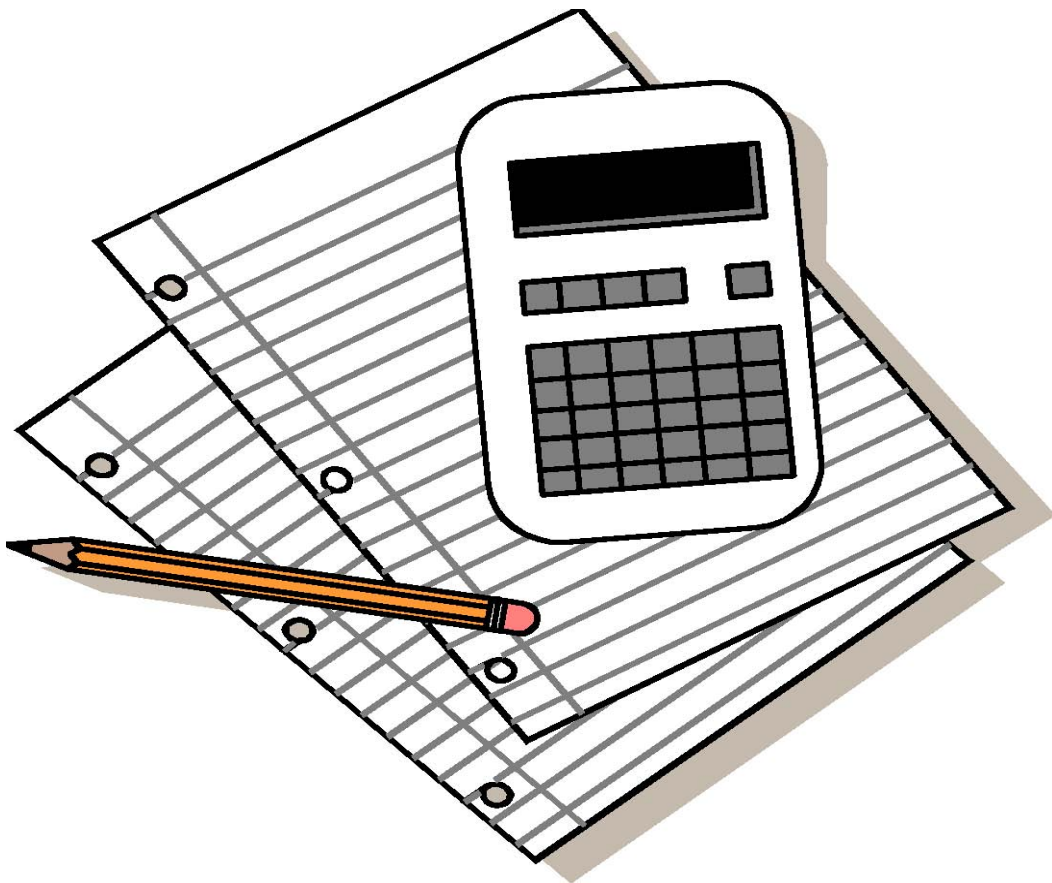


APPENDIX D **REPORTS**



APPENDIX D MEDICAID REPORTS

The following is a list and a brief description of all the reports that are currently being generated as part of the centralized Medicaid processing that occurs at the Central New York Regional Information Center (CNYRIC).

BIO UPDATE REPORT:

The bio update run processes the biographical files submitted by providers through their respective RICs. This report will list each bio record submitted for processing, whether the record was rejected or added to the database. Rejected records are accompanied by an error message and discarded. Newly added bio records are stored on the database as "request" for eligibility records (error messages attached.)

MEDICAID ELIGIBILITY REPORT - includes list and file (ME):

Once the matching process is completed, the eligibility report is run. When a student is matched, the request record is logically deleted and a "matched" record is created and added to the database. The eligibility report will list all the eligible students for a provider along with the dates of eligibility. The students matched for the first time during the last run will be identified as "new" on the report (no error messages.) This report will identify SSI eligibility, other Third Party Carrier, Client Identification Numbers (CIN) and eligibility dates for each student. A Medicaid Eligibility file (ME) will also be available.

Effective cycle 1343, the Eligibility Report changed beginning with the May 2003 report. Students who have a Client ID number (CIN) but have no eligibility range encompassing the latest service date that will be accepted for the cycle according to the Monthly Claiming/Billing Calendar (column 2) will now appear on the Eligibility Report with the following description in the "Eligibility Start/End" column: Not Eligible - 2 Yr. Limit.

Effective cycle 1356, claims submitted for students who were once matched and subsequently deleted by the provider will no longer be rejected as "MATCHED STUDENT NOT FOUND". In these cases, the students will be automatically changed from "Deleted" to "Matched" and the claim(s) processed as usual.

MEDICAID BIOGRAPHICAL NON-MATCH REPORT: [Non-Matching Students]

During the matching process, request records (originating from the providers) are matched against the DOH eligibility file. This file contains the entire Medicaid eligible population of individuals under the age of 21, and is incrementally updated each month. The Medicaid Biographical Match Report will list students that fall under the following categories: Near-Matched, Forced Matches, Multiple Matches and Non-Matched.

- **Near-Matched Students** - The near matches are students whose bio information is almost identical to the data on the DOH file, but different enough not to be considered a match.
- **Multiple-Matched Students** - Multiple matches occur when the bio information from a provider matches with more than one student on the DOH eligibility file. It is the responsibility of the school district/county/§4201 school to check the student's Medicaid records to confirm the correct matching CIN by contacting the parent or social worker (error messages attached.)
- **Non-Matched Students** - The request records that do not match are changed to "UNMATCHED" and listed on the non-match report. You should review these records to determine if date of birth, DOH gender and/or the spelling of the student's name is accurate.

Effective cycle 1352, there is an enhancement to the "Match" report. For Near and/or Multiple match students who have an eligibility date range encompassing the latest service date that will be accepted for the cycle according to the Monthly Claiming/Billing Calendar (column 2), an "SSI" indicator will now appear when applicable.

SERVICE UPDATE REPORT:

This report includes a detailed listing of the Accepted, Rejected and Held records. The following reports should be reviewed by the school districts and counties to verify claims submitted (error message attached.)

ACCEPTED TRANSACTION REPORT:

This report contains accepted claims that are stored on our Model 204 database for processing at time of formal submission of claims to MMIS.

REJECTED/HELD TRANSACTION REPORT:

This report identifies claims that will not be submitted for billing because they are outside the eligibility period (using the dates and eligibility file available at CNYRIC). These claims will be submitted for each claiming period as eligibility dates are updated automatically by CNYRIC (assuming the student is eligible).

It also identifies claims submitted that are "rejected" due to an inaccurate CIN; a Service (Procedure) Code that was not approved for claiming Medicaid; the number of services claimed was below the threshold required for claiming; and/or Other Third Party Insurance or SSI indicator was not set when required.

BILLING SUMMARY REPORT:

When running the billing procedure, the "held" records from previous cycles that fall within the selection criteria (e.g. earliest service date, etc.) are put through additional edits. If they pass these edits, the records are changed from "held" records to "billed" records. The billing summary lists all the billed records for this particular run, including amounts billed. While the billing tapes are generated directly from the billing procedure, the billing summary is a separate procedure that is run at a later time (no error messages.)

NON-BILLED REPORT:

The "held" and "rejected" claims identified by "CNYRIC" become "non-billed" claims. When the non-billed report is run, each non-billed claim is listed along with the corresponding reason. Depending on the reason, the non-billed record is either kept on the database to be reprocessed later or deleted. The message itself indicates whether a claim is deleted or kept (error messages attached.)

REMITTANCE REPORT:

A remittance report includes claims that were "**PAID**", "**DENIED**" or "**PENDED**". This report will separate the remitted bills for each provider based on the status of the bills. Denied and pended bills will have an accompanying message describing the reason for the non-payment. Paid claims, as well as the pended and denied claims, will identify the student, service, date of service, amount claimed and the amounts pended, denied or paid. The remittance report will be sent directly to the school district or county by the Computer Science Corporation (CSC) with the check for payment. The remittance invoice number will correspond directly to the check number. CSC will continue to provide remittance tapes to

CNYRIC. This procedure will allow CNYRIC to keep their files current and allow the processing of Adjust/Void transactions. In addition, remittance reports will be sent to the RICs to be maintained for their records (error messages attached.)

Effective cycle 1430, pended records are no longer included in the remittance report and file.

General Note: Effective cycle 1417, claims for services provided during the month immediately preceding the processing month will no longer be held for the next cycle. For example, all claims for services provided through October 31, 2004 were processed in cycle 1417.

NEW REPORTS

NOTE: The following reports complement the Medicaid reports normally generated from monthly processing. They can be requested as needed through your Regional Information Center (RIC) only.

DATA COLLECTION ANALYSIS REPORT: [TRANSMITTED TO RIC ONLY]

This report verifies the number of claim transactions and demographic transactions submitted to Central New York Regional Information Center by the local RIC on behalf of each school district/county/§4201 school. The report will identify the file type (Bio or Service); file name and extension; total number of records, number of valid records, number of inconsistent records and number of invalid records. This report allows the RIC to identify faulty transactions submitted, and through identification, permits the RIC to correct electronic transmission problems.

SERVICE TOTAL (SERVTOT):

This is a summary report that shows information about all billed services submitted by a provider for a selected date range. **AMOUNT CLAIMED, POSITIVE ADJUSTMENTS, NEGATIVE ADJUSTMENTS AND VOIDS, NET PAID CLAIMED/PAID DIFFERENCE, DENIED CLAIMS, PENDED CLAIMS, UNREMITTED CLAIMS AND STUDENT COUNT** are the columns displayed for each service category (code). A grand total is also provided for all of these columns except **STUDENT COUNT**. This is a one-page report with instructions on an additional page.

When requesting this report ask for 'SERVTOT'. A date range and RIC/provider number are required. This report will be produced upon request.

PROVIDER TOTAL (PROVTOT):

This is another summary report. For each type of service code, it lists **AMOUNT BILLED** and **AMOUNT REMITTED **DURING**** a given date range. It is meant to be a tool for keeping track of when claims were billed and remitted. Total amounts for all the services are also provided.

To request this report ask for 'PROVTOT'. A date range and RIC/provider number are required. This report will be produced upon request.

PROVIDER DETAIL (PROVDTL):

This report provides a detailed account of the status of each claim submitted that falls within a selected date range. Service date and code, service units, bill date, remittance status date and amount, adjustment/void information are all displayed along with biographical information. The report can be sorted either by CIN or students' last names.

To request this report ask for 'PROVDTL'. A date range, RIC/provider number and sort option are required. This will be produced upon request only.

MEDICAID SERVICES REPORT (SERVNOS):

This report lists on a student-by-student basis a matrix of the number of services; "billed and not paid," for each service code and each month falling within the selected date range. Initially requested by DOH, it has proven to be a useful analytical tool for RICs and providers in identifying gaps and other problems in their billing patterns.

Ask for 'SERVNOS'. Date range and RIC/provider number are required. Can be sorted either by CIN or students' last names. This will be produced quarterly and upon request in the interim. SERVNOS reflects a 2-year billing period.

MATRIX REPORT (MATRIX):

Also known as the "Y" report. This report is similar to SERVNOS, but is not broken down on a student-by-student basis and, therefore, is much less detailed. The matrix shows whether a provider has billed for each type of service code for each month of the selected date range. If affirmative, a 'Y' will be displayed in that position. The purpose of this report is to provide a general overview or quick snapshot of a provider's billing habits. It is very useful in identifying providers that haven't billed for a service during the past 2 years.

Ask for 'MATRIX'. Date range and RIC/provider number are required. This report will be produced quarterly and upon request in the interim.

BIOGRAPHICAL DELETION REPORT: (Deleted unmatched students)

A report listing students who have been deleted from the Non-Match report. Students selected for deletion must be age 23 or older at the time of processing or have no claims for a period of 2 years or more.

BIOGRAPHICAL INACTIVATION REPORT: (Inactivated students)

This report lists students removed from the Eligibility List. In order to qualify for inactivation, a 'Matched' record must have existed for at least 2 years from the process date. Inactivation will not occur if any billed claims exist with a service date or create date of less than the default option of 3 years. The provider has the option of selecting a cutoff period other than the three-year default criteria. An annual request for selecting another option will be forwarded to you by your Regional Information Center (RIC) annually.