF SERVICE FROM | Date Service From The first date of service on the claim. | X\_HDR\_TB:  C\_HDR\_SVC\_FST\_DT | |  | |
| DATES OF SERVICE TO | Date Service Thru The last date of service on the claim. | X\_HDR\_TB:  C\_HDR\_SVC\_FST\_DT | |  | |
| CLAIM STATUS | Claim Status Code Indicates the current status of the claim. | X\_HDR\_TB:  C\_HDR\_STAT\_CD | | 1020 | |
| REIMBURSEMENT AMOUNT | Total Reimbursement The final payment amount for the claim line. | X\_HDR\_TB:  C\_TOT\_REIMB\_AMT | |  | |
| PAYMENT DATE | Date Paid The date that the MMIS processes the claim through the payment cycle. The MMIS assigns the date using the “Payment Cycle Date” which is also the date of the warrant. | X\_HDR\_TB: C\_HDR\_PD\_DT | |  | |
| TCN TO CREDIT | TCN to Credit  The transaction control number of the claim being credited or replaced. | X\_HDR\_ADJ\_VD\_TB: C\_REPLCD\_TCN\_NUM | |  | |
| ADJ RSN | Adjustment Reason Code  Indicates the reason for voiding or adjusting the claim. | X\_HDR\_ADJ\_VD\_TB:  C\_HDR\_ADJ\_RSN\_CD | | 961 | |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**CLIENT – UNMERGE ERROR REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8000-RB830 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists the client for which the program NMMB800 is unable to do the unmerge (delete) during the unmerge process (NMBD8000). | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8000-RB830 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT - UNMERGE ERROR REPORT

CLIENT ID REQUEST USER ID ----------------- ERROR MESSAGE ----------------

99999999919999 XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999999919999 XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999999919999 XXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

TOTAL UNMERGE REQUEST : 99999

TOTAL UNMERGE REQUEST REJECTED: 99999

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | |
| --- | --- | --- | --- |
| **CLIENT – UNMERGE ERROR REPORT** | | | |
| **NMMB8000-RB830** | | | |
|  | | | |
| **Column Name** | **Description** | **Source** | **DED Number** | |
| Client ID | Client ID  The Client ID is based on the various State-assigned IDs. | B\_UNMRG\_REQ\_TB:  B\_ALT\_ID |  | |
| REQUEST USER ID | Requestor’s ID  This is the person that requested the alternate client ID to be unmerged (delete) from MMIS. | B\_UNMRG\_REQ\_TB:  G\_AUD\_ADD\_USER\_ID |  | |
| ERROR MESSAGE | Error Message  This error message indicates the reason why the alternate client ID cannot be deleted. | Generated by the program NMMB8000 |  | |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**CLIENT CLAIMS TRANSFER AUDIT REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8050-RB840 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists all of the tables that were updated during the client claims transfer process. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Requestor  Client Source Sysid, TCN | | | **Total**  N  N | **Page Break**  Y  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8050-RB840 HUMAN SERVICES DEPARTMENT ROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT CLAIMS TRANSFER AUDIT REPORT

CLIENT CLIENT

SOURCE TARGET NUM

REQUESTOR SYSID SYSID TCN TABLE ID ROWS MESSAGE

XXXXXXX 999999999 999999999 99999999999999999 XXXXXXXX 999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 99999999999999999 XXXXXXXX 999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 99999999999999999 XXXXXXXX 999 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT CLAIMS TRANSFER AUDIT REPORT** |
| **NMMB8050-RB840** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| REQUESTOR | Requestor’s ID  This is the user that requested the claim transfer. | B\_CLM\_TRNSF\_TB:  G\_AUD\_USER\_ID |  |
| CLIENT SOURCE SYSID | Client System ID  This is the ID of the client from which the claim is being transferred. | B\_CLM\_TRNSF\_TB:  B\_SYS\_ID |  |
| CLIENT TARGET SYSID | Client System ID  This is the ID of the client to which the claim is being transferred. | B\_CLM\_TRNSF\_TB:  B\_DSTN\_SYS\_ID |  |
| TCN | Claim TCN  This is the ID of the client to which the claim is being transferred. | B\_CLM\_TRNSF\_TB:  C\_TCN\_NUM |  |
| TABLE ID | Table ID  This is the ID of the table that is being updated. | Generated by the program NMMB8050 |  |
| NUM ROWS | Number of Table Rows  This is the number of rows in the table that were updated. | Generated by the program NMMB8050 |  |
| MESSAGE | Message  This message describes the action taken against the table listed in the Table ID column. | Generated by the program NMMB8050 |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**CLIENT CLAIMS TRANSFER ERROR REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8050-RB850 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists errors that occurred during the client claims transfer process. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Requestor  Client Source Sysid, TCN | | | **Total**  N  N | **Page Break**  Y  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

REPT: NMMB8050-RB850 HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLIENT CLAIMS TRANSFER ERROR REPORT

CLIENT CLIENT

SOURCE TARGET

REQUESTOR SYSID SYSID TCN TABLE ID ERROR MESSAGE

XXXXXXX 999999999 999999999 99999999999999999 XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 99999999999999999 XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 99999999999999999 XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT CLAIMS TRANSFER ERROR REPORT** |
| **NMMB8050-RB850** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| REQUESTOR | Requestor’s ID  This is the user that requested the claim transfer. | B\_CLM\_TRNSF\_TB:  G\_AUD\_USER\_ID |  |
| CLIENT SOURCE SYSID | Client System ID  This is the ID of the client from which the claim is being transferred. | B\_CLM\_TRNSF\_TB:  B\_SYS\_ID |  |
| CLIENT TARGET SYSID | Client System ID  This is the ID of the client to which the claim is being transferred. | B\_CLM\_TRNSF\_TB:  B\_DSTN\_SYS\_ID |  |
| TCN | Claim TCN  This is the TCN of the claim is being transferred. | B\_CLM\_TRNSF\_TB:  C\_TCN\_NUM |  |
| TABLE ID | Table ID  This is the ID of the table that is being updated. | Generated by the program NMMB8050 |  |
| eRROR MESSAGE | Error Message  An error message describing why the program could not transfer the client claim, or create an adjustment that was requested. | Generated by the program NMMB8050 |  |

**Notes:**

The following error messages can be generated by this process:

CANNOT FIND SOURCE SYS ID ON CLIENT DETAIL TABLE , CONTACT SYSTEMS

The “source” client cannot be found on the client detail table. This should not happen in normal processing.

CANNOT FIND TARGET SYS ID ON CLIENT DETAIL TABLE, CONTACT SYSTEMS

The “target” client cannot be found on the client detail table. This could happen if the target client in a transfer request was subsequently merged into another client before the nightly batch client claim transfer process was run.

TCN NOT FOUND FOR SOURCE SYSID

The TCN for the claim being transferred cannot be found under the “source” client. This could happen if a suspended claim was requested to be transferred, and then subsequently worked and the client ID changed.

CLAIM IS BEING ADJUSTED, CANNOT BE TRANSFERRED

If a claim is in process of being adjusted it will not be transferred.

CLAIM HAS BEEN ADJUSTED, CANNOT BE ADJUSTED AGAIN

The claim has been transferred, but the adjustment request entered on the transfer window cannot be processed since the claim has already been adjusted.

SUBMIT DRUG CLAIM ADJUSTMENT TO PDCS

The claim has been transferred, but the adjustment request entered on the transfer window must be processed by PDCS.

CANNOT ADJUST A SUSPENDED CLAIM

The claim has been transferred, but the adjustment request entered on the transfer window cannot be processed since the claim is in suspense status.

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**Capitation merged client lock-in overlap report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8600-RB860 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Weekly |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists capitation merged clients with overlapping lock-in spans. It shows lockin spans for the merged client immediately prior to the merge. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Provider  Old Client Merged ID | | | **Total**  N  N | **Page Break**  Y  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB8600-RB860 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 1

CAPITATION MERGE LOCK-IN OVERLAP LOG 9999-99-99

XXXXXXXXXXXXXXXXXXXXXXXX

PROVIDER OLD CLIENT ID NEW CLIENT ID BIRTH DATE CLIENT NAME TYPE OVERLAPPING CAPITATION SPANS

000M1796 99999999999999 99999999999999 9999-99-99 XXXXXXXX XXXXXXXX XXX

99999999999999 99999999999999 9999-99-99 XXXX XXXXXXXX XXX PLAN: 9999 BEG: 99/9999 END: 99/9999

99999999999999 99999999999999 9999-99-99 XXXXXX XXXXX XXX PLAN: 9999 BEG: 99/9999 END: 99/9999

XXX PLAN: 9999 BEG: 99/9999 END: 99/9999

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **Capitation merged client lock-in overlap report** |
| **NMMB8600-RB860** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| PROVIDER | Provider ID  This is the provider ID associated with the overlapping client lock-in span | DCLB-LOCKIN-TB:  P-ID |  |
| Old Client ID | Client ID  This is the ID of the client from which the claim is being transferred. | DCLB-DETAIL-TB:  B-CURR-ID |  |
| New Client ID | Client ID  This is the ID of the client to which the claim is being transferred. | DCLB-DETAIL-TB:  B-CURR-ID |  |
| BIRTH DATE | Client date of birth | DCLB-DETAIL-TB:  B-DOB-DT |  |
| CLIENT NAME | Client name | DCLB-DETAIL-TB:  B-FST-NAM, B-MI-NAM, B-LAST-NAM |  |
| TYPE | Lock-in type | DCLB-LOCKIN-TB:  B-LCKN-TY-CD |  |
| OVERLAPPING CAPITATION SPANS | Plan number, begin date, and end date of overlapping lock-in spans | DCLB-LOCKIN-TB:  H-PLN-NUM, B-LCKN-BEG-DT, B-LCKN-END-DT |  |

**Notes:**

The following error messages can be generated by this process:

NMMB8600: S160-OPEN-FILES: RB860 EXTRACT : OPEN INPUT: FILE STATUS: XX

NMMB8600: S160-OPEN-FILES: RB860 REPORT: OPEN OUTPUT: FILE STATUS: XX

NMMB8600: S250-GET-TARGET-CLIENT: BDTAILTB: SELECT: B-SYS-ID: 999999999

NMMB8600: S570-GET-PROVIDER-NAME: PROVDRTB: SELECT: P-ID: XXXXXXXX

NMMB8600: S600-READ-EXTRACT-FILE: RB860 EXTRACT: READ: FILE STATUS: XX

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

###### REPORT SPECIFICATION

**Merged clients report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB8700-RB870 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Weekly |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists merged clients. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  New Client ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB8700-RB870 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 9

MERGED CLIENTS LOG 9999-99-99

NEW CLIENT ID OLD CLIENT ID BIRTH DATE CLIENT NAME

XXXXXXXXXXXXXX XXXXXXXXXXXXXX 9999-99-99 XXXXXX XXXXXXXXXX  
XXXXXXXXXXXXXX XXXXXXXXXXXXXX 9999-99-99 XXXXXX XXXXXXXXXX  
XXXXXXXXXXXXXX XXXXXXXXXXXXXX 9999-99-99 XXXXXX XXXXXXXXXX

TOTAL CLIENTS 9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **Merged clients report** |
| **NMMB8700-RB870** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| NEW CLIENT ID | Client ID  This is the ID of the client to which the claim is being transferred. | DCLB-DETAIL-TB:  B-CURR-ID |  |
| OLD CLIENT ID | Client ID  This is the ID of the client from which the claim is being transferred. | DCLB-DETAIL-TB:  B-CURR-ID |  |
| BIRTH DATE | Client date of birth | DCLB-DETAIL-TB:  B-DOB-DT |  |
| CLIENT NAME | Client name | DCLB-DETAIL-TB:  B-FST-NAM, B-MI-NAM, B-LAST-NAM |  |
| TOTAL CLIENTS | Total number of merged clients on this report | calculated |  |

**Notes:**

The following error messages can be generated by this process:

NMMB8700: S160-OPEN-FILES: RB870 EXTRACT : OPEN INPUT: FILE STATUS: XX

NMMB8700: S160-OPEN-FILES: RB870 REPORT: OPEN OUTPUT: FILE STATUS: XX

NMMB8700: S250-GET-TARGET-CLIENT: BDTAILTB: SELECT: B-SYS-ID: 999999999

NMMB8700: S600-READ-EXTRACT-FILE: RB870 EXTRACT: READ: FILE STATUS: XX

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

## IHS DATA MATCH TO UPDATE RACE CODES STATUS REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Report ID: NMMB7900-RB920 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Request |  | Refer to the FAO Report Distribution Master | | |  | |
| **Description:**  This report lists the action taken (if any) on clients sent by IHS to have their Race Code updated to Native American. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | Page Break N | |  |
| **Notes:** | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: XX/XX/XXXX

REPT: NMMB7900-RB920 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 9

I H S D A T A M A T C H T O U P D A T E R A C E C O D E S S T A T U S R E P O R T

SSN CLIENT NAME DOB CLIENT DETAIL TABLE INFORMATION

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXX XXXXXXXXXXXXXXXXXXX XXX XX,XXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **IHS DATA MATCH TO UPDATE RACE CODES STATUS REPORT** |
| **NMMB7900-RB920** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| SSN | Client Social Security Number | IHS client input file. |  |
| Client Name | Client Name | IHS client input file. |  |
| DOB | Client Date of Birth | IHS client input file. |  |
| Client Detail Table Information | Shows client detail table values for fields that do not match those that were received on the input file from IHS. | B\_DETAIL\_TB:  B\_LAST\_NAM  B\_RACE\_CD  B\_DOB\_DT |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART D RESPONSE FILE ERROR REPORT**

**NO PARTD INFORMATION REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7012-RB940 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SMA ID  Eligibility Month/Year | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  Error messages are as follows:  NO PARTD INFORMATION No Part D information is populated for client on input response file. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7012-RB940 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART D RESPONSE FILE ERROR REPORT

NO PARTD INFORMATION REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---||-DUAL STAT CD-|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

NO PARTD INFORMATION TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **NO PARTD INFORMATION REPORT** |
| **NMMB7012-RB940** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| DUAL STAT CODE | Describes beneficiary’s Medicare/Medicaid eligibility | WFB70054-INPT-DUAL-STAT-CD |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART D RESPONSE FILE ERROR REPORT**

**PLAN NOT FOUND REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7012-RB941 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SMA ID  Eligibility Month/Year | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  Error messages are as follows:  PLAN NOT FOUND: Warning message, indicates plan id and contract number combination are not on the Provider Part Plan  Information table in Omnicaid (PMCARDTB). | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7012-RB941 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART D RESPONSE FILE ERROR REPORT

PLAN NOT FOUND REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---||-DUAL STAT CD-|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PLAN NOT FOUND: TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **PLAN NOT FOUND REPORT** |
| **NMMB7012-RB941** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| DUAL STAT CODE | Describes beneficiary’s Medicare/Medicaid eligibility | WFB70054-INPT-DUAL-STAT-CD |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART D RESPONSE FILE ERROR REPORT**

**CMS REJECT REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7012-RB942 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SMA ID  Eligibility Month/Year | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  Error messages are as follows:  CMS REJCT- SEE ERC CODES Record was rejected by CMS due to a problem with data in one of the fields on the MMA file.  CMS assigns an Error Return Code to the field indicating the cause of the problem. The ERC codes and their CMS descriptions are printed on subsequent lines for each problem field.  CMS REJCT- DUPLICATE Record is Invalid : DET Record - Duplicate  CMS REJCT- ID MISMATCH Record is Invalid: Insufficient Valid Identifying Information. According to CMS this may indicate a  problem with the date of birth field. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7012-RB942 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART D RESPONSE FILE ERROR REPORT

CMS REJECT REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---||-DUAL STAT CD-|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CMS REJCT- DUPLICATE TOTAL ERRORS 99999

CMS REJCT- ID MISMATCH TOTAL ERRORS 99999

CMS REJCT- SEE ERC CODES TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **CMS REJECT REPORT** |
| **NMMB7012-RB942** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| DUAL STAT CODE | Describes beneficiary’s Medicare/Medicaid eligibility | WFB70054-INPT-DUAL-STAT-CD |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART D RESPONSE FILE ERROR REPORT**

**CLIENT ALTID NOT FOUND REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7012-RB943 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SMA ID  Eligibility Month/Year | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  Error messages are as follows:  CLIENT ALTID NOT FOUND Omnicaid uses client Id on the input response file to find Altid on Alt ID Tb. This error is generated  when an Alt-Id matching the input client id on B-ALT-ID-TB is not found. As a result, the client’s B-  SYS-ID is not found. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7012-RB943 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART D RESPONSE FILE ERROR REPORT

CLIENT ALTID NOT FOUND REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---||-DUAL STAT CD-|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CLIENT ALTID NOT FOUND TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **CLIENT ALTID NOT FOUND REPORT** |
| **NMMB7012-RB943** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client.. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| DUAL STAT CODE | Describes beneficiary’s Medicare/Medicaid eligibility | WFB70054-INPT-DUAL-STAT-CD |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART D RESPONSE FILE ERROR REPORT**

**ALL OTHER ERRORS REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7012-RB944 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  SMA ID  Eligibility Month/Year | | | **Total**  N  N | **Page Break**  N  N | |  |
| **Notes:**  Error messages are as follows:  MISMATCH ON SSN/NAME Client SSN and/or Name on the input file does not match what is on BDTAILTB.  INVALID DATE SPAN DATES The date span on the input file had a Begin date that was less than the End date.  INPUT SPAN OVERLAP Record contains at least 1 date span that overlaps another date span on that record.  MORE THAN 1 AND MISMATCH Client B-SYS-ID is found for more than 1 client  CLIENT NOT FOUND ON BDTAILTB Client B-SYS-ID not found in Omnicaid. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7012-RB944 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART D RESPONSE FILE ERROR REPORT

ALL OTHER ERRORS REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---||-DUAL STAT CD-|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX XX

XXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXX ERC:XX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MISMATCH ON SSN/NAME TOTAL ERRORS 99999

INVALID DATE SPAN DATES TOTAL ERRORS 99999

INPUT SPAN OVERLAP TOTAL ERRORS 99999

MORE THAN 1 AND MISMATCH TOTAL ERRORS 99999

CLIENT NOT FOUND ON BDTAILTB TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **ALL OTHER ERRORS REPORT** |
| **NMMB7012-RB944** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| DUAL STAT CODE | Describes beneficiary’s Medicare/Medicaid eligibility | WFB70054-INPT-DUAL-STAT-CD |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**S T A T I S TI C S R E P O R T**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7011-RB945 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints client statistical information derived during the processing of the the monthly response file submitted by CMS. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:** | | | **Total** | **Page Break** | |  |
| **Notes:** | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7011-RB945 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

S T A T I S TI C S R E P O R T

0

THE NUMBER OF CLIENTS WHO ARE QMB ONLY 99,999

THE NUMBER OF CLIENTS WHO ARE QMB AND MEDICAID 99,999

THE NUMBER OF CLIENTS WHO ARE SLMB ONLY 99,999

THE NUMBER OF CLIENTS WHO ARE SLMB AND MEDICAID 99,999

THE NUMBER OF CLIENTS WHO ARE QDWI ENTITLED 99,999

THE NUMBER OF CLIENTS WHO ARE QUALIFYING INDIVIDUALS 99,999

THE NUMBER OF CLIENTS WHO ARE FULL AND MEDICARE 99,999

THE NUMBER OF CLIENTS WHO ARE OTHER WITHOUT MEDICAID 99,999

THE NUMBER OF CLIENTS WHOSE DUAL STATUS IS UNKNOWN 99,999

THE NUMBER OF CLIENTS WHO WERE REJECTED BY CMS 99,999

THE NUMBER OF CLIENTS WHO WERE OUT OF STATE AUTO 99,999

THE NUMBER OF CLIENTS WHO DECLINED ENROLL BUT OPEN 99,999

TOTAL NUMBER OF CLIENTS WITH MULTIPLE OPEN PDP PLANS 99,999

THE NUMBER OF CLIENTS WITHOUT PDP OR MA-PD PLANS 99,999

THE NUMBER OF CLIENTS WITHOUT PDP OR MA-PD PLANS BROKEN DOWN BY DUAL ELIG STATUS CODE

CLIENTS WHO ARE QMB ONLY 99,999

CLIENTS WHO ARE QMB AND MEDICAID COVERAGE 99,999

CLIENTS WHO ARE SLMB ONLY 99,999

CLIENTS WHO ARE SLMB AND MEDICAID COVERAGE 99,999

CLIENTS WHO ARE ENTITLED TO MEDICARE - QDWI 99,999

ENTITLED TO MEDICARE - QUALIFYING INDIVIDUALS 99,999

ENTITLED TO MEDICARE - OTHER FULL ELIGIBLES WITH MED 99,999

ENTITLED TO MEDICARE - OTHER FULL ELIGIBLES NO MEDIC 99,999

UNKNOWN DUAL ELIGIBLE STATUS CODE 99,999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART D RESPONSE FILE ERROR REPORT**  **S T A T I S TI C S R E P O R T** |
| **NMMB7012-RB945** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| THE NUMBER OF CLIENTS WHO ARE QMB ONLY | The total number of clients who have Dual Status Code 01 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE QMB AND MEDICAID | The total number of clients who have Dual Status Code 02 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE SLMB ONLY | The total number of clients who have Dual Status Code 03 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE SLMB AND MEDICAID | The total number of clients who have Dual Status Code 04 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE QDWI ENTITLED | The total number of clients who have Dual Status Code 05 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE QUALIFYING INDIVIDUALS | The total number of clients who have Dual Status Code 06 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE FULL AND MEDICARE | The total number of clients who have Dual Status Code 08 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO ARE OTHER WITHOUT MEDICAID | The total number of clients who have Dual Status Code 09 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHOSE DUAL STATUS IS UNKNOWN | The total number of clients who have Dual Status Code 99 | WFB70054-INPT-DUAL-STAT-CD |  |
| THE NUMBER OF CLIENTS WHO WERE REJECTED BY CMS | The total number of clients who had an MBD return code greater than 000001 | WFB70054-MBD-RET-CD |  |
| THE NUMBER OF CLIENTS WHO WERE OUT OF STATE AUTO | The total number of clients who have a Contract Number/Plan ID combination on the PMCARDTB that is current and is out of state. | WFB70054-BENE-PTD-PBP-PLAN-ID  WFB70054-BENE-CONTRACT-NUM  WFB70054-PTD-PBP-ENRL-BEG-DT  WFB70054-PTD-PBP-ENRL-END-DT |  |
| THE NUMBER OF CLIENTS WHO DECLINED ENROLL BUT OPEN | The total number of clients who had an open plan but had chosen not to be auto-enrolled by CMS in a Medicare Part D plan. | WFB70054-BENE-AFF-DECL-IND  WFB70054-PTD-PBP-ENRL-BEG-DT  WFB70054-PTD-PBP-ENRL-END-DT |  |
| TOTAL NUMBER OF CLIENTS WITH MULTIPLE OPEN PDP PLANS | The total number of clients who have over lapping PDP spans. | WFB70054-PTD-PBP-ENRL-BEG-DT  WFB70054-PTD-PBP-ENRL-END-DT |  |
| THE NUMBER OF CLIENTS WITHOUT PDP OR MA-PD PLANS | The total number of clients who had no Benefit Contract ID/Plan Number information. | WFB70054-BENE-CONTRACT-NUM |  |
| CLIENTS WHO ARE QMB ONLY | The total number of clients who have Dual Status Code 01 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| CLIENTS WHO ARE QMB AND MEDICAID COVERAGE | The total number of clients who have Dual Status Code 02 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| CLIENTS WHO ARE SLMB ONLY | The total number of clients who have Dual Status Code 03 and had no Benefit Contract ID/Plan Number information. | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| CLIENTS WHO ARE SLMB AND MEDICAID COVERAGE | The total number of clients who have Dual Status Code 04 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| CLIENTS WHO ARE ENTITLED TO MEDICARE – QDWI | The total number of clients who have Dual Status Code 05 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| ENTITLED TO MEDICARE - QUALIFYING INDIVIDUALS | The total number of clients who have Dual Status Code 06 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| ENTITLED TO MEDICARE - OTHER FULL ELIGIBLES WITH MED | The total number of clients who have Dual Status Code 08 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| ENTITLED TO MEDICARE - OTHER FULL ELIGIBLES NO MEDIC | The total number of clients who have Dual Status Code 09 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |
| UNKNOWN DUAL ELIGIBLE STATUS CODE | The total number of clients who have Dual Status Code 99 had no Benefit Contract ID/Plan Number information | WFB70054-INPT-DUAL-STAT-CD  WFB70054-BENE-CONTRACT-NUM |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CLIENT OUT-OF-STATE ASSIGNMENT REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7014-RB946 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints Plan ID and Plan Name for those individuals found on the CMS monthly response file who are auto-assigned an out-of-state plan . | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:** | | | **Total** | **Page Break** | |  |
| **Notes:**  Error messages are as follows:  MORE THAN 1 FOUND More than 1 Contract ID/Plan ID out-of-state combination was found. System is not able to discern which combination pertains to the client. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7014-RB946 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

PAGE: 1

CLIENT OUT-OF-STATE ASSIGNMENT REPORT

FIRST NAME MI LAST NAME SYSTEM ID PLAN ID CONTRACT ID STATE CODE

XXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 999999999 XXX XXXXX XX

XXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 999999999 XXX XXXXX XX

XXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 999999999 XXX XXXXX MORE THAN 1 FOUND

XXXXXXXXXXXX XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX 999999999 XXX XXXXX XX

TOTAL NUMBER OF CLIENTS IS 999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLIENT OUT-OF-STATE ASSIGNMENT REPORT** |
| **NMMB7014-RB946** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| FIRST NAME | Client’s given Name | WFB70054-INPT-FIRST-NAME |  |
| MI | Client’s Middle Name | WFB70054-INPT-MID-NAME |  |
| LAST NAME | Client’s family name or surname | WFB70054-INPT-LAST-NAME |  |
| SYSTEM ID | Client System ID  This is the System-assigned internal ID for the client. | B\_ALT\_ID\_TB  B\_SYS\_ID |  |
| PLAN ID | Client Medicare Part D Plan ID  A unique identifier for the Medicare managed care benefit Package. For Medicare Part D, this number is a unique identification for an agreement between CMS and a Medicare Part D provider, enabling the Medicare Part D provider to provide prescription drug coverage to eligible beneficiaries.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | WFB70054-BENE-PTD-PBP-PLAN-ID |  |
| CONTRACT ID | Client Medicare Part D Contract ID  Unique identification for an agreement between CMS and a managed care organization or PDP sponsor enabling the plan to provide Medicare Part D prescription drug coverage.  This attribute may be received from the CMS Monthly MMA Response File interface or may be updated online. | WFB70054-BENE-CONTRACT-NUM |  |
| STATE CODE | State associated with the Plan ID/Contract ID combination | P\_MCARE\_PARTD\_TB  P\_PBP\_ST\_CD |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**PART D SPAN CLOSURE ERROR REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7020-RB947 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | COLD | | |  | |
| **Description:**  This report prints a listing of System Id’s whose Part D Span was unable to be closed. The report also contains clients who have a Part D Span and no Part A or Part B Spans. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:** | | | **Total** | **Page Break** | |  |
| **Notes:**  The report indicates clients with an open Part D span but no Part A or B spans by putting low date (0001-01-01) underneath the PART A OR B END DATE column. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7014-RB947 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

PART D SPAN CLOSURE ERROR REPORT

PART A OR B END DATE CURRENT PART D SPAN BEGIN DATE SYSTEM ID

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

9999-99-99 9999-99-99 999999999

9999-99-99 9999-99-99 999999999

9999-99-99 9999-99-99 999999999

9999-99-99 9999-99-99 999999999

9999-99-99 9999-99-99 999999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **PART D SPAN CLOSURE ERROR REPORT** |
| **NMMB7020-RB947** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| PART A OR B END DATE | End date of most recently closed Part A or Part B span. | B\_MCARE\_SPN\_TB  B\_BUYIN\_SPN\_END\_DT |  |
| CURRENT PART D SPAN BEGIN DATE | Part D span begin date. | B\_MCARE\_D\_SPN\_TB  B\_PBP\_SPN\_BEG\_DT |  |
| SYSTEM ID | Client System ID  This is the System-assigned internal ID for the client. | B\_ALT\_ID\_TB  B\_SYS\_ID |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CMS MMA PART C RESPONSE FILE ERROR REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7021-RB948 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | Refer to the FAO Report Distribution Master | | | XEROX Provider Relations | |
| **Description:**  This report prints clients who were submitted by CMS on the monthly response file and were rejected either by CMS or by system generated errors during processing. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  System ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  Error messages are as follows:  DUPLICATE DATE SPAN 9999-99-99 THRU 9999-99-99 BYPASSED A duplicate date span was encounterd and bypassed.  INVALID DATES REJECTED 9999-99-99 THRU 9999-99-99 Invalid dates were found and bypassed. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7021-RB948 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: ZZZ,ZZ9

FOR THE PERIOD 99/99/9999

CMS MMA PART C RESPONSE FILE ERROR REPORT

|-CLIENT ID--| SYSTEM ID |-HIC NUMBER--| |--------------- NAME ----------------| |--DOB---| |---- ERROR MESSAGE ---|

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXX 999999999 XXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99/99/9999 XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

INVALID DATE SPAN DATES TOTAL ERRORS 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CMS MMA PART C RESPONSE FILE ERROR REPORT**  **NO PARTD INFORMATION REPORT** |
| **NMMB7021-RB948** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Client ID | State Medicaid Agency Enrollee Identifier  For use by state in associating records on return file. | WFB70054-INPT-SMA-ID |  |
| system id | Client System ID  This is the System-assigned internal ID for the client. | B\_DETAIL\_TB  B\_SYS\_ID |  |
| HIC NUMBER | Health Insurance Claim Number | WFB70054-BENE-HICN |  |
| Client Name | Client Name First This attribute is the client’s given name.  Client Name Middle Initial  This is the first letter of the client’s middle name.  Client Name Last This is the client’s family name or surname. | B\_DETAIL\_TB  B\_FST\_NAM  B\_MI\_NAM  B\_LAST\_NAM |  |
| Date of Birth | Beneficiary Date of Birth | WFB70054-BENE-HICN |  |
| ERROR MESSAGE | An error message designated by NMMB7011 based on value of WFB70054-MBD-RET-CD and/or errors encountered during processing of Response File. | System Generated |  |
| ….. total errors | Displays the number of occurrences of specific error messages on the report. | System Generated |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**COBA ELIGIBILITY DETAIL REPORT FOR 70048**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB7008-RB971 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Monthly |  | COLD report | | | COLD | |
| **Description:**  This is the eligibility response file (ERF) error report from COBA and will be worked on by the state. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  HICN, DISP CD, START DATE | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**    This report replaces the existing DER report COBA180E-RB970. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7008-RB971 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 9,999

CMS ERROR RESPONSE FILE ERROR REPORT

HIC NUM FROM DT TO DT DISP CD ERR-1 ERR-2 ERR-3 ERR-4 ERROR DESCRIPTION IND RECORD TYPE

------- ------- ----- ------- ----- ----- ----- ----- ---------------------------------------- --- -----------

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxx

xxxxxxxxxxx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxx

xxxxxxxxxxx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

xxxxxxxxxxx yyyymmdd yyyymmdd xx xxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx x xxxxxx

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7008-RB971 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 9,999

CMS ERROR RESPONSE FILE ERROR REPORT

\*\* BO, 51, AND 55 ARE REJECTED RECORD COUNTS FOLLOWED BY THE DETAIL ERROR CODE COUNTS \*\*

BO - REJECTED WITH AT LEAST 1 DETAIL ERROR 999999999

51 - BENEFICIARY IS NOT IN FILE ON CWF 999999999

55 - NAME/PERSONAL CHARACTERISTIC MISMATCH 999999999

BO01 - INVALID HICN 999999999

BO90 - OVERLAPPING COVERAGE 999999999

BO91 - SURNAME MISMATCH 999999999

BO92 - FIRST INITIAL MISMATCH 999999999

BO93 - DATE OF BIRTH MISMATCH 999999999

BO94 - SEX CODE MISMATCH 999999999

BO99 - DUPLICATE RECORD 999999999

51,55 - DETAIL ERRORS 999999999

== TOTAL NUMBER OF ERROR RECORDS WRITTEN 999999999

\*\* 50, 52, 60, AB, AND CI ARE RECORDS THAT ARE TO BE REPROCESS NEXT MONTH \*\*

50 - BENEFICIARY HOST SITE SEARCH IN PROCESS 999999999

52 - RECORD STILL BEING PROCESSED BY CWF 999999999

60 - CWF CROSS-REFERENCD DATA BASE PROBLEM 999999999

AB - CWF PROBLEM BEING RESOLVED BY CWF 999999999

CI - CWF PROCESSING ERROR 999999999

== TOTAL NUMBER OF RECYCLE RECORDS WRITTEN 999999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | | |
| --- | --- | --- | --- | --- |
| **COBA ELIGIBILITY DETAIL REPORT FOR 70048** | | | | |
| **NMMB7008-RB971** | | | | |
| **Column Name** | **Description** | **Source** | **DED Number** |
| HICN | Medicare Health Insurance Claim Number | COBA |  |
| FROM DT | Elibiligity From Date | COBA |  |
| TO DT | Elibiligity To Date | COBA |  |
| DISP CD | CWF Disposition Code.Values are BO, 50, 51, 52, 55, 60, AB, CI | COBA |  |
| ERR-1 | Detail Error-1 | COBA |  |
| ERR-2 | Detail Error-2 | COBA |  |
| ERR-3 | Detail Error-3 | COBA |  |
| ERR-4 | Detail Error-4 | COBA |  |
| error DESCRIPTION | BO01 – Invalid HICN  BO02 – Invalid Surname  BO03 – Invalid Date of Birth  BO04 – Invalid Sex Code  BO05 – Invalid Contractor Number  BO08 – Invalid Document Control Number  BO09 – Invalid Action Type  BO11 – Invalid Insurance Type  BO12 – Invalid insurance Name or Address  BO13 – Invalid Policy Number  BO14 – Invalid Effective Date  BO15 – Invalid Termination Date  BO16 – Invalid Supplemental Id (Format)  BO17 – Invalid COBA Number  BO18 – Invalid Plan Id Number  BO19 – Invalid Other Ins Number  BO20 – No Match Found For Delete  BO22 – Record Already Deleted  B023 – Term Date is Less Than the Effective Date  BO90 – Overlapping Coverage  BO91 – Surname Mismatch  BO92 – First Initial Mismatch  BO93 – Date of Birth Mismatch  BO94 – Sex Code Mismatch  BO95 – Duplicate Eligibility Record  BO98 – Supplemental Id Must be at least 2 Characters in Length  BO99 – Duplicate Record | COBA |  |
| IND | File Update Indicator  ‘A’ – Add  ‘C’ – Change/Update  ‘D’ – Delete | COBA |  |
| RECORD TYPE | ‘ERROR’ - When DISP CD is ‘BO’, ‘51’, ‘55’  ‘RECYCL’ – When DISP CD is ‘50’, ’52’, ’60’, ’AB’, ’CI’ | Program Generated |  |

Notes:

DISP CD values:

BO - INVALID HICN

50 - RECORD STILL BEING PROCESSED BY CWF

51 - BENEFICIARY IS NOT IN FILE ON CWF

52 - RECORD STILL BEING PROCESSED BY CWF

55 - NAME/PERSONAL CHARACTERISTIC MISMATCH

60 - CWF CROSS-REFERENCE DATA BASE PROBLEM

AB - CWF PROBLEM RESOLVED BY CWF TECH ONLY

CI - CWF PROCESSING ERROR

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

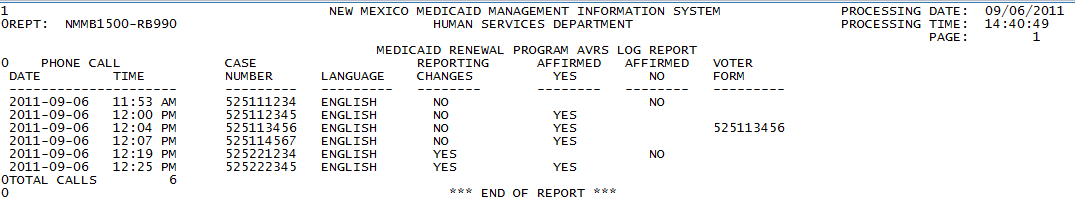
**REPORT SPECIFICATION**

**Medicaid AVRS Renewal report**

DEACTIVATED 7/1/15

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Report ID:** NMMB1500-RB990 | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** | |
| Daily |  | COLD report | COLD | |
| **Description:**  This report is a detailed listing of requests made by Medicaid clients for renewals submitted via the automated voice response system. The report indicates if the client has reported changes to their demographic data, whether the client has affirmed that their information is correct, and if the client requested to have a voter registration package sent to them. This report is generated daily and is driven by the voice response system. The client calls in to renew their Medicaid information. The client is prompted to affirm that the information entered is accurate. The client can choose to affirm or not affirm. If the client doesn’t affirm, the client will not be allowed to continue. If the client affirms that the information they entered is correct and the client wants to change their Medicaid information, they will be transferred to voice mail to indicate what data needs to be changed and whether they would like voter registration information sent to them. If the client doesn’t need to change any Medicaid information, the client remains in the AVRS system and can use a menu option to request a voter information package be sent to them.  The report will reflect the case number in the “Voter Form” column if a voter registration package is requested when there are no changes to the client’s Medicaid information (and the client has affirmed that their information is correct). The report cannot indicate a voter registration has been requested when the client wants to renew with changes to their Medicaid information because the request will be made in the voice mail box after being transferred out of the AVRS. | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | |
| Sorted by date and time AVRS received phone call from client | | | |
| **Notes:**  The Medicaid Case Id the client enters via AVRS appears on the report. It is not validated against DB2 tables and may not be a valid Case ID.  The date/time is reported in the Mountain time zone. | | | | |

DEACTIVATED 7/1/15



| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** | | | | |
| --- | --- | --- | --- | --- |
| **Medicaid AVRS Renewal report** | | | | |
| **NMMB1500-RB990**  DEACTIVATED 7/1/15 | | | | |
| **Column Name** | **Description** | **Source** | **DED Number** |
| Date | Date phone call received by AVRS | System |  |
| TIME | Time phone call received by AVRS | System |  |
| Case number | Medicaid case number | Entered by client in AVRS |  |
| LANGUAGE | ENGLISH or SPANISH | Chosen by client in AVRS |  |
| Reporting changes | Indicates if client is reporting Medicaid case changes for renewal | Chosen by client in AVRS |  |
| affirmed yes | Indicates that the client has affirmed that information enterrered is correct | Chosen by client in AVRS |  |
| affirmed no | Indicates that the client has not affirmed that information entered is correct | Chosen by client in AVRS |  |
| voter form | Indicates that the client has requested a voter information packet. This field will contain the case number. The client has to affirm their information before requesting voter information. | Chosen by client in AVRS |  |
| Total calls | Total Medicaid renewals calls on this report | Computed |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

**LOW INCOME SUBSIDY (LIS) REFERRALS TO MSP - AUDIT REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID:** NMMB7400-RB100 | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Daily |  | COLD | COLD - Medical Assistance Division |
| **Description:**  This report is an audit of the actions that the system performed during the LIS Referrals Extract process.  It is no longer being produced as the LIS Referrals process was turned off in September 2011. | | | |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

###### LOW INCOME SUBSIDY (LIS) REFERRALS TO MSP - AUDIT REPORT

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999

REPT: NMMB7400-RB100 HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99

PAGE: 1

LIS REFERRALS TO MSP - AUDIT REPORT

CLIENT NAME ADDRESS LINE 1 CITY ACTION

CLIENT ID / SSN ADDRESS LINE 2 STATE ZIPCODE

------------------------ ------------------- ------------ -------- ---------------

XXXXXXXXXXXXX XXXXXXXXXXX XXXXXXXX EXTRACT CREATED

999999999 XX 99999

XXXXXXXXXXXXXXX XXXXXXXXXXXXX XXXXXXXXXXXX EXTRACT CREATED

999999999 XX 99999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **LOW INCOME SUBSIDY (LIS) REFERRALS TO MSP - AUDIT REPORT** |
| **NMMB7400-RB100** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| client name | LIS Referral Client | LIS Beneficiary File (refer to the Low Income Subsidy Beneficiary File Interface) |  |
| client id / ssn | Either the client id or SSN (if client not found) | LIS Beneficiary File |  |
| address line 1 | First line of client address | LIS Beneficiary File |  |
| address line 2 | Second line of client address | LIS Beneficiary File |  |
| city | City of client address | LIS Beneficiary File |  |
| state | State of client address | LIS Beneficiary File |  |
| zip code | Zip code of client address | LIS Beneficiary File |  |
| action | Action taken during the processing of the LIS Beneficiary file:   * NOTHING TO REPORT – this message indicates that the incoming file from HSD was empty * MULT CLIENTS FOUND – this message indicates that an extract couldn’t be created because the system found multiple clients for the same SSN * EXTRACT CREATED – an extract was created because the client was not eligible for Medicaid * ELIG FOR MEDICAID – an extract was not created because the client was eligible for Medicaid |  |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

###### REPORT SPECIFICATION

###### MI VIA COE LTC SPAN OVERLAPS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3000-RB300 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily |  | DMZ | | | Greystone | |
| **Description:** This report will print a list of clients where an inappropriate COE span was added after the Mi Via LTC span was created. It will be reviewed by staff at LTSS and any necessary updates to the LTC spans or the COE spans will be handled manually.  The report will be added to COLD. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  Medicare ID | | | **Total**  Y | **Page Break**  N | |  |
| **Notes:**  The selection criteria for this report will be clients who have an LTC span with a NFL Level of Care and MIV Setting of care that overlaps a COE 090, 095 or 096 span, or clients who have an LTC span with a MR0 Level of Care and MIV Setting of care that overlaps a COE 091-094 span. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: MM/DD/CCYY

REPT: NMMB3000-RB300 HUMAN SERVICES DEPARTMENT PROCESSING TIME: HH:MM:SS

PAGE: 99999

MI VIA COE LTC SPAN OVERLAPS

CURRENT ID COE BEGIN END LOC BEGIN END PROVIDER NAME  
  
XXXXXXXXXXXXXX 999 CCYY-MM-DD CCYY-MM-DD XXX CCYY-MMDD CCYY-MM-DD XXXXXXXX LAST NAME,FIRST NAME INITIAL

OVERLAPPING MIVIA SPANS: 9999999

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MI VIA COE LTC SPAN OVERLAPS** |
| **NMMB3000-RB300** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| CURRENT ID | Client Medicare ID This is the identification number that the client uses for Medicare benefits. | B-CURR-ID from BDTAILTB | 8688 |
| COE | Category of eligibility This is the category of eligibility.. | B-COE-CD from BCOESPTB | 2678 |
| BEGIN | COE begin date  This is the COE span begin date. | B-COE-SPN-BEG-DT from BCOESPTB | 593 |
| END | COE end date  This is the COE span end date | B-COE-SPN-END-DT from BCOESPTB | 594 |
| LOC | Level of care code  This is the level of care code. | B-LEVEL-OF-CARE-CD from BLTCSPTB | 5075 |
| BEGIN | LTC begin date  This is the LTC span begin date. | B-LTC-SPN-BEG-DT from BLTCSPTB | 618 |
| END | LTC end date  This is the LTC span end date | B-LTC-SPN-END-DT from BLTCSPTB | 619 |
| PROVIDER | Provider ID | P-ID from BLTCSPTB | 1563 |
| Name | Client Name Last This is the client’s family name or surname.  Client Name First This attribute is the client’s given name.  Client Name Middle Initial This is the first letter of the client's middle name. | B-LAST-NAM, B-FST-NAM, B-MI-NAM from BDTAILTB | 639 (L)  637 (F)  640 (M) |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**ASPEN ELIGIBLITY SUSPECT DUPLICATE ERRORS REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3130 - RB310 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Daily | 255 occurrences | COLD | | |  | |
| **Description:**  This report lists the duplicate errors found during the edit of the ASPEN interface file in program NMMB3110. It first lists each of the errors by error type in descending order so that critical errors are at the beginning. It displays appropriate data for the suspected duplicate client including the id of the client that the incoming client is duplicating against. The bottom section of the report lists all possible suspect duplicate errors and the counts by error code for the input file processed. The report summarizes the following errors in this section:  034 - SUSPECT DUP - MCI/SSN  036 - MCI MATCHES BUT SSN DOES NOT MATCH - UPDATE ALLOWED  037 - PSEUDO SSN MATCHES BUT MCI DOES NOT  038 - SSN MATCHES BUT MCI DOES NOT  If there are no errors for a given error code as a result of this input file, the count will display as zero. The sort order of this report was changed to be:  1) ERROR TYPE – descending order  2) ERROR MSG NUM  3) INTERFACE DATE  4) INTERFACE SEQUENCE  5) INTERFACE SOURCE (ASPEN/SDX)  6) MCI ID  7) INTERFACE TYPE | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  For each suspected duplicate transaction reported, there will be a section showing pertinent data from the ASPEN transaction, and then sections showing SSN and/or Demographic duplicates on Omnicaid. | | | | | | |

INTERFACE DATE: MM/DD/CCYY NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: MM/DD/CCYY

REPT: NMMB3130-RB310 HUMAN SERVICES DEPARTMENT PROCESSING TIME: HH:MM:SS

PAGE: XX

ASPEN ELIGIBLITY SUSPECT DUPLICATE

INCOMING TRANSACTION:

MCI ID: XXXXXXXXX INTERFACE TYPE: X SOURCE: XXXXX SYSID: 999999999

NAME: XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X XXX SSN: XXX-XX-XXXX PSEUDO SSN: XXX-XX-XXXX HIC NUMBER: XXXXXXXXXXXX DOB: CCYY-MM-DD

ERROR: XXXXXXXXXXXX XXX – XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6

SUSPECTED DUPLICATES:

SSN - PSSN DUP INFO: XXXXXXXXXXX, XXXXXXX X SYSID: 999999999 SSN: 999-99-9999 HIC NUMBER: MCI:

DEMOGRAPHIC DUP INFO: XXXXXXXXXXX, XXXXXXX X SYSID: 999999999 SSN: 999-99-9999 HIC NUMBER: MCI:

ASPEN ELIGIBLITY SUSPECT DUPLICATE ERRORS

034 - SUSPECT DUP - MCI/SSN ZZZ,ZZ9

037 - PSEUDO SSN MATCHES BUT MCI DOES NOT ZZZ,ZZ9

038 - SSN MATCHES BUT MCI DOES NOT ZZZ,ZZ9

TOTAL ERRORS: ZZZ,ZZ9

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **ASPEN ELIGIBLITY SUSPECT DUPLICATE ERRORS REPORT**  **NMMB3130-RB310** |
| --- |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| INCOMING TRANSACTION | Denotes the information that follows is from the input transaction. | System Generated |  |
| Interface Date | The date of the interface file taken from the first record of the input error file. | WFB31350-INTERFACE-DATE |  |
| Processing Date | The date the report was produced. | System generated |  |
| Processing Time | The time the report was produced. | System generated. |  |
| MCI Id: | The ASPEN Master Client Id of the client. | WFB31350-MCI-ID |  |
| Interface Type | Interface Type. D = Demographic | WFB31350-INTERFACE-TYPE |  |
| Interface Source | The source of the interface file. | WFB31350-INTERFACE-SOURCE |  |
| SYSID | The system id of the client. Obtained by reading the client detail table by the WFB31350-MCI-ID. | B\_DETAIL\_TB:B\_SYS\_ID |  |
| NAME | The last name, first name, middle initial, and suffix of the client. | WFB31350-CLIENT-LAST-NAME  WFB31350-CLIENT-FIRST-NAME  WFB31350-CLIENT-MIDL-INIT  WFB31350-CLIENT-NAME-SUFFIX |  |
| SSN | The client’s SSN. | WFB31350-CLIENT-SSN |  |
| PSEUDO SSN | The last nine (9) characters of the B\_CURR\_ID from the B\_DETAIL\_TB. | WFB31350-PSEUDO-SSN |  |
| HIC NUMBER | The Medicare Id from the B\_DETAIL\_TB. | WFB31350-HIC-NUMB |  |
| ERROR | This is a description of the error. This is defined as “CRITICAL” or “NON-CRITICAL” plus the error message number and the error message. | WFB31350-ERROR-TYPE-IND:  WFB31350-ERROR-TYP-CRITICAL (“Y”)  WFB31350-ERROR-TYP-NON-CRIT (“N”)  WFB31350-ERROR-MSG-NUM  WFB31350-ERROR-MSG |  |
| SUSPECTED DUPLICATES: | Denotes the information that follows is suspected duplicate client information. Used for clarity in the report. | System generated. |  |
| SSN – PSSN DUP INFO  DEMOGRAHPHIC DUP INFO | The last name, first name, middle initial, and suffix of the suspected duplicate client. The report may show the same duplicates under SSN and demographic duplicates, if he SSN data matches the demographic data. There will be one line printed for each suspected duplicate. It is possible to have a demographic line without an SSN-PSSN line and vice versa. | B\_DETAILTB: B-LAST-NAM,  B-FST-NAM,  B-MI-NAM ,  B-SFX-NAM |  |
| SYSID | The system id of the suspected duplicate client. | B\_DETAIL\_TB: B\_SYS\_ID |  |
| SSN | The SSN of the suspected duplicate client. | B\_DETAIL\_TB: B-SSN-NUM |  |
| HIC NUMBER | The Medicare Id number of the suspected duplicate client. | B\_DETAIL\_TB: B-MCARE-ID |  |
| MCI ID | The ASPEN Master Client Id of the suspected duplicate client. | B\_DETAIL\_TB: B-ASPEN-MCI-ID |  |
| Error Summary Section |  |  |  |
| ASPEN ELIGIBLITY SUSPECT DUPLICATE ERRORS | The error number and message for each type of error which can be produced by this program. . | WFB31350-ERROR-MSG-NUM  WFB31350-ERROR-MSG |  |
| Count of errors | A count of errors processed for each error. | System generated. |  |
| Total Errors | The sum of all errors processed | Summation of all counts. System generated. |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**ASPEN ELIGIBLITY ERRORS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3130 - RB311 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Daily | 255 occurrences | COLD | | |  | |
| **Description:**  This report lists the errors found during the edit and update of the ASPEN interface file in programs NMMB3110 and NMMB3120.  It first lists each of the errors by error type in descending order so that critical errors are at the top. It displays other appropriate data for the error, including the value in the input field that caused the error. The bottom section of the report lists summarizes the number of errors appearing on this version of the report, broken out by critical and non-critical errors. Only errors appearing in the detail section will be displayed in this section.  The sort order of this report was changed to be:  1) ERROR TYPE – descending order  2) ERROR MSG NUM  3) INTERFACE DATE  4) INTERFACE SEQUENCE  5) INTERFACE SOURCE (ASPEN/SDX)  6) MCI ID  7) INTERFACE TYPE | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

INTERFACE DATE: MM/DD/CCYY NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: MM/DD/CCYY

REPT: NMMB3130-RB311 HUMAN SERVICES DEPARTMENT PROCESSING TIME: HH:MM:SS

PAGE: XXXXX

ASPEN ELIGIBLITY ERRORS

MCI ID: XXXXXXXXX INTERFACE TYPE: X SOURCE: XXXXX

NAME: XXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X XXX SSN: XXX-XX-XXXX PSEUDO SSN: XXX-XX-XXXX HIC NUMBER: XXXXXXXXXXXX

ERROR: XXXXXXXXXXXX XXX – XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6

ASPEN ELIGIBLITY ERRORS

CRITICAL ERROR MESSAGES

041 - FOR DAY 0 CLIENT, A DEMO AND ELIG RECORD ARE REQUIRED

015 - INVALID ADMIN OFFICE CODE

042 - DEMOGRAPHIC RECORD NOT RECEIVED FOR NEW CLIENT

TOTAL CRITICAL ERRORS:

NON-CRITICAL ERROR MESSAGES

200 - INVALID HIC NUMBER

211 - INVALID PAYEE ADDRESS

228 - INVALID COE TERMINATION REASON CODE

TOTAL NON-CRITICAL ERRORS:

TOTAL ERRORS:

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **ASPEN ELIGIBLITY SUSPECT DUPLICATE ERRORS REPORT** |
| **NMMB3130-RB311** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| Interface Date | The date of the interface file taken from the first record of the input error file. | WFB31350-INTERFACE-DATE |  |
| Processing Date | The date the report was produced. | System generated |  |
| Processing Time | The time the report was produced. | System generated. |  |
| MCI Id: | The ASPEN Master Id of the client. | WFB31350-MCI-ID |  |
| Interface Type | Interface Type. D = Demographic | WFB31350-INTERFACE-TYPE |  |
| Interface Source | The source of the interface file.  WFB31350-INTFC-SRCE-DLY VALUE 'ASPND' | WFB31350-INTERFACE-SOURCE |  |
| NAME | The last name, first name, middle initial, and suffix of the client. | WFB31350-CLIENT-LAST-NAME  WFB31350-CLIENT-FIRST-NAME  WFB31350-CLIENT-MIDL-INIT  WFB31350-CLIENT-NAME-SUFFIX |  |
| SSN | The client’s SSN. | WFB31350-CLIENT-SSN |  |
| PSEUDO SSN | The last nine (9) characters of the B\_CURR\_ID from the B\_DETAIL\_TB. | WFB31350-PSEUDO-SSN |  |
| HIC NUMBER | The Medicare Id from the B\_DETAIL\_TB. | WFB31350-HIC-NUMB |  |
| ERROR | This is a description of the error. This is defined as “CRITICAL” or “NON-CRITICAL” plus the error message number and the error message. | WFB31350-ERROR-TYPE-IND:  WFB31350-ERROR-TYP-CRITICAL (“Y”)  WFB31350-ERROR-TYP-NON-CRIT (“N”)  WFB31350-ERROR-MSG-NUM  WFB31350-ERROR-MSG |  |
| Field In Error | On the line below the ERROR line, the report will list the field from the input record that caused the error and the contents of that field. |  |  |
| Error Summary Section |  |  |  |
| ASPEN ELIGIBLITY ERRORS | The error number and message for each error listed in this report, broken down by critical and non-critical | WFB31350-ERROR-MSG-NUM  WFB31350-ERROR-MSG  Note: The errors displayed will vary from one execution of the program to another. Counts will only be displayed when there is a particular error message. See below for the messages which can be displayed. |  |
| Count of errors | A count of errors processed for each error. | System generated. |  |
| Total Critical and Non-Critical Errors | The sum of all critical and non-critical errors | Summation of all error counts, broken out by critical and non-critical errors. System generated. |  |
| Total Errors | The sum of all errors processed | Summation of all error counts. System generated. |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**ASPEN MERGE ACTIVITY REPORT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3160 – RB316 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| Daily | 60 Days | COLD | | |  | |
| **Description:**  This report lists clients in the ASPEN system that were reported as merged in the ASPEN daily eligibility file. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  MCI ID | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**    This report should be used by the Omnicaid operations staff to merge the same two clients in Omnicaid to match the ASPEN system. | | | | | | |

NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: MM/DD/CCYY

REPT: NMMB3160-RB316 HUMAN SERVICES DEPARTMENT PROCESSING TIME: HH:MM:SS

PAGE: 1

ASPEN MERGE ACTIVITY REPORT

MERGE PSEUDO PREVIOUS

MCI ID MERGE ID LAST NAME FIRST NAME MI SFX SSN SSN HIC NUMBER ID SEX/RACE DOB

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

XXXXXXXXX XXXXXXXXX XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X XXX 000-00-0000 000-00-000 XXXXXXXXXXXX XXXXXXXXX X/X MM/DD/CCYY

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **ASPEN MERGE ACTIVITY REPORT** |
| **NMMB3160-RB316** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| MCI ID | Client’s ASPEN MCI ID | WFB31052-MCI-ID |  |
| MERG MERGE ID | Client Current ID. The id that the client was merged into by Aspen. | WFB31052-MRG-MCI-ID |  |
| LAST Name | Client Name Last. This is the client’s family name or surname. | WFB31052-CLIENT-LAST-NAME |  |
| FIRST Name | Client Name First. This attribute is the client’s given name. | WFB31052-CLIENT-FIRST-NAME |  |
| MI | Client Name Middle Initial. This is the first letter of the client’s middle name. | WFB31052-CLIENT-MIDL-INIT |  |
| SFX | Client Name Suffix. Any suffix to the client’s name. | WFB31052-CLIENT-NAME-SUFFIX |  |
| SSN | Client Social Security Number. | WFB31052-CLIENT-SSN |  |
| PSEUDO SSN | A generated client id to inform Deloitte the client does not have a real SSN. | WFB31052-PSEUDO-SSN |  |
| HIC Number | Client Medicate number. | WFB31052-HIC-NUMB |  |
| PREVIOUS ID | Client Previous Id. The old id for the client. | WFB31052-PREVIOUS-ID |  |
| SEX/Race | Sex Code and Race Code. These code tell the client’s sex and racial/ethinc background. | WFB31052-GENDER-CODE, WFB31052-RACE-CODE |  |
| DOB | Client’s birth date. Formatted into MM/DD/CCYY format. | WFB31052-DATE-OF-BIRTH |  |

**NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**

**REPORT SPECIFICATION**

**OMNICAID TPL INTERFACE REPORT ASPEN/MCOs/HMS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB3220 - RB320 | | | | | | |
| **Frequency:** | **Retention:** | **Output Medium:** | | | **Report Client:** | |
| Daily | 60 Days | COLD | | |  | |
| **Description:**  This report lists the information received from the ASPEN/MCOs/HMS TPL interface file to ONMICAID. It contains TPL information from the ASPEN/MCOs/HMS system and can be used to manually add TPL information to Omnicaid. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  N/A | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  N/A | | | | | | |

**REPT: NMMB3220-RB320 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE: 99/99/9999**

**HUMAN SERVICES DEPARTMENT PROCESSING TIME: 99:99:99**

**PAGE: ZZZ,ZZ9**

OMNICAID TPL INTERFACE REPORT ASPEN/MCOs/HMS

**MCI --------------CLIENT NAME------------ DATE OF**

**ID SSN FIRST LAST BIRTH**

**--------- --------- --------------- -------------------- ----------**

**XXXXXXXXX 999999999 XXXXXXXXX1XXXXX XXXXXXXX1XXXXXXXXX2X 99/99/9999**

**CARRIER CARRIER CARRIER**

**ID NAME ADDRESS**

**------- ---------------------------------------- ---------------------------------**

**XXXXXX XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4 LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX**

**LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX**

**CITY XXXXXXXXX1XXXXXXXXX2**

**STATE XX ZIP 99999 9999**

**PHONE 9999999991 EXT 9999**

**POLICY NUMBER RESOURCE BEGIN END GROUP EMPLOYER POLICY HLDR RELATION TO**

**NUMBER CD DATE DATE ID RELATED MCI POLICYHOLDER**

**-------------------- -------- ---------- ---------- -------------------- -------- ----------- ------------**

**XXXXXXXXX1XXXXXXXXX2 XX 99/99/9999 99/99/9999 XXXXXXXXX1XXXXXXXXX2 X XXXXXXXXX XXXXXXXXXX**

**----------POLICY HOLDER NAME------------ DATE OF COVERAGE COVERAGE**

**FIRST MI LAST SSN BIRTH COVERAGE SOURCE BEG DATE END DATE**

**--------------- -- -------------------- --------- ---------- -------------------- ---------- ----------**

**XXXXXXXXX1XXXXX X XXXXXXXX1XXXXXXXXX2X 999999999 99/99/9999 XXXXXXXXX1XXXXXXXXX2 99/99/9999 99/99/9999**

**COVERAGE TYPE(S): XX, XX, XX, XX, XX, XX, XX, XX, XX, XX**

**CARRIER CARRIER CARRIER**

**ID NAME ADDRESS**

**------- ---------------------------------------- ---------------------------------**

**XXXXXX XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4 LINE 1 XXXXXXXXX1XXXXXXXXX2XXXXX**

**LINE 2 XXXXXXXXX1XXXXXXXXX2XXXXX**

**CITY XXXXXXXXX1XXXXXXXXX2**

**STATE XX ZIP 99999 9999**

**PHONE 9999999991 EXT 9999**

**POLICY NUMBER RESOURCE BEGIN END GROUP EMPLOYER POLICY HLDR RELATION TO**

**NUMBER CD DATE DATE ID RELATED MCI POLICYHOLDER**

**-------------------- -------- ---------- ---------- -------------------- -------- ----------- ------------**

**XXXXXXXXX1XXXXXXXXX2 XX 99/99/9999 99/99/9999 XXXXXXXXX1XXXXXXXXX2 X XXXXXXXXX XXXXXXXXXX**

**----------POLICY HOLDER NAME------------ DATE OF COVERAGE COVERAGE**

**FIRST MI LAST SSN BIRTH COVERAGE SOURCE BEG DATE END DATE**

**--------------- -- -------------------- --------- ---------- -------------------- ---------- ----------**

**XXXXXXXXX1XXXXX X XXXXXXXX1XXXXXXXXX2X 999999999 99/99/9999 XXXXXXXXX1XXXXXXXXX2 99/99/9999 99/99/9999**

**COVERAGE TYPE(S): XX, XX, XX, XX, XX, XX, XX, XX, XX, XX**

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **OMNICAID TPL INTERFACE REPORT ASPEN/MCOs/HMS** |
| **NMMB3220-RB320** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| INTERFACE SOURCE | One of the below source that send the interface file:  ASPEN  HMS  Presbyterian  BCBS  Molina  United Healthcare | Use WFB32152-SOURCE. |  |
| MCI ID | The ASPEN assigned MCI id for the client. | WFB32152-MCI-ID |  |
| SSN | The client’s social security number | WFB32152-SSN-NUM |  |
| Client Name - First | The client’s first name. | WFB32152-FST-NAM |  |
| Client Name - Last | The clients’ last name. | WFB32152-LST-NAM |  |
| Date of Birth | The client’s birth date. | WFB32152-DOB-DT |  |
| RELATION TO  POLICYHOLDER | The relationship of the client to the policyholder. | WFB32152-CLNT-REL-POLICYHLDR |  |
| CARRIER  ID | The id of the policy carrier. | WFB32152-INSUR-ID |  |
| CARRIER  NAME | The name of the policy carrier. | WFB32152-INSUR-NAM |  |
| CARRIER  ADDRESS LINE 1 | The first address line of the policy carrier. | WFB32152-INSUR-LINE1-AD |  |
| CARRIER  ADDRESS LINE 2 | The second address line of the policy carrier. | WFB32152-INSUR-LINE2-AD |  |
| CARRIER  ADDRESS CITY | The city where the carrier is based. | WFB32152-INSUR-CITY-NAM |  |
| CARRIER ADDRESS STATE/ZIP | The state in which the city is located. | WFB32152-INSUR-ST-CD |  |
| CARRIER ADDRESS PHONE/EXT | The phone number and extension of the carrier. | WFB32152-INSUR-ZIP5-CD  WFB32152-INSUR-ZIP4-CD |  |
| POLICY NUMBER NUMBER | The policy number of the issued policy. | WFB32152-PLCY-NUM |  |
| RESOURCE CD | Carrier assigned resource code. | WFB32152-PLCY-RESRC-CD |  |
| BEGIN DATE | Date the policy begins. | WFB32152-PLCY-BEG-DT |  |
| END DATE | Date the policy terminates. | WFB32152-PLCY-END-DT |  |
| GROUP ID | Group id assigned by the carrier to this policy. | WFB32152-PLCY-GRP-ID |  |
| EMPLOYER  RELATED | Set to Y if the T\_EMPLR\_NAM is populated. | WFB32152-PLCY-EMPLR-RELTD |  |
| POLICY HLDR  MCI | The ASPEN assigned MCI id of the client record. | WFB32152-PLCYHLDR-MCI-ID |  |
| POLICYHOLDER FIRST NAME | The first name of the policy holder. | WFB32152-PLCYHLDR-FST-NAM |  |
| POLICY HOLDER MIDDLE INITIAL | The middle initial of the policy holder. | WFB32152-PLCYHLDR-MI-NAM |  |
| POLICYHOLDER FIRST NAME | The last name of the policy holder. | WFB32152-PLCYHLDR-LST-NAM |  |
| SSN | The SSN of the policy holder. | WFB32152-PLCYHLDR-SSN |  |
| DATE OF BIRTH | The birth date of the policy holder. | WFB32152-PLCYHLDR-DOB |  |
| COVERAGE SOURCE | Coverage source. | WFB32152-CVRG-SOURCE |  |
| COVERAGE BEGIN DATE | Date the coverage begins. | WFB32152-CLNT-CVRG-END-DT |  |
| COVERAGE END DATE | Date the coverage ends. | WFB32152-CLNT-REL-POLICYHLDR |  |
| COVERAGE TYPES | Coverage types for this policy. | WFB32152-CVRG-TYPE-CD Occurs 10 times. |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**CLOSE OPEN LOC FOR DECEASED CLIENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Report ID:** NMMB9600-RB101 | | | | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | | | **Report Recipient:** | |
| On Request |  | Cold | | |  | |
| **Description:**  This report prints the clients which have had their LTC spans closed due to a condition of being deceased. Each record on the input file will be matched against a long term care span. If a span is found which matches the information on the input record, the span end date will be set to the date from the input record. | | | | | | |
| **Sort Sequence(s) and Control Breaks** | | | | | | |
| **Sort Sequence:**  None | | | **Total**  N | **Page Break**  N | |  |
| **Notes:**  The message area can contain one or more of the following messages:  UPDATED - SET SPAN END DATE TO 9999-99-99  NO LTC SPANS FOUND FOR CLIENT – BYPASSED  LTC SPAN CLOSURE DATE IS INVALID - NO UPDATE  LTC SPAN BEGIN DATE IS INVALID - NO UPDATE  LEVEL OF CARE IS NOT SPECIFIED - RECORD BYPASSED  SETTING OF CARE NOT SPECIFIED  CLIENT LTC SPAN NOT FOUND - RECORD BYPASSED  MULTIPLE SPANS FOUND  VOIDED SPAN FOUND  NO UPDATES POSSIBLE - RECORD BYPASSED  NO RECORD TO BE UPDATED - RECORD BYPASSED  NON-VOIDED RECORD WILL BE UPDATED | | | | | | |

NMMB9600-RB101 NEW MEXICO MEDICAID MANAGEMENT INFORMATION SYSTEM PROCESSING DATE 99/99/9999

HUMAN SERVICES DEPARTMENT PROCESSING TIME 99:99:99

PAGE ZZZ,ZZ9

CLOSE OPEN LOC FOR DECEASED CLIENTS

CLIENT ----CARE----

ID SSAN SPAN BEG SPAN END DOD LVL SETTING MSG AREA

999999999 999999999 9999-99-99 9999-99-99 9999-99-99 XXX XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 9999-99-99 9999-99-99 9999-99-99 XXX XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 9999-99-99 9999-99-99 9999-99-99 XXX XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

999999999 999999999 9999-99-99 9999-99-99 9999-99-99 XXX XXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

99999 RECORDS READ

99999 NUMBER OF ERRORS

99999 INPUT RECORDS BYPASSED

99999 NUMBER OF ROWS UPDATED

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

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **CLOSE OPEN LOC FOR DECEASED CLIENTS** |
| **NMMB9600-RB101** |

| **Column Name** | **Description** | **Source** | **DED Number** |
| --- | --- | --- | --- |
| cLIENT id | Id of the Client whose LTC span will be closed. | B\_DETAIL\_TB  B\_CURR\_ID |  |
| SSAN | Client SSAN number. | B\_DETAIL\_TB  B\_SSN\_NUM |  |
| SPAN BEG | LTC span begin date. | B\_DETAIL\_TB  B\_LAST\_NAM |  |
| SPAN END | Date to which the LTC span end date will be set. | Input File |  |
| DOD | Date of Death. The date the client died. | B\_DETAIL\_TB B\_DOD\_DT |  |
| CARE LVL | The level of care for the LTC span. | B\_LTC\_SPN\_TB  B\_LEVEL\_OF\_CARE\_CD |  |
| Care SETTING | Client Category of Eligibility Span Begin Date This defines the day-specific beginning date of the eligibility span effective period. MMIS uses this date to determine eligibility. | B\_LTC\_SPN\_TB  B\_SETNG\_OF\_CARE\_CD |  |
| MSG AREA | Area for displaying information about the record, whether an error was found and the type of error, or whether the record was updated and the date the LTC span end date was set to. | Assigned by the program. |  |
| RECORDS READ | The number of records read from the input file. | Computed by the program. |  |
| NUMBER OF ERRORS | The total number of errors found. | Computed by the program. |  |
| INPUT RECORDS BYPASSED | The total number of records not processed (updated). | Computed by the program. |  |
| NUMBER OF ROWS UPDATED | The total number of LTC span end dates updated. | Computed by the program. |  |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER A – ALL CHILDREN BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER A** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Under age 21 - This report only includes children who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) or 5-8 (adult only fed match codes for aliens) * The COE must not be 001, 041, 081, 085, 091(these are adult only COEs)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3 6. COE 041, 044 7. COE 085 8. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER A – ALL CHILDREN BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. Fed Match 2 is excluded from MER reporting.  COE/FMs Reported:  COE 003,COE 004,COE 006,COE 017,COE 019,COE 027,COE 028,COE 029,COE 030,COE 031, COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036,COE 036R,COE 037,COE 044, COE 046,COE 047,COE 049,COE 052/1,COE 052/3,COE 066,COE 071/1,COE 071/1Y, COE 071/3,COE 072,COE 073,COE 074,COE 084,COE 086,COE 090,COE 092,COE 093, COE 094,COE 095,COE 096,COE 100/1, COE 100/3, COE 200/1, COE 200/3, COE 300/1, COE 300/3, COE 301/1, COE 301/3, COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1, COE 402/3,COE 403/1,COE 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |
|  |  | System generated |
|  |  | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER C – NATIVE AMERICAN CHILDREN BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER C** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Under age 21 - This report only includes children who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Race – Only include those with race code “03” (Native American)  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) or 5-8 (adult only fed match codes for aliens) * The COE must not be 001, 041, 081, 085, 091 (these are adult only COEs)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3, COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above: 8. Select the category with an FM 1 over FM 3. 9. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER C – NATIVE AMERICAN CHILDREN BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. Fed Match 2 is excluded from MER reporting.  COEs Reported:  COE 003,COE 004,COE 006,COE 017,COE 019,COE 027,COE 028,COE 029,COE 030,COE 031, COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036,COE 036R,COE 037,COE 044, COE 046,COE 047,COE 049,COE 052/1,COE 052/3,COE 066,COE 071/1,COE 071/1Y, COE 071/3,COE 072,COE 073,COE 074,COE 084,COE 086,COE 090,COE 092,COE 093, COE 094,COE 095,COE 096, COE 100/1, COE 100/3, COE 200/1, COE 200/3, COE 300/1, COE 300/3, COE 301/1, COE 301/3, COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1, COE 402/3,COE 403/1,COE 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |
|  |  | System generated |
|  |  | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER E – ALL CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER E** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    * 1. Select the category with an FM 1 over FM 3.      2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER E – ALL CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. Fed Match 2 is excluded from MER reporting.  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019,COE 027,COE 028, COE 029,COE 030,COE 031,COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036, COE 036R,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/1Y,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083, COE 084,COE 085,COE 086,COE 090,COE 091,COE 092,COE 093,COE 094,COE 095,COE 096, COE 100/1,COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1, COE 301/3,COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1, COE 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER G – NATIVE AMERICANS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER G** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Race – Only include those with race code “03” (Native American)  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3, COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above: 8. Select the category with an FM 1 over FM 3. 9. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER G – NATIVE AMERICANS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. Fed Match 2 is excluded from MER reporting.  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019,COE 027,COE 028, COE 029,COE 030,COE 031,COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036, COE 036R,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/1Y,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083, COE 084,COE 085,COE 086,COE 090,COE 091,COE 092,COE 093,COE 094,COE 095,COE 096, COE 100/1,COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1, COE 301/3,COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1, COE 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER H – MANAGED CARE CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER H** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This extract consists of clients enrolled in managed care (client has lockin for reporting month).  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER H – MANAGED CARE CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Federal Match Code  This federal match code determines the percentage of payment funded by the State and the percentage of payment funded by the Centers for Medicare and Medicaid Services (CMS) of the federal government. Fed Match 2 is excluded from MER reporting.  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 027,COE 028,COE 030,COE 031, COE 032,COE 032Q,COE 034,COE 035,COE 036,COE 036R,COE 037,COE 066,COE 071, COE 071Y,COE 072,COE 073,COE 074,COE 090,COE 091,COE 092,COE 093,COE 094,COE 095, COE 096,COE 100/1,COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1 COE 301/3,COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1, COE 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3,COE OTHER | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER I – ALL CHILDREN BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER I** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report only includes children who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) or 5-8 (adult only fed match codes for aliens) * The COE must not be 001, 041, 081, 085, 091 (these are adult only COEs)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER I – ALL CHILDREN BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count BY COUNTY | Unduplicated count of Client’s Category of Eligibility Code by county.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER J – NATIVE AMERICAN CHILDREN BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER J** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report only includes Native American children (race code “03) who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) or 5-8 (adult only fed match codes for aliens) * The COE must not be 001, 041, 081, 085, 091 (these are adult only COEs)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER J – NATIVE AMERICAN CHILDREN BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count BY COUNTY | Unduplicated count of Client’s Category of Eligibility Code by county.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER K – ALL CLIENTS BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER K** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report includes all clients (children and adult).  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER K – ALL CLIENTS BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count BY COUNTY | Unduplicated count of Client’s Category of Eligibility Code by county.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER L – NATIVE AMERICANS BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER L** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report includes all clients (children and adult) except for Native Americans (race code = “3”).  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER L – NATIVE AMERICANS BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count BY COUNTY | Unduplicated count of Client’s Category of Eligibility Code by county.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER M – MANAGED CARE LOCKINS WITH NO CURRENT ELIGIBILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER M** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report includes all clients (children and adult) that have lockins but no eligibility.  Also, the client’s selected for MER include the following criteria:   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) or 5-8 (adult only fed match codes for aliens)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER M – MANAGED CARE LOCKINS WITH NO CURRENT ELIGIBILITY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of Clients enrolled in Managed Care but have no eligiblity | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER N – ALL SCHIPS CHILDREN BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER N** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Under age 21 - This report only includes children who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The children selected have COE 071 / Fed Match = 1   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER N – ALL SCHIPS CHILDREN BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count by county | Unduplicated count of Client’s Category of Eligibility Code by county  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER O – NATIVE AMERICAN SCHIPS CHILDREN BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER O** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Under age 21 - This report only includes Native American children (race code = ‘3’) who were under the age of 21 on the first day of the eligibility month being reported. (For example, if a span contains six months of eligibility, and the recipient is <21 for three months of that eligibility, count the client only in the 3 months in which the client was under 21.)  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The children selected have COE 071 / Fed Match = 1   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER O – NATIVE AMERICAN SCHIPS CHILDREN BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| coe/fm count by county | Unduplicated count of Client’s Category of Eligibility Code by county  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER P – ALL MEDICARE CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER P** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report counts all Medicaid clients that are enrolled in Medicare (Part A or B) by county.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) * The client must be eligible for Medicare Part A or Part B for at least one day of the designated month.   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER P – ALL MEDICARE CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count by county | Unduplicated count of Client’s Category of Eligibility Code by county  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019,COE 027,COE 028, COE 029,COE 030,COE 031,COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036, COE 036R,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/1Y,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083, COE 084,COE 085,COE 086,COE 090,COE 091,COE 092,COE 093,COE 094,COE 095,COE 096, COE 100/1,COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1, COE 301/3,COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1, 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER Q – NATIVE AMERICAN MEDICARE CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER Q** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This report counts all Native American (race code = “3”) Medicaid clients that are enrolled in Medicare (Part A or B) by county.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) * The client must be eligible for Medicare Part A or Part B for at least one day of the designated month.   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  For COEs 032, 036 and 071/1 if the client is 0-5 years old, the count is included in a different talley shown in report as 032Q, 036R and 0711Y respectively.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER Q – NATIVE AMERICAN MEDICARE CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count by county | Unduplicated count of Client’s Category of Eligibility Code by county  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019,COE 027,COE 028, COE 029,COE 030,COE 031,COE 032,COE 032Q,COE 034,COE 035/1,COE 035/3,COE 036, COE 036R,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/1Y,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083, COE 084,COE 085,COE 086,COE 090,COE 091,COE 092,COE 093,COE 094,COE 095,COE 096, COE 100/1,COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1, COE 301/3,COE 400/1,COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1, 403/3,COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER R – CLIENTS NOT ELIGIBLE IN CURRENT MONTH**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER R** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Each month we produce 4 files that depict client data counts from the client’s previous 30 months of eligibility along with newly enrolled non-newborn and newly enrolled newborn counts to show the breakdown of the client’s previous eligibity. These files are used to produce this report which is divided into sections:  • Previously Eligible - All clients  • Previously Eligible - All children  • Previously Eligible - All Native Americans  • Previously Eligible - All Native American children  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER R – CLIENTS NOT ELIGIBLE IN CURRENT MONTH** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total NOT ELIGIBLE IN PREVIOUS MONTH | Eligibility count compared with previous month | System generated |
| ELIGIBLE 2-3 MONTHS PREVIOUSLY | Eligibility count compared with counts past two months | System generated |
| PERCENT ELIGIBLE 2-3 MONTHS PREVIOUSLY |  | System generated |
| ELIGIBLE 4-6 MONTHS PREVIOUSLY | Eligibility count compared with counts past 4-6 months | System generated |
| PERCENT ELIGIBLE 4-6 MONTHS PREVIOUSLY |  | System generated |
| ELIGIBLE 7-12 MONTHS PREVIOUSLY | Eligibility count compared with counts past 7-12 months | System generated |
| PERCENT ELIGIBLE 7-12 MONTHS PREVIOUSLY |  | System generated |
| ELIGIBLE 13-18 MONTHS PREVIOUSLY | Eligibility count compared with counts past 13-18 months | System generated |
| PERCENT ELIGIBLE 13-18 MONTHS PREVIOUSLY |  | System generated |
| ELIGIBLE > 18 MONTHS PREVIOUSLY | Eligibility count compared with counts past > 18 months | System generated |
| PERCENT ELIGIBLE > 18 MONTHS PREVIOUSLY |  | System generated |
| NEWLY ELIGIBLE NEWBORN | Count of newborn clients for current month | System generated |
| PERCENT ELIGIBLE NEWBORN |  | System generated |
| NEWLY ELIGIBLE NON NEWBORN | Count of newly eligible clients that are not newborn in current month | System generated |
| PERCENT ELIGIBLE NON NEWBORN |  | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER S – ALL CLIENTS NOT ELIGIBLE IN PREVIOUS MONTH**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER S** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) * The recipient must have not been eligible in the previous month for the category.   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER S – ALL CLIENTS NOT ELIGIBLE IN PREVIOUS MONTH** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total NOT ELIGIBLE IN PREVIOUS MONTH | Eligibility count compared with previous month | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Codes  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019, COE 027,COE 028,COE 029,COE 030,COE 031,COE 032,COE 034,COE 035/1,COE 035/3, COE 036,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083,COE 084, COE 085,COE 086,COE 090,COE 091,COE 093,COE 094,COE 095,COE 096,COE 100/1, COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1,COE 301/3,COE 400/1, COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1,COE 403/3, COE 420/1,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER T – ALL CLIENTS NEWLY ELIGIBLE IN THIS MONTH**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER T** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) * The recipient must have never been previously eligible for the category.   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **MER T – ALL CLIENTS NEWLY ELIGIBLE IN THIS MONTH** | | | |
| --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total of newly eligibles IN current month | Eligibility count of newly eligible for current month | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Codes  COEs Reported:  COE 001,COE 003,COE 004,COE 006,COE 014,COE 017,COE 018,COE 019, COE 027,COE 028,COE 029,COE 030,COE 031,COE 032,COE 034,COE 035/1,COE 035/3, COE 036,COE 037,COE 041,COE 044,COE 046,COE 047,COE 049,COE 052/1,COE 052/3, COE 066,COE 071/1,COE 071/3,COE 072,COE 073,COE 074,COE 081,COE 083,COE 084, COE 085,COE 086,COE 090,COE 091,COE 093,COE 094,COE 095,COE 096,COE 100/1, COE 100/3,COE 200/1,COE 200/3,COE 300/1,COE 300/3,COE 301/1,COE 301/3,COE 400/1, COE 400/3,COE 401/1,COE 401/3,COE 402/1,COE 402/3,COE 403/1,COE 403/3,COE 420/1 ,COE 420/3,COE 421/1,COE 421/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER U – ALL SCI CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER U** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded – excluded from MER) * The COE must be 062, 063 or 064 (All SCI clients are Fed Match 1).   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3, COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER U – ALL SCI CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  COE/FMs Reported:  COE 062, 063, 064 (all SCI are Fed Match 1) | System generated |
|  |  | System generated |
|  |  | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER W – NATIVE AMERICAN SCI CLIENTS BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER W** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The Fed match code cannot be “2” (State funded) * The COE must be 062, 063 or 064 (All SCI clients are Fed Match 1). * The race code must be “3” (Native American)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3, COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER W – NATIVE AMERICAN SCI CLIENTS BY COE** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.  COE/FMs Reported:  COE 062, 063, 064 (all SCI are Fed Match 1) | System generated |
|  |  | System generated |
|  |  | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER Y – ALL PAK CLIENTS BY COUNTY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER Y** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The COE/FM must not be 042, 045, 048, 062, 063, 064, 050, 054/3 (these are excluded from MER) * The COE must be 071 with Fed Match “2”   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3, COE 041, 044,COE 085 6. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.)  “PREV ELIGIBLE BUT NOT IN PRIOR MONTH and “NEW ELIGIBLE (FIRST TIME)” counts: When looking for eligibility in the previous month or ever, the prior eligibility must have federal match 1, 3, 4, or X. There is no restriction on which COEs to consider in prior month. | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT** |
| --- |
| **MER Y – ALL PAK CLIENTS BY COUNTY** |

| **Column Name** | **Description** | **Source** |
| --- | --- | --- |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| total | Total count of COEs | System generated |
| actual change | Current total vs previous month total | System generated |
| percent change | Current total vs previous month total as a percentage | System generated |
| not eligible in prev month | Count of clients who were not eligible in the prior month but who MAY or MAY NOT have had eligibility sometime in the past. (clients who had some prior eligibility, but just not in the prior month.) | System generated |
| Newly eligibility in this month | Count of clients who, not only were not eligible in the prior month, but who were also never previously eligible. | System generated |
| coe/fm count by county | Unduplicated count of Client’s Category of Eligibility Code.  This indicates the medical coverage group under which the client is receiving Medicaid benefits.    Counties Reported:  BERNALILLO,CATRON,CHAVEZ,CIBOLA,COLFAX,CURRY,DEBACA,DONA ANA,EDDY, GRANT,GUADALUPE,HARDING,HIDALGO,LEA,LINCOLN,LOS ALAMOS,LUNA,MCKINLEY,MORA,OTERO,QUAY,RIO ARRIBA, ROOSEVELT,SANDOVAL,SAN JUAN,SAN MIGUEL,SANTA FE,SIERRA, SOCORRO,TAOS,TORRANCE,UNION,VALENCIA,UNKNOWN | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER 4 – ALTERNATE BENEFIT PLAN BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER 4** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This reports the clients eligible for benefits in the alternate benefit plan.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The recipient must have a COE of 100 and a fed match of 1 or 3 * The recipient must not have a mental or physical disability (disability type “ME” or “PH”)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044, COE 085 6. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **MER 4 – ALTERNATE BENEFIT PLAN BY COE** | | |
| --- | --- | --- |
| **Column Name** | **Description** | **Source** |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| TOTAL | Total count for month | System generated |
| ACTUAL CHANGE | Count change from previous month | System generated |
| PERCENT CHANGE |  | System generated |
| nOT eligibility IN PREVIOUS MONTH | Count not eligible in previous month | System generated |
| nEWLY eligibility IN CURRENT MONTH | Count of newly eligible in current month | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Codes  COE/FMs reported:  100/1 , 100/3 | System generated |

NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM

**REPORT SPECIFICATION**

**MER 5 – NATIVE AMERICAN ALTERNATE BENEFIT PLAN BY COE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report ID: MER 5** | | | |
| **Frequency**: | **Retention:** | **Output Medium:** | **Report Recipient:** |
| Monthly |  | COLD |  |
| **Description:**  This report is generated as a data extract that is subsequently formatted into an Excel spreadsheet for COLD. It provides an unduplicated count of clients who were eligible for a particular month. Only valid (non-voided) eligibility is included for a COE.  Unduplicated count – Report a client only once in a month. If a client has more than one eligibility category open in a month, use the “dual eligibility” rules below.  This reports Native American clients eligible for benefits in the alternate benefit plan.  Eligible in the Month – All of the following must be met.   * The recipient must be eligible for the category for one day of the month to qualify. * The eligibility span must not be voided. * The recipient must have a COE of 100 and a fed match of 1 or 3. * Client must have a race code of “3” (Native American) * The recipient must not have a mental or physical disability (disability type “ME” or “PH”)   Which COE is reported if they have dual eligibility? For those clients who have more than one eligibility span open in a month, choose the “best” record based on the following hierarchy.   1. Waivers (COE 090 – 096) 2. CYFD (COE 006, 008, 014, 017, 037, 046, 047, 066, 086) 3. SSI (COE 001, 003, 004, 074) 4. All other COEs except 035, 041, 044, 071, and 085. Includes childrens ACA COES 400,401, 402, 403 as well as adult ACA COES 100, 200, 300. 5. COE 035/1, 035/3, 071/1, 071/3,COE 041, 044 6. COE 085 7. If there is a tie in the same priority group above:    1. Select the category with an FM 1 over FM 3.    2. Select the COE with the highest number.   This hierarchy is used for all reports in this report series, so even though some categories are excluded from the “children” reports, they are mentioned here for consistency throughout all reports.  Account for misreported 071 eligibility (the look back logic). In cases where the COE/FM is 071/1, look back up to 6 months to see if there had been prior, unbroken eligibility with a different COE for the same person. If so, report that category in the current month. (“Six month look-back” does not include the current month. So, in total, 7 months of eligibility may be considered.) | | | |
| **Notes: Refer to MER Reports folder for a sample of this report** | | | |

| **NEW MEXICO OMNICAID MMIS CLIENT SUBSYSTEM**  **REPORT EXHIBIT**  **MER 5 – NATIVE AMERICAN ALTERNATE BENEFIT PLAN BY COE** | | | |
| --- | --- | --- | --- |
| **Column Name** | **Description** | **Source** |
| month yy | Month and year of eligibility count (covering past 30 months) | B\_DETAIL\_TB,  B\_COE\_SPN\_TB,  B\_ADR\_TB,  B\_COPAY\_TB, |
| TOTAL | Total count for month | System generated |
| ACTUAL CHANGE | Count change from previous month | System generated |
| PERCENT CHANGE |  | System generated |
| nOT eligibility IN PREVIOUS MONTH | Count not eligible in previous month | System generated |
| nEWLY eligibility IN CURRENT MONTH | Count of newly eligible in current month | System generated |
| coe/fm count | Unduplicated count of Client’s Category of Eligibility Codes  COE/FMs reported:  100/1 , 100/3 | System generated |