MEDICAID REPORTS

The following is a list and a brief description of all the reports/files being generated as part of the centralized Medicaid processing that occurs at CNYRIC. The reports/files are posted on the Web Reports site (PageCenter Web Access) for retrieval.

Medicaid Biographical Update Report (BIOUPDT)

The bio update processes the biographical files submitted by providers. This report will list each bio record submitted for processing, whether the record was rejected or added to the database. Rejected records are reported with an error message and are not retained for subsequent processing. Newly added bio records are stored on the database as "request" records for continued processing until matching occurs.

Medicaid Eligibility Report (ELIGREPT) and File (ELIGDATA)

Once the matching process is completed, the eligibility report and file is generated. 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, Client Identification Numbers (CIN) and eligibility dates for each student.

Students who have a CIN but no current eligibility dates will appear on the eligibility report with the description, "Not Eligible - 2 Yr. Limit" in the 'Eligibility Start/End' column. These students are not claimable.

Medicaid Biographical Non-Match Report (MATCH)

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 Non-Match Report will list students that fall under the following categories: Near-Matched, Multiple Matches and Non-Matched.

- **Near-Matched Students** - The near matches are students whose biographical 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.

Medicaid Service Update Report (SRVUPDT)

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

- **Accepted Transaction Report**
  This section contains accepted claims submitted to eMedNY.

- **Rejected/Held Transaction Report**
  This section identifies claims that were not submitted to eMedNY. Claims that were held will be processed for each claiming cycle until they can be submitted to eMedNY. It also identifies claims 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 SSI indicator was not set when required.

Medicaid Billing Summary Report (BILLSUM)

The billing summary lists all the billed records by student for the cycle, including amounts billed.

Medicaid Non-Billed Report (NONBILL)

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). In addition a file of the rejected claims (CLMRJECT) is generated.

Medicaid Biographical Deletion Report (BIODLTE) –

This is 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.

Medicaid Biographical Inactivation Report (BIOINCT)

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. A request for selecting another option will be forwarded to you by your Regional Information Center (RIC) annually.

Medicaid Remittance Report (REMIT) and File (RMITDATA)

CSC provides remittance files to CNYRIC and then remittance reports and files are generated. A remittance report includes claims that have a status of "PAID" or "DENY." The report separates the remitted bills for each provider based on the status of the bills. Denied claims will have an accompanying message describing the reason for the non-payment. Paid claims, as well as the denied claims, will identify the student, service, date of service, amount claimed and the amounts paid or denied. The check for payment will be sent directly to the school district/county/§4201 school by eMedNY. The remittance invoice number will correspond directly to the check number.

Medicaid Supplementary Report (PENDREPT99)

The Pended Records report is only available for the state and Regional Information Centers. The report is sorted by provider within the RIC and lists the student claim detail for pended bills with error messages. For each provider there are totals of the number of claims and dollar amount.

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.

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.

To request this report ask for 'SERVNOS.' Date range and RIC/provider number are required. This 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.

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

Pended Provider Report (PENDREPTPRV)

This report displays a list of claims 'Pended/Held' by Computer Sciences Corporation (CSC). These claims are listed as pended for possible future payment or denial. This pend/hold is usually due to a student's lack of clear eligibility on the 'Date of Service (DOS)' being claimed. The code (16) 01137 (SCHOOL SUPP HLTH SVC SPEC CD REQUIRES SSHS RATE CD) which is then listed can be ignored as the claim has been pended/held and nothing can be done by the District/County or 4201 School. The original pended/held claim will continue to be resubmitted automatically by CSC during subsequent cycles until eMedNY makes a final determine that the student was or was not 'Eligible' on the DOS claimed. At such time, the pended/held claim will either be paid or denied by CSC based on the eMedNY eligibility determination.

Pre-Adjudication File(PREADJFL)

This is the corresponding data file associated with the Pre-Adjudication Report containing the rejected claim information for uploading into the District/Counties/4201 billing software.

Pre-Adjudication Report (PREADJUD)

This report will display a list of claims not accepted (Rejected) by Computer Sciences Corporation (CSC). These claims contain information that is invalid and not matching any record with eMedNY. Examples include (A1/02067) missing NPI numbers for the attending service provider or a missing/invalid ICD-9 code. These claims will need to be corrected on the District/County/4021 School's billing software and resubmitted.

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